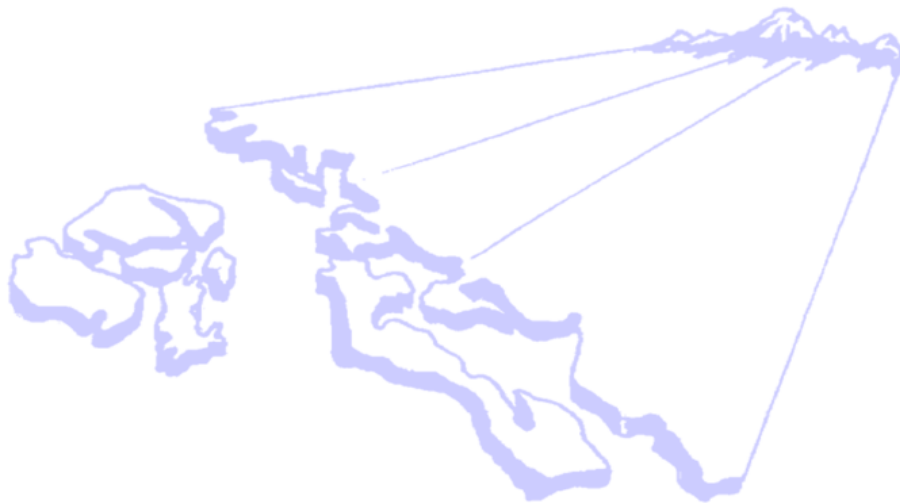


# NSMHA ADVISORY BOARD



**FEBRUARY 5, 2013**

**1:00 – 3:00**

**ADVISORY BOARD GUIDING PRINCIPLES**

The Advisory Board charge is to guide the quality assurance and quality improvement activities of mental health services within the NSMHA region. In assessing the necessary data and making appropriate recommendations, the Advisory Board members agree to the following:

- ◆ Help create an atmosphere that is **SAFE**.
- ◆ Maintain an atmosphere that is **OPEN**.
- ◆ Manage your **BEHAVIOR**, be mindful of how you respond to others, understand intent v. impact, and be responsible for your words and actions.
- ◆ Demonstrate **RESPECT** and speak with **RESPECT** toward each other at all times.
- ◆ **LISTEN**, people feel respected when they know you're listening to their point of view.
- ◆ Practice **CANDOR** and **PATIENCE**.
- ◆ Accept a minimum level of **TRUST** so we can build on that as we progress.
- ◆ Be **SENSITIVE** to each other's role and perspectives.
- ◆ Promote the **TEAM** approach toward quality assurance.
- ◆ Maintain an **OPEN DECISION-MAKING PROCESS**.
- ◆ Actively **PARTICIPATE** at meetings.
- ◆ Be **ACCOUNTABLE** for your words and actions.
- ◆ Keep all stakeholders **INFORMED**.

# NORTH SOUND MENTAL HEALTH ADMINISTRATION ADVISORY BOARD MEETING

## Revised Agenda

February 5, 2013  
1:00 PM

1. Call to Order - Introductions, Chair
2. Revisions to the Agenda, Chair TAB 1
3. Comments from the Public
4. Ombuds Snapshot TAB 2
5. Approval of the January Meeting Minutes, Chair TAB 3
6. Executive/Finance Committee Report
7. Standing Board of Directors Committee Reports TAB 4
  - a. Planning Committee
  - b. Quality Management Oversight Committee
8. Old Business TAB 5
  - a. Executive and Finance Members At-Large
  - b. Cost Estimates upcoming conferences
  - c. Site Visit Provider list
9. Executive Director Report TAB 6
10. Action Items Being Brought To The Board of Directors TAB 7
  - a. Action Items
  - b. Introduction Items
11. New Business
  - a. Recruitment strategies for new Advisory Board members
12. Comments from County Advisory Board Representatives TAB 8
  - a. Island
  - b. San Juan
  - c. Skagit
  - d. Snohomish
  - e. Whatcom
13. Other Business TAB 9
  - a. Tribal Conference Flyer
14. Adjournment

NOTE: The next Advisory Board meeting will be **March 5, 2013**, in the NSMHA Conference Room due to the holiday.

## OMBUDS SNAPSHOT

### January 29, 2012

Two-thirds of the way through our 6-month reporting period we have opened cases on **65** new NSMHA clients including **3** children and at least **3** seniors. These numbers are low and no significant trends can be seen yet.

Fourteen (**14**) people (**22%** of these **65** clients) are non-Caucasian; suggesting our outreach to special populations continues to be effective. There were: **51** Caucasians; **5** African American; **2** Latinos; **4** American Indian/Alaskan Natives (none from local tribes); and **3** Asian American/Pacific Islander clients.

