

# NORTH SOUND MENTAL HEALTH ADMINISTRATION ADVISORY BOARD MEETING

## Agenda

**August 6, 2013  
1:00 PM**

1. Call to Order - Introductions, Chair – 2 minutes
2. Revisions to the Agenda, Chair – 1 minute
3. Comments from the Public (5 min)
4. Ombud's Snapshot (bi-monthly) (5 min) Tab 1
5. Approval of the June & July Meeting Minutes, Chair – 5 minutes Tab 2
6. Executive/Finance Committee Report (10 min)
7. Monthly Committee Reports (5 min) Tab 3
  - a. Planning Committee (No July Meeting)
  - b. Quality Management Oversight Committee
8. Old Business (10 min) Tab 4
  - a. Jail Transition Services
  - b. COD Conference
9. Executive Director Report (10 min)
10. Action Items Being Brought To The Board of Directors (5 min) Tab 5
  - a. Memorandum
11. New Business (3 min) Tab 6
  - a. Upcoming 2014 Budget
  - b. Retreat Synopsis
12. Comments from County Advisory Board Representatives – 5 minutes
  - a. Island
  - b. San Juan
  - c. Skagit
  - d. Snohomish
  - e. Whatcom
13. Other Business
14. Adjournment

NOTE: The next Advisory Board meeting will be **September 3, 2013**, in the NSMHA Conference Room.

## OMBUDS SNAPSHOT

August 1, 2013

Four months into this 6-month reporting period we have opened cases on **46** NSMHA clients including three children. Two of these 46 people were in hospital psychiatric wards and had issues specifically against the hospitals. One Snohomish client has a complaint against King County DMHPs.

**11** people of these **46** clients (24%) are non-Caucasian. **6** are Latino, **4** are African American and **1** is Native American/Alaskan Native. There were 23 male and 23 female clients.

We've opened complaints, (soon to be known as "Level 1 grievances") on **40** people. There were **56** complaint occurrences: **16** in Consumer Rights; **15** in Physicians & Meds; **6** in Dignity & Respect; **4** in Housing; **4** in Emergency Services; **6** in Services Coordination/Intensity; **2** in Access; **2** in Participation-in-Treatment; and **1** in Quality Appropriateness.

There has been **1** Provider-level grievance case this period opened on Consumer Rights.

There have been **3** RSN-level Grievance cases (soon to be known as Level 2 grievances) this period with issues of Housing, Consumer Rights, Financial Services and Dignity & Respect.

There were **2** Appeal cases having to do with "Other Type" issues.

There are no new administrative hearings this period and we have none open currently.

### Other Report issues:

#### Breakout of the 15 Physicians & Medications issues:

Two prescribers ceased prescribing two clients' meds after the clients self-stopped some of their meds.

A prescriber ceased prescribing a psycho-stimulant after the client allegedly tested positive for street drugs.

A person claims they are receiving meds that are wrong for them and have severe side effects.

A client alleges that his clinician is holding up delivery of his meds.

A client was refused service by a prescriber. The client transferred services.

A client has a longstanding disagreement with a clinic about diagnoses and meds.

Two clients were denied a clinic's meds management services until they show they can attend all appointments.

A client considers his meds too heavily prescribed; also wanted a second opinion.

A client had a prescription fill mix up between the provider agency and pharmacy.

A client with an on-going meds management dispute with a provider agency is seeking a PCP to prescribe.

A client felt his meds issues weren't resolved correctly at the Evaluation & Treatment facility before release.

A client wasn't receiving all prescribed meds in a timely manner from their treatment provider.

**Outcomes:** We are closely monitoring the outcomes of our issues. Here is a breakout of outcomes: **18** of our 46 client cases are still open and being worked. **21** were favorably closed through conciliation and mediation. The **2** clients with complaints against hospitals dropped their complaints upon discharge without further pursuit—one was discharged and wished to drop her complaint; the other feared retaliation. Our follow-up: we discussed how retaliation was strictly forbidden and we sent two release forms—one to the client and one to the client's case manager. We continued to provide the client answers to her questions and make referrals as necessary. **3** other clients didn't pursue their issues...they either didn't return medical release forms that were sent to them and do not wish to pursue further or dropped out of contact or. **2** clients' issues were arbitrated by NSMHA through RSN-level grievances.

