

## ATTENDEES

Tracy Franke, Darrington School District Superintendent; Rachel Smith, DEM Program Coordinator-Opioids, and David Fine, DEM Emergency Management Program Manager; Rachel Adams, City of Monroe; Jacob Grillo, Conquer Clinics, Mental Health Program Director; Abi Sauer, Brenna Smith, Rachel Walker, and Juliet D'Allesandro, Prevention/SUD Team Lead, SCHED; Katie Olson, Ideal Options; Dr. Devon Kienzle, Skagit Regional Health; Dan Rankin, City of Darrington; Eric Britt, Evergreen Health; JanRose Ottaway-Martin, NS-SBHASO; Randy Hayden, [CDMH](#) & Darrington School Boards; Kari Bray, SnoCo Comms Team Lead; Lori Fleming, SHC Project Lead.

## OVERVIEW

The meeting focused on a presentation and updates regarding the North Sound Behavioral Health Administrative Services Organization, and opioid abatement efforts from NS BHASO's Executive Director, JanRose Ottaway, Martin. Lori Fleming led a conversation on the upcoming community conversations on stigma. The Snohomish Communications Team's efforts to raise the profile for these events were outlined by Kari Brey.

See the SHC's 5/23/2024 [Meeting Packet](#), [Comms Plan for Cmmtty Convo Events](#), and Meeting [Video](#))

- [SHC Cmmtty Convo - SocMedia Graphics](#)
- [Press Release](#)
- Flyers for [Darrington](#), [Sky Valley](#), [Train-the-Trainer in Everett](#), and an [all events Poster](#)

## NORTH SOUND BH-ASO – JANROSE OTTWAY-MARTIN, EXEC DIRECTOR

[See the Meeting Packet's slides 3-16.](#)

JanRose Ottaway-Martin, Executive Director of North Sound Behavioral Health Administrative Services Organization (BHASO), delivered an informative presentation outlining the organization's role in managing behavioral health services across a five-county region in Washington State. She detailed the continuum of care from prevention to hospitalization, emphasizing the organization's focus on crisis intervention and support for non-Medicaid populations. Key programs managed by North Sound BHASO include mobile crisis teams, designated crisis responders, and various outreach and support initiatives. JanRose highlighted the unique challenges faced in rural areas and the strategic efforts underway to enhance service delivery and regional coordination, including the new 988 behavioral health crisis hotline. She also stressed the importance of community engagement and encouraged participation in the advisory board to ensure diverse perspectives are integrated into the organization's planning and operations.

### Introduction to North Sound BHASO

- Jen Rose Ottaway Martin introduced herself and provided her contact information.
- The North Sound BHASO serves a five-county region: Snohomish, Skagit, Whatcom, Island, and San Juan counties.
- The organization is referred to by various names, including North Sound BHASO and North Sound ASO.

### **Behavioral Health Service Continuum**

- The continuum of behavioral health services ranges from prevention to hospitalization.
- Prevention services include outpatient behavioral health services and the behavioral health crisis line (988), which is the new behavioral health crisis and suicide intervention hotline.
- Outpatient services encompass substance use disorder (SUD) and mental health treatment, such as therapy, case management, and substance use assessment.
- Detox services and medication for opioid use disorder (MOUD), such as buprenorphine or methadone, are also provided.
- Residential treatment for SUD and mental health, including facility-based interventions, is available.

### **Crisis Intervention and Hospitalization**

- Behavioral health crisis services include mobile crisis teams and co-responder units, which provide on-site support during a crisis.
- Designated Crisis Responders (DCRs) conduct involuntary hospitalizations for individuals with severe SUD or mental health issues.
- At the extreme end of the continuum, hospitalization is provided for acute behavioral health crises requiring intense intervention.

### **Role of BHASO in the Behavioral Health System**

- Managed Care Organizations (MCOs) handle Medicaid-funded services from prevention to crisis intervention.
- North Sound BHASO manages non-Medicaid funds for individuals who do not have Medicaid, including immigrant and refugee populations and those under 225% of the poverty line.
- The BHASO focuses primarily on crisis intervention and hospitalization services.

### **Programs Managed by North Sound BHASO**

- **Designated Crisis Responders:** Manage involuntary treatment and crisis intervention.
- **Host Program:** Outreach for individuals with high-acuity behavioral health issues who are often unhoused.
- **Mobile Crisis Outreach Teams:** Provide on-site support during crises.
- **Regional Crisis Line (988 Coordination):** Offers 24/7 crisis support and coordination.
- **Community Behavioral Health Rental Assistance Program:** Provides housing support for individuals with significant behavioral health issues.
- **Dedicated Cannabis Accounts:** Funded by cannabis tax revenue, supporting behavioral health initiatives.

