



THURSTON-MASON
Behavioral Health Organization, LLC

ADVISORY BOARD NEW MEMBER HANDBOOK

**Thurston-Mason Behavioral Health Organization
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Lacey, WA 98503
www.tmbho.org**

March 2019

**THURSTON-MASON BEHAVIORIAL HEALTH
ORGANIZATION (BHO)
ADVISORY BOARD NEW MEMBER HANDBOOK**

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Welcome and Introduction

**Welcome to the Thurston-Mason Behavioral Health Organization (TMBHO) Advisory Board!
You are providing a valuable community service by participating on this Board.**

The mission of the TMBHO Advisory Board is:

To advocate for consumer-driven crisis intervention and treatment services for Thurston and Mason County residents most in need of publicly funded mental health and substance use disorder services and to advise the TMBHO Governing Board to fulfill this directive.

Services shall:

Promote a sense of well-being within the natural environment of the consumer, offering services that maximize consumer choice and individualized tailored care, except as a safety issue as defined by RCW 71.05.

What are Behavioral Health Organizations?

In 2014 the State Legislature passed Senate Bill 6312, directing DSHS to integrate funding and oversight for behavioral health (mental health and substance use) treatment services. Beginning in 2016, the state began purchasing behavioral health services through regionally operated Behavioral Health Organizations (BHO) through a managed-care structure.

BHOs are single, local entities that assume responsibility and financial risk for providing substance use disorder treatment and mental health services. These include mental health inpatient and outpatient treatment, substance use residential, withdrawal management, and outpatient treatment services, and peer support services.

Where are BHOs located?

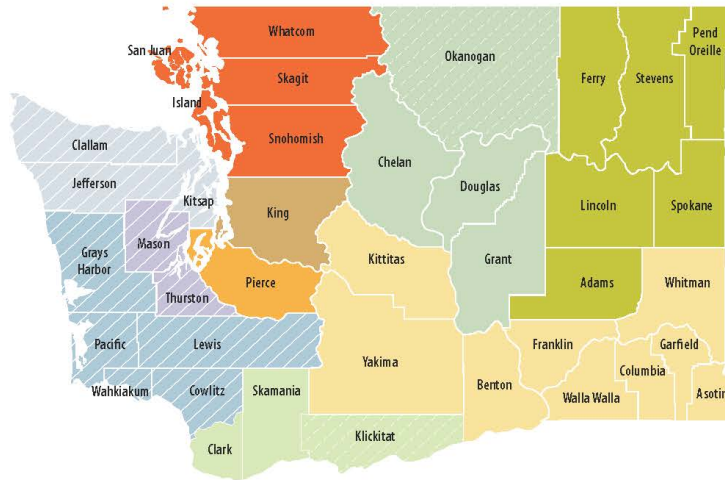
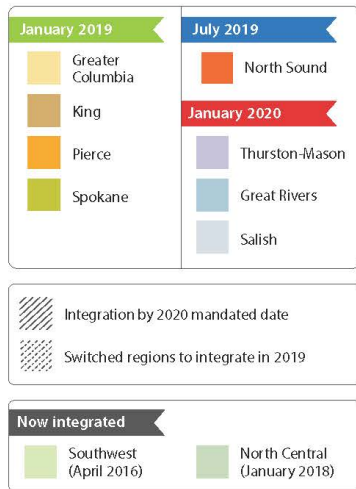
BHOs are located within Regional Service Areas (RSAs). The Department of Social and Health Services (DSHS) and the Health Care Authority (HCA) jointly designated them in November 2014. However effective January 1, 2020 behavioral health services will be integrated with primary health care services and will be coordinated through the same Apple Health plans currently providing physical health services. The following map details the current state of integration as of July 1, 2019:



Changes coming to Washington Apple Health

Apple Health (Medicaid) is shifting to whole-person care. Apple Health managed care plans will start to cover behavioral health treatment services (mental health and substance use disorder treatment), along with physical health services. Most clients will remain with the same health plan; however, there are a few places where plans will no longer be an available choice within a county. Clients will stay enrolled in their current plan, unless that plan will not be an option in 2019 or 2020. In that case, HCA will auto-enroll clients to one of the offered plans.

The following map and table identifies which integrated managed care plans will be available within each region.



Managed care region	Amerigroup	Community Health Plan	Coordinated Care	Molina Healthcare	United Healthcare
As of January 2019					
Greater Columbia	●	●	●	●	
King	●	●	●	●	●
North Central	●		●	●	
Pierce	●		●	●	●
Spokane	●	●		●	
Southwest	●	●		●	
As of July 2019					
North Sound	●	●	●	●	●
Coming January 2020					
Thurston-Mason	●			●	●
Great Rivers	●			●	●
Salish	●			●	●

Note: Apple Health Foster Care is a statewide program, provided through Apple Health Core Connections (Coordinated Care of Washington).

HCA 19-0025 (11/18)



What is the TMBHO Advisory Board?

The Thurston-Mason Behavioral Health Organization Advisory Board is the result of integration between the previous Thurston-Mason Regional Support Network and Thurston-Mason Chemical Dependency Advisory Boards. Both boards are citizen advisory boards which represent the citizens of Thurston and Mason Counties. Behavioral Health Organizations are required to have an advisory board in accordance with RCW 71.24.300(8) and WAC 182-538D-0252.

Membership Requirements

The BHO must appoint Advisory Board members and maintain an Advisory Board in order to:

- a) Promote active engagement with individuals with behavioral health disorders, their families, and behavioral health agencies; and
- b) Solicit and use Advisory Board members input to improve service delivery and outcome.

The BHO must appoint and maintain an Advisory Board that:

- a) Broadly represents the demographic character of the service area;
- b) Is composed of a least fifty-one (51%) representation of one or more of the following:
 - i) Persons with lived experience;
 - ii) Parents or legal guardians of people with lived experience; or
 - iii) Self-identified as people in recovery from a behavioral health disorder;
- c) Includes law enforcement representation; and
- d) Includes tribal representation, upon request of a tribe.

Advisory Board bylaws require a minimum of nine (9), maximum of fifteen (15) Advisory Board members. A minimum of six (6) members will be representative of Thurston County and three (3) of Mason County with a maximum of eleven (11) Thurston County representatives and four (4) Mason County representatives. Each voting member is appointed to a three-year term by the TMBHO Governing Board. Members may be re-appointed to an additional term(s) to meet the composition requirements. Elected officials include a Chair and Vice-Chair, which are elected in March of every year.

