Salish Behavioral Health
Administrative Services Organization

SALISH BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATION ADVISORY BOARD MEETING

Providing Behavioral Health Services in
Clallam, Jefferson and Kitsap Counties

DATE: **Friday, October 2, 2020**

TIME: **10:00 AM – 12:00 PM**

LOCATION: **VIRTUAL ONLY: We will use the ZOOM virtual platform.**

Recommend participation by either computer or ZOOM app on your mobile phone. Please use this link to download ZOOM to your computer or phone: https://zoom.us/support/download.

LINK TO JOIN BY COMPUTER OR PHONE APP:

Join Zoom Meeting: https://zoom.us/j/95403097081?pwd=cXRmNEo0Tkxsc21uZHZIQ3dLZy94dz09

Meeting ID: 954 0309 7081 Passcode:042451

USE PHONE NUMBER and MEETING ID TO JOIN BY PHONE:

Dial by your location: 1-253-215-8782

Meeting ID: 954 0309 7081

A G E N D A

Salish Behavioral Health Administrative Services Organization – Advisory Board

1. Call To Order
2. Announcements/Introductions
3. Opportunity to Address the Board on Agenda Topics (limited to 3 minutes each)
4. Approval of Agenda
5. Approval of SBH-ASO Advisory Board Meeting Notes for June 5, 2020 (Attachment 5)
6. Action Items
   a. Kitsap County SBH-ASO BH Advisory Board Applicant
7. Informational Items
   a. SBH-ASO Regional Provider Update (7.a)
   b. SBH-ASO 2020 Budget Update
   c. Update on Statewide Behavioral Health Forecast (7.c)
   d. Preliminary SBH-ASO 2021 Budget
   e. SBH-ASO 2021 SUD Request for Proposal Results (7.e)
   f. Early Warning System Workgroup and Development of New Regional IMC Forum
8. Opportunity for Public Comment (limited to 3 minutes each)
9. Adjournment

ACRONYMS

ACH	Accountable Community of Health
ASAM	Criteria used to determine substance use disorder treatment
BAART	A BayMark health services company, opioid treatment company
BH-ASO	Behavioral Health Administrative Services Organization
BHO	Behavioral Health Organization, replaced the Regional Support Network
CAP	Corrective Action Plan
CMS	Center for Medicaid & Medicare Services (federal)
COVID-19	Coronavirus Disease 2019
DBHR	Division of Behavioral Health & Recovery
DCFS	Division of Child & Family Services
DCR	Designated Crisis Responder
DDA	Developmental Disabilities Administration
DSHS	Department of Social and Health Services
E&T	Evaluation and Treatment Center (i.e., AUI, YIU)
EBP	Evidence Based Practice
EPSDT	Early and Periodic Screening, Diagnosis and Treatment
EQRO	External Quality Review Organization
FIMC	Full Integration of Medicaid Services
FYSPRT	Family, Youth and System Partner Round Table
HARPS	Housing and Recovery through Peer Services
HCA	Health Care Authority
HCS	Home and Community Services
HIPAA	Health Insurance Portability & Accountability Act
HRSA	Health and Rehabilitation Services Administration
IMD	Institutes for the Mentally Diseased
IS	Information Services
ITA	Involuntary Treatment Act
MAT	Medical Assisted Treatment
MCO	Managed Care Organization
MHBG	Mental Health Block Grant
MOU	Memorandum of Understanding
OCH	Olympic Community of Health
OPT	Opiate Treatment Program
OST	Opiate Substitution Treatment
PACT	Program of Assertive Community Treatment
PATH	Programs to Aid in the Transition from Homelessness
PIHP	Prepaid Inpatient Health Plans
PIP	Performance Improvement Project
P&P	Policies and Procedures
QUIC	Quality Improvement Committee
RCW	Revised Code Washington
RFP, RFQ	Requests for Proposal, Requests for Qualifications
SABG	Substance Abuse Block Grant
SAPT	Substance Abuse Prevention Treatment
SBHO	Salish Behavioral Health Organization
SUD	Substance Use Disorder
TAM	Technical Assistance Monitoring
UM	Utilization Management
VOA	Volunteers of America
WAC	Washington Administrative Code
WM	Withdrawal Management
WSH	Western State Hospital, Tacoma

Full listing of definitions and acronyms

Salish Behavioral Health
Administrative Services Organization

Providing Behavioral Health Services in
Clallam, Jefferson and Kitsap Counties

SALISH BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATION ADVISORY BOARD MEETING

October 2, 2020

Action Items

A. KITSAP COUNTY SBH-ASO BH ADVISORY BOARD APPLICANT

On June 12, 2020, SBH-ASO received an application for appointment to the SBH-ASO Behavioral Health Advisory Board. The application is for the remaining Kitsap County seat. A brief summary of information shared by the applicant, Helen Havens, is outlined below for the Advisory Board's consideration.

Helen Havens has been a resident of Kitsap County since 1977. Helen has a bachelor's degree in psychology and extensive training in mental health treatment, addiction treatment, crisis intervention and client-centered treatment planning. Helen is now retired after working for many years as a co-occurring disorders therapist.

Helen has previously served on numerous committees including the Solid Waste Advisory Committee and the Transportation Advisory Committee. Helen currently serves on both the Kitsap Housing and Homelessness Coalition and Kitsap County Mental Health, Chemical Dependency and Therapeutic Court Citizen's Advisory Committee. Helen was appointed to the Kitsap County Mental Health, Chemical Dependency and Therapeutic Court Citizen's Advisory Committee in March of this year and serves to represent the Salish Behavioral Health Administrative Services Organization.

Informational Items

A. SBH-ASO REGIONAL PROVIDER UPDATE

Behavioral Health Service Delivery during COVID-19.

- Agencies are working diligently to safely provide behavioral health services within our communities. Telehealth is still the primary mode of service provision across many providers. Many agencies have also worked with HCA to access additional cell phones and minutes for client use, as well as, agency Zoom subscriptions to facilitate telehealth access. Staff are hearing reports from agencies that some individuals are starting to experience fatigue with remote options and seeking return to in-person treatment. Some providers are starting to experience a decrease in engagement via electronic platforms.

- Agencies have reported challenges with staff feeling uncomfortable reporting to work, requiring leave due to children at home, and out of work due to quarantine. There is a significant increase in staff stress across all providers as in many work arenas. In a field where staff burnout is not uncommon, the increased stress due to COVID has increased the need for staff support.

  Substance use disorder (SUD) treatment agencies are reporting an increase in SUD service request across all payors. One provider in Kitsap reported a nearly 25% increase across all payors.

  Requests and referrals for Crisis Outreach Services, in general, decreased briefly in March and April. In May, requests and referrals to local crisis teams began to increase and the volume of calls to the Regional Crisis Hotline notably increased.

Crisis System and Involuntary Treatment Update

- As noted above, the number of calls to the Regional Crisis Line significantly increased in May. Required call metrics for crisis line have continued to be a challenge. The volume of calls has slowly started to decrease since the month of May but has not returned to the lower volume that was previously forecasted. And, while the volume of calls is slowly decreasing, the length of call, or "talk time" has continued to increase. Staff increased this contractor's funding to support the increase in volume.

  Salish's Crisis Hotline contractor, Volunteers of America, reports challenges with staffing due to COVID call outs (due to illness, anxiety, and/or quarantine). With the increase in funding from SBH-ASO, VOA has hired new staff who are close completing training and going live on the hotline. They are also working on a cloud platform that will allow for individuals to work from home. Currently, call center staff are required to work on-site.

  Staff will review current crisis hotline metrics compared to contract requirements.

- Staff has seen an increase in Involuntary Psychiatric Inpatient Treatment stays since March 2020. There was a pause in April, presumed to be due to COVID. Then, there was a significant jump in the number of authorized bed days in May. Since May, the inpatient utilization has remained at that higher level. Providers report the acuity of symptoms in individuals they encounter is higher. This may be due to not accessing regular treatment, avoidance of hospital stays due to COVID, and families and the community not seeking assistance as early as they may have in the past.

  Staff will review involuntary treatment investigation data for January-June 2019 versus January-June 2020.