We've opened complaints on **65** people. There are **109** complaint occurrences: **27** in Consumer Rights; **22** in Physicians & Meds; **13** in Services Coordination/Intensity; **12** in Housing; **11** in Dignity & Respect; **7** in Participation-in-Treatment; **7** in Emergency Services; **3** in Financial Services; **2** in Access; **2** in Quality Appropriateness; **1** in Violation of Confidentiality and **1** Unreturned Phone Calls and **1** in Transportation.

There has been **1** provider-level grievance case with **2** occurrences--**1** in Physicians & Meds and **1** in Housing.

There have been **3** RSN-level Grievance cases with **6** occurrences--**1** in Dignity & Respect; **3** in Consumer Rights; and **1** in Financial Services; **1** in Physicians & Meds.

There was **1** Appeal case.

There are **2** new administrative hearings resulting from RSN-level grievances with **3** occurrences--**2** in Consumer Rights and **1** in Dignity & Respect.

### **Other Report issues:**

#### Breakout of Consumer Rights Complaints:

Client wishes to transfer services to another provider.

Client wants provider to stop threatening her with hospitalization.

Client says she is being threatened by a staff member and is being discharged from triage too soon.

Client claims race and age discrimination.

Client claims E&T staff members chart things she didn't say and try to get her to do things against her will.

Client requested second opinion due to disagreement on diagnosis.

Client wants people at involuntary commitment hearing but can't contact them due to her phone limitations.

Client claims her clinicians at two provider agencies didn't hear or believe what she said.

Client claims she didn't receive her rights while in involuntary commitment at a hospital.

Client didn't receive her consumer rights while in involuntary commitment at the E & T.

Client requested a new clinician.

Client says clinician was rude to her mother & requested medical documents of family member not in services.

Client (young child) needs culturally appropriate services.

Client had no DBT; wasn't offered intensive outpatient services; medical conditions were wrongly documented.

Client claims he was mistreated by agency managers.

Client maintains she wasn't shown all her medical files upon request.

Client wants to leave PACT. Provider isn't sufficiently communicating his needs to hospitals or caregiver.

Client's parents request behavioral intervention/training for client, directed at changing a behavior.

Client wants her clinician to be more respectful, kind, and compassionate.

Client wants to know about her DSHS application; clinician isn't returning her calls.

Client needs clinician's help with her caregiver.

Client needed clinician to establish a working relationship with the VA on his behalf.

Client needed a letter of support from his provider agency to get back into college.

Client complained that her warnings about her meds being stolen weren't taken seriously.  
Client wanted some pictures taken of him and posted in a provider agency book, to be removed.  
Client wanted clinician to provide her some training in life skills.  
Client facing eviction says her clinician isn't assisting her sufficiently.

We received a complaint from a client who was prescribed a medication without having the potential side effects explained well. He states he was simply given a list of side-effects and asked to sign a waiver. One of the potential negative side effects was only referred to by medical terminology that he didn't understand. It wasn't until he looked it up on the Internet that he discovered how potentially harmful it was. He feels that he was pressured into taking a medication of which he didn't understand all the potential negative side effects. Another client complained that after being prescribed a higher dose of one of her meds she looked it up and found that people with kidney failure shouldn't take the medication. She says she has kidney failure. We recommend (1) that all providers review the meds lists they hand out to clients to ensure that all are written in simple English; and (2) that prescribers remain aware and mindful of the individual client's medical status.

We would like to acknowledge that the Skagit Valley REACH Center is adding more classes and activities to their monthly calendar, which makes the Center more attractive and provides a variety of options for their guests. According to Jeff Reynolds, Director, the Center is averaging 40+ guests a day and they include peers, professionals, and government officials, as well as law enforcement officers who like to stop by to see how things are going. We have heard positive comments from clients about the Center; such as, *"I'm glad there is a safe place to go hang out with others like me, and get help and information,"* and *"There is always something good going on there. I like the classes and other stuff."*

The Advisory Board requested that we present on NSMHA complaint, grievance, appeal and administrative hearing processes. In our previous Snapshot reports we have discussed the "Complaint," the "Provider-level Grievance" and the RSN-level Grievance process. Today we will describe the final process within the community mental health program—**the administrative hearing**—where the issue goes to an administrative law judge. There, the client tries to prove that NSMHA broke a law in the Washington Administrative Code (WAC) or Revised Code of Washington (RCW)," and needs to make it right. We noted previously that 99% of the really serious issues are resolved at the RSN-level grievance process. The other 1% consists of only 1 case in the past 12 years that has gone all the way to an administrative hearing. There are two other cases open right now. The judge requires evidence that the community mental health program violated the rule within 90 days of the hearing request date. The judge also requires the feasible likelihood that a law was broken. Clients can represent themselves in court, obtain legal counsel, or use Ombuds to assist them. There is no time frame for an administrative hearing. They can take 6 months to actually get to a court hearing. Here's how Ombuds' involvement works. We obtain a formal administrative hearing request letter signed by the client and forward it to the Office of Administrative Hearings with a letter of our own identifying the major issues and people or agencies involved. We coordinate frequently with the client to keep them actively leading the process. We conduct lots of research and develop an in-depth presentation. There is much work done between the client, Ombuds, NSMHA and the Division of Behavioral Health & Recovery to try to resolve the issue prior to anything happening with the court. If we can't work it out, there will be at least one prehearing conference (but likely more) with the judge and all parties, usually by telephone, to resolve questions about the hearing itself. We submit exhibits, witness lists, a briefing statement (which is an outline of our position), arrange for witness testimony, and provide any other necessary material to the court long before the hearing itself takes place. We then assist the client at the administrative hearing and await a judgment. If the judgment is against the community mental health program, it must comply with the judge's orders. If the judgment is against the client, we have done everything we can do and Ombuds drops out of the picture. If the client wants to continue to pursue the issue they will have to take it up in Superior Court.