Advisory Board Meetings

TMBHO Advisory Board meets the 4th Monday from 5:30-7:00pm. As a voting member, your attendance is required. Smaller subcommittees may be formed to address specific issues and processes.

Staff from TMBHO and the Board Chair will prepare an agenda for each meeting. Agendas will consistently include standing committee reports (as applicable) and a designated time for community input. TMBHO staff will also assist in preparing for Advisory Board meetings.

As a member of this Advisory Board, you have certain responsibilities and duties. This handbook has been prepared to acquaint you with these responsibilities and to provide some background information to assist you in carrying them out.

Bylaws of the Thurston-Mason Behavioral Health (TMBHO) Advisory Board

A. AUTHORITY

The TMBHO Advisory Board is established in accordance with the provisions of RCW 71.24.300(8) and WAC 182-538D-0252.

B. RESPONSIBILITIES

The BHO Advisory Board has the following powers and duties:

1. Review and evaluate the needs, facilities, services and special issues of Thurston and Mason Counties.
2. Advise the TMBHO Governing Board as to a program of community services that shall reflect the fullest and most feasible utilization of already existing services.
3. Request regular updates from community providers at Advisory Board meetings for the purpose of staying current on agency programs, challenges and issues.
4. Review and discuss quarterly progress report summaries of contracted service providers prepared by TMBHO staff.
5. Establish priorities based on community needs and recommend the allocation of available federal, state, and local funds to meet those needs.
6. Receive and review all applications for financial support; make funding recommendations according to the priorities and allocations approved by the TMBHO Governing Board.
7. Advise and assist in the selection of new community mental health and substance use disorder providers through participation in the Request for Qualification (RFQ) or Request for Proposal (RFP) process, or through other allowable means to select qualified providers.
8. Keep abreast of complaints, grievances and critical incidents as reported to the BHO.
9. After adoption of a program, review the financial and service components of the program to be assured that actual expenditures and programs remain consistent with agreements contained in the application as approved.
10. Review and discuss the annual BHO Quality Work Plan and Quality Assurance and Performance Improvement (QAPI) Plan.
11. Develop and recommend to the Governing Board the budget for Thurston-Mason Counties for mental health and substance use disorder services.
12. Request a meeting with the TMBHO Governing Board to review major objectives, projects and activities of the TMBHO Advisory Board, and to listen to key goals and objectives of the Governing Board. Meetings shall be requested two (2) times per year, at a minimum. It is the responsibility of the TMBHO Advisory Board Chair to request these meetings.

C. MEMBERSHIP

1. Body:
 - a. Each Advisory Board shall be composed of not less than nine (9) and not more than fifteen (15) members.
 - b. One additional member for Mason County and one for Thurston County may be appointed to represent law enforcement. One additional slot per tribe will be available for tribal representation.
 - c. The requirement for a quorum will be based on 15 members.
 - d. Each voting member is appointed to a three-year term by the TMBHO Governing Board.
2. Representation:
 - a. Members shall be representative of the community and shall include a minimum of six (6) members from Thurston County and three (3) from Mason County and a maximum of 11 Thurston and 4 Mason.
 - b. A minimum of 51% of the membership shall be persons, parents or legal guardians of

- persons, with lived experience and/or self-identified as a person in recovery from a behavioral health disorder.
- c. At least one (1) member shall be a representative from law enforcement and/or the criminal justice system.
 - d. The Advisory Board shall have County representation (when the BHO is **not** a County operated BHO) but have no more than four (4) elected officials.
3. Service Providers: No persons either receiving funds by contract or employed by an organization in receipt of funds subject to the advice of the respective Board may be appointed to that Board. On a case by case basis members of the Board may be part of a subcontracted agency only with a special vote of the existing Board. If an Advisory Board member works for a subcontracted agency the member must:
 - a. Not be in a leadership position within their respective organization or have decision-making authority on issues of budget or program design;
 - b. Recuse themselves from any vote of the Board that has to do with financing of any agency funded by the BHO; and
 - c. Publicly announce the inherent conflict of interest in discussions of their agency's performance or quality improvement initiatives.
 4. Tenure: Members of the Board shall serve a term that is (3) years in length and may succeed themselves for not more than one (1) term, for a total of six (6) years. Exceptions to the tenure requirement may be granted with a vote and approval of the current Advisory Board on a case by case basis.
 5. Appointment: Members of the TMBHO Advisory Board are appointed by the TMBHO Governing Board. Persons wishing to serve as a member of the Thurston-Mason BHO Advisory Board will send a letter of interest to TMBHO for Advisory Board and staff review. Interested applicants may also submit a letter of interest to their respective Board of County Commissioners. A representative from the respective Board of County Commissioners may then issue a letter of support on behalf of the applicant. This recommendation for appointment will be forwarded to the Thurston-Mason BHO Governing Board. Final authority for such appointments will rest with the Thurston-Mason BHO Governing Board.
 6. Qualifications: Members shall be appointed based on their ability to give guidance and direction to the legal, fiscal and program aspects of the respective program activities within Thurston and Mason Counties.
 7. Compensation: Members of the Thurston-Mason BHO Advisory Board shall not be compensated for the performance of their duties as members of a Board but may be paid subsistence and mileage. Requests for and rates of such reimbursement shall be governed by current federal per diem policy.
 8. Removal: Any Board member may be removed from his or her appointment by the Thurston-Mason BHO Governing Board for good cause. The Board may recommend the removal of a member to the Thurston-Mason BHO Governing Board by a majority vote of the Board at any regular or special meeting of the Board. Notice of the proposed removal recommendation must be sent to the member in writing one (1) week prior to the date of the meeting at which such a removal recommendation is to be voted upon. Such notice must state the cause of the proposed recommendation.
 9. Leave of Absence: A member may request a leave of absence for up to one (1) year if the member is temporarily unable to attend Board meetings and/or participate in Board

activities. The request, in writing, must state the length of leave, and it must be submitted to the Advisory Board. The Advisory Board's recommended action will be forwarded to the Thurston-Mason BHO Governing Board. No more than two (2) members will be granted a leave of absence at the same time.