B. SBH-ASO 2020 BUDGET UPDATE

The initial SBH-ASO 2020 budget which was approved by the Executive Board in November 2019 included $1,300,000 for Involuntary Psychiatric Inpatient Treatment. The budget update approved by the Board in May, increased the budget for Involuntary Psychiatric Inpatient Treatment to $1,490,000 for the calendar year. Many Evaluation and Treatment Centers and Community Hospitals have not been following SBH-ASO's Utilization Management requirements and have not been submitting notification requests when serving a Salish BH-ASO individual at their facility. This has made it exceptionally difficult to monitor ITA Inpatient Treatment Utilization and Expenses. SBH-ASO is required to pay for Involuntary Treatment Services regardless of a facilities compliance with these standard requirements.

The SBH-ASO ITA Inpatient Authorized Bed Days as of the end of August were: January (145), February (136), March (170), April (75), May (208), June (245), and July (220). If Utilization continues steady at July's rate, the SBH-ASO could have as much as $2,200,000 in ITA Psychiatric Inpatient expenses for calendar year 2020.

Staff believes that the additional ITA Inpatient expenses can be covered this year without cutting additional behavioral health services in 2020. This can be accomplished by using the unspent HCA administrative allowances from January-June 2020 to pay for inpatient treatment costs. Due to allocating a portion of Salish's administrative expenses back to the SBHO for closeout activities, additional SBH-ASO Administrative Funds remain. SBH-ASO also reduced its administrative expenses beginning in September, by a reduction in force. One SBH-ASO staff member, Richelle Jordan, was laid off in August. Lastly, SBH-ASO will utilize $196,000 in January-June 2020 proviso funds to pay for Inpatient Treatment.

C. UPDATE ON STATEWIDE BEHAVIORAL HEALTH FORECAST

In August, Washington State Department of Health updated its report: *High-Level Analysis of Forecasted Behavioral Health Impacts from COVID-19.* This WA DOH analysis has been attached for the Board's reference. Staff will provide a brief summary of key takeaways, timelines and SBH-ASO efforts to respond to the concerning forecast.

D. PRELIMINARY SBH-ASO 2021 BUDGET

Staff created a preliminary 2021 budget based upon current funding allocations in SBH-ASO's contract with HCA. In order to prevent an SBH-ASO fiscal crisis related to continued increases in involuntary treatment costs, the SBH-ASO must refocus on its core responsibilities and mission when budgeting for 2021.

Per contract, SBH-ASO's core responsibilities include:

- Crisis Services (Crisis Hotline, Mobile Crisis Outreach and Involuntary Treatment Investigations)
- Involuntary Treatment (ITA Psychiatric Inpatient, ITA Withdrawal Management, and LRA Monitoring)
- Special Programs with dedicated funding (HARPS, FYSPRT, Peer Bridger's etc.)

In order to prepare for a likely surge in utilization of crisis services and involuntary treatment, additional funding must be budgeted for these expenses in 2021. After this adjustment, there is only $126,000 remaining for non-mandatory or discretionary services in 2021, and these funds are allocated by the 2021 Substance Use Disorder RFP, which is reviewed later in this agenda packet.

The preliminary 2021 budget planning process has been exceptionally difficult and results in additional cuts to non-mandatory services. These cuts must include: withdrawal management, substance use disorder residential, mental health residential, and facility-based crisis stabilization/triage services. In order to balance the 2021 budget, staff had to also reduce SBH-ASO's administrative/operating expenses, even though these expenses were already below the HCA contract limits.

Staff will discuss this process in greater detail and share other potential short-term grant opportunities that could temporarily fund some of the service cuts identified above.

E. SBH-ASO 2021 SUBSTANCE USE DISORDER REQUEST FOR PROPSAL

SBH-ASO released an RFP on July 1, 2020. The RFP encompassed youth and adult substance use disorder treatment and treatment supports for calendar year 2021. The initial funds available for allocation was $403,000. However, due to increasing non-Medicaid crisis and involuntary treatment expenses, staff reduced the funds available for allocation to $126,000.

Four Advisory Board Members volunteered to serve on the RFP Review Committee and the Advisory Board supported the Review Committee's recommendations serving as the entire Board's recommendations.

The SUD RFP Committee convened on the morning of September 4th. The committee included representation from all three counties. The committee reviewed the RFP requirements. The committee discussed the expected funding available and the revised funding available. The committee considered requests proposal scores, community needs, and funds available to meet those needs. The discussion focused on concerns about the quality of some proposals compared to others, utilization reported in the proposals, community need, and regional funding allocation.
Youth services were requested by only one provider. With the recommendation to fully fund the single youth services proposal, $13,700 of youth funding remains unallocated. All funds were allocated as indicated in the attached table.

The Advisory Board's recommendations were presented to the Executive Board on September 18th and the Executive Board unanimously approved awarding the funds per the Advisory Board's recommendations.

F. EARLY WARNING SYSTEM WORKGROUP AND DEVELOPMENT OF NEW REGIONAL IMC FORUM

The Early Warning System (EWS) Workgroup was a Health Care Authority required activity for BHOs and BH-ASOs. The purpose of the EWS was to create a process for identifying and resolving early system issues related to the transition to Integrated Managed Care (IMC). A steering committee was created in mid-2019 and included a diverse group of stakeholders. The EWS workgroup convened monthly, beginning in February and concluding in July. During each meeting, data and provider feedback was reviewed from the previous month.

General themes from EWS included: provider concerns about the timeliness of Managed Care Organization's responding to concerns about payment delays and/or incorrect payment amounts, provider concerns about percentage of claims being denied by MCOs and the overall increase in complexity and administrative burden under the IMC structure. At the conclusion of the EWS, many of these provider concerns remained.

In early August, staff reached out to its provider network to inquire about their interest in convening an Integrated Managed Care Problem Solving Forum. Staff suggested that Interlocal Leadership Structure, that was formed in late 2018 and had not convened since the end of 2019, could be restructured to meet this need. Providers expressed interest in convening a Regional IMC Problem Solving Forum. Staff has scheduled an initial virtual meeting with provider leadership for October 9th.

MINUTES OF THE
SALISH BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATION
ADVISORY BOARD

Friday, June 5, 2020
10:00 a.m. - 12:00 p.m.
VIRTUAL ONLY

CALL TO ORDER –Stephanie Lewis, SBH-ASO Administrator called the meeting to order at 10:03 a.m.

INTRODUCTIONS – Self introductions were conducted around the room.

ANNOUNCEMENTS – None.

OPPORTUNITY FOR PUBLIC TO ADDRESS THE BOARD ON AGENDA TOPICS –

- G'Nell, Reflections, reported that the COVID-19 grid does not reflect the most updated current situation. SBH-ASO staff will update.

APPROVAL of AGENDA –

MOTION: Lois Hoell moved to approve the agenda as submitted. Jon Stroup seconded the motion. Motion carried unanimously.

ACTION ITEMS

- **ELECTION OF SBH-ASO ADVISORY BOARD CHAIR AND VICE CHAIR**

Per the Salish BH-ASO Advisory Board By-laws, approved by the Executive Board on December 13, 2019, the chairperson and vice chairperson shall be elected by majority vote for a one-year term. Voting can occur either by secret ballot or, if dispensed by the Advisory Board, by open voting on the floor.

Solicited recommendations from group for each position. Lois Hoell offered to be the SBH-ASO Advisory Board Chair.

MOTION: The SBH-ASO Advisory Board unanimously moved to approve Lois Hoell as the SBH-ASO Advisory Board Chair as submitted. Jon Stroup seconded the motion. Motion carried unanimously.

Solicited recommendations for the SBH-ASO Advisory Board Vice Chair. Lois Hoell recommended Janet Nickolaus as the SBH-ASO Advisory Board Vice Chair.

MOTION: Lois Hoell moved to approve Janet Nickolaus as the SBH-ASO Advisory Board Vice Chair as submitted. Jon Stroup seconded the motion. Motion carried unanimously.

- **APPROVAL OF JULY-DECEMBER 2020 BLOCK GRANT PLANS**

The July-December 2020 Mental Health Block Grant and Substance Abuse Block Grant Plans have been attached for review and approval. The plans have been updated to reflect mid-year budget adjustments that have been made. Staff will review the plans in detail with the Board.