**North Sound Mental Health Administration (NSMHA)  
MENTAL HEALTH ADVISORY BOARD**

**January 8, 2013**

**1:00 – 3:00**

<b>Present:</b>	<b>Skagit:</b> <i>Joan Lubbe</i> <b>Snohomish:</b> <i>Fred Plappert and Carolann Sullivan</i> <b>Whatcom:</b> <i>David Kincheloe, Larry Richardson and Russ Sapienza</i>
<b>Excused Absence:</b>	<b>Island:</b> <i>Candy Trautman</i> <b>Skagit:</b> <i>Susan Ramaglia</i> <b>Whatcom:</b> <i>Mark McDonald</i>
<b>Absent:</b>	<b>Snohomish:</b> <i>Megan Anderson</i>
<b>Staff:</b>	<i>Joe Valentine, Margaret Rojas, Greg Long and Rebeca Pate</i>

**MINUTES**

<b>TOPIC</b>	<b>DISCUSSION</b>	<b>ACTION</b>
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<b>CALL TO ORDER AND INTRODUCTIONS</b>		
Fred Plappert	Fred convened the meeting at 1:05 and introductions were made.	Informational
<b>REVISIONS TO THE AGENDA</b>		
Fred Plappert	Fred asked for any revisions to the agenda and he added Committee Appointments, Conference Scholarships, Unanticipated Travel Costs and Executive/Finance At-Large.	Informational
<b>COMMENTS FROM THE PUBLIC</b>		
Fred Plappert	There were no comments.	Informational
<b>APPROVAL OF MINUTES</b>		
Fred Plappert	Fred asked for any revisions to the minutes. David made a motion to approve as written, seconded and discussion followed. Fred called for the vote and motion carried.	Informational Motion carried
<b>EXECUTIVE/FINANCE COMMITTEE</b>		
Fred Plappert David Kincheloe	<u>Executive/Finance Committee</u> Fred stated a recommendation is being brought forward to have the Board of Directors approve expenditures. Recommendation motion carried by full Board. The committee discussed scholarships, committee appointments and Executive/Finance At-Large members. These are being brought forward to the full Board for discussion.	Informational Motion carried
<b>STANDING BOARD OF DIRECTORS COMMITTEE REPORTS</b>		
	<b>Planning</b>	
	No December meeting; therefore, no report.	Informational
	<b>Quality Management Oversight Committee (QMOC)</b>	
	No December meeting; therefore, no report.	Informational
<b>OLD BUSINESS</b>		
Fred Plappert	<u>Past two years of Pre-meetings</u> These were briefly discussed and suggestions are to be submitted to Rebecca so she can make arrangements. Russ stated Allisa Cortin would like to come discuss Peer Counselors and perhaps someone from Rainbow could come present.	Informational Submit suggestions to Rebecca