D. PROCEDURES

1. A quorum shall consist of 50% plus one (1) of the active members of the Advisory Board and a quorum shall be required to transact business at any regular or special meeting.
2. Regular meetings shall be held once each month, a minimum of nine (9) months per year. Place and time of such meetings will be established by the Advisory Board and the public so informed.
3. Special meetings may be called at the request of the Chair, or at the request of at least half of the Board's membership.
4. The Annual Meeting shall be the regular meeting in the month of March, at which time shall be held the election of officers for the ensuing year.
5. More than three (3) consecutive unexcused absences from meetings shall cause the Board to recommend to the Thurston-Mason BHO Governing Board that a member be removed from the Board.
6. Unexpired terms: TMBHO Governing Board shall be notified of persons who resign. Such vacancies shall be filled by the TMBHO Governing Board for the remainder of the term. If appointee serves more than 18 months, it shall be considered a full term for the purposes of tenure.
7. Specification of officers, committees, and procedures is left to the discretion of the Board. Such terms to be written and approved by quorum vote.
8. Roberts Rules of Order shall be in effect in all cases not covered by the bylaws or governed by special procedures adopted by the Board.

Board Member Responsibilities

The Thurston-Mason BHO Advisory Board is an Advisory Board whose role is to advise the Thurston-Mason BHO Governing Board on matters relating to mental health and substance use disorder services in Thurston and Mason Counties. Each member is expected to represent all citizens of the two (2) counties in their recommendations and advice.

Each Board member has the responsibility to help make the group process work. It is important that each Board member know their specific role and how they fit into the Board's overall framework.

Per RCW and WAC guidelines, Advisory Boards are to have the following role:

1. Review and comment on established State and/or Federal services goals/strategies for the development and implementation of publicly funded mental health and substance use disorder services through TMBHO. The Advisory Board shall review and set policies to be presented to the TMBHO Governing Board regarding services and Advisory Board values and priorities.
2. Forward comments to the TMBHO Governing Board and elected officials responsible for the mental health and substance use disorder program.
3. Develop and implement an outcome-based biennial plan in accordance with Washington State Department of Social and Health Services (DSHS) guidelines.

4. Periodically review the biennial plan and ensure resources are applied in support of its goals and outcomes.
5. Review Quality Assurance and Performance Improvement (QAPI) plans, Compliance Plans, Utilization Plans, and other administrative and structural plans, as mandated through State and Federal requirements or other external quality review organizations (EQRO).
6. Subcommittees can be formed as needed, either on a standing or an ad hoc basis. Additional meetings may be required for committees and during special planning times.

The responsibilities of each Advisory Board member are as follows:

1. Participate in public meetings to solicit input from Thurston and Mason County citizens, service providers and consumers of mental health/substance use disorder services regarding needs and priorities for services.
2. Review and comment on applications for funding. Recommendations will be forwarded to TMBHO staff and TMBHO Governing Board regarding applications' relationship to the values and priorities for services that are set by the Advisory Board.
3. Review and comment on the TMBHO plan for services.
4. Participate in Advisory Board meetings regularly. Notify staff in advance if unable to attend. More than three (3) consecutive unexcused absences from meetings shall cause the Advisory Board to recommend to the TMBHO Governing Board that a member be removed.
5. Be familiar with the minutes of Board meetings and of your committee assignments.
6. Provide expertise in technical areas and/or offer community perspective.
7. Be familiar with the Board's mission, goals, and objectives.
8. Expect that all committee meetings are reported on at Board meetings.
9. Be respectful of all providers and remain objective.
10. Inquire if there is something you do not understand or want more information about.
11. Avoid the substance or appearance of conflict of interest.

Specific responsibilities of the Chair/Vice Chair are as follows:

1. A Board Chair and Vice Chair shall be elected on an annual basis during the March meeting. Nominations for Board Chair and Vice Chair shall come from the at-large membership of the Advisory Board. The Board Chair and Vice Chair shall serve a maximum one (1) year term and cannot serve two (2) terms consecutively. They may, however, serve as Chair or Vice Chair again after a one-year hiatus.
2. Develop and review Board agenda with agency staff
3. Facilitate Advisory Board meetings and maintain timeliness.

4. Elicit information and promote discussion from members with impartiality.
5. Keeping meetings on track
6. Be impartial on issues
7. Request technical assistance from agency staff, as needed
8. In the absence of the Chair, the Vice Chair will facilitate the Advisory Board meeting(s)

Specific responsibilities of the agency staff are as follows:

1. Provide complete, concise and accurate information
2. Provide objective analysis, opinions and recommendations
3. Meet with Chair/Vice Chair, as needed
4. Facilitate Board requests and provide technical assistance, as needed and appropriate
5. Facilitate Advisory Board subcommittees
6. Prepare and monitor State Revenue contracts and agency subcontractor contracts
7. Liaison between providers and Advisory Board members: Program/contract/technical assistance
8. Present Advisory Board issues and recommendations to the Thurston-Mason BHO Governing Board
9. Stay current on issues of mental health and substance use and update Advisory Board, as necessary
10. Facilitate membership recruitment, as needed

Thurston-Mason BHO Governing Structure

The Thurston-Mason Behavioral Health Organization operates as a special, quasi-governmental entity with a dedicated Governing Board which holds all the risk for TMBHO operations. The Governing Board consists of three (3) elected County Commissioners; two (2) from the Thurston County Board of County Commissioners and one (1) from the Mason County Board of County Commissioners. The structure of the TMBHO Governing Board is subject to change through periodic rotations of elected officials on the Governing Board.

The Thurston-Mason BHO Advisory Board has statutory responsibilities for planning and monitoring. These responsibilities relate to advising the TMBHO Governing Board concerning services in Thurston and Mason Counties and the allocation of funds to provide these services.

The TMBHO Governing Board have authority to approve or change the Advisory Board's recommended actions. As the contracting body for Thurston-Mason BHO, the Thurston-Mason BHO

Governing Board have administrative responsibilities for the contracted services. These administrative responsibilities are carried out by TMBHO staff.

Advisory Board Committees

The following standing committee exists for the Thurston-Mason BHO Advisory Board:

ADVOCACY COMMITTEE

Purpose:

Review legislative issues regarding behavioral health treatment and educate Legislators. The Committee shall work with the Governing Board regarding any educative or lobbying efforts taken as the Advisory Board. The Committee shall facilitate community education to promote prevention, recovery, resiliency and stigma-reduction. In addition to Advisory Board members, membership shall include community contracted agency representatives from Thurston and Mason County with expertise in substance use and/or mental health conditions.