Reviewed Mental Health Block Grant Plan attachments (6.b.2 and 6.b.3). Reviewed process to

meet the requirement for a need's assessments. In attachment 6.b.2, cost-sharing was defined as referring to individuals who have exceeded incomes relative to their Medicaid. Compared to a deductible, if they are over the monthly allowed monies, they will have to pay that overage prior to accessing Medicaid funds. Discussed the impact on the individual to manage, as well as to the limits of care while on a spenddown comparatively.

MOTION: Janet Nickolaus moved to approve the July-December 2020 Mental Health Block Grant Plans. Sandy Goodwick seconded the motion. Motion carried unanimously.

Reviewed Substance Abuse Block Grant attachments (6.b.4 and 6.b.5). Reviewed process to meet the requirement for a need's assessments. Discussed requirement for transportation for individuals and their families. Cost-sharing was not available for SABG until July 1, 2020. Discussed in block grants staff support and retention would fall under proviso's outside of block grant funds. Asterisks in attachment 6.b.5 would be referenced as required, e.g. priority populations. Pregnant and parenting women (PPW) requirement is 10% of the support services. Up to 40% of local crisis triage services are related to a substance use disorder related treatment issue.

MOTION: Janet Nickolaus moved to approve the July-December 2020 Substance Abuse Block Grant Plans. Sandy Goodwick seconded the motion. Motion carried unanimously.

- **2021 BLOCK GRANT PRIORITIES**

  - SBH-ASO Community Needs Survey

    SBH-ASO released a survey to providers, stakeholders, and community partners to identify needs and priorities for 2021. Responses were received from mental health and substance use providers as well as legal services, housing provider, community member, and public health. There were clear trends related to the priorities of responses.

    - *Mental Health Priorities:*

      1. Community Supports (skill building, case management, continuing care)
      2. Intensive supports (in-home stabilization, intensive case management)
      3. Out of Home (crisis stabilization, adult MH residential)

    - *Substance Use Priorities:*

      1. Withdrawal management (acute and sub-acute)
      2. Engagement/Outreach/Assessments (Assessment, interim treatment, engagement and referral)
      3. Out of home (Residential treatment, crisis stabilization, withdrawal management)
      4. Transportation

    It is interesting to note that the priorities identified by the Community Needs Survey and listed above, align with the required prioritization of services within the HCA/ASO Contract.

    Staff solicits additional input from the Board; and ultimately, confirmation of 2021 Block Grant Priorities prior to the release of a Request for Proposal (RFP) in 2 weeks.

    Reviewed needs assessment survey process. Received responses from a diverse representative group which included, Mental Health providers, Substance Use providers, and

community providers (e.g. prosecuting attorney). Reviewed priorities of both mental health and substance use priorities.

Inquiry regarding housing supports and where it was referenced in the survey. Housing was not represented in response to housing or housing support. Reviewed possible other funding sources that have lessened the housing need such as Criminal Justice Treatment Account (CJTA) and Housing and Recovery through Peer Services (HARPS).

MOTION: Jon Stroup moved to approve the 2021 Block Grant Priorities. Janet Nickolaus seconded the motion. Motion carried unanimously.

- **APPOINTMENT OF REQUEST FOR PROPOSALS (RFP) REVIEW SUBCOMMITTEE**

SBH-ASO did not release an RFP for services in 2020 in an attempt to manage and identify needs in the change from BHO to BH-ASO. With clearer identification of treatment needs in this new landscape and in an effort to better meet community needs, SBH-ASO is planning to release a Request for Proposal for services funded by Block Grants. The period of services would include January 1, 2021 through December 31, 2021. It will include outpatient services and supports for both Mental Health Block Grant (MHBG) and Substance Abuse Block Grant (SABG). Current contracted providers would be eligible to apply for funding based on priorities set forth by this committee.

SBH-ASO has developed a timeline for the RFP. Staff is planning to release the RFP in early July with a close date of August 4, 2020. Staff are seeking to convene a review committee from the Advisory Board. The Review Committee will need to be available to review the RFP for final release on or around June 19th via Zoom, be able to review and score all proposals between August 5th and August 19th, and be available to meet between August 19th and August 28th depending on committee availability to make final recommendations. The final recommendations will be presented to the Executive Board on September 18th. Staff requests an RFP Review Committee be identified today.

Reviewed upcoming RFP to the region and requested, a minimum of 4 participants, SBH-ASO Advisory Board members to participate in the RFP sub-committee. Discussed timelines and commitments for members.

Timelines:

- June 19th-June 25th: Review of RFP pre-release; 2 hours estimated time of commitment.
- July 1st-August 4th: RFP in community; no estimated time commitment.
- August 5-August 19th: Review and scoring of proposals; 10-20 hours estimated time commitment.
- August 19th -August 25th: Meet (in-person or virtually) to review scores, make final recommendations; 2 hours estimated time of commitment.

Sandy Goodwick, Anne Dean, Janet Nickolaus, and Jon Stroup volunteered to participate in the sub-committee.

MOTION: Lois Hoell moved to approve the 2021 Block Grant Priorities. Jon Stroup seconded the motion. Motion carried unanimously.

INFORMATIONAL ITEMS

- **SBH-ASO PROVIDER UPDATE**

The Salish Provider Network continues to be engaged and working diligently to provide services in this uncertain landscape. Some providers closed doors and suspended services in mid-March. Providers were faced with challenges related to the access of Personal Protective Equipment, strategizing how to serve individuals while not putting staff at risk, navigating privacy issues, among other issues. Each agency had to develop safety protocols for their respective agencies. This led to varied service access through the end of March. Salish BH-ASO developed and maintained the attached grid to track the changes for providers and the community.

SBH-ASO Crisis Teams have remained staffed. Statewide there has been a decrease in crisis contacts and ITA investigations. Washington State has allowed video involuntary treatment investigations as part of the COVID-19 response. Our region is prepared and has the ability to follow this protocol as needed. We have not yet had a video ITA evaluation in region. There has been no increase in calls to the Salish Regional Crisis Line at this time. Providers are starting to see an increase in tenor/tone on crisis contacts. Staff will continue to monitor and provide support as needed.

Washington Health Care Authority waivers were put in place to allow for continuity in services to include the use of telehealth/telemedicine services in lieu of face to face contact and direction on billing/coding. The U.S Department of Health and Human Services (HHS) released "Notification of Enforcement Discretion for Telehealth Remote Communications During the COVID-19 Nationwide Public Health Emergency" which addressed HIPPA Privacy Restrictions that limited the type of technologies that could be used to deliver treatment services.

In mid-March, HCA began facilitating a weekly call for all providers to address areas of concern and answer direct questions related to COVID-19. In May, this call has reduced to every other week. Numerous guidance documents and FAQs have been provided by HCA for Providers. HCA also offered ZOOM platform accounts to providers to facilitate telehealth access. SBH-ASO Providers have been actively engaged in these conversations and processes.

All agencies in the Salish BH-ASO region are currently providing services through telehealth in combination with some face to face, outreach, etc. This started with phone calls to check in and manage individual needs. Many agencies are now providing their full array services through electronic platforms. This includes individual and group treatment, assessments, and case management. There are still significant limits on urinalysis, day treatment, and outreach services.

Reviewed attachment 7.a. Dr. Glenn Lippman wanted to recognize Jolene Kron, SBH-ASO staff, for creating this attachment for community partners and other providers to understand how to access services within our region. Noting that the SBH-ASO was the first to create such a document to inform of changes to services during COVID-19.

- **STATEWIDE HIGH-LEVEL ANALYSIS OF FORECASTED BEHAVIORAL HEALTH IMPACTS FROM COVID-19**

State and Federal Health Officials are forecasting notable behavioral health impacts from the COVID-19 outbreak, as well as related government actions. Attached is a high-level summary released by the Washington State Department of Health in April and subsequently updated in mid-May. The attachment is the mid-May update. Salish Medical Director, Dr. Glenn Lippman, will present to the Board and further expand upon this high-level summary of forecasted physical and behavioral health impacts from the outbreak.

Reviewed attachment 7.b.

Discussed a local peaceful protest in Sequim and other gathering related to the racial discontent, and how this will affect the spread of COVID. If further questions, offered to share Dr. Glenn Lippman to follow up.