**Consumer rights:** Consumer rights are now found in three different sources. Some are duplicate. The sources are: those in the community mental health program-WAC 388-865 0410; those found in the Medicaid Benefits Booklet; and those found in the new Chemical Dependency WAC: WAC 388-877-0530.

**Provider policy:** Ombuds is skeptical of provider policies of establishing no meds management appointments until clients regularly keep their case management appointments. The idea is to ensure a client will attend meds management appointments. Yet, we speculate that without necessary medications being prescribed there is more likelihood that symptoms will appear and lead to missed appointments, trespasses from facilities and so forth. We understand the cost of a psychiatrist's time but we aren't sure this is the wisest possible policy.

**Spendedowns:** We have an extremely difficult situation wrapped around a spenddown. We appreciate NSMHA's request to DSHS for clarification on this issue. We recommend NSMHA research current providers' policies on charging/collecting for spenddowns and decide where to go from there.

**Landlord-tenant complaints:** we have a rising number of landlord-tenant complaints. We are not able to help because we are community mental health program Ombuds and "landlord-tenant" complaints are not "community mental health program" complaints, simply because there are no "landlord-tenant" contracts between NSMHA and Provider housing agencies. If there are mental health components to the complaint we help people with them but the majority of the complaints concern only landlord-tenant issues. We explain our limited abilities to help in these issues and refer callers to Northwest Justice Project or other resources but they routinely call back saying no one helps them, especially when the landlords are Provider agencies. It's difficult for clients to understand why Ombuds can't help them with landlord-tenant disputes specifically involving provider agencies. We speculate that with the improved economy, landlords, both Provider and non-provider, are tightening up on rental policies and monitoring restrictions more closely. We heartily support DBHR housing webinars on developing & maintaining landlord relationships and other efforts to help tenants and landlords get along.

**Challenging family members:** we interact with several challenging family members who don't appreciate the way the community mental health program operates. They make unrealistic demands and don't understand boundaries. We make referrals when possible. We deal with them as courteously as we can but it takes time and attention away from other clients.

**A success story:** we in Ombuds do our best to develop a professional relationship with a client where the client appreciates Ombuds support and encouragement and strives to do well in their recovery to fulfill Ombuds' high expectations. This seems to be working rather effectively with one of our more challenging clients. We wish everyone providing treatment would do the same.

**Ombuds relocation:** Ombuds has relocated to Suite 42 upstairs in the Carnation Building. Come and visit! Unfortunately, no fax line yet. We currently use the Community Action fax line which is 360.416.7599.

## OMBUDS SNAPSHOT

July 1, 2013

Halfway through this 6-month reporting period we have opened cases on **36** NSMHA clients including one child client.

Eight people of these **36** clients (22%) are non-Caucasian. Five are Latino, two are African American and one is Native American/Alaskan Native. Ombuds has scheduled a briefing for the Skagit County Latina/Latino Advisory Council to gain their advice on how to reach the local Latino culture and population. There were 19 male and 17 female clients.

We've opened complaints, (soon to be known as "Level 1 grievances") on **30** people. There were **45** complaint occurrences: **12** in Consumer Rights; **12** in Physicians & Meds; **6** in Dignity & Respect; **4** in Housing; **3** in Emergency Services; **3** in Services Coordination/Intensity; **2** in Access; **2** in Participation-in-Treatment; and 1 in Quality Appropriateness.

There have been **2** Provider-level grievances this period so far this period with issues of Physicians & Meds, Consumer Rights and Dignity & Respect.

There have been **2** RSN-level Grievance cases (also known as Level 2 grievances) so far this period with issues of Housing, Consumer Rights and Dignity & Respect.

There were **2** Appeal cases having to do with "Other Type" issues.