	<p><u>Setting Agenda Items</u> Margaret stated the current NSMHA process is for a request to go out one week prior to the packet going out. Rebecca will take care of this action. David made a motion to adopt a one week deadline for submission of agenda items for every Board subcommittee (i.e., Advisory Board, Planning, QMOC and Executive/Finance) and at the meeting revisions can still be made, seconded and discussion followed. Joe mentioned Planning and QMOC are not part of Advisory Board subcommittees. A friendly amendment was made to remove Planning and QMOC from the original motion. Fred called for the vote and motion carried.</p> <p><u>Minutes Format</u> Larry suggested tabling till the next meeting and send out reminder to Megan.</p> <p><u>By-Laws</u> Joe stated under Section VII, Subsection III the Chair has authority to make exceptions regarding attendance. Fred suggested to amend By-Laws due to transportation difficulties prospective Board members from San Juan County be allowed full participation via teleconference, seconded and discussion followed. Joan stated she is opposed because she feels it is important that face-to-face attendance is vital. Further discussion followed. Larry proposed a friendly amendment in the event a member from San Juan County is unable to attend regular scheduled meetings they may participate via electronic method and more discussion followed. David stated the vote needed to be done on the original motion to allow full attendance via teleconference for San Juan and leave By-Laws alone as this is currently covered, seconded and motion carried with one abstention and one opposed.</p>	<p>Motion carried</p> <p>Tabled till next meeting – send Megan reminder</p> <p>Motion carried</p>
<b>EXECUTIVE DIRECTOR'S REPORT</b>		
<p>Joe Valentine</p>	<p>The final report was received from the External Quality Review Organization (EQRO) with no findings and no compliance issues. Some recommendations were made and NSMHA will be working on implementing those.</p> <p>The Regional Healthcare Alliance workgroup had their first meeting and a second meeting will be held to begin putting together a work plan.</p> <p>NSMHA is beginning the Federal Block Grant (FBG) process for 2013. Margaret stated FBG dollars are going to focus on Strategic Plan priorities. She stated the state has not informed Regional Support Networks (RSN) of their criteria for FBG dollars. She mentioned initially a survey will be submitted to see where FBG funding can be utilized and this will help prioritize how to allocate funding. She apologized for the short notice regarding the survey but requested input be returned to her within the next two days.</p>	<p>Informational</p>

	<p>She stated a Request for Proposal (RFP) will be developed based on the input provided by the survey. Discussion followed.</p> <p>Joe stated NSMHA is in discussion with the State regarding allocation of beds at Western State Hospital (WSH) to Molina for the Washington Medicaid Integration Project (WMIP). The State is proposing carving out some of NSMHA’s beds for Molina and reducing NSMHA’s beds down by six. Joe stated NSMHA is going to suggest allocating 4 beds to Molina as research done by NSMHA indicates Molina’s only uses an average of 4 beds a month.</p> <p>Joe stated NSMHA had an excellent meeting with local hospitals last Friday regarding admissions into the Emergency Departments for mental health consumers. He mentioned this is a particular problem for San Juan County as they have a small hospital with no place to board these individuals. San Juan has encountered difficulty in transporting individuals from San Juan to other entities when necessary. He stated San Juan mentioned utilizing teleconferencing for psychiatric consultations on medication as an alternative way to stabilize an individual without having to transport them somewhere else. Discussion followed.</p>	
<b>ACTION ITEMS BEING BROUGHT TO THE BOARD OF DIRECTORS</b>		
<p>Joe Valentine</p>	<p>Joe mentioned the following are going to the Board of Directors as part of the fund balance allocations. Compass Health is the lead contractor with WCPC subcontracting with Compass for the services in Whatcom County.</p> <p>This project is to ensure individuals being discharged from an inpatient facility have a face-to-face qualifying service within 7 days of discharge.</p> <p>The project will have two types of payment. The outreach team will be paid on a capacity cost reimbursement basis up to the total budget of \$897,312 for 2 years.</p> <p>The performance incentive payments will be based on how much change is accomplished. The goal is to achieve a 75% of identified eligible Medicaid clients receiving a qualifying service within seven (7) days of discharge from a psychiatric inpatient hospital or the Mukilteo Evaluation and Treatment (E&amp;T) facility. The change in the system will be measured from the current base of 46% to the goal of 75%. The performance incentive payment will be measured every three months. A positive change between the base amount and the goal will be multiplied by \$20,000.00. (e.g., if the change between the base and goal is a 25% increase over the base percent, the performance improvement payment would be \$5,000.00). The maximum performance improvement payment that can be provided over the 8 quarters of the contract is \$160,000.00.</p> <p><b>MEDICAID</b></p>	<p>Informational</p>



	<p>NSMHA-COMPASS HEALTH-MEDICAID-11-13 AMENDMENT 4 for the provision of funding a pilot project to ensure a qualifying service occurs within 7 days of inpatient discharge. The funding provided is for maintaining the capacity for the transition care service team. This amendment increases the Agreement by \$224,328 for a new maximum of \$25,088,319. The term of this Agreement remains the same with a funding end date of June 30, 2013.</p> <p><b>SMHC</b>  NSMHA-COMPASS HEALTH-SMHC-11-13 AMENDMENT 3 for the provision of funding a pilot project to ensure a qualifying service occurs within 7 days of an inpatient discharge. The funding provided is a performance incentive of \$40,000 (prorated) and an increase of flex funds of \$3,000. The performance incentive is available to earn back at the rate of up to \$20,000 every quarter. The amendment increases this Agreement by \$43,000 for a new maximum of \$10,416,198. The term of this Agreement remains the same with a funding end date of June 30, 2013.</p> <p>NSMHA-WCPC-SMHC-11-13 AMENDMENT 4 for the provision of additional flex funds for the pilot project to ensure a qualifying service occurs within 7 days of an inpatient discharge. The increase in the flex funding will be used to help facilitate the 7 day service. This amendment increases the Agreement by \$1,200 for a new maximum consideration of \$2,427,936.96. The term of this Agreement remains the same with a funding end date of June 30, 2013.</p> <p>Fred requested a motion to move forward. Larry made a motion to recommend approval, seconded and motion carried.</p>	<p>Motion carried</p>
<b>NEW BUSINESS</b>		
<p>Fred Plappert</p>	<p><u>Board Retreat</u>  David made a motion to hold the retreat in July, seconded and motion carried. Fred stated the Executive Committee will discuss site location and topics to be discussed.</p> <p><u>Conference Costs Breakdown</u>  Fred stated this was discussed at Executive/Finance Committee and he is bringing forward for full Board input. He stated the Tribal and Systems of Care Conferences are both sponsored by NSMHA. He asked for prioritizing the number of attendees to the conferences. Discussion followed. The Tribal Conference is scheduled in May (possibly two days) and the Behavioral Healthcare Conference is scheduled in June. Further discussion followed. Fred stated based on 2011 data he would like to make 10 scholarships available and David stated he would be more comfortable with 8 for the Tribal Conference. It was suggested to estimate 10 scholarships for Tribal Conference with 4 for Board</p>	<p>Informational</p>