Shared that SBH-ASO is looking to offer a DOH approved Suicide Prevention training to our regional providers in July or August 2020. More details to be provided as we are currently soliciting presenters.

PUBLIC COMMENT

- Lois Hoell, SBH-ASO: Appreciated the SBH-ASO for the work put in to create the SBH-ASO Advisory Board packet and virtual meeting today.

GOOD OF THE ORDER

- The next meeting for the Salish BH-ASO Advisory Board is Friday, October 2, 2020 at 10:00 a.m.

ADJOURNMENT – Consensus for adjournment at 12:07 p.m.

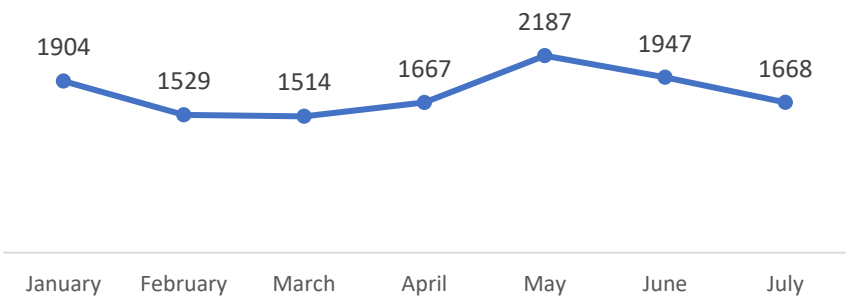
ATTENDANCE

BOARD MEMBERS	STAFF	GUESTS
Present:	Stephanie Lewis, SBH-ASO Administrator	Colleen Bradley, PAVE
Lois Hoell, SBH-ASO Advisory Board	Jolene Kron, SBH-ASO Deputy Administrator/Clinical Director	G'Nell Ashley, Reflections
Sandy Goodwick, SBH-ASO Advisory Board	Doug Washburn, Human Services Director	Anna McEnery, Jefferson Public Health
Anne Dean, SBH-ASO Advisory Board	Martiann Lewis, SBH-ASO Care Manager	Gay Neal, Kitsap County
Janet Nickolaus, SBH-ASO Advisory Board	Dr. Glenn Lippman, SBH-ASO Medical Director	
Jolene Sullivan, SBH-ASO Advisory Board, Tribal Representative		
Jon Stroup, SBH-ASO Advisory Board		
Excused:		
None		

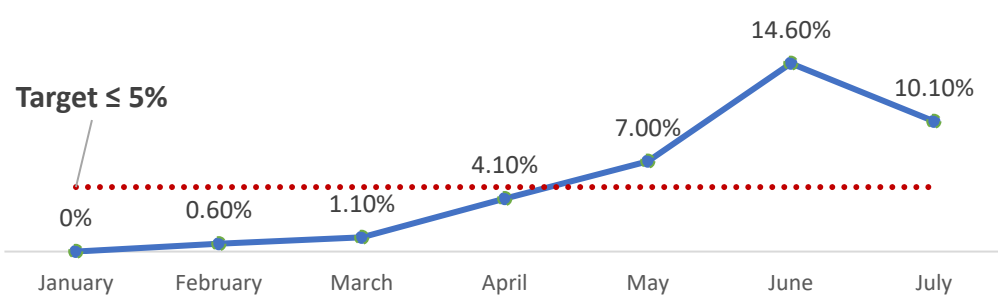
NOTE: These meeting notes are not verbatim.

Salish BH-ASO Regional Crisis Line Call Data

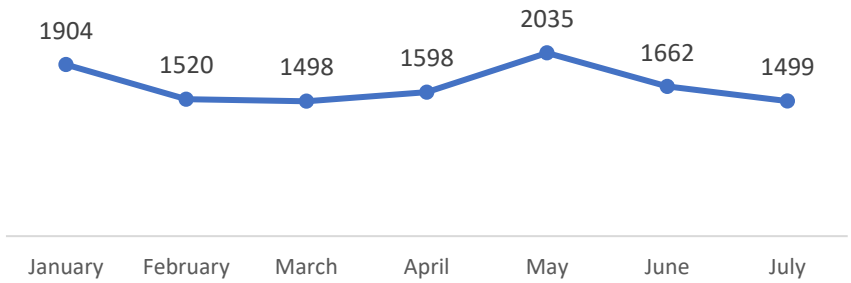
of incoming calls



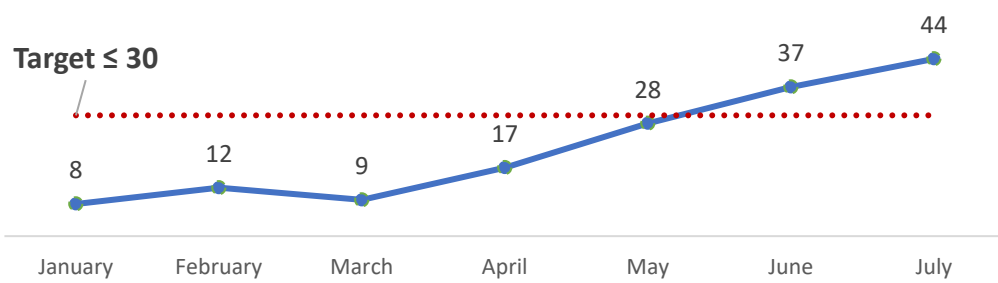
Abandonment Rate



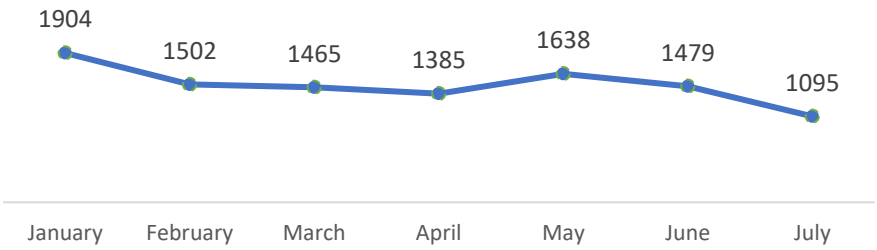
of calls answered



Average Wait Time (Seconds)



of calls answered timeliness (≤ 30 seconds)



Source: BH-ASO

AUGUST UPDATE

Statewide High-Level Analysis of Forecasted Behavioral Health Impacts from COVID-19

Purpose

This document provides a brief overview of the potential statewide behavioral health impacts from the COVID-19 pandemic. The intent of this document is to communicate potential behavioral health impacts to response planners and organizations or individuals who are responding to or helping to mitigate the behavioral health impacts of the COVID-19 pandemic.

Bottom Line Up Front

- The COVID-19 pandemic continues to strongly influence behavioral health symptoms and behaviors across the state due to its far-reaching medical, economic, social, and political consequences. This forecast is heavily informed by disaster research and response and the latest national and international data and findings specific to this pandemic. Updates will be made monthly to reflect changes in baseline data.
- Ongoing behavioral health impacts in Washington will likely be seen in phases (see Figure 1 and Figure 2), peaking around 6–9 months after the initial outbreak.[1,2] This will likely coincide with a potential increase in infections in the fall months when more people are indoors, which is a pattern consistent with previous pandemics.
- Washington is currently experiencing a slow extension of the first wave of the pandemic as represented by a continuous and steady increase in COVID-19 cases following the phased reopening that began in June 2020.
- Heading into the fall months of 2020, the behavioral health outcomes from COVID-19 for most people are related to experiences of social isolation, fears of the unknowns around further restrictions and economic losses, and stress and pressure related to the balance of childcare and work. However, this may change as COVID-19 cases continue to increase, increasing medical risks for greater numbers of people[3] and relapses related to addiction.[4,5,6]
- Experiences of social isolation are associated with increased behavioral health problems, such as depression, anxiety, mood disorders, psychological distress, post-traumatic stress disorder (PTSD), insomnia, fear, stigmatization, low self-esteem, and lack of self-control.[3]