There are no new administrative hearings this period. We still have one previous hearing case open. It will be heard in August.

### **Other Report issues:**

**Outcomes:** We are closely monitoring the outcomes of our issues. Here is a breakout of outcomes: 20 of the 36 client cases are still open and being worked. 12 were favorably closed out through conciliation and mediation. One client's RSN-level Grievance case was arbitrated by NSMHA. All 3 clients who dropped their complaints without further pursuit had complaints against hospitals. Two of these clients were discharged and decided to drop their complaints. The other feared retaliation. Our follow-up on this particular case: we discussed how retaliation was strictly forbidden and we sent two release forms—one to the client and one to the client's case manager. We continued to provide the client answers to her questions and make referrals as necessary.

**A success story:** we in Ombuds do our best to develop a relationship with a client where the client appreciates Ombuds support and encouragement so much that they will strive to do well in their treatment to fulfill Ombuds' high expectations of them. This seems to be working rather effectively with one of our more challenging clients.

**Provider policy:** Ombuds is skeptical about provider policies of establishing no meds management appointments until clients regularly keep their case management appointments. The idea is to ensure a client is keeping their clinician appointments so that there is a good likelihood they will make their meds management appointments. Yet, we speculate, without necessary medications being prescribed there is more likelihood that symptoms will appear and lead to missed appointments, trespasses from facilities and so forth. We understand the cost of a psychiatrist's time but we aren't sure this is the wisest possible policy.

**Spenddowns:** we had an extremely difficult client situation quite recently wrapped around a DSHS spenddown

issue. There seemed to be an indication that two different providers worked spenddown issues differently. While we all learned quite a bit, we aren't sure this issue has gone away. It might be a good idea for NSMHA to specifically direct how providers deal with DSHS spenddowns.

**Housing:** we have had an increasing number of calls related to housing complaints in the past several months. If there are mental health components to the complaint we help people with them but the majority concern landlord-tenant issues. We explain our abilities and lack of abilities to help people in these issues and refer them to Northwest Justice Project or other resources but they routinely call back saying no one really helps them, especially when the landlords are Provider agencies. Clients simply don't understand the lack of contract relationship between NSMHA and Provider housing agencies. We speculate that with the improved economy, landlords, both Provider and non-provider, are tightening up on rental policies and monitoring restrictions more closely.

**Challenging family members:** we are currently interacting with several very challenging family members who don't appreciate the way the community mental health program operates. They tie up our time and make unrealistic demands...and they don't understand boundaries. We make referrals, but to little avail since the family members usually promptly antagonize the referral agencies. We aren't quite sure how to deal with this. It has become a problem that takes time and attention away from other clients. It culminated in a family member finding one of our private phone numbers and calling one of the Ombuds at home on a weekend several weeks ago.

**Ombuds move to the Carnation Building:** Ombuds had a rather frustrating and lengthy relocation process from our former office last fall, mandated by construction at Community Action. After construction was complete there was found no room for Ombuds within either of the Community Action facilities. Early this year we established an office in a building next door to Community Action. Now it seems that the local Head Start program has decided to gather its whole operation into our current building and has given us marching orders. As we noted above, the economy is picking up so we found that not only housing, but office space also, is more expensive and harder to obtain. We finally located an affordable office in the Carnation Building. Unfortunately, in spite of the landlord's promise that the wiring was of the highest caliber and very up to date, we find ourselves having to put about \$2,000 into IT upgrades. This has happened at the end of our budget contract and we aren't sure whether we have sufficient funds to cover the move or not. Accordingly, we submitted a budget adjustment request if we do exceed our budget.