Duties:

- Plan and execute an annual community behavioral health forum, promoting recovery and resiliency.
- Participate in community forums and Legislative events, when appropriate.
- Advocate and educate the Legislature on mental health and substance use.
- Recruitment and mentoring of Advisory Board members as needed.

Advisory Board Ad-Hoc Committees

The following ad-hoc committees exist for the Thurston-Mason BHO Advisory Board and can be called upon to meet should they be needed.

SERVICES & ADMINISTRATION COMMITTEE

Purpose:

Provide executive functions and coordination for the Board. The committee, consisting of the members and Board chair, works directly with BHO staff to set the agenda for the Board meeting, as well as to discuss issues and possible direction for the BHO.

Duties:

- Review and comment on reports and documents related to the BHO implementation of the plan and budget for the Medicaid prepaid health plan and other community mental health and substance use services.
- Review and comment on reports related to the monitoring of BHO contracts, monitoring/evaluation of contracted services and consumer/client concerns related to contracted services.
- Review and comment on plans or reports related to BHO-sponsored training and/or community education/information activities.
- Recruit and screen Advisory Board applicants; submit recommendations to the Board.

FINANCE COMMITTEE

Purpose:

To provide assistance and overview of the BHO budget and contracts.

Duties:

- Understand funding issues and financial performance of the BHO.
- Provide input into the annual RFP or contract/amendment development and review process.
- Provide contract planning support to the BHO Manager or Administrator.
- Review Mental Health/Substance Use Disorder Block Grant proposals, other supplemental funding opportunities, and BHO budget and contracts.

QUALITY IMPROVEMENT COMMITTEE**Purpose:**

To create, collaboratively with consumers and providers, a common understanding of quality and apply it to our regional mental health and substance use system.

Duties:

- Define quality of service, what data is required and how to hold the system accountable in order to develop and approve a Quality Management Plan.
 - Define, establish and review measurable system indicators of quality assurance.
 - Routinely review measures and make recommendations to the full Advisory Board regarding outliers, additional measure, etc.
-

Acknowledgement of Responsibilities

In order for the Citizens' Advisory Board to effectively fulfill its advisory role to the Thurston-Mason BHO Governing Board, it is important that each member is fully informed and knowledgeable regarding the diverse issues that come before the Advisory Board. Sharing responsibilities is essential to getting the job done, as no one person can do everything. As a member of the Thurston-Mason Behavioral Health Organization Advisory Board, I expect staff to provide objective analysis, options, and recommendations. Assisted by staff, I will use my best judgment in making and providing recommendations to the Thurston-Mason Behavioral Health Organization Governing Board.

As part of my commitment as an Advisory Board member, I agree to the following:

- Commit to 2-7 hours per month of active participation in TMBHO Advisory Board activities (meetings, outreach and preparation).
- Prepare for Advisory Board meetings by studying the meeting agenda and supplemental materials before every meeting. If I have a question or want more information regarding an issue, I will contact TMBHO staff or other Advisory Board members to obtain this information.
- My only contact with contracted service providers regarding contract service provision will be during Advisory Board-sponsored meetings.
- Attend all Advisory Board meetings, as I understand that my attendance is crucial to Board activity. If unable to attend a meeting, I will notify staff. I understand that three unexcused absences is cause for removal from the Board.
- I will be an active participant in at least one standing or ad-hoc committee of the BHO Advisory Board.

Listed below is my address and phone number(s):

<input type="text"/>	<input type="text"/>	<input type="text"/>
Name (please print)	Home Phone	Work Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>
Street Address	City	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>
Mailing Address (if different from above)	City	Zip Code
<input type="text"/>		
Email Address		

I have read and understand the Advisory Board Bylaws and Board Handbook materials and acknowledge my responsibilities and role as a Thurston-Mason BHO Advisory Board Member.

<input type="text"/>	<input type="text"/>
Advisory Board Member Signature	Date

Advisory Board Member Roster

BOARD MEMBER NAME	COUNTY REPRESENTED	TERM APPOINTMENT	TERM EXPIRATION
Collene Hawes	Thurston	<i>Reappointed</i> May 2017	May 2020
Darrin Moody	Mason	May 2018	May 2021
Gurinder Sodhi	Thurston	March 2017	March 2020
Jeanne Rehwaldt	Mason	September 2016	September 2019
Kathy Geist	Mason	September 2016	September 2019
Kristalene Pitts-Palmerton	Thurston	November 2016	November 2019
Lloyd Peterson	Thurston	<i>Reappointed</i> October 2017	October 2020
Lorraine Barton-Haas, MD	Thurston	November 2016	November 2019
Madison Larsen	Mason	September 2016	September 2019
Nancy Young	Thurston	<i>Reappointed</i> November 2016	November 2019
Abe Gardner	Mason	February, 2019	February, 2022

BOARD CHAIRPERSON: MADISON LARSON	BOARD VICE-CHAIR:
ADVOCACY COMMITTEE Chair: Gurinder Sodhi Members: Collene Hawes, Nancy Young, Jeanne Rehwaldt	THURSTON-MASON BHO STAFF TO ADVISORY BOARD Mark Freedman, TMBHO Chief Executive Officer Joe Avalos, TMBHO Chief Operating Officer Tara Smith, TMBHO Chief Financial Officer Tina Gehrig, TMBHO Program Assistant
GOVERNING BOARD John Hutchings, Thurston County Commissioner; Thurston-Mason BHO Chair Kevin Shutty, Mason County Commissioner; Thurston-Mason BHO Vice-Chair Tye Menser, Thurston County Commissioner Kathy Geist – Mason County Governing Board Liaison Kristalene Pitts-Palmerton – Thurston County Governing Board Liaison Lloyd Peterson – Thurston County alternate	