Washington State Department of Health

DOH 820-097 August 2020

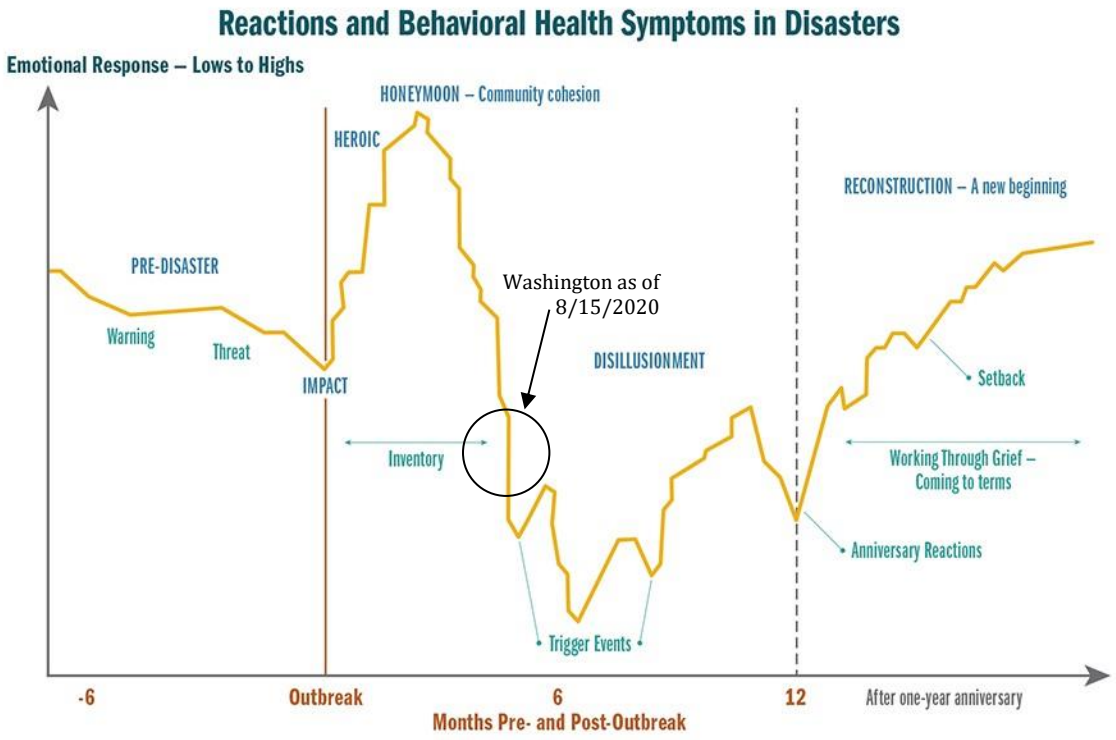


Figure 1: Phases of reactions and behavioral health symptoms in disasters. Adapted from the Substance Abuse and Mental Health Services Administration (SAMHSA)[7]

Phase-Related Behavioral Health Considerations

Behavioral health symptoms will likely present in phases.[1,2] For each phase in the disaster response and recovery cycle, there are known corresponding behavioral health symptoms and experiences for many people in the affected community. As the COVID-19 pandemic is a natural disaster impacting us on a national level, **every individual and community is affected in some way.** The unique characteristics of this pandemic are trending towards depression as a significant behavioral health outcome in Washington. This may change dramatically if there is a drastic increase in the number of COVID-19 cases in September and October. In that case, increased symptoms of anxiety and post-traumatic stress disorder (PTSD) related to fears of illness or death from the virus will likely result.[8,9]

Certain populations, such as ethnic and racial minorities, disadvantaged groups, those of lower socioeconomic status, and essential workers, are experiencing disproportionately more significant behavioral health impacts.[10,11,12,13,14] Healthcare workers, law enforcement officers, educators, and people recovering from critical care may experience greater behavioral health impacts than the general population. The COVID-19 Behavioral Health Group Impact Reference Guide (DOH publication number 821-104) provides detailed information on how people in specific occupations and social roles are uniquely impacted.

The Disillusionment Phase of Disaster Response & Recovery

Moving into the *disillusionment phase* can be uncomfortable and challenging for communities. During this time, individuals, groups (non-profits and other organizations), and businesses are often confronted with the limitations of disaster assistance and support. Individuals and communities may feel abandoned as the gap between community needs and available

resources widens. As we move towards the fourth quarter of 2020, financial resources that were more plentiful in earlier phases may be limited or nonexistent.

Depression is one of the most common emotional responses heading into the disillusionment phase. In Washington, the beginning of this phase coincides with changes in seasonal conditions, as daylight hours become shorter and the weather worsens. The combination of these circumstances is likely to result in an increase in symptoms of seasonal affective disorder.[15]

In September, it is likely that socially disruptive behaviors will continue to be seen on a larger community scale as one expression of *emotional burnout* due to the length and pervasiveness of the pandemic, stressors related to economic pressures, and divisiveness among people and groups. Substance use will continue to be a problematic coping choice for many, with the potential for further increases moving into the late months of 2020.

Law enforcement is likely to continue seeing a disproportionate increase in violent crimes compared to this time period in 2019.[16] Sadness and grief or loss are the most common experiences for many individuals in the disillusionment phase. Law enforcement officers may see a higher number of calls related to suicide during this time.

If COVID-19 cases dramatically increase in the fall months, along with resulting significant social and economic disruption, one of the large-scale outcomes will likely include a *trauma cascade*. This is a situation in which parts of the disaster recovery cycle can be repeated or prolonged, during which people may have a reduced ability to emotionally recover from the disaster due to additional or ongoing impacts on their lives.[1,17,18]

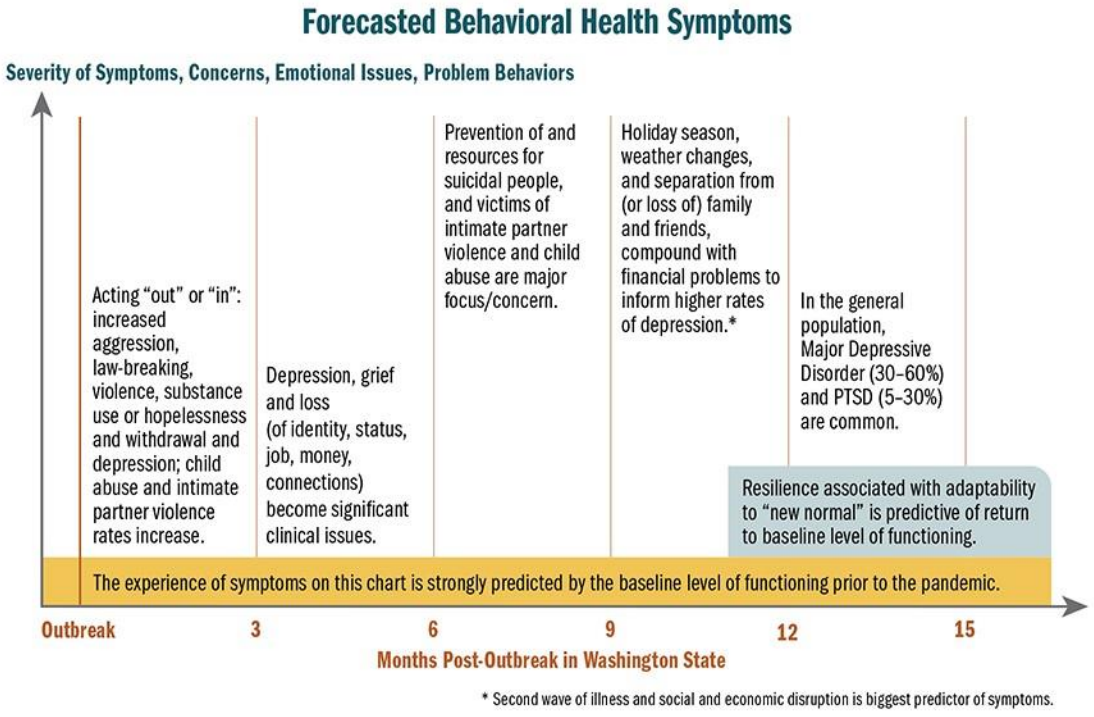


Figure 2: Forecasted behavioral health symptoms.