### **These are the new, state-wide grievance definitions and resolutions:**

**Access:** Concerns about ability to receive intake appointments, timeliness of referrals/appointments, or other issues with the intake or referral process. Inability to access services due to language barriers. Denials, terminations, suspensions or reductions of services for Non-Medicaid clients. (A denial or termination of services for a Medicaid client is not a grievance, it is an Action and the RSN must provide a Notice of Action. Notices of Actions may then be appealed)

**Dignity and Respect:** Issues regarding courtesy, tone of voice, language or other treatment seen as disrespectful.

**Quality/Appropriateness:** Issues regarding poor quality treatment or treatment errors.

**Phone Calls Not Returned:** May involve calls made to multiple clinicians or supervisors.

**Service Intensity, Not available, or Coordination of Services:** Generally issues would be Actions, e.g. disagreement with treatment plan (except for Non-Medicaid clients). It includes problems with coordination between providers, peer support services, health care providers or others involved in the treatment plan.

**Participation in Treatment:** A grievance might be an individual's voice and viewpoint is not being included in treatment planning, a parent is dissatisfied with their level of participation or requested other supports are not involved in treatment planning.

**Physicians, ARNPs, and Medications:** Problems with communication or scheduling issues. Disagreement with medications is an Action for Medicaid clients and requires providing a Notice of Action. A person may also request a 2<sup>nd</sup> opinion.

**Financial and Administrative Services:** Generally deals with payees employed by the provider, or incorrect paperwork or billing issues. An individual may not file a grievance regarding eligibility for SSI or regarding private payees.

**Residential:** Issues with RSN-related services. These concern mental health treatment activities, noise or privacy. An individual may file a grievance on other issues including food, health or safety. These issues should be investigated by the RSN as well as referred to the Department of Health.

**Housing:** These would include issues involving effectiveness in assisting clients in this area.

**Transportation:** Issues relating to transportation that are RSN-related.

**Emergency Services:** These grievances always involve an additional category to clarify the nature of the problem. They generally relate to services the RSN provides, including crisis lines, E&T centers, hospital alternative programs or detainments. Grievances from RSN-enrolled clients regarding an authorized stay in a community hospital are also accepted. A person may file a grievance about a DMHP or detainment, although the resolution may be providing information and avenues for further recourse. RSNs should be informed of the number of grievances in detainments and note trends. Resolution of grievances regarding a community hospital most often include referring a person to the individual hospital grievance procedures. The RSN may decide an issue requires working with the hospital to improve services for RSN clients.

**Violation of Confidentiality:** Any information regarding a client that is inappropriately disclosed, including name, diagnosis, treatment or providers.

**Other Rights Violations:** Violation of any consumer rights not covered in other categories. These could include issues involving interpreters, cultural differences, or Advance Directives.

**Other:** A rarely used category for hard to categorize issues.

### **Resolution Types**

**Information or Referral:** A person's wishes cannot be met by the RSN but the issue is ended by providing information or referrals. An example would be a person complaining about a rights violation it is decided there has been no violation of law. Information would be provided about privacy rules.

**Conciliation/Mediation:** A resolution agreed to mutually.

**Not Pursued:** Client requested to end grievance, discontinued participation in grievance process, moved away, was hospitalized, etc. A letter of resolution should be sent if possible, using discretion and sensitivity.

**Other:** An RSN resolution decision without mutual agreement. Other hard to categorize resolutions.

(A Fair Hearing is not a resolution. The grievance resolution letter is sent with its explanation—that is the resolution. The filing of a Fair Hearing is a separate decision.)

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

**June 4, 2013  
1:00 – 3:00**

<b>Present:</b>	<b>San Juan:</b> <i>Peg LeBlanc</i> <b>Snohomish:</b> <i>Fred Plappert and Jeff Ross</i> <b>Whatcom:</b> <i>Mark McDonald, Russ Sapienza, Larry Richardson and David Kincheloe, via telephone</i>
<b>Excused Absence:</b>	<b>Island:</b> <i>Candy Trautman</i> <b>Snohomish:</b> <i>CarolAnn Sullivan and Megan Anderson</i>
<b>Absent:</b>	<b>Skagit:</b> <i>Joan Lubbe</i> <b>Snohomish:</b> <i>Jennifer Yuen</i> <b>Whatcom:</b> <i>Michael Massari</i>
<b>Staff:</b>	<i>Joe Valentine, Margaret Rojas, Greg Long and Rebecca Pate</i>
<b>Guests:</b>	<i>Chuck Davis and Nancy Jones</i>

