

Recovery Around the Sound

NORTH SOUND BEHAVIORAL HEALTH ORGANIZATION

Empowering individuals and families to improve their health and well-being.

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North Sound Behavioral Health Organization
301 Valley Mall Way, Suite 110
Mount Vernon, WA 98273
1-800-684-3555
360-416-7013
Fax: 360-416-7017
www.northsoundbho.org

It will take more than money to push back on the Opioid epidemic that has been ravaging our communities. Well yes, money helps, but it will also take ideas and the willingness to link efforts together.

On October 25 of last year, concerned persons and organizations from across the North Sound came together at the Upper Skagit Conference Center to discuss how we could join efforts in combating the Opioid epidemic [see article in this newsletter].

The result of these discussions was a blueprint for action. The proposed blueprint focuses on advancing strategies in multiple areas at the same time: crisis response, medication, treatment, prevention, public education, and the development of a more detailed statistical profile to better target our efforts. Carrying out these strategies requires the combined efforts of counties, Tribes, health and behavioral treatment providers, law enforcement, hospitals, schools, community group, and others.

We're pleased to launch in this newsletter the 6-month status report on the strategies underway based on this blueprint.

Many at the summit signed up to be kept informed of the status of particular strategies and opportunities for future involvement, and they will be contacted as some of the strategies listed on the attached plan take further shape.

If you'd like more information about the Opioid Reduction Plan, or how you can get involved, feel free to contact Linda Crothers at linda_crothers@northsoundbho.org or Shelli Young at shelli.young@outlook.com.

Also in this newsletter, you will find an article that addresses everything you ever wanted to know about data privacy and confidentiality [well, at least it's a really good summary!].

Protecting the security of treatment information will continue to require new strategies as the number of different entities involved in funding behavioral health services increases in the implementation of physical/behavioral health care integration.

Effective January 1, 2019, Apple Health Managed Care organizations [MCOs] will



Joe's Corner

Joe Valentine
Executive Director
North Sound BHO

be awarded "integrated" Medicaid contacts to coordinate and fund both physical and behavioral health care to Medicaid enrollees. The North Sound BHO will transition to a "Behavioral Health Administrative Services Organization" [BH-ASO] and will continue to be responsible to oversee Crisis Services and other Behavioral Health service programs in partnership with the MCOs.

More on this in future newsletters.

Email us your comments at:

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North Sound Behavioral Health Organization presents:

STRENGTH IN TRADITION

2018 Tribal Behavioral Health Conference

May 16th & 17th, 2018 · Bow, WA

www.northsoundbho.org/Tribal

Contact: tc2018@northsoundbho.org



800.684.3555 x 617



compliance_officer@northsoundbho.org

BEHAVIORAL HEALTH INTEGRATION— The Impact on Privacy

Matt Rudow, North Sound Behavioral Health Organization Privacy Officer

Almost everyone has heard of HIPAA: The Health Information Portability and Accountability Act of 1996 and the HIPPA Privacy Rule of 2000. The HIPPA Privacy Rule created national standards to protect individuals' medical records and other personal health information. This is often referred to as Protected Health Information or PHI.

Integration of Mental Health (MH) and Substance Use Disorder (SUD) services in Washington state led to the use of the term Behavioral Health (BH) as of April 1, 2016. In addition to HIPAA, the privacy of individuals in SUD services are further protected by federal regulations under 42 Code of Federal Regulations (CFR) Part 2, the Confidentiality of Substance Use Disorder Patient Records, specifically for treatment and prevention records. Last year these federal regulations were updated for the first time in 30 years, with changes becoming effective on March 21, 2017.

For the most part, these were minor changes to align 42 CFR Part 2 with HIPAA and allow SUD healthcare providers to take advantage of new models of care that promote value- and team-based services. However, the technology solutions needed to implement these modifications have not quite caught up with both the integration of these services and with the law changes. Until resolved, various sections of 42 CFR Part 2 could act as a barrier to integrated care efforts.

So, what is the main difference between 42 CFR Part 2 and HIPAA? Under HIPAA, a healthcare provider or insurer for an individual receiving MH services can begin and manage full care coordination without the need for a signed Release of Information (ROI). Under 42 CFR Part 2, a healthcare provider or insurer for an individual receiving SUD services requires a signed Release of Information (ROI) from the individual prior to beginning any care coordination activities.