Specific Areas of Focus for August and September 2020

Children and Families

Resuming Academic Instruction: In-Person and Distance Learning

The decision around in-person or distance learning is difficult for parents and school districts alike. Both options present unique benefits and risks. Regardless of how instruction is delivered, children often struggle with their behavior, mood, and learning when they are in the middle of a disaster.

Common, short-term responses you might see in children include the following:[19,20,21]

- Difficulty paying attention, having a hard time focusing on schoolwork
- Trouble remembering what they learned, trouble remembering to complete tasks
- Too much energy, acting too silly
- Feeling really tired all of the time, having a hard time sleeping
- Stomachaches or headaches
- Being irritable, cranky, crying often, or having tantrums
- Blurting, having a hard time thinking before they act

Many parents and caregivers have very strong feelings about in-person versus distance learning. Despite disagreement about which method of learning is best, almost everyone is worried for their children's health, safety, and development during this time. When weighing the merits of each learning option for students, it is important for parents, caregivers, and schools to consider the ways in which the behavioral health of their children is being affected by the pandemic, and the impacts to their students' ability to learn, retain new information, and advance academically. Refer to the COVID-19 Behavioral Health Toolbox for Families for tips on how to navigate some of the emotional responses that families may experience during the COVID-19 pandemic. The toolbox provides general information about common emotional reactions of children, teens, and families during disasters. Families, parents, caregivers, and educators can use this information to help children, teens, and families recover from disasters and grow stronger.

Child Abuse

Child abuse and domestic violence increase significantly in post-disaster settings, such as the COVID-19 pandemic.[22,23] Traumatic brain injuries (TBIs) are the most common form of injury due to child abuse after a disaster. In a virtual learning setting, an abuser may be present during all interactions between the child and educator. This may change and limit opportunities to ask directly about abuse and neglect and to make inquiries into whether or not a child feels safe in the home. Typical cues that teachers may use to spot signs of abuse or neglect are often unavailable in a virtual environment.

Signs of child abuse that may be visible in a virtual setting may include the following:

- Abnormal levels of participation in online classes (e.g., being unusually vocal and disruptive, having difficulty paying attention, or being very withdrawn)
- Extremely flat or blunted emotional expression (e.g., not laughing or interacting appropriately to social cues with peers)
- Unusual degree of physical disarray (e.g., clothing is noticeably dirty, not properly fitted, or inappropriate for weather or age; hair or skin is noticeably dirty or unwashed)
- Observable bruising on face, head, neck, hands , wrists, shoulders, or arms

- Excessive sleepiness or lethargy (e.g., putting their head down, excessive yawning, difficulty concentrating, falling asleep during instruction)

Masks and Face Coverings

The spread of COVID-19 is causing many changes and disruptions to daily life. Children and families are navigating complex issues with school, childcare, emotion regulation, and behavior. Another significant change is the statewide mask mandate, requiring everyone age 2 years and older wear a mask or face covering when in a public space.[24] While some children won't have any trouble with it, other children may struggle with wearing a face covering. It's a new sensation, it can slip around, and it impacts their natural tendency to put things in their mouth.

Some ways to help a child adjust to mask wearing are to:

- Model the behavior yourself
- Engage children with making or decorating their own masks
- Have them wear the mask for brief periods of time to get used to them (i.e., while dancing to a favorite song)

Refer to the Helping kids to wear cloth face coverings article and infographic for more detailed information and ways to support younger children in wearing face coverings.

Parenting and Working from Home

Managing the variety of responsibilities and demands of working from home while also balancing childcare and self-care can be overwhelming and have significant negative effects on behavioral health for children, adolescents, and adults. As we move into the fall months and educational instruction resumes, families with parents and caregivers working from home should try to create a helpful structure in their daily schedule. Establishing a plan or daily schedule for everyone in the household can help create a sense of stability and comfort during a time when there are many unknowns. To the extent that is possible, recognizing that it may not be an option for many people, work areas should be separated from family or home areas with physical boundaries (e.g., doors, room dividers, a separate table) in order to help the brain mentally separate work from home.

Substance Use

Many individuals and communities are experiencing a significant lack of control over their personal and environmental circumstances in the current stage (6–7 months post-impact) of the pandemic. As we move further into the disillusionment stage, the need to manage distressing or difficult feelings related to stress and frustration may become problematic by manifesting in substance use for some. When individuals feel loss of control along with associated stress, worry, and fear, it is very common for those feelings to be expressed outwardly in the form of frustration and anger. These feelings are frequently managed with substance use.

Additionally, mixed messaging at the federal level, messaging from states, and varying degrees of media coverage related to COVID-19 risks and potential outcomes have created a high baseline level of uncertainty within many communities. For many people in Washington, it is likely that the summer months of 2020 will include a significant sense of frustration and higher rates of substance use than might otherwise typically be present. **Most, but not all, substance use issues will be an exacerbation of pre-existing problematic behavior**.[25] Given the extended period of unknowns, restrictions associated with the pandemic, and additional stressors

associated with the potential for multiple waves and subsequent disruption, substance use will likely surpass typical post-disaster levels.

Violence and Aggression

Hot weather is often correlated with an increase in physical violence and aggression.[26] Coupled with the potential for problematic substance use which tends to reduce impulse control, an increase in the number of physical assaults and property crimes is expected in the summer months as the weather gets warmer, including arson associated with aggression.

As individuals move into the *disillusionment phase*, they often experience several extreme stressors and significant negative events, such as fear of getting sick or loss of loved ones,[18,27] unemployment,[17,27] or property loss.[17,27,28] Individuals often feel powerlessness and a loss of control as a result of these acute experiences.[27,28] This leads individuals to direct their feelings (like anger, frustration, sadness, fear, and anxiety) either towards themselves by acting "in" or towards others by acting "out."[27,28,29] Both self-harm and interpersonal violence increase significantly after disasters.[27] This refers to how people are expressing themselves and their emotions in the context of a disaster response timeline, not expressions due to underlying causes or larger-scale social issues, which could also be drivers of behavior.

There is evidence that nationally, people's behaviors and emotions are intensified by the experience of COVID-19. They are acting in ways they normally wouldn't in circumstances without the stressors and impacts of the pandemic, which can **intensify** and **magnify** existing feelings of distress, anger, fear, and aggression. There have been significant increases in handgun sales. In Washington, the number of federal background checks for handgun sales was 61% higher in March–July 2020 than the number for the corresponding period in 2019.[30] This may present more risk for gun violence, including suicide.[31] **The most acting "out" behavior related to the COVID-19 pandemic is likely to continue until there is a significant decrease in the number of hot days and an increase in rainy or cooler days.**

Violence against women increases after every type of disaster or emergency.[32] Rates of intimate partner violence and child abuse have increased significantly in Washington. Weekly surveys of Washington law enforcement agencies indicate that domestic violence offenses remain elevated at levels 14% higher than those in 2019.[33] However, these data only represent 25–30% of law enforcement agencies any given week. Based on data from previous disasters, it is likely that–even among reporting agencies–the true number of domestic violence cases is significantly higher.

Social Connection, Travel, and Resilience Building

The continued development of *psychological resilience* (adaptability and flexibility, connection, purpose, and hope) in the summer months should be strongly encouraged. New opportunities to spend time outdoors with an increase in warm and pleasant weather should be leveraged when conditions allow. State health guidelines outline considerations for safe travel, and local health departments may also have guidelines. Encouraging people to engage in **healthy outdoor activities as a way of active coping is highly recommended when group size is limited appropriately, safe physical distancing can be maintained, and face coverings are worn**.

Continuing to reconnect and engage with loved ones and family members from whom many people have been separated should also be encouraged when these encounters can be done outdoors, at a safe physical distance, and with appropriate safety measures in place (e.g., hand washing and face coverings).

Community resilience is the capacity of individuals and households within a community to absorb, endure, and recover from the impacts of a disaster. Approximately 50% of Washington residents have one or two risk factors that can threaten resilience, including unemployment, being a single parent, lower socioeconomic brackets, or pre-existing medical conditions.[34] Resilience can be actively developed both on individual and community levels. Creative social connection, as part of resilience, can also be encouraged and developed. It can be amplified to increase social connection. This helps reduce behavioral health symptoms and encourages development of active coping skills for the population at large.