**MINUTES**

<b>TOPIC</b>	<b>DISCUSSION</b>	<b>ACTION</b>
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<b>CALL TO ORDER AND INTRODUCTIONS</b>		
Vice Chair McDonald	The Vice Chair convened the meeting at 1:00 and introductions were made. Jeff Ross was introduced as the newest representative from Snohomish County. He is a deputy sheriff with Snohomish County.	Informational
<b>REVISIONS TO THE AGENDA</b>		
Vice Chair McDonald	The Vice Chair asked for any revisions to the agenda and nothing was mentioned.	Informational
<b>COMMENTS FROM THE PUBLIC</b>		
Vice Chair McDonald	The Vice Chair asked for any comments from the public and nothing was mentioned.	Informational Motion carried
<b>OMBUDS SNAPSHOT</b>		
Chuck Davis	Chuck reviewed the Ombuds snapshot report as of May 21 <sup>st</sup> with members that was included in their binders.	Informational
<b>APPROVAL OF MINUTES</b>		
Vice Chair McDonald	The Vice Chair asked for any revisions to the May minutes and nothing was mentioned. Larry made a motion to approve as written, seconded and motion carried.	Informational Motion carried
<b>EXECUTIVE/FINANCE COMMITTEE</b>		
Fred Plappert	Fred stated several topics were discussed. The expenditures were straight forward and a recommendation was brought forward to send to the Board of Directors for approval, seconded and motion carried. Cab arrangements were mentioned and discussed. Fred stated Beth Gould is requesting funding help for Co-Occurring Disorders Conference (COD). Margaret is going to make some inquiries to Beth and this will be decided at the retreat. Megan was notified that she will not be reimbursed for mileage to the Behavioral Healthcare Conference as transportation is being	Informational Motion carried



	<p>provided and she opted to drive. The committee brought a recommendation forward to reimburse Megan for the pre-conference and extra night's lodging if she attends the pre-conference she selected. Peg made a motion to approve, seconded and motion carried.</p> <p>Fred mentioned parliamentary services have been offered pro bono for the rest of 2013. Fred mentioned he will speak with Nancy Jones about recruiting this individual as a representative on the NSMHA Advisory Board.</p> <p>The following motion was made to the Executive/Finance Committee members of the NSMHA Advisory Board by David Kincheloe, seconded by Fred Plappert, and approved by the Committee members:</p> <p>"The Executive/Finance Committee of the NSMHA Advisory Board has determined, in order to promote equal participation of all members of the Advisory Board, including the Chair, in the processes of the retreat, that Mark McDonald, Vice-Chair of the NSMHA Advisory Board, David Kincheloe, Whatcom County member of the Executive/Finance Committee of the NSMHA Advisory Board and Fred Plappert, Snohomish County member of the Executive/Finance Committee of the NSMHA Advisory Board will meet with two candidates who are professional facilitators to review the candidate's credentials and experience and to negotiate the NSMHA Advisory Board's expectations regarding facilitation, reports, fees, etc. and to select one of the two candidates to function as the facilitator. Joe Valentine and Margaret Rojas will be present to clarify legal and financial issues on behalf of NSMHA, but will not have a voice in the selection process otherwise." A recommendation was brought from committee, seconded and motion carried.</p>	Motion carried
<b>STANDING BOARD OF DIRECTORS COMMITTEE REPORTS</b>		
	<b>Planning Committee</b>	
	Brief included in member's binder for their review.	Informational
	<b>Quality Management Oversight Committee (QMOC) Report</b>	
	Brief included in member's binder for their review.	Informational
<b>OLD BUSINESS</b>		
Vice Chair McDonald	<p><i>Tribal Conference</i></p> <p>Peg stated she enjoyed the sharing of information, especially the preparation of the canoe journey. She enjoyed a private conversation with Marilyn Bard. She stated she appreciated the efforts of NSMHA in making this possible.</p> <p>Fred stated he and his wife found the break-out sessions interesting. He stated how the canoe journey incorporates the wraparound philosophy was excellent.</p>	Informational

