



GOVERNING BOARD

Bud Blake, Chair
Thurston County District Three
Terri Jeffreys, Co-chair
Mason County District Three
Cathy Wolfe, Commissioner
Thurston County District One

Governing Board - Minutes for May 12, 2016

1) 3:00 p.m. Call Meeting to Order

In Attendance: Bud Blake, Commissioner; Cathy Wolfe, Commissioner; ~~Terri Jeffreys, Commissioner~~; Tom Stuebner, Public Health and Social Services Department Director; Mark Freedman, BHO Administrator; Joe Avalos, BHO Chief Operating Officer; and Tina Gehrig, Clerk of the BHO Board

Chair Blake called the meeting to order at 3:07pm.

Commissioner Wolfe moved to approve the meeting agenda. Commissioner Blake seconded the motion. The motion carried.

Commissioner Wolfe moved to approve the April 14, 2016 meeting minutes. Commissioner Blake seconded the motion. The motion carried.

Commissioner Wolfe moved to approve the April 22 and May 6, 2016 work session minutes. Commissioner Blake seconded the motion. The motion carried.

2) Opportunity for the Public to Address the Board – No public comment was given.

3) Action Items

- a) Project for Assistance to Transition from Homelessness (PATH) Contract between the Department of Social and Health Services and Thurston Mason Behavioral Health Organization.
This amendment is only to add additional reporting requirements.

Commissioner Wolfe moved execute the amendment to the Project for Assistance to Transition from Homeless (PATH) contract for homeless outreach services between the Department of Social and Health Services and Thurston Mason Behavioral Health Organization from April 2, 2016 through September 30, 2016, with no change to funding. Chair Blake seconded the motion. The motion carried.

- b) Mobile Crisis Team Request for Proposals (RFP) for the delivery of Crisis Diversion Services for Thurston County.

The Thurston County Mobile Crisis Team will consist of 2 teams operating 7 days a week. All core functions of the team (outreach, law enforcement assisted diversion, intensive case management, and supportive housing) will be provided by one agency. It was clarified that the intensive case management service is separate from the TST funded ICM position. The location is yet to be determined; however it's critical that the team will be in the community the majority of the time. The goal is to have the least amount of law enforcement involvement so that clients feel that it's safe to access help.

It was also emphasized that additional intensive case management positions are still a much needed resource.

Commissioner Wolfe moved to authorize the release of the Mobile Crisis Team Request for Proposal #2016-MC516 by Thurston Mason BHO on May 16, 2016.

Chair Blake seconded the motion. The motion carried.

- c) Request to create and fill 3 FTEs for essential BHO functions.

With the addition of substance use disorder services have access to Ombuds services, the workload has increased substantially. The Utilization Management Specialist position is critical to managing inpatient services, i.e., liaison with physicians to approve and authorize care, how much, what kind. They must be familiar with Medicaid and state hospital rules. These positions are new and not covered in the PLR list.

Commissioner Wolfe moved authorize the TMBHO Administrator to coordinate with Thurston County to create and fill a: 1.0FTE BHO Utilization Management Specialist, 1.0 FTE BHO Ombuds; and 1.0 FTE BHO Comptroller in accordance with Thurston County hiring policies and practices.

Chair Blake seconded the motion. The motion carried.

- d) Independent Legal Counsel for Thurston Mason Behavioral Health Organization
Having access to outside legal counsel is critical for manage the transition period and maintain objectivity in decision making.

Commissioner Wolfe moved to approve the collection of three bids for Independent Legal Counsel for the Thurston Mason Behavioral Health Organization from June 1, 2016 through March 31, 2017.

Chair Blake seconded the motion. The motion carried.

- e) Pregnant and Parenting Women Residential Bed Expansion Contract between Department of Social and Health Services and Thurston Mason Behavioral Health Organization.

This request is as a result of DBHR requesting interest in agencies providing residential services to the specific PPW population. BHR was the only agency that indicated an interest. These funds are strictly pass through to fund the creation of a 16 residential bed unit. TMBHO does have oversight of the contract. However, if the funds are not spent appropriately, they will be returned to DBHR

Commissioner Wolfe moved to execute the Pregnant and Parenting Women (PPW) Residential Bed Expansion Contract for 16 residential treatment beds located at the Behavioral Health Resources Tumwater branch site (6128 Capitol Blvd SE) between Thurston Mason Behavioral Health Organization and the Department of Social and Health Services from May 1, 2016 through September 30, 2016 for a total maximum consideration not to exceed \$325,000. Further move to approve the BHO Administrator to sign the subcontract with Behavioral Health Resources

Chair Blake seconded the motion. The motion carried.