- **Co-Responder Programs:** Mental health professionals respond alongside police officers to behavioral health crises.
- **Assisted Outpatient Treatment:** A new court diversion model piloted in Snohomish County.
- **Recovery Navigator Programs:** Offer case management for individuals navigating the behavioral health system.
- **Federal Block Grant Funding:** Supports various specialized programs, including opioid outreach for pregnant and parenting women.
- **Regional Coordination:** BHASO plays a significant role in coordinating behavioral health services across the region.
- **North Sound Opiate Abatement Council:** Manages opioid settlement funds and coordinates regional responses to the opioid crisis.

### Challenges and Future Initiatives

- **Rural Behavioral Health Services:** Emphasized the challenges faced in rural areas and the need for creative solutions to ensure service accessibility.
- **988 Suicide and Crisis Hotline:** A major initiative requiring regional coordination and dispatch protocols.
- **Mobile Crisis Teams:** Expanding and re-evaluating the contracting models to better serve rural areas.
- **Strategic Plan Development:** North Sound BHASO is developing a new strategic plan with input from community partners and stakeholders.

### Advisory Board and Community Engagement

- North Sound BHASO has an active and respected advisory board that impacts program development and system setup.
- There are open seats on the advisory board for all five counties, and rural perspectives are highly valued.
- The Board of Directors consists of politicians from the five counties, ensuring the organization is closely connected to community needs and priorities.

Q&A for this portion of the program:

### Introduction to Opioid Settlement Funds:

- The funds are part of the One Washington Settlement Agreement, managed by the Attorney General and prosecuting attorneys in Washington State.
- These funds are allocated to 125 eligible local governments (counties and cities with populations over 10,000) over a 17-year period.

- The North Sound Behavioral Health Administrative Services Organization (BHASO) facilitates the Opioid Abatement Council (OAC) in their region, which includes Snohomish, Skagit, Whatcom, Island, and San Juan counties.

#### **Roles and Responsibilities:**

- The OAC oversees the allocation, distribution, and expenditure of the funds according to the approved purposes outlined in the One Washington Agreement.
- The BHASO ensures the funds are used for activities specified in the agreement, such as treatment for opioid use disorder, support for people in treatment and recovery, and prevention of opioid misuse and overdose deaths.
- The BHASO does not receive the funds directly; they facilitate the process and ensure compliance with the settlement's terms.

#### **Statewide Dashboard:**

- A statewide dashboard is being developed to provide transparency and public accountability regarding the use of opioid settlement funds.
- This dashboard will allow communities to track how funds are being used, what programs are funded, and the status of disbursements.
- The BHASO will help local governments enter data into the dashboard if needed.

#### **Approved Purposes for Opioid Settlement Funds:**

- Treating opioid use disorder.
- Supporting people in treatment and recovery.
- Connecting people who need help to the help they need (connections to care).
- Addressing the needs of criminal justice-involved persons.
- Addressing the needs of pregnant or parenting women and their families.
- Preventing over-prescribing and ensuring appropriate prescribing and dispensing of opioids.
- Preventing misuse of opioids and overdose deaths.
- Supporting first responders related to the opioid epidemic.
- Leadership, planning, and coordination related to the opioid epidemic.
- Training and research related to the opioid epidemic.

#### **Questions and Answers from Jen Rose Ottaway Martin's Presentation**

**Question from Randy Hayden, CDMH/Darrington School District:** *I know you said part of this fund goes to the county, and part goes to cities with populations over 10,000. Living in a small city, my question is: Could the county appropriate funds to smaller cities?*

**Answer from Jen Rose Ottaway Martin:** *In my experience, the funds are distributed to communities with over 10,000 residents. Counties receive their share and are expected to create programs that serve the entire county, including smaller communities. It is not typical for counties to pass funds directly to smaller cities, as breaking up the funds too much could prevent the creation of effective programs.*

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**Question from Joe Neigel, Monroe School District:** *In one of your beginning slides, you looked at the behavioral health continuum that North Sound facilitates. I wonder if you could come back to that slide and let us know more about what prevention looks like in your world. In mine, I receive federal block grant funding for primary substance abuse prevention, but I think you are talking about a prevention that looks different than mine.*

**Answer from Jen Rose Ottaway Martin:** *Prevention can be utilized in various forms. It can include early interventions, such as calling the behavioral health hotline (VOA hotline or 988) when someone starts feeling blue. It can also involve early assessment and identifying needs in school districts, where funding for guidance counselors or counselors can vary significantly. An example of prevention is developing relationships between providers and school districts, like in Seattle, where agencies serve youth through contracts with school districts, using the school as a secondary office. However, maintaining these models has become more challenging due to changes in Medicaid funding.*

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**Question from Randy Hayden, CDMH/Darrington School District:** *Could you talk more about prevention? I'm the chair of the Snohomish County Mental Health Chemical Dependency Committee. We advise on a \$28 million tax revenue for mental health and chemical dependency. My push has been to put more money into prevention. We now have a new 1% of 1% for housing, and some of that will be spent on housing, which overlaps with our current spending. I hope this will free up more funds for prevention.*