	<p>Russ stated he has attended several conferences through the years and the one held here is very good in the way they incorporate native and non-native individuals.</p> <p><u>Jail Transitions Reports</u> The two reports submitted are in member's binders. This will be carried over to the next meeting.</p> <p><u>Board Retreat</u> Fred stated the Executive/Finance Committee discussed this and a small group will be meeting with the two recommended facilitators to make a decision on who will facilitate the retreat. The agenda will also be finalized by this workgroup.</p>	<p>Put on retreat agenda</p>
<p><b>EXECUTIVE DIRECTOR'S REPORT</b></p>		
<p>Joe Valentine</p>	<p>Joe stated on June 18<sup>th</sup> NSMHA will be teaming up with Whatcom Alliance for Health Advancement (WAHA). A meeting will be held and invitations sent out to all organizations that want to apply for a Health Home Network (HHN) in the north sound region, as well as, organizations that want to be the care coordination organizations to talk about how they plan to work with existing organizations. NSMHA is also talking with the Northwest Regional Council about how NSMHA can team up with them to support a HHN.</p> <p>Joe and Greg elaborated on the information distributed and mentioned below.</p> <p><b>AGENDA ITEM:</b> Expansion of Involuntary Commitment Act (ITA)</p> <p><b>REVIEW PROCESS:</b> Planning Committee <input type="checkbox"/> <b>Advisory Board</b> <input checked="" type="checkbox"/> Board of Directors <input type="checkbox"/></p> <p><b>PRESENTER:</b> Greg Long/Joe Valentine</p> <p><b>COMMITTEE ACTION:</b> Action Item <input type="checkbox"/> FYI &amp; Discussion <input checked="" type="checkbox"/> FYI Only <input type="checkbox"/></p> <p><b>OBJECTIVE:</b> To inform the Advisory Board of the accelerated implementation of the ITA Expansion Law.</p> <p>To solicit ideas on possible diversion options of people from inpatient care or expedited discharge from inpatient care options to assure adequate inpatient capacity.</p> <p><b>BACKGROUND:</b> Involuntary treatment detention laws and processes are different in every state. Washington's ITA Law was written to be protective of the civil rights of people with mental illnesses because of concerns about past abuses. The threshold in Washington State has been</p>	<p>Informational</p>

high for committing someone to a hospital against their will. Designated Mental Health Professionals (DMHPs) have had great independence to assure this protection. Due to concerns about public safety and people with serious and obvious mental illnesses refusing to seek treatment voluntarily, the law is tightened. This will lead to more commitments.

The Washington Institute for Public Policy estimated that between 853 and 2,716 additional psychiatric admissions may occur as a result of these changes. Washington Institutes goes on to project between 42 and 168 additional E &T or community hospital beds would be needed. They also estimated an additional 6 to 25 inpatient beds would be needed at the State hospital. The wide range between these numbers is partially a reflection of the difficulty in estimating the actual impact of this law. The North Sound Region currently has approximately 70 beds for adults in the North Sound Region. Providence Hospital is planning on opening a 30 bed psychiatric unit operated by Fairfax Hospital in Everett in late 2013.

**SIGNIFICANT POINTS OR EXECUTIVE SUMMARY:**

The legislature passed a law during the 2010 Legislative Session to broaden the interpretation of the ITA Commitment Criteria. The legislature in light the recent violent incidents in Washington State, Connecticut and Colorado has seen fit to expedite the implementation of the new law so it will start July 1, 2014. The law expands the commitment criteria to the following changes:

- A DMHP who conducts an evaluation for imminent likelihood of serious harm or imminent danger because of being gravely disabled under RCW 71.05.153 (Emergent Detentions) must also evaluate the person under RCW 71.05.150 (Detention of persons with mental disorders for evaluation and treatment-Procedure) for likelihood of serious harm or grave disability that does not meet the imminent standard for emergency detention.
- The fact that a mental disorder within the definitions of RCW 71.05.020 is caused by an underlying medical condition does not provide a reason to withhold detention.
- A designated mental health professional (DMHP) shall take serious consideration of observation and opinions by examining physicians in determining whether detention is appropriate. An examining physician who disagrees with a determination may submit a declaration as to why detention is appropriate and state whether the physician is willing to testify in court. A DMHP who receives a declaration and does not initiate detention must write a written response as to why the person has not been detained.