Outpatient Mental Health and Substance Use Disorder Services Network Providers

<u>ALTERNATIVES PROFESSIONAL COUNSELING</u> 2000 Lakeridge Drive SW, Olympia	360-357-7986	Adult Substance Use Disorder Correctional Only
<u>BEHAVIORAL HEALTH RESOURCES</u> 3857 Martin Way E, Olympia 6128 Capitol Blvd. SE, Tumwater 110 West K Street, Shelton	360-704-7170 800-825-4820	Adult & Youth Mental Health Pregnant/Parenting Women Substance Use Disorder
<u>CAPITAL RECOVERY CENTER</u> 1000 Cherry St SE, Olympia	360-357-2582	Adult Peer support
<u>CASCADE MENTAL HEALTH</u> 2428 West Reynolds Ave, Centralia	360-330-9044	Adult & Youth Mental Health
<u>CATHOLIC COMMUNITY SERVICES FAMILY PRESERVATION</u> 1011 10th Avenue SE, Olympia 601 W. Franklin St, Shelton	360-878-8248 888-322-7156	Children's Mental Health Wraparound Crisis Stabilization
<u>COMMUNITY YOUTH SERVICES</u> 711 State Avenue NE, Olympia 601 W. Franklin St, Shelton	360-943-0780	Youth Mental Health Multisystemic Therapy
<u>CONSEJO COUNSELING & REFERRAL</u> 627 W. Franklin St, Shelton	360-763-5610	Adult & Youth Mental Health Adult Substance Use Disorder Day Support
<u>CRISIS CLINIC</u> (confidential location)	360-586-5800 360-586-2777	24 Hour Phone Info & Referral Youth Help Line
<u>EUGENIA CENTER</u> 121 NW Chehalis Ave, Chehalis	360-740-9767	Adult & Youth Mental Health Adult Substance Use Disorder
<u>EVALUATION AND TREATMENT CENTER</u> 3436 Mary Elder Road, Olympia	360-754-1338	Involuntary Treatment Crisis Services
<u>EVERGREEN TREATMENT SOUTH SOUND CLINIC</u> 6700 Martin Way East, Suite 117, Olympia	360-413-6910 888-764-7243	Medication assisted treatment (Methadone)
<u>FAMILY EDUCATION AND SUPPORT SERVICES</u> 1202 Black Lake Blvd Suite B, Olympia 601 W. Franklin St, Shelton	360-754-7629 877-813-2828	Parenting Classes and Support Groups
<u>NATIONAL ALLIANCE ON MENTAL ILLNESS (NAMI)</u> 4305 Lacey Blvd Suite 28, Lacey	360-493-6021	Support groups, education, and advocacy
<u>NEW DIRECTIONS</u> 506 W. Franklin Street, Shelton	360-427-5232	Adult Substance Use Disorder
<u>NORTHWEST INTEGRATED HEALTH</u> 9720 South Tacoma Way, Lakewood	253-503-3666	Medication assisted treatment Adult Substance Use Disorder
<u>NORTHWEST RESOURCES</u> 2708 Westmoor Court SW, Olympia 3773 Martin Way E Suite A-105, Olympia 200 Lilly Road NE Suite C, Olympia 235 S. 3rd, Shelton	360-943-8810 360-688-7312 360-918-8336 360-426-0890	Adult Substance Use Disorder Adult Mental Health Intensive Case Management Housing Case Management
<u>PIERCE COUNTY ALLIANCE (THURSTON COUNTY DRUG COURT)</u> 2400 Bristol Court SW Suite B, Olympia	360-357-3482	Adult Substance Use Disorder Drug Court only
<u>PROVIDENCE ST. PETER HOSPITAL</u> 413 Lilly Road NE, Olympia <u>CHEMICAL DEPENDENCY CENTER</u> 4800 College Street, Lacey	360-493-7060 360-456-7575 800-332-0465	Adult & Older Adult Mental Health Adult & Youth Substance Use Disorder
<u>SEA MAR COMMUNITY HEALTH CENTERS</u> 6334 Littlerock Road SW, Tumwater 202 Cullens St NW, Yelm	360-704-7590 360-400-4860	Adult & Youth Mental Health Adult Substance Use Disorder Spanish speaking

Outpatient Mental Health and Substance Use Disorder Services Network Providers

<u>TELECARE THURSTON-MASON CRISIS TRIAGE</u> 3285 Ferguson Street SW, Tumwater	360-943-1907	Adults ages 18 and older Crisis inpatient
<u>TRUE NORTH STUDENT ASSISTANCE & TREATMENT (ESD 113)</u> 6005 Tyee Drive SW, Tumwater 1315 Yelm Hwy, Yelm 807 West Pine St, Shelton	360-464-6870	Youth Substance Use Disorder Youth Mental Health Parent Child Interaction Therapy
TMBHO provides psychiatric inpatient care through: <ul style="list-style-type: none"> • Local Community Hospitals (primarily Providence St. Peters Hospital for Voluntary admissions) • Evaluation and Treatment Facility (E&T) provides: Crisis Services, Triage, Crisis Stabilization, Evaluation and Treatment services, Involuntary Commitment Evaluations and Court • Crisis Response from Designated Crisis Responders. 		

Definitions

Access to Care Standards:	Minimum standards and criteria for clinical eligibility for behavioral health services for the Behavioral Health Organization (BHO) care delivery system. Medicaid enrollees are eligible for all outpatient clinical services and residential levels of care in the Medicaid State Plan based on medical necessity and the Access to Care Standards that now include qualifying substance use diagnoses and the American Society of Addiction Medicine (ASAM) Criteria.
Adverse Benefit Determination:	Denial, limited authorization, reduction, suspension or termination of a requested service.
Addiction:	Addiction is a primary, chronic disease of brain reward, motivation, memory and related circuitry. Like other chronic diseases, addiction often involves cycles of relapse and remission. Without treatment or engagement in recovery activities, addiction is progressive and can result in disability or premature death.
Administrative/Fair Hearing:	A proceeding before an administrative law judge to review an Adverse Benefit Determination.
Advance Directive:	A legal written document that describes what you want to happen if your mental health problems become so severe that you are unable to communicate effectively. It can also identify a person to whom you have given the authority to make decisions on your behalf.
Alcohol & Other Drug Use Disorder:	The use of alcohol or other drugs that interfere with the mental or physical well-being of users.
Appeal Process:	Part of the grievance system that allows an individual to appeal an Adverse Benefit Determination.
ASAM American Society of Addiction Medicine (ASAM) Criteria:	Used to evaluate an individual's need for treatment along six dimensions after systematically evaluating the severity and diagnosis of an individual, and then utilize a fixed combination rule to determine which of four levels of care a substance abusing individual will best respond to.
Assessment:	The process of obtaining all pertinent bio-psychosocial information, as identified by the individual, and family and collateral sources, for determining a diagnosis and to plan individualized services and supports.
Behavioral Health Agency (BHA):	An agency licensed by the State of Washington Department of Health to provide mental health services and/or substance use disorder treatment and subcontracted by the BHO for this purpose.
Behavioral Healthcare:	Mental health and/or substance use disorder treatment.
Behavioral Health Organization (BHO):	Any county authority or group of county authorities or other entity recognized by the secretary in contract in a defined region.
BHO Advisory Board:	The behavioral health advisory board appointed by the Governing Board, reviews and provides comments on plans and policies related to service delivery and outcomes. The Advisory Board must promote active engagement with persons with behavioral disorders, their families, and service providers by soliciting and using their input to improve its services.
Care Coordination:	Care coordination includes facilitating communication between the family, natural supports, community resources, and involved providers and agencies, organizing, facilitating and participating in team meetings, and providing for continuity of care by creating linkages to and managing transitions between levels of care