	<p>members and 6 open to consumers. The Board suggested 10 scholarships for Systems of Care Conference with the possibility of some sort of “family” registration fee. Joe stated that discussion could happen with Julie to suggest a “family” registration fee for Systems of Care with 10 scholarships. The Board chose to sponsor 6 for the Co-Occurring Disorders Conference. Deduct \$2,000 from the top on Project 1 for unanticipated transportation costs category. The remaining funding will be used for Behavioral Healthcare Conference.</p> <p><u>Committee Guiding Principles</u> Fred stated these were initially developed by QMOC and Joe stated NSMHA is recommending all committees adopt these guiding principles. Larry made a motion to adopt these principles, seconded and motion carried. These will become a part of monthly packet.</p> <p><u>Committee Appointments</u> Fred stated Candy requested through Margaret for all members to submit an application for all committees they wish to serve on. Margaret distributed applications. Margaret requested they be turned in by the next meeting. Rebecca will send applications to those not in attendance.</p> <p><u>Executive and Finance Members At-Large</u> David made a motion to defer to the next meeting, seconded and motion carried.</p> <p><u>2013 Site Visits</u> Larry suggested the mental health board at St. Joseph’s Hospital. Russ mentioned Western State Hospital again. The Skagit Triage Center was suggested. Fred suggested the remodeled Boarding Home in Edmonds that Compass owns. Margaret stated she will put a list together of agencies NSMHA funds that the Board can make selections from.</p>	<p>Motion carried</p> <p>Send out committee applications to members not present today</p> <p>Motion carried</p> <p>Margaret put list together for selections from Board</p>
<b>COMMENTS FROM COUNTY ADVISORY BOARD REPRESENTATIVES</b>		
Island	No report submitted and no representative present.	Informational
San Juan	Per Barbara LaBrash, nothing new to report since December.	Informational
Skagit	A brief was submitted by Skagit and included in members packets for their review.	Informational
Snohomish	Fred stated they had no meeting in December.	Informational
Whatcom	A brief was submitted by Whatcom and included in members packets for their review. David elaborated on submitted report. Russ added the NAMI Board will meet Thursday night at St. Luke’s Education Center.	Informational
<b>OTHER BUSINESS</b>		
Fred Plappert	Fred asked for any other business and he mentioned after next month’s meeting from 3-5 will be Request for Qualifications	Informational

DRAFT not yet approved by Advisory Board

	(RFQ) orientation for people participating in screening and letters should have been received by those participating.	
<b>ADJOURNMENT</b>		
Fred Plappert	Russ made a motion to adjourn, seconded and motion carried. The meeting was adjourned at 2:42 . The next meeting is <b>February 5, 2013</b> , at 1:00 in NSMHA Conference Room.	Informational



# North Sound Mental Health Administration

Regional Support Network for Island, San Juan, Skagit, Snohomish, and Whatcom Counties  
*Improving the mental health and well being of individuals and families in our communities*

117 North First Street, Suite 8 • Mount Vernon, WA 98273

360.416.7013 • 800.684.3555 • Fax 360.416.7017 • Email [nsmha@nsmha.org](mailto:nsmha@nsmha.org) • Web Site <http://nsmha.org>

## **Planning Committee Brief January 25, 2013**

### **Enhanced Care Coordination**

The Board of Directors has set aside money from the Medicaid fund balance to fund one or more pilot projects that will focus on enhanced care coordination services. The funding of \$5.7 million will also fund some of the children's mental health redesign.

The enhanced care coordination will focus on reducing unnecessary ER visits by individuals experiencing a mental health crisis and focus on improving access and integration of primary care services. The planning committee wants to go forward with an RFP that will develop pilot projects to focus on both areas; they want further discussion on partnering with counties and utilizing other funding as well.