	<p>The State estimates this will cost \$28,000,000 per year and some funding for diversion options are being proposed. The Division of Behavioral Health and Recovery (DBHR) will be inviting proposals for E &amp;Ts and other community programs which might mitigate the impact of increased number of involuntary commitments. The following types of programs have been proposed by the Washington Institute for Public Policy and DBHR: PACT, Peer Support/Peer Bridger, Mobile Crisis Outreach/Stabilization Teams, Crisis Triage Centers, Evaluation and Treatment Centers, Illness Management and Recovery, Integrated Dual Disorder Treatment and funding to pay the increased ITA Ancillary and Judicial Costs.</p> <p><b><u>PREVIOUS ACTION(S) TAKEN:</u></b> NSMHA has implemented a number of strategies targeted at reducing inpatient utilization including:</p> <ul style="list-style-type: none"><li>• Developing three Programs for Assertive Community Treatment (PACT), Integrated Dual Disorder Treatment (IDDT) and Intensive Outpatient Treatment (IOP) Teams.</li><li>• Development of Illness Management and Recovery Programs (IMR is a SAMHSA evidence-based practice.)</li><li>• Developing Triage Centers</li><li>• Using LOCUS to have a uniform system for evaluating treatment</li><li>• Increased oversight of the Involuntary Investigation Process in our 5 counties.</li></ul> <p>NSMHA closed an E&amp;T in 2009. It did not seem to have a dramatic effect on increasing community hospitalizations. The Sedro Wooley E&amp;T was expensive to operate, difficult to staff and distance from most the population in the Region.</p> <p>Input has been solicited from both the County Coordinators and the Planning Committee. The two ideas listed below seem to be getting the most interest.</p> <p><b><u>CONCLUSIONS/ACTION REQUESTED:</u></b> NSMHA is currently thinking of proposing the following options:</p> <ul style="list-style-type: none"><li>• Develop program to serve older adults who are difficult to place from hospitals due to their behaviors and medical needs</li><li>• Increased funding to triage centers to increase their capacity to handle more referrals and/or persons in need of more complex medical assessment</li></ul> <p>NSMHA welcomes additional ideas.</p>	
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	<p>NSMHA may need to make tentative proposals to the State with very quickly.</p> <p><b><u>FISCAL IMPACT:</u></b>          Uncertain. The additional number of people who will be involuntarily committed is difficult to predict. Some additional funding is likely to be available, but how that is allocated between RSNs is uncertain.</p> <p><b><u>ATTACHMENTS:</u></b>          None</p> <p>If you are interested in further details on this issue, the Washington State Institute for Public Policy released a 26 page study titled “Inpatient Psychiatric Capacity in Washington State: Assessing Future Needs and Impacts (Part Two) on this topic in October 2011. Sections three and four are very appropriate. A few copies will be available at the Planning Committee Meeting, if you are interested.</p> <p>Greg asked for any additional input. Russ stated there is a rumor the United General is merging with Peace Health and wanted to know if this would change services provided. Greg stated that is not known at this time.</p> <p>Joe mentioned that expanding the capacity of the Crisis Triage centers is one of the ideas that NSMHA is looking at in response to this change. Discussion followed. Joe stated additional input will be sought by NSMHA at various other meetings.</p>	
<p><b>ACTION ITEMS BEING BROUGHT TO THE BOARD OF DIRECTORS</b></p>		
<p>Joe Valentine</p>	<p>Joe stated the following contracts/amendments will go before the Board of Directors for approval at their June meeting:</p> <p><b><u>ACTIONS ITEMS</u></b></p> <p><i>We have not received the following contracts from DBHR, nor do we know the exact funding allocations. We anticipate the arrival being middle to late June. We request the Executive Director have authority to sign said contracts upon arrival, if there are any negative funding changes that would jeopardize ongoing services the Executive Director shall notify the Board of Directors prior to signing.</i></p> <p><b><u>Division of Behavior Health and Recovery (DBHR)</u></b>  <b><u>Contracts</u></b></p> <p>DBHR-NSMHA-SMHC-11-13 AMENDMENT 4 for the provision of allocating state funding appropriated by the legislature for the biennium through the end date of December 31, 2013.</p>	<p>Informational</p>