Definitions

CMS Centers for Medicare & Medicaid Services (CMS):	The agency within the U. S. Department of Health & Human Services responsible for administration of several key federal health care programs
Chemical Dependency Professional:	A person certified as a chemical dependency professional by the Washington State Department of Health under 18.205 RCW.
Chemical Dependency Professional Trainee:	A person licensed as a chemical dependency professional trainee by the Washington State Department of Health under 18.205 RCW.
Child Mental Health Specialist:	A mental health professional with the following education and experience: (a) A minimum of 100 actual hours of special training in child development and the treatment of children with serious emotional disturbance and their families; and (b) The equivalent of one year of full-time experience in the treatment of seriously emotionally disturbed children and their families under the supervision of a child mental health specialist.
Children’s Long-Term Inpatient Programs (CLIP):	The state appointed authority for policy and clinical decision-making regarding admission to and discharge from Children’s Long-Term Inpatient Programs.
Child Study and Treatment Center (CSTC):	A state-operated and funded psychiatric hospital for children and youth ages 5-18.
Children’s Mental Health Wraparound with Intensive Services (WISe):	Provides comprehensive behavioral health services and supports to Medicaid eligible youth in their home and community, up to 21 years of age, with complex behavioral health needs. Services include: crisis planning and face-to-face crisis interventions.
Client:	A person receiving mental health or substance use disorder services. For a child under the age of 13, or for a child age 13 or older whose parents or legal representatives are involved in the treatment plan, the definition of Client includes parents or legal representatives.
Co-occurring Disorder:	The existence of both a mental health and a substance use disorder. Co-occurring treatment is a unified treatment approach intended to treat both disorders within the context of a primary treatment relationship or treatment setting
Crisis Services:	Evaluation and treatment services for a behavioral health crisis on a 24-hour basis. Crisis services are intended to stabilize the person in crisis, prevent further deterioration and provide immediate treatment and intervention in a location best suited to meet the needs of the individual and in the least restrictive environment available.
Cultural Competence:	The ability to recognize and respond to health-related beliefs and cultural values, disease incidence and prevalence, and treatment efficacy. Examples of culturally competent care include providing an environment in which individuals from diverse cultural backgrounds feel comfortable discussing their cultural health beliefs and practices in the context of negotiating treatment options, encouraging individuals to express their spiritual beliefs and cultural practices, and, integrating these approaches into treatment plans.
Denial:	The decision by a BHO, or their formal designee, not to authorize a covered Medicaid behavioral health service that has been requested by a provider on behalf of an eligible Medicaid Enrollee. It is also a denial if an intake is not provided upon request by a Medicaid Enrollee.

Definitions

Designated Crisis Responder:	A mental health professional appointed by the county or the BHO who is authorized to conduct investigations, detain persons up to seventy-two hours at the proper facility, and carry out the other functions identified in chapters 71.05 and 71.34 RCW.
Detoxification:	See withdrawal management.
Diagnostic and Statistical Manual of Mental Disorders, 5th Edition	The 2013 update to the American Psychiatric Association's classification and diagnostic tool that serves as a universal authority for psychiatric diagnosis in the United States.
Discharge Planning:	The process of developing a care regimen for a mental health or substance use disorder client leaving inpatient care, including appropriate residential treatment/housing supports and community support services prior to the client leaving inpatient care.
Drug Addiction:	A disease, characterized by a dependency on psychoactive chemicals, loss of control over the amount and circumstances of use, symptoms of tolerance, physiological or psychological withdrawal, or both, if use is reduced or discontinued, and impairment of health or disruption of social or economic functioning.
Early Periodic Screening, Diagnostic and Treatment (EPSDT):	Persons under age 21 and who are eligible for Medicaid are eligible for coverage for preventive care and treatment services. These services are outlined in chapter 182-534 WAC.
Emergent Care:	Services provided for a person that, if not provided, would likely result in the need for crisis intervention or for hospital evaluation due to concerns of danger to self, others, or grave disability.
Evaluation and Treatment Facility:	Any facility which can provide directly, or by direct arrangement with other public or private agencies, emergency evaluation and treatment, outpatient care, and timely and appropriate inpatient care to persons suffering from a mental disorder.
Evidence-Based Practices (EBP):	A program or practice that has had multiple site random controlled trials across heterogeneous populations demonstrating that the program or practice is effective for the population.
First Episode Psychosis:	A special pilot to serve Transition Age Youth (TAY), ages 15-25, experiencing a first episode of psychosis utilizing the New Journey's curriculum. The intent is to recognize early signs and symptoms of psychosis so that effective treatment can be started promptly.
Global Appraisal of Individual Needs-Short Screener (GAIN-SS):	Tool used to conduct an integrated comprehensive screening of substance use disorder and mental health issues.
Grievance:	An expression of dissatisfaction about anything other than an Adverse Benefit Determination. Grievances may include, but are not limited to, the quality of care or services provided, the lack of dignity and respect of a provider, or failure to respect your rights.
ICD-10 (International Statistical Classification of Diseases and Health Related Problems):	Standard diagnostic tool for epidemiology, health management and clinical purposes and contains codes for diseases, signs and symptoms and other causes of injury or diseases.