The typical long-term response to disaster is **resilience**, rather than disorder.[1,35] Resilience is something that can be intentionally taught, practiced, and developed for people across all age groups. Resilience can be increased by:[36]

- Becoming **adaptive** and psychologically **flexible.**
- Focusing on developing social **connections**, big or small.
- Reorienting and developing a sense of **purpose.**
- Focusing on **hope.**

Community support groups, lay volunteers, law enforcement, first responders, and social organizations and clubs are resources that can be developed to help reduce behavioral health symptoms for the general population. These should be leveraged to take pressure off of depleted or unavailable professional medical and therapeutic resources throughout 2020.

Specific Areas of Focus for Transition into September 2020

Medical and specialty providers, organizations, and facilities should attempt to develop resources and staffing to address behavioral health impacts of the pandemic. Support strategies need to be tailored based on the current phase of the incident and the target population.

There are a number of additional factors and considerations that impact behavioral health to take into account as fall approaches:

- Ending of some local (county and city) eviction moratoriums, unless deferred, may result in unstable housing and housing crises for people who have experienced unexpected decreases in income or unemployment.
- Ending of federal support programs (e.g., Payroll Protection Act, supply distribution) may cause communities to realize that there are substantial gaps between their needs and available resources.
- An eventual return to baseline levels of functioning for many people should occur around 14 months after the initial outbreak. **This is assuming that the rates of infection do not continue to significantly increase and that a sense of the new normal is underway.**
- In Washington, the highest risk of suicide will likely occur between October and December 2020. This is consistent with known cycles of disaster response patterns. Seasonal affective disorder worsens mental health challenges at this time of year due to increased hours of darkness and inclement weather. Winter holidays can also worsen mental health challenges for many people, as they are often an emotionally and financially difficult time of year.
- Given the current sociopolitical climate, election season will also likely have a strong impact on the behavioral health of Washingtonians.[37]

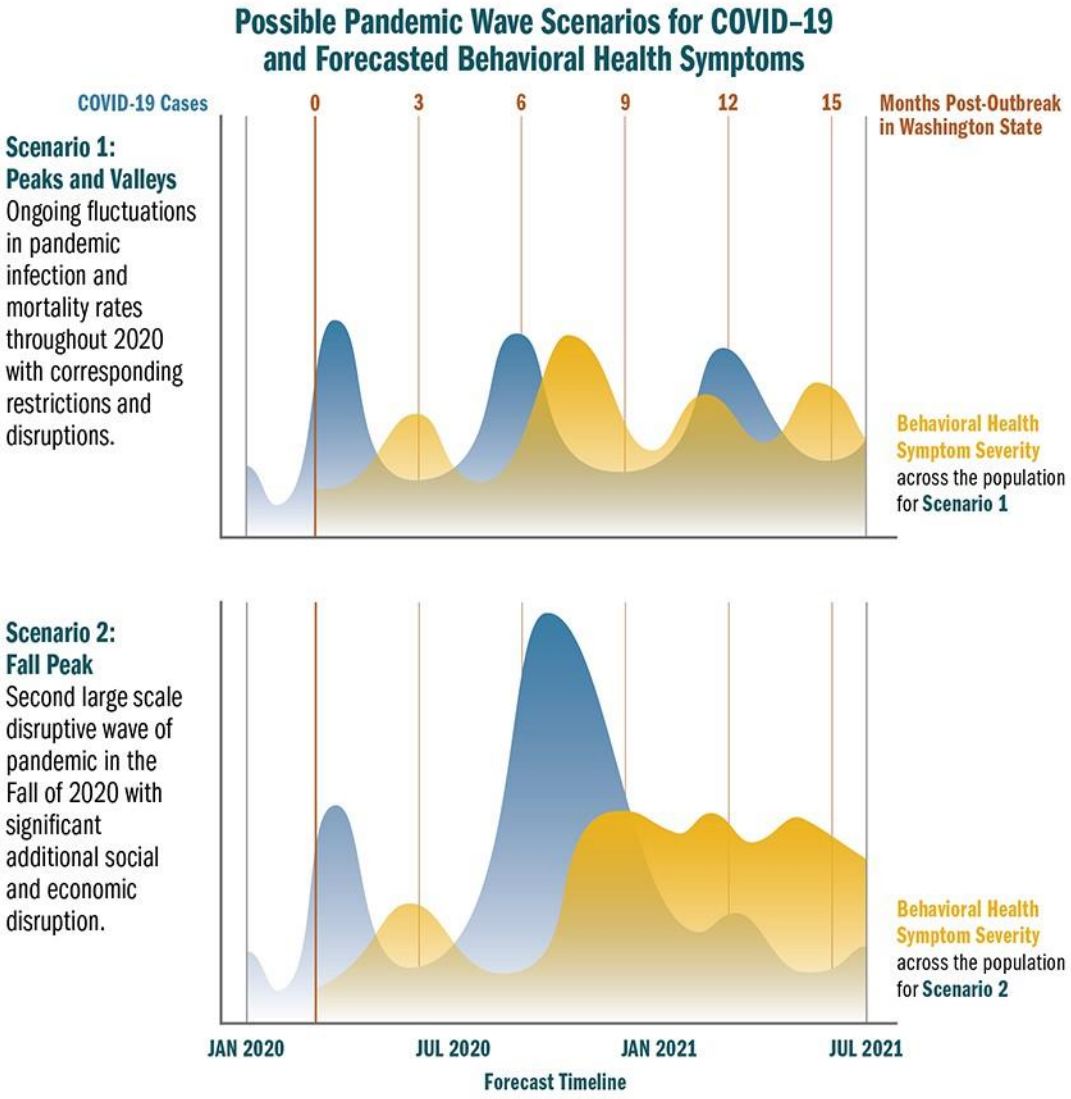


Figure 3: Possible pandemic wave scenarios for COVID-19 and forecasted behavioral health symptoms.

Key Things to Know

- Approximately 650,000 Washingtonians were receiving treatment for behavioral health needs prior to the COVID-19 outbreak.[38]
- Approximately 700,000 Washingtonians have mental health concerns, but were **not** receiving services prior to the outbreak.[38]
- While only 4–6% of people typically develop symptoms of PTSD after a disaster (equivalent to 380,000 individuals in Washington), **this number can vary quite a bit depending on the type of disaster. It is often higher among first responders and medical personnel if the disaster is more chronic, widespread, children are hurt or injured, and burnout is likely**.[39,40]
- Rates of PTSD have been much higher (10–35%) in some places more directly impacted by a critical incident.[41] Although rates of PTSD may not reach such critical levels in Washington, it is anticipated that **rates of depression are likely to be much higher (potentially 30–60% of the general population, which is equivalent to 2.25 million to 4.5 million people in Washington[41]) due to the chronic and ongoing social and economic disruption in people's lives as a result of the COVID-19 pandemic.** This is a much higher rate than typical after a natural disaster where there is a single impact point in time.
- If we are to experience an additional fall peak of illness as a function of this pandemic, significant behavioral health reactions or functional impairments may be experienced by approximately 45% of the population.[42,43]
- The most common symptoms of trauma in children and teens in the context of disaster recovery include eating too much or too little, difficulty sleeping, having bad dreams or nightmares, sleeping too much or too little, changes in behavior, and difficulty learning and remembering new things. It is also very common for children and youth of all ages to experience some regression, such as acting like they did as a younger child.[44]
- Suicide and drug overdose rates are both highly influenced by unemployment.[10,45,46,47] For every 1% increase in the unemployment rate, there is a corresponding 1.6% increase in the suicide rate[45] and an increase of one drug overdose death per 300,000 people.[46] In Washington, approximately 1,231 people die from suicide annually and 1,173 people die from drug overdose annually.
  - The unemployment rate in Washington was 9.8% in June 2020,[48] 5.5 percentage points higher than June 2019. If sustained, this could result in an additional 108 deaths annually by suicide and an additional 140 deaths annually by drug overdose.
- In the context of post-disaster recovery, individuals often utilize substances as a way to relieve psychological suffering. As such, disasters are linked to increased use of tobacco, cannabis, and alcohol.[49]
  - Prior to COVID-19, approximately 24% of individuals with mood disorders reported using alcohol or drugs to relieve symptoms, 10% of individuals with an anxiety disorder reported self-medicating with alcohol, 3% of individuals with an anxiety disorder reported self-medicating with alcohol and drugs, and 21% of individuals with PTSD reported using alcohol and other drugs to relieve their psychological symptoms.[49] **Due to the extended nature of a pandemic, it is likely that self-medication and use of substances of all types will increase significantly over the next 6–9 months.**
    - As compared to June 2019, cannabis tax collections for June 2020 were up 31%.[50] There has also been a corresponding rise in alcohol-related emergency department visits in 2020.[51]

- Given these increases, healthcare providers should suggest both healthy alternatives for coping and sources of support. For additional resources, visit DOH's Behavioral Health Resources & Recommendations webpage for providers.