### **Mental Health Block Grant (MHBG) Survey/Request for Proposal (RFP) process and timelines**

NSMHA has developed a survey to prioritize the strategic priorities in our plan and from that align the MHBG funding with the strategies which hasn't been done in the past. The survey will end on January 31<sup>st</sup> and the results will be used to develop the RFP for the funds which will run for a two year cycle starting on July 1, 2013. All are encouraged to take the survey.

The next meeting will be February 22, 2013; which is a rescheduled date due to county furloughs.

**QMOC Brief**  
**January 23, 2013**

**Dignity & Respect**

Linda Kehoe presented on the dignity & respect campaign that NSMHA is spearheading in the region. Since the campaign began she has gone to many of our providers and other allied systems to introduce and encourage them to begin their own campaigns. She is continuing her outreach and NSMHA has sent the toolkit to our provider agencies to help them begin with their staff and spread to clients. We now have posters that are going to be displayed in the public transit systems of both Skagit and Whatcom Counties as well.

**Final External Quality Review Organization (EQRO) Report**

Lisa noted that we are audited each year with a focus on certain items each time. This round the focus was on compliance, performance improvement projects and some IT items. We fully met all benchmarks and received high marks overall in the review. There were three recommendations in the clinical area that NSMHA will work on how to address. The full report is available on the NSMHA website.

**Policy 1717**

Sandy presented policy 1717 which is a crisis services policy that was due for revision though there are no contractual changes. This policy defines urgent contact and follow up services for individuals calling into the care crisis line. This policy was approved as revised by QMOC.

**Special Population Review**

Sandy noted that NSMHA conducts an annual chart review to track services to special population individuals that include: children, older adults, ethnic minorities or persons with disabilities. Services must be provided by, supervised by or with consultation of appropriate specialists. It has been a challenge for providers to find specialists and there had been a lower benchmark of 80% for 2011 & 2012; which will go to 90% for 2013. Corrective action letters will go out soon to those providers that did not reach 80% in the fall 2012 review. A list of specialists was developed and is available for providers and there is now 90 days versus 30 to complete the specialist consultation; which should help with the challenge of service to special populations.

**Wraparound Services**

For the last two years Children's Administration (CA) has co-funded with NSMHA Intensive Wraparound (IWRAP) services for children. The funding from CA has burdensome paperwork requirements attached to it which has sometimes resulted in a 3-6 month delay in getting a child into these services. NSMHA and CA have worked together (with Compass and CCS) to remove paperwork as a barrier to services. A streamlined form has been developed and processes have been updated to expedite enrollment. This change will occur after final paperwork approval by CA.

**Bridgeways Closure**

Bridgeways notified NSMHA of its intent to discontinue behavioral health services; both outpatient and intensive outpatient by the end of February 2013. Bridgeways will continue to provide employment and housing services. Bridgeways is working with NSMHA to ensure that the transition of individuals to other providers is as smooth as possible.

# Estimated Cost for 2013 Conferences

## TRIBAL

Per person: \$235.50

Number of Scholarships	Registration	Hotel	Transportation	Estimated Grand Total
10	\$1,500.00	\$445.00	\$410.00	\$2,355.00

## WA BEHAVIORAL HEALTHCARE

Per Person: \$436.29

Number of Scholarships	Registration	Hotel	*Transportation	Estimated Grand Total
15	\$1,290.00	\$3,154.36	\$2,100.00	\$6,544.36

## SYSTEMS OF CARE

Per Person: \$120.00

Number of Scholarships	Registration	Hotel	Transportation	Estimated Grand Total
10	\$1,000.00		\$200.00	\$1,200.00

This conference may not happen so this could go towards another conference.

## CO-OCCURRING DISORDERS

Per Person: \$533.33

Number of Scholarships	Registration	Hotel	*Transportation	Estimated Grand Total
6	\$900.00	\$200.00	\$2,100.00	\$3,200.00

**Estimated Total \$13,299.36**

I figured a little on the high side calculating estimated costs to hopefully ensure costs would be covered. The registration in BHC is what scholarships may cost if I am unable to get extras from the conference. Depending on if/where the SOC is held there may be some lodging cost but never before.