- f) Mobile Crisis Team Request for Proposals (RFP) for the delivery of Crisis Diversion Services for Mason County.

This RFP is specific for Mason County and very similar to the Thurston County document. While there is not a triage facility to bring individuals to, Mason County is working on creating a diversion house.

Commissioner Wolfe moved to authorize the release of the Mobile Crisis Team Request for Proposal #2016-MC517 for Mason County by Thurston Mason BHO on May 16, 2016.

Chair Blake seconded the motion. The motion carried.

4) Presentations

- a. **BHO Quality Management and Compliance Overview (10 minutes)- BHO Quality Manager and Compliance Officer, Larry Horne**

Larry serves as the Quality Manager, Federal Audit Coordinator, and Compliance Officer for the BHO. He is certified in Healthcare Compliance (CHC) a federally recognized certification. Larry outlined some of the duties as the *Medicaid Compliance Officer* which are outlined in Federal Regulations and include: Establishing and maintaining a Compliance Committee; providing annual training to providers and staff on fraud and abuse and compliance and whistleblower statutes; receiving, reviewing, and reporting suspected fraud and abuse and conflict of interest; oversight, monitoring, and auditing of the TMBHO Compliance Plan; development of corrective action plans, enforcement of any necessary disciplinary actions against providers or employees, and implementing necessary program changes. The Board was interested in an annual score card or report.

Larry outlined the membership of the Compliance Committee. Concern was expressed that there is a lack of outside representation to maintain objectivity should an allegation occur. Chair Blake requested Mr. Freedman provide a follow-up at a future meeting.

Quality Management duties include: Handling critical incident reports (i.e., death, etc.); clinical review of about 400 charts annually; developing, monitoring, and providing technical assistance; coordination of the annual federal review; and overseeing the grievance system

(Ombuds). While these duties have always been part of the mental health (RSN) program, the inclusion of substance use has resulted in additional workload.

b. Children's Mental Health Overview (20 minutes)- BHO Care Manager, Gary Enns

Gary is a licensed mental health therapist and has worked in the field for 28 years, including the last 15 as the Children's Care Manager at TMRSN/BHO. The position includes: contract development and monitoring, authorization for children's inpatient/outpatient services, participation and coordination in local and statewide workgroups all with a strong emphasis on developing a quality system of care for children/youth in Thurston and Mason Counties. In 2006 a grant was received that resulted in a large community strategic planning process which mapped the resources/gaps and identified evidence based practices (EBP) to meet identified needs. Over the last 10 years, the Children's program has expanded and achieved amazing results as new providers and programs were brought on. Current programs and initiatives include: Multisystemic Therapy (MST), a blended behavioral health and juvenile justice program (JCDT), Mobile Crisis services, "Core" outpatient services, School-based services, Integrated Case Management, Family Alliance for Mental Health, Wraparound with Intensive Services, FYSPRT (What's it stand for)

MST is an intensive home, school or community-based service for youth ages 12-17 years enrolled in Medicaid who have challenges in at least two areas such as: family conflicts, school, juvenile justice, mental health, anti-social behavior, or child welfare. Individualized treatment is available 24 hours a day, 7 days per week for participating families.

JCDT (Juvenile Court and Detention Transitions) – involves mental health professionals (and psychiatric prescribers) working in the detention/court settings to support stabilization of youth while in detention, assessment of community needs, and linkage to appropriate community supports following release.

Mobile Crisis Services – community-based crisis response and stabilization services provided through Catholic Community Services.

"Core" Outpatient Services – child-serving agencies including Behavioral Health Resources and SeaMar that provide a full continuum of Medicaid funded outpatient services.

School-based Services – the Educational Service District 113, is a licensed behavioral health agency providing co-occurring treatment to children/youth in the Rochester School District, and will be providing behavioral health contracted services in two additional districts in fall 2016.