- Based on population data for Washington and known cycles of common psychological responses to disasters, as well as the latest outcome data specific to COVID-19, **we can reasonably expect that approximately three million Washingtonians will experience clinically significant behavioral health symptoms over the next two to five months. Symptoms of depression will likely be the most common, followed by anxiety and acute stress.** These symptoms will likely be strong enough to cause significant distress or impairment for most people in this group.
  - Weekly survey data suggest that over 1.9 million Washington adults are experiencing symptoms of anxiety on at least most days, and over 1.4 million are experiencing symptoms of depression on at least most days (Figure 4).[52]

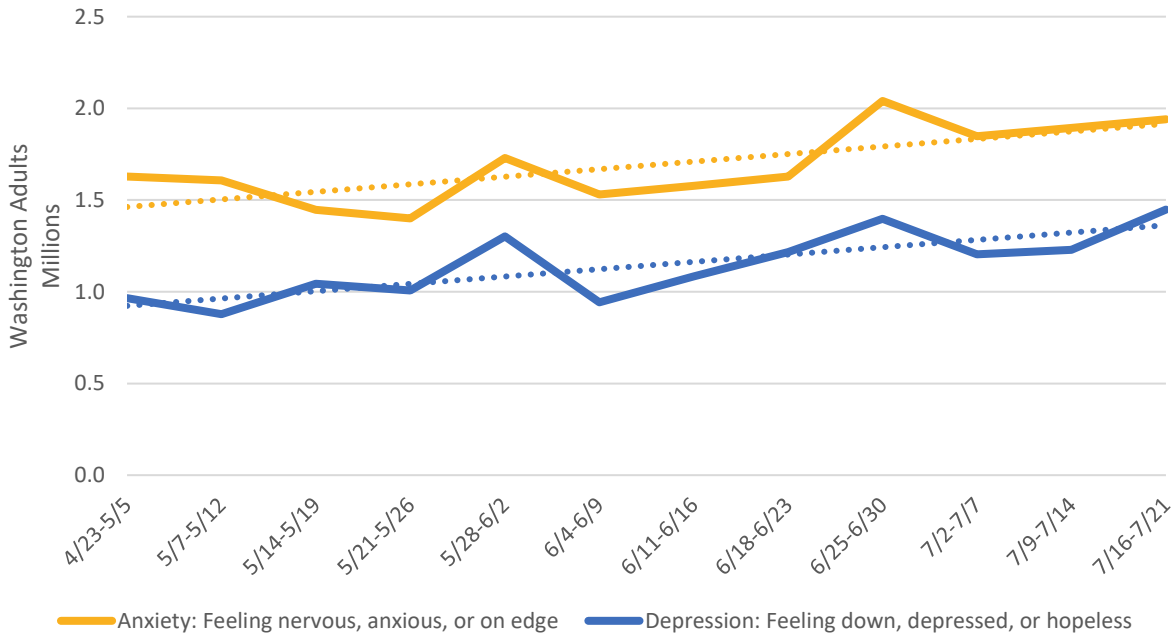


Figure 4: Estimated Washington adults experiencing symptoms of anxiety and depression at least most days, by week: April 23–July 21 (Source: U.S. Census Bureau)

- It is important to note that these numbers likely do not reflect the total number of individuals that will be able to seek and access services. Capacity building should include creative and flexible service provision, particularly within rural communities and underserved populations, with specific mindfulness around cost of services, access to technology (e.g., for telehealth), availability of services, and stigma related to behavioral health.
- An eventual return to pre-pandemic baseline levels of functioning by April or May 2021 is anticipated for many people. However, this is dependent on the level of disruption caused by a potentially dramatic increase in COVID-19 cases in the fall of 2020 or winter of 2021.[1,2]

Background Data and Analysis

National Prevalence Rates

Mental illness, behavioral health diagnoses, and demographics[53,54]

- Generalized anxiety disorder = approximately 1.0% of adolescents, 2.7% adults
- Panic attacks = 11.2% of adults
- Panic disorder = approximately 2–3% of adolescents and adults
- Mood disorders = approximately 9.7% of adults
- Depression = 10–20% of adults[55]
- Post-traumatic stress disorder (PTSD): 3.6% of adults[53]

National prevalence rates for substance-related disorders[53,54,56]

- Nicotine dependence = 11.0% of adults
- Alcohol use disorder = approximately 4.6% of adolescents, 8.5% of adults
- Cannabis use disorder = approximately 2.3% of adolescents, 5% of young adults, and 0.8% of adults
- Opioid use disorder = approximately 0.6% of adolescents, 1.1% of young adults, and 0.8% of adults

Washington Data

- Population: Approximately 7.6 million
- Percentages with baseline serious mental illness
  - Adults 18 and over = 5.3%[38] (or 400,044 people)
  - Young adults from 18–25 = 6.2%[38] (or 29,014 people)
- Percentage of adults 18 and over with any mental illness who received treatment: 45.6% (approximately 650,000 people or 8% of the total population of Washington)[38]
- Depression = 12.7% in Washington, 41.1% of whom received mental health services[38]
- Death rates[57]
  - Annual suicide rate = approximately 16.2 per 100,000
  - Annual drug overdose death rate = approximately 15.4 per 100,000

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SBH-ASO SABG RFP Proposal Overview 9/2020

FUNDING	Orignal Allocation	Revised Allocation		Total by category
Total	$403,000	$126,000		
Adult	$285,000	$100,000	6 requests	$504,560.00
Youth	$100,000	$20,000	1 request	6,300.00
Transportation	$18,000	$6,000	4 requests	22,435.40

Adult Treatment Funding Allocation by County

Clallam	30%
Jefferson	10%
Kitsap	60%

County	Agency	Priority	Program Description/Major Features	Number Served	Amount of Request	Cost per Unit	Agency Report of number served July-Dec 2019	Agency Report of number served Jan-Jun 2020	Number served per SBH-ASO Utilization Management Jan-Jun 20	Committee Recommendations
Kitsap										
	Agape	Adult	Un/Underinsured outpatient (1-9 hours per week)	30	$67,200.00	700/mo	**19**	6	32	$25,000.00
		Transportation	Bus and ferry	15	$1,252.50					$1,252.00
	Kitsap Recovery Center	Adult	Outpatient treatment to jailed (ASAM 1.0 and 2.1)	16/mo	$134,400.00	700/mo	**not provided**	1	3	$10,000.00
	West Sound Treatment Center	Adult	Outpatient 12-15 session per month	86	$199,125	750/mo	**112**	68	16	$25,000.00
		FTE Requests	Navigator, SABG Coordinator (Ineligible)		$48,936					$0.00
		Transportation			$18,000.00					$2,250.00
Clallam										
	Reflections	Adult	Outpatient treatment, assessment engagement	15/mo	$93,700.00	700/mo	**20**	23	46	$20,000.00
		Youth	Outpatient treatment, assessment engagement	1/mo	$6,300.00	700/mo				$6,300.00
	Peninsula Behavioral H	Adult	Outreach, assessment, case mangemetn, group	5/mo	$37,950.00	645.49/mo	*	*	*	$10,000.00
		Transportation			$779.40					$779.00
Jefferson										
	Beacon of Hope	Adults	Outreach, intake, jail population	36	$22,585.00	$83.65/hr	**41**	36	34	$10,000.00
		Adult	Treatment	10/mo	$84,000.00	$700/mo				
		Transportation			$2,404.00					$1,719.00
					$716,631.90					

Total to contract	**$112,300.00**
Remaining	$13,700
Total Available	$126,000.00