Definitions

Incapacitated by Alcohol:	A person, as a result of the use of alcohol or other psychoactive chemicals, is gravely disabled or presents a likelihood of serious harm to himself or herself, to any other person, or to property.
Indirect Costs:	Costs incurred for activities other than those that qualify as direct cost such as: activities, staff, tools, depreciation and equipment, transportation, education or training related to financial, facilities, or data management, quality management, resource management.
Institute for Mental Disease (IMD):	A hospital, nursing facility, or other institution of more than 16 beds that is primarily engaged in providing diagnosis, treatment or care of people with mental illness or substance use disorder.
Intensive Outpatient:	A concentrated, non-residential program of individual and group counseling, education and activities for individuals and their families based on ASAM Criteria.
Involuntary Treatment Act – Mental Health:	Allows for individuals to be committed by court order to a mental hospital or institution for a limited period. Involuntary civil commitments are meant to provide for the evaluation and treatment of Individuals with a mental disorder and who may be either gravely disabled or pose a danger to themselves or others, and who refuse or are unable to enter treatment on their own.
Involuntary Treatment Act – Substance Use Disorder:	Allows for individuals to be committed by court order who are a danger to themselves or others, other's property, or gravely disabled due to a drug or alcohol problem may be involuntary detained to a secure withdrawal management and stabilization facility—also known as secure detox.
Level of Care Guidelines:	Criteria the BHO uses in determining the scope, duration, and intensity of services to be provided.
Less restrictive alternative (LRA):	Court ordered outpatient treatment in a setting less restrictive than total inpatient treatment.
Medicaid Funds:	Health coverage to eligible low-income adults, children, pregnant women, elderly adults and people with disabilities. Medicaid is administered by states, according to federal requirements; jointly funded by states and the federal government.
Medical Necessity:	A term for describing a requested service which is reasonably expected to prevent, diagnose, correct, cure, alleviate or prevent the worsening of conditions in the recipient that endanger life, or cause suffering or pain, or result in illness or infirmity, or threaten to cause or aggravate a handicap, or cause physical deformity or malfunction, and there is no other equally effective, more conservative or substantially less costly course of treatment available or suitable for the person requesting service.
Mental Disorder:	Any organic, mental, or emotional impairment which has substantial adverse effects on a person's cognitive or volitional functions.
Mental Health Block Grant (MHBG):	Funds granted through Substance Abuse and Mental Health Services Administration (SAMHSA), for providing mental health services for adults with serious mental illness and children with serious emotional disturbances.

Definitions

Mental Health Professional: (MHP)	<ol style="list-style-type: none"> 1. A psychiatrist, psychologist, psychiatric nurse or social worker and such other mental health professionals as may be defined in Chapter 71.05 and 71.34 RCW. 2. A person who is licensed by the DOH as a mental health counselor, counselor associate, marriage and family therapist or associate. 3. A person with a master’s degree or further advanced degree in counseling or one of the behavioral sciences from an accredited university. Additional direct treatment requirements. 4. A person who meets the waiver criteria of RCW 71.24.260 which was granted prior to 1986. 5. A person who had an approved waiver granted by DSHS prior to July 1, 2001. 6. A person granted a time-limited exception by DBHR.
Network Provider:	A behavioral health agency, professional service, or other identified service that is contracted directly with TMBHO for the delivery, or support of delivery, of mental health and substance use disorder services in the Provider Network.
Notice of Adverse Benefit Determination:	The denial or limited authorization of a requested service, including determinations based on the type or level of service, requirements for medical necessity, appropriateness, setting, or effectiveness of a covered benefit.
Ombuds Service:	A free and confidential service to help when persons have a grievance, appeal, or fair hearing related to their behavioral health services. The Ombuds will help to resolve issues or problems at the lowest level possible. The Ombuds is independent of the BHO.
Opiate Treatment Program:	Provision of treatment services and medication management (Methadone, Suboxone, etc.) to individuals addicted to opiates.
Oxford House:	Peer run homes for clean and sober adults in recovery.
Program of Assertive Community Treatment PACT:	Team-based, evidence-based mental health service delivery model that incorporates the values of recovery and resiliency. PACT is also a client-centered, recovery-oriented mental health service delivery model that utilizes a multi-disciplinary team approach providing services to individuals with severe and persistent mental illnesses and co-occurring disorders.
Peer Counselor:	<p>A person recognized by the DBHR who:</p> <ol style="list-style-type: none"> 1. Is a self-identified consumer of mental health services or a registered counselor under RCW 18.19; 2. Has completed the specialized state training, and 3. Has successfully passed a state exam and received a written notification from DBHR recognizing them as a peer counselor.
Prepaid Inpatient Health Plan (PHIP):	Provides behavioral health services to Medicaid enrollees, based on prepaid capitation payments and provides, arranges for, or otherwise has responsibility for the provision of any inpatient hospital or institutional services for its enrollees.
ProviderOne:	State Medicaid Management Information System for billing and claims.
Quality Assurance:	A focus on compliance to minimum requirements (e.g. rules, regulations, and contract terms) as well as reasonably expected levels of performance, quality, and practice.

Definitions

Quality Improvement:	A focus on activities to improve performance above minimum standards/ reasonably expected levels of performance, quality, and practice.
RCW:	Revised Code of Washington. All references to RCW chapters or sections shall include any successor, amended, or replacement statute.
Recovery:	The process in which people are able to live, work, learn, and participate fully in their communities.
Recovery House: (SUD)	A program of care and treatment with social, vocational and recreational activities to aid in patient adjustment to abstinence and to aid in job training, employment, or other types of community activities.
Residential: (SUD)	A comprehensive program of individual counseling, group counseling, and education, provided in a 24 hour-a day supervised facility.
Request for Proposal (RFP)/ Request for Qualifications (RFQ):	A document which communicates either a desire to fulfill a pre-determined need in the community (RFP), or is asking the community to propose a new program in the community (RFQ). Both are subject to TMBHO bidding processes and rules.
Single Case Agreement:	A contract between the BHO and an out-of-network provider for a specific patient so that the patient can see the provider using their in-network benefits.
Substance Use Disorder: (SUD)	A cluster of cognitive, behavioral, and physiological symptoms indicating that an individual continues using the substance despite significant substance-related problems.
Treatment -Mental Health:	Any combination of the following: intake evaluation, crisis services, individual, group, and family treatment services, medication management and monitoring, peer support, evaluation and treatment/community hospitalization, stabilization services, residential services, etc.
Treatment-Substance Use Disorder	Any combination of the following: assessment, withdrawal management, individual, group, or family outpatient/intensive outpatient treatment, residential treatment, opiate substitution treatment services, and case management.
WAC:	The Washington Administrative Code. All references to WAC chapters or sections shall include any successor, amended, or replacement regulation.
Wraparound with Intensive Services (WISE)	A program model that includes a range of service components that are individualized, intensive, coordinated, comprehensive and culturally competent and provided in the home and community. WISE is for children, youth, and young adults up to age 21 who are experiencing mental health symptoms to a degree that is causing severe disruptions in the youth's behavior, interfering with their functioning in family, school or with peers.
Withdrawal Management (Detox):	A set of interventions aimed at managing intoxication and withdrawal provided in a non-hospital setting.