\* Does not include tax fare to and from p/u locations

2013 Site Visit Provider Listing

Provider	County	Type of Service	MHBG	Adults/Youth
<b>Compass Health</b>	Island San Juan Skagit	Outpatient Services, Intensive Outpatient		Adults & Youth
	Snohomish	Outpatient Services, Intensive Outpatient Services, Crisis Services Crisis Triage, Peer Center Residential, *PACT, *PATH Residential	MH Services for Non-Medicaid  MH services for Non-Medicaid  Peer Center	Adults  Adults
<b>Catholic Community Services</b>	Skagit Snohomish Whatcom	Outpatient services Intensive outpatient services (wraparound)	n/a	Youth & Families
<b>Interfaith Clinic</b>	Whatcom	Outpatient services	n/a	Adults
<b>Lake Whatcom Center</b>	Whatcom	Outpatient services, Intensive outpatient services, Residential PACT	n/a	Adults
<b>Pioneer Human Services</b>	Skagit	Crisis Center, Transitional House	n/a	Adult
<b>Sea Mar</b>	Whatcom Skagit Snohomish	Outpatient services	n/a	Adults/Youth
<b>Snohomish County</b>	Snohomish	Involuntary Treatment Act (ITA) services	MH services for non-Medicaid	Adults/Youth
<b>Sunrise Services</b>	Skagit Snohomish Whatcom	Outpatient Services, Intensive Outpatient services, Integrated Dual Disorder Treatment, Supported Employment	n/a	Adult
<b>Volunteers of America</b>	Regional	Crisis Line & Access Line	n/a	all residents
<b>Whatcom Counseling &amp; Psychiatric</b>	Whatcom	Outpatient services, Intensive Outpatient Services, Crisis Services, Crisis Triage, Supported Employment, Peer Center PATH	Peer Center	Adults/Youth
<b>MHBG Only Providers</b>				
<b>Consumer Voices are Born</b>	Skagit		Peer Center	Adult
<b>Everett Housing Authority (Hope Options)</b>	Snohomish		Housing Case management for Seniors (60+)	Seniors
<b>Senior Services of Snohomish</b>	Snohomish		Short term counseling for	Seniors

2013 Site Visit Provider Listing

			depression	
<b>Opportunity Council</b>	Whatcom		Homeless Housing & housing Case Management	Adult & Youth
<b>Skagit County</b>	Skagit		Outreach to homeless	Adult
<b>Sun Community Services</b>	Whatcom		Transitional Housing	Adult
<b>Tulalip Tribes</b>	Snohomish		Youth Culture Activities	Youth & Families
<b>Jail Services</b>				
<b>Skagit County</b>		Transition Services		Adult
<b>Island County</b>	Island & San Juan	Transition Services		Adult
<b>Snohomish</b>		Transition Services		Adult
<b>Whatcom</b>		Transition Services		Adult
*PACT-Program of Assertive Community Treatment				
*PATH-Projects for Assistance in Transition from Homelessness				



## Pending Mental Health Related Legislation

Updated: February 4, 2013

HB 1513	<p><b>Concerning outpatient commitment</b> Adds a new provision allowing for ordering involuntary outpatient treatment.</p>
HB 1519	<p><b>Establishing accountability measures for service coordination organizations.</b> Directs the Health Care Authority to establish performance standards for care coordination services.</p>
HB 1522 SB 5234	<p><b>Improving behavioral health services provided to adults in Washington state.</b> This is the DSHS initiated legislation to improve behavioral health outcomes through expansion of evidence based practices, reviewing mental health forensic practices, procuring additional enhanced facility services, and increased timeliness of psychiatric hospital discharges.</p>
HB 1524	<p><b>Providing for juvenile mental health diversion and disposition strategies</b> Creates additional provisions allowing law enforcement to transport non-serious offenders to an E&amp;T or Crisis Triage facility and for courts to order mental health treatment.</p>
SB 5115	<p><b>Concerning the definition of community mental health service delivery system</b> Revises the definition of "community mental health service delivery system" to no longer include programs that are publicly funded in the community mental health services act.</p>
SB 5150	<p><b>Creating a task force to examine reform of the mental health system</b> Directs the legislature to convene a task force to undertake a system wide review of the public mental health system and make recommendations for reform.</p>
SB 5397	<p><b>Establishing outcome measures for the community mental health service delivery system.</b> Requires DSHS to: (1) Establish procedures for measuring client outcomes and delivery system attributes for the community mental health service delivery system; and (2) Propose an incentive system that rewards superior performance relating to client outcome measures and delivery system attributes.</p>
SB 5456	<p><b>Concerning detentions under the Involuntary Treatment Act</b> Revises involuntary treatment act provisions related to detentions. Allows for the decision by a DMHP not to detain a person to be overridden by two examining physicians or one physician and one mental health professional.</p>
SB 5480	<p><b>Accelerating changes to mental health involuntary commitment laws</b> Moves up the date to implement new provisions related to evaluation of persons under the involuntary treatment act from July, 2014 to January, 2014.</p>
HB 1114 SB 5176	<p><b>Addressing criminal incompetency and civil commitment</b> Revises the involuntary treatment act to protect citizens from the repeated violent acts of a small group of mentally ill and/or developmentally disabled incompetent offenders. This bill would send offenders who are charged with a felony yet found incompetent to stand trial to a state hospital rather than an evaluation and treatment center or secure mental health facility. Offenders would no longer be released into the community.</p>
SB 5153	<p><b>Concerning transfers of clients between regional support networks</b> Prohibits a regional support network from refusing to allow a client to transfer from one regional support network to another when the motivation for the transfer request is to bring the client closer to relatives or other strong personal supports. Authorizes the department of social and health services to establish rules and procedures governing transfers of clients between regional support networks and assume the authority to resolve disputes that arise.</p>