**Answer from Jen Rose Ottaway Martin:** *I 100% agree with you. Behavioral health funding has been in a state of crisis for a long time. Significant state investment has only happened in the last four to five years, alongside county initiatives like the 1/10th of 1% sales tax. These locally managed funds often prioritize prevention. Prevention can be moved anywhere along the continuum, from early intervention to post-crisis support, to prevent individuals from cycling back into the system. Given limited resources, brainstorming how to activate prevention throughout the continuum is essential.*

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**Question from Lori Fleming:** *You mentioned an advisory board, and I know this group is very interested in rural perspectives. Do you have rural representation on your advisory board?*

**Answer from Jen Rose Ottaway Martin:** *Yes, we have rural representation, but there can never be enough rural perspectives. Our region is unique with urban hubs like Everett and Bellingham, but also large rural areas. Addressing behavioral health issues requires consistently applying a rural lens to our systems. Historical contracting models, such as one mobile crisis team per county, need re-evaluation to*

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*better serve rural areas. We are looking at new models from the state to strengthen our network of mobile crisis teams and improve rural outreach.*

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**Comment from Joe Neigel, Monroe School District:** *I'm on the Child Death Review Board for Snohomish County. We observed that all but one of the youth who overdosed had naloxone in their pocket. There's a gap in knowledge; youth believe they can resuscitate themselves if they overdose. It's important to educate that they shouldn't use alone and that naloxone might not be enough without immediate hospital care.*

**Response from Jen Rose Ottaway Martin:** *That's a crucial observation. Educating the community about naloxone's limitations, especially with fentanyl, is vital. One dose of naloxone is often not enough for fentanyl overdoses. Emergency responders frequently administer multiple doses before hospitalization. Considering this, there's potential to develop a training curriculum to address these gaps in knowledge, ensuring the community understands the critical steps needed in an overdose situation.*

**David Fine also noted:** *A Family Navigator Training would be held from June 10-13, which addresses some of these issues. This training could potentially help in educating families and community members about behavioral health systems and interventions, including the proper use of naloxone and other preventive measures.*

#### COMMUNITY CONVERSATIONS ON STIGMA – KARI BRAY, SNOCO COMMS TEAM

*Kari provided an overview of the communications plan for the upcoming Community Conversations on Stigma events. These events aim to address stigma related to mental health and substance use disorders, with specific events planned for Darrington and Sky Valley, and a Train the Trainer session in Everett.*

#### **Flyers and Posters:**

- Three versions of flyers: one for Darrington, one for Sky Valley, and one specifically for Train the Trainer.
- Posters will contain information for all three events.
- Flyers and posters include a QR code for event registration.
- Flyers are designed with local community images provided by the Snohomish County tourism bureau.
- Spanish versions of the flyers will be available where Spanish interpretation is provided.

#### **Registration and Accessibility:**

- Registration is encouraged but not required; it helps to understand accessibility needs (e.g., language access).
- An email will be sent to registrants with event details, including parking information and any other relevant logistics.

#### **News Release and Media Engagement:**

- A draft news release will be sent out around June 12 or 13 to generate media interest.

- Media is welcome to attend the public events, which helps spread awareness.
- Carrie and her colleague, Jen Egger, will handle media inquiries and coordination.

**Social Media Promotion:**

- Series of social media posts featuring quotes from community leaders and members about the importance of addressing stigma.
- Posts will be shared through overdose prevention channels and other partner networks.

**Event Logistics and Coordination:**

- Ensuring adequate refreshments and transportation for attendees.
- Addressing parking logistics, especially for the Train the Trainer session in Everett.

**Questions and Answers:**

**Comment from David Fine:** *For the Train the Trainer session, we have limited parking. It would be good to inform attendees where to park and provide a headcount to ensure the room can accommodate everyone.*

**Response from Carrie Bray:** *Great point, David. We will include parking information in the email to registrants and monitor the headcount to manage room capacity.*

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**Technical Issue from David Fine:** *I tried scanning the QR code, and it said there were technical difficulties. Is the form accessible?*

**Response from Carrie Bray:** *We will check and update the form permissions to ensure it is publicly accessible. The QR code link will be tested and fixed if needed.*

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**Comment from Lori Fleming:** *Regarding the posters, it's crucial for everyone here to review and provide feedback by the end of the day on Friday so we can finalize and print them.*

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**Related Action Items: Flyer and Poster Adjustments**

- Fix the alignment issue and extra space in the Train the Trainer paragraph.
- Ensure the QR code link is functional and publicly accessible.
- Finalize and print the updated flyers and posters.

**Parking and Registration Details**

- Include parking information in the follow-up email to registrants, especially for the Train the Trainer event.
- Monitor registration numbers to ensure room capacity is not exceeded.

**Feedback and Finalization**

- Collect feedback from attendees by the end of the day on Friday.
- Incorporate feedback and finalize the communications materials.

**Media and Social Media Engagement**

- Prepare and send out the news release by June 12 or 13.
- Develop and schedule social media posts featuring community quotes to promote the events.

**Transportation and Refreshments**

- Develop a robust transportation plan for attendees, especially for those needing to travel to Everett for the Train the Trainer session.
- Ensure adequate refreshments are available at each event.