Fidelity Wraparound and Wraparound with Intensive Services (WISe) services include coordinated, individual care for children and youth up to 21 years of age with complex behavioral needs and their families built upon the individual's strengths and the multiple service systems they may be involved with. Services also include access to psychiatric services and in-home therapy for children and youth up to 21 years of age with complex behavioral

needs and their families. Provided by Community Youth Services and Catholic Community Services.

Family Alliance for Mental Health is a parent support for families or children/youth with social, emotional, behavioral challenges, and mental health needs. Donna Obermeyer is the facilitator of this program and has done a phenomenal job of connecting parents to other parents and providing support for parents with children affected by mental illness. She is very knowledgeable about community resources and partners well. Donna is also the Wraparound/WISE Coordinator.

Integrated Case Management is a cross system group of providers who regularly meet and collaborate to support families with children with complex, multi system needs.

FYSVRTs (Family Youth and System Partner Round Tables) is a program that resulted from the recent lawsuit claiming that the highest need clients were not receiving adequate level of service and that family/youth involvement needed to be more present throughout the system of care. The group's intent is to provide an equitable forum for families, youth, systems, and communities to strengthen sustainable resources by providing community-based approaches to address the individualized behavioral health needs of children, youth and families.

Transitional Age Youth (TAY) – a Community Youth Services program that offers therapy, peer and family counseling, psychiatric support, crisis intervention, and linkages to community services for youth age 15-24.

Staff have worked hard to assist new providers, Community Youth Services and Catholic Community Services, in becoming licensed community mental health agencies and these agencies have excelled in these programs. ESD 113 has also recently become licensed.

Treatment sales tax funding has been critical to the success of these programs, as Medicaid funded services are limited. Evidence-based models (e.g., the MST program), could not be provided to fidelity if the additional funding were not available.

A system of care logic model was also presented. This is a living document that was developed by a team of representatives from: Mason and Thurston County detention/courts, schools, Children's Administration, Developmental Disabilities, all child serving agencies, a youth, and 5 parents. This model will continue to be used to track successes and guide future initiatives.

c. National Alliance on Mental Illness (15 minutes) – Stigma reduction, NAMI Thurston Mason

Sue Allen gave a brief presentation on the stigma reduction campaign that they are doing during the month of May which is National Mental Health Awareness Month. NAMI Thurston Mason is challenging everyone to take the stigma challenge. Anti-stigma promotional materials are available. There are also six city buses in Thurston County that are promoting the campaign as well.

5) Updates

- Chris Foster, MIS Supervisor has been hired. Avatar will be going live this week. Chris will also be assisting with the website development. The domain names: tmbho.org and thurstonmasonbho.org have been purchased.
- The ASO contract has not yet been signed. Since the target date for resolution is July 1st, a work session will need to be scheduled prior to the next Board meeting so that approval can occur at the regular June meeting.
- The pre-meeting agenda setting work session will also include discussion of the Cascade Pacific Action Alliance (CPAA) Council meeting representation since it conflicts with this meeting.
- Tom Stuebner discussed the UW grant request for a .5 FTE and access to additional Naloxone. The grant request needs to include a letter of interest from the BOCC as well as the BHO Board since the funding will come through DBHR. Robin was drafting the letter, however, the deadline is tomorrow. The Commissioners are comfortable with allowing Tom to sign on behalf of the BOCC and Mark Freedman to sign on behalf the BHO Board with the understanding that Robin was not opposed to the idea. It was mentioned that 9 reversals of overdose have occurred since the Naloxen became available locally in February.
- There were some minor setbacks with the triage opening. It is now slated for June 3rd with staff being operational in August. Staff indicated that Michael Crow, the Project Manager has been great to work with.

6) Adjournment

Vice Chair Jeffreys moved to adjourn the meeting of May 12, 2016. Commissioner Wolfe seconded the motion. The motion carried. The meeting adjourned at 5:08.

THURSTON MASON BEHAVIORAL HEALTH GOVERNING BOARD

Thurston County, Washington

ATTEST:


BUD BLAKE, Chair


Tina Gehrig, Clerk of the Board

Date: 6-9-16

absent
TERRI JEFFREYS, Vice Chair


CATHY WOLFE, Commissioner