HB 1081	<b>Addressing certain annual reviews of commitments</b> Addresses petitions for conditional release and examinations of mental conditions with regard to sexually violent predators. Requires the department of social and health services, on request of a committed person, to allow a record of the annual review interview to be preserved either by audio recording or the presence of the person's attorney.
SB 5333	<b>Providing mental health first-aid training to teachers and educational staff</b> Requires DSHS to provide funds for mental health first-aid training targeted at teachers and educational staff and makes an appropriation.
SB 5151	<b>Authorizing criminal defendants to plead "guilty and mentally ill".</b> Provides that a person who offers a timely defense of insanity under RCW 10.77.030 (establishing insanity as a defense) may be found guilty and mentally ill at trial under certain circumstances. Allows a person who waives the right to trial to plead guilty and mentally ill.

## MEMORANDUM

DATE: January 29, 2013  
TO: NSMHA Advisory Board  
FROM: Joe Valentine, Executive Director  
RE: February 14, 2013, Board of Director's Agenda

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There are no items going before the Board of Directors for their February 14, 2013, meeting at this time. If any items become known prior to the meeting, a **revised** memorandum will be provided in your binders.

cc: Joe Valentine, Executive Director  
County Coordinators  
NSRSN Management Team

## San Juan County Report

North Sound Mental Health Administration (NSMHA) set up a meeting for us (San Juan County) to discuss policies and procedures at receiving hospitals for San Juan County residents who need psychiatric hospitalization. The meeting was extremely well attended by hospital representatives across the region. We didn't make a lot of headway on the policy discussion but we did make it clear to the hospitals on the mainland that the new Critical Access Hospital (CAH) on San Juan Island is not set up for inpatient psychiatric treatment. Beth Williams-Gieger from Peace Island attended by phone and reported that the new CAH has seen over 300 patients in the two months it had been open and this was much higher than expected. They have to relook at staffing. At least two of these folks were psychiatric patients and one involved the single bed certification process which was successful.

We are working with Compass Health on the contract for housing funds through NSMHA. Compass will be providing emergency housing vouchers and short-term rental assistance and case management for approximately six Medicaid clients and three non-Medicaid clients (such as Community Wellness Program clients) per year for two years.

The Regional Health Alliance continues to meet in an effort to prepare and plan for health care reform.

I was contacted by Journal reporter Steve Wehrly re: an article he wants to do on mental health services in the county in the wake of the Sandy Hook tragedy. I provided him with quite a bit of information about the programs that we are connected with and made some suggestions for people that he might want to talk to re: other programs and services.

NSMHA is conducting a Request for Proposal (RFP) process for outpatient mental health services that will require time and attention on the part of counties during the month of February.

The Federal Block Grant ends June 30<sup>th</sup> of 2013. We expect NSMHA to release an RFP sometime in February. We do not know what the funding priorities will be. We are working with District Court to help them prepare to apply should mental health services to offenders remain a funding priority.

RE: the one tenth funds, the Community Wellness Program contracts have been amended for another year. We will be monitoring the contracts at the Lopez Island School District and the Lopez Island Family Resource Center in February.

## **Skagit County Report, January 2013**

The Children's Behavioral Health program through the Educational Services District, has hired 4 licensed mental health therapists to provide services to youth and families in the community setting as well as the schools. They were pleased to hire a bilingual (Spanish/English) therapist as the fourth staff clinician.

The Pioneer Transitions House for individuals with mental illness or substance use disorders who are homeless and exiting treatment or jail facilities is full (8 beds) and providing case management support to help clients find stability in the community.

The Skagit County Community Wellness Program currently serves 228 clients and contracts with 35 providers to provide mental health treatment services, including prescriber services, to individuals who do not qualify for the public mental health system.

## **Whatcom Report**

We're in the process of developing the membership for our new board...The Integrated Behavioral Health Board. Interested persons from Whatcom County are encouraged to apply.

We're implementing our new Jail Behavioral Health Program which integrates the transition services funded by NSMHA and the County jail mental health services into one seamless program. The purpose of these services is to stabilize inmates in jail who have behavioral health disorders and help them reintegrate into the community and get them engaged in treatment.

Please Post

# *Save the Date!*

## May 14 & 15, 2013

### 13<sup>th</sup> Annual Tribal Mental Health Conference

### “Canoe Journey – Life’s Journey”



At the Skagit Resort  
Bow, WA

Presented by the North  
Sound Mental Health  
Administration  
and the Tribes of the  
North Sound Region



Visit our website for further details as they become available

<http://nsmha.org/Tribal/Default.htm>