What is the workaround to prevent 42 CFR from being a barrier to integrated care efforts while technology works to catch up? Many healthcare providers and insurers have updated their Release of Information (ROI) forms to allow both individuals' receiving MH or SUD services, or both, to sign a single ROI at the onset of treatment to allow for full service, including any required care coordination activities. The North Sound BHO has just finalized their single ROI, which may be used for any BHO activities. Behavioral Health Agencies (BHAs) in the BHO's network are pursuing the same.

Several BHOs are currently evaluating future collaboration with the BHA providers and Managed Care Organizations (MCOs) (State selected insurers in our region) to establish a Health Information Exchange (HIE) as integration efforts between Behavioral Health and Medical/ Primary Care moves forward. An HIE allows healthcare providers and others to appropriately access and securely share the individual's vital medical information electronically—improving the speed, quality, safety and cost of care.

For more information on your Privacy Rights under HIPAA and 42 CFR Part 2, please connect with the Privacy Officer at the BHA from whom you receive services, or check out the following federal links:

HIPAA: <https://www.hhs.gov/hipaa/for-individuals/guidance-materials-for-consumers/index.html>

42 CFR Part 2: <https://www.gpo.gov/fdsys/pkg/CFR-2010-title42-vol1/pdf/CFR-2010-title42-vol1-part2.pdf>

ARTICLE REFERENCES:

American Psychiatric Association (PAP): <https://www.psychiatry.org/psychiatrists/practice/practice-management/hipaa/42-cfr-part-2>

HealthIT.gov, Health Information Exchange: <https://www.healthit.gov/providers-professionals/health-information-exchange/what-hie>

OIG HHS HIPAA: <https://www.hhs.gov/hipaa/for-individuals/guidance-materials-for-consumers/index.html>

GPO.gov: <https://www.gpo.gov/fdsys/pkg/CFR-2010-title42-vol1/pdf/CFR-2010-title42-vol1->

OPIOID DATA AVAILABLE NOW AT WASHINGTON STATE DEPARTMENT OF HEALTH

The Washington State Department of Health has recently published Dashboard data that includes interactive Statewide, County, and Accountable Communities of Health data relating to opioid prescribing measures, as well as death data. Areas include opioid prescriptions, high dose opioid prescriptions, concurrent opioid and sedative prescriptions, and new opioid prescriptions. Fatal drug related deaths, including data specific to opioids is included. Explore for yourself at the following link:

<https://www.doh.wa.gov/DataandStatisticalReports/HealthDataVisualization>

2017 North Sound Regional Opioid Summit

Shelli Young, Consultant to North Sound BHO

On October 25th, 2017, more than 150 stakeholders convened in Bow, WA, to explore factors related to opioid use in the North Sound. The Summit's goal was to expand the collective efforts needed to reverse the progression of the opioid epidemic across the region. Leaders from Law Enforcement, Drug Courts, Treatment Agencies, Primary Health Care, County Public Health and Human Services, Tribal Partners, Elected Officials and others gathered to learn about promising local efforts and the latest research on effective strategies. More importantly, they brought their ideas and expertise to build new partnerships and help plan new solutions to fight the Opioid Crisis in the North Sound Region.

Throughout the day, Summit participants had multiple opportunities to debrief information in small group discussions. Notes from these conversations were transcribed and distilled into the following recommendations:

- Expand “upstream” efforts to prevent Opioid Use Disorder through local partnerships.
- Expand Syringe Exchange programs and connect them with other services like outreach and case management.
- Increase access to Medication Assisted Treatment (MAT) in the region, especially in rural areas.
- Address the stigma of Opioid Use Disorder and the use of MAT to treat it.
- Expand the workforce with Chemical Dependency Professionals, Peer Counselors, Behavioral Health Aides, Care Coordinators and Recovery Coaches.
- Improve regional data capacity to better monitor the issue and how well our efforts are working.
- Expand recovery supports such as housing, child care, transportation, employment, education and long-term recovery coaching.
- Identify and fill gaps, and scale up effective local programs.

The North Sound BHO is working with many partners including the North Sound Accountable Communities of Health, local Tribes and Counties to implement these recommendations. Next steps will include convening a Regional Youth Services Forum in the Spring of 2018, collaborating with North Sound Syringe Exchange Programs to explore system improvements, and implementing a Stigma Reduction campaign.