Acronyms

A			
AAA	Area Agency on Aging	ABD	Aged, Blind, Disabled
ABHS	American Behavioral Health Services	ABP	Alternative Benefit Plan
ADA	Americans with Disabilities Act	ADSA	Aging and Disability Services Administration
AFH	Adult Family Home	ALTSA	Adult and Long-Term Support Administration
APS	Adult Protective Services	AVATAR	Electronic Health Record System
B			
BHA	Behavioral Health Agency	BHAB	Behavioral Health Advisory Board
BHR	Behavioral Health Resources	BHO	Behavioral Health Organization
BOCC	Board of County Commissioners		
C			
CA	Children's Administration	CAP	Corrective Action Plan
CAPT	Center for Applied Prevention Technologies	CARF	The Rehabilitation Accreditation Commission
CCF	Congregate Care Facility	CCS	Catholic Community Services
CFR	Code of Federal Regulations	CHIP	Children's Health Insurance Program
CLIP	Children's Long-Term Inpatient Program	CM	Case Manager/Case Management
CMHP	Community Mental Health Provider	CMS	Center for Medicare & Medicaid Services
CN	Categorically Needy program	CPAA	Cascade Pacific Action Alliance
CPS	Child Protective Services	CRC	Capital Recovery Center
CSAP	Center for Substance Abuse Prevention	CSAT	Center for Substance Abuse Treatment
CSO	Community Services Office	CSTC	Child Study and Treatment Center
CSTU	Crisis Stabilization and Transition Unit	CYS	Community Youth Services
D			
DBHR	Division of Behavioral Health & Recovery	DCYF	Department of Children, Youth, and Families
DCR	Designated Crisis Responders	DD	Developmentally Disabled
DDA	Developmental Disabilities Admin	DOC	Department of Corrections
DOH	Department of Health	DSHS	Department of Social & Health Services
DSM-5	Diagnostic and Statistical Manual, Version 5	DVR	Division of Vocational Rehabilitation
E			
E&T	Evaluation and Treatment Facility	EBP	Evidence-Based Practice
EPSDT	Early & Periodic Screening, Diagnosis and Treatment	EQRO	External Quality Review Organization
ESD	Educational Service District 113 True North Student Assistance Program	ETS	Evergreen Treatment Services
F			
FEP	First Episode Psychosis	FFP	Federal Financial Participation
FFS	Fee for Service	FPL	Federal Poverty Level
FRS	Family Reconciliation Services	FYSPT	Family Youth System Partner Round Table
G			
GAF	Global Assessment of Functioning	GT&C	General Terms and Conditions
H			
HARPs	Housing and Recovery through Peer Support Services	HB	House Bill
HCA	Health Care Authority	HCS	Home and Community Services

Acronyms

HIPAA	Health Insurance Portability & Accountability Act		
I			
ICM	Intensive Case Management	IDU/ IVDU	Injecting/Intravenous Drug User
IP	Inpatient	ITA	Involuntary Treatment Act
J			
JCAHO	Joint Commission on Accreditation of Healthcare Programs	JCDT	Juvenile Court and Detention Transitions
JLARC	Joint Legislation Administrative Review Committee	JRA	Juvenile Rehabilitation Administration
L			
LEIE	List of Excluded Individuals and Entities	LEP	Limited English Proficient
LOC	Level of Care	LOS	Length of Service
LRA	Least Restrictive Alternative		
M			
MAA	Medical Assistance Administration	MAGI	Modified adjusted gross income
MAT	Medication Assisted Treatment	MH	Mental Health
MHBG	Mental Health Block Grant	MHP	Mental Health Professional
MIS	Management Information System	MN	Medically Needy Program
MOT	Mobile Outreach Team	MST	Multisystemic Therapy
N			
NAMI	National Alliance for the Mentally Ill	NIMH	National Institutes for Mental Health
NMHA	National Mental Health Association	NOD	Notice of Determination
O			
OIG	Office of Inspector General	OP	Outpatient
OST	Opiate Substitution Treatment		
P			
PATH	Project for Assistance to Transition from Homelessness	PCP	Primary Care Provider
PHI	Personal Health Information	PIHP	Prepaid Inpatient Health Plan
PIP	Program (Process) Improvement Plan	PLR	Policy Level Request
PPPW	Pregnant, Postpartum, Parenting Women	PSPH	Providence Saint Peter Hospital
Q			
QA	Quality Assurance	QAPI	Quality Assurance and Performance Improvement
QHP	Qualified Health Plan	QI	Quality Improvement
QIC	Quality Improvement Committee	QIP	Quality Improvement Program
QM	Quality Management		
R			
RCL	Roads to Community Living	RCW	Revised Code of Washington
RFI	Request for Information	RFP	Request for Proposal
RFQ	Request for Qualifications	RTF	Residential Treatment Facilities
S			
SABG	Substance Abuse Block Grant	SAMHSA	Substance Abuse and Mental Health Services Administration
SAPT	Substance Abuse Prevention and Treatment Block Grant	SB	Senate Bill

Acronyms

SED	Seriously Emotionally Disturbed (children)	SSI	Supplemental Security Income
SUD	Substance Use Disorder		
T			
TANF	Temporary Assistance to Needy Families	TAY	Transitional Age Youth
TBI	Traumatic Brain Injury	TST	Treatment Sales Tax (1/10 of 1% tax)
TX	Treatment	TXIX	Title 19 (Medicaid)
U			
UM	Utilization Management	USC	United States Code
W			
WAC	Washington Administrative Code	WA/PACT	Washington Program for Assertive Community Treatment
WISe	Wraparound with Intensive Services	WSAC	Washington State Association of Counties
WSH	Western State Hospital		