You can access the North Sound Opioid Reduction plan as well as documents from the 2017 Opioid Summit at the North Sound BHO website: <http://northsoundbho.org/>

2018 NORTH SOUND REGIONAL SYRINGE EXCHANGE MEETING

On April 13th, representatives from Regional Syringe Exchanges located in Skagit, Island, San Juan, Snohomish and Whatcom counties, as well as supporting agencies, met to exchange ideas, share resources, and plan for the future. The plan is for a North Sound Regional Syringe Exchange Coalition to be formed that will meet on a semi-annual or quarterly basis. Representatives from Washington State Department of Health and University of Washington’s Alcohol and Drug Abuse Institute also took part in the meeting. Guest speaker Linda McCarthy of Mount Baker Planned Parenthood presented information on Unintended Pregnancy Prevention and Maternal Care as a potential service that could be offered at Syringe Exchange sites. Future meetings will include coalition requested presentations on varied topics including shared grant opportunities, funding sources, stigma reduction education, and best practices.

The North Sound Behavioral Health Organization 2018 Visual Art and Poetry Contest is currently open to current and former recipients of behavioral health services in the North Sound region. This year’s emphasis is on “Hope is in Bloom”. The contest is created to reduce stigma in the communities associated with behavioral health. Submissions will be judged by the North Sound BHO Advisory Board.

The winning entries will be featured in a printed 2019 – 2020-year calendar. The calendars will be distributed to North Sound staff, Advisory Board members, and providers. For the entry form, general flyer and instructions contact Maria Arreola; Advisory Board Coordinator at maria_arreola@northsoundbho.org or 360-416-7013.

NORTH SOUND BHO OPIOID REDUCTION PLAN UPDATE

April 2018

ACTIVITIES CURRENTLY UNDERWAY, “IN THE WORKS” OR UNDER CONSIDERATION	Upstream ¹	Connections ²	Treatment ³	Recovery Supports ³	System Improvement*	Data
Planning a Youth Services Forum, September 2018 – A large gathering to identify gaps, create new connections and steps toward a more cohesive service continuum. (Future Forums planned in 2019 and beyond: Intergenerational Services, Recovery Supports, Workforce Development.)	X	X	X	X	X	
Syringe Exchange Program Meeting, April 2018 – Considering a Harm Reduction Coalition, and co-located services and expansion of naloxone.		X	X			
Hub & Spoke – Hub established with six Spoke partner organizations on board; provided MAT to 385 new patients in the first six months.			X			
Stigma Reduction Plan in development – The plan will include regional PSAs, provider trainings and a “Stigma Alert” Dictionary to update how we talk about addiction.			X		X	
Mobile Vans in development – Starting with mobile outreach, case management and other services; treatment services on hold pending new DEA rules.		X	X	X		
Housing – Washington’s Capital Budget supported several local projects; on the watch for other opportunities.			X	X		
Trainings under consideration – Addressing Stigma, Evidence-Based Practices, Harm Reduction Strategies, various Community Health Worker trainings (BH Aides, Care Navigators/Coordinators, Peer Counselors).	X	X	X	X	X	
Supporting regional epidemiological capacity and evaluation strategies.						X
Regional web portal to be developed.	X					
Skagit Hub Proposal under consideration – To establish a center for outreach, engagement, treatment and recovery support services.		X	X	X		

THIS IS A COLLECTIVE EFFORT!

SOME OF THE MANY OTHER ACTIVITIES HAPPENING IN THE REGION:

NORTH SOUND ACH PARTNERSHIP – Parallel efforts with great collaboration, data capacity enhancements, health care connections (prescribing practices, prescriber trainings) and potential funding resources.

TRIBAL AND COUNTY PARTNERS

Medicine Take-Back – County Stewardship Ordinances and many local initiatives.

Social Marketing – Local media campaigns re: Medication Lock-Boxes, Take-Back sites, accessing treatment and naloxone use/Good Samaritan Law.

Jail/Treatment Collaborations – Swinomish and Skagit Jail Partnership; other County programs in place.

Snohomish Health District – Social marketing, data infrastructure for opioid surveillance, resource inventories (prevention programs, Buprenorphine prescribers) and website for local resources.

Swinomish – Didgwalic new opioid treatment program opening, Hub & Spoke location and Skagit Jail partnership.

Lummi – Now also a satellite in the Hub & Spoke network.

Stillaguamish – New behavioral health facility.

¹ Includes Family Services and Information Dissemination

² Includes Supportive Services and Naloxone

³ Includes Youth and Families

*It's all System Improvement!!!