DBHR-NSMHA-MHBG-13-15 for the provision of Mental Health Block Grant funding of \$1,100,750 for Federal Fiscal Year (FFY) to serve Non-Medicaid and/or provide services that are not covered by Medicaid. The term of this Agreement is July 1, 2013 through June 30, 2015. A fiscal amendment for FFY 2015 will be offered on July 1, 2014.

DBHR-NSMHA-ROADS TO COMMUNITY LIVING-13-14 for the purpose of accessing federal grant funds to help individuals discharging from institutional settings reintegrate back into the community. There is no maximum consideration on this agreement and the term is July 1, 2013 through June 30, 2014.

DBHR-NSMHA-SKAGIT WRAPAROUND PILOT-13-14 for the purpose of continued funding for the pilot in Skagit County with Catholic Community Services. The term of this Agreement is July 1, 2013 through June 30, 2014.

**Division of Child and Family Services (DCFS) Contract**

DCFS-NSMHA-SKAGIT WRAPAROUND PILOT-13-14 for the purpose of continued funding for the pilot in Skagit County with Catholic Community Services. The term of this Agreement is July 1, 2013 through June 30, 2014.

DCFS-NSMHA-INTENSIVE WRAPAROUND-13-14 for the purpose of continued funding for intensive wraparound services with Catholic Community Services and Compass Health. The term of this agreement is July 1, 2013 through June 30, 2014.

**Division of Developmental Disabilities (DDD) Contract**

DDD-NSMHA-CRISIS SERVICES-13-15 for the provision of prevention and intervention of a mental health crisis for individuals with development disabilities. The term of this agreement is July 1, 2013 through June 30, 2015.

*The following contracts are being amended for the period of July 1, 2013, through September 30, 2013. The purpose of the amendment is to bridge the contracts through October 1, 2013 and to provide the proposed funds for the next biennium. Department of Social and Health Services (DSHS) will be amending NSMHA contracts in June to provide the funding to continue with the services identified in the following amendments.*

**Medicaid Contracts (PIHP)**

NSMHA-BRIDGWAYS-MEDICAID-11-13, AMENDMENT 3, for the purpose of providing Medicaid funding to bridge the contract through September 30, 2013. The increase to funding provided through this amendment is \$266,673 for a maximum consideration of \$1,986,404.

	<p>NSMHA-CATHOLIC COMMUNITY SERVICES NW-MEDICAID-11-13 AMENDMENT 3 for the purpose of providing Medicaid funding to bridge the contract through September 30, 2013. The increase to funding provided through this amendment is \$578,070 for a maximum consideration of \$4,549,042.</p> <p>NSMHA-COMPASS HEALTH-MEDICAID-11-13, AMENDMENT 5, for the purpose of providing Medicaid funding to bridge the contract through September 30, 2013. The increase to funding provided through this amendment is \$3,413,952 for a maximum consideration of \$29,063.091.</p> <p>NSMHA-INTERFAITH-MEDICAID-11-13, AMENDMENT 4, for the purpose of providing Medicaid funding to bridge the contract through September 30, 2013. The increase to funding provided through this amendment is \$115,971 for a maximum consideration of \$814,108.</p> <p>NSMHA-LAKE WHATCOM CENTER-MEDICAID-11-13, AMENDMENT 4, for the purpose of providing Medicaid funding to bridge the contract through September 30, 2013. The increase to funding provided through this amendment is \$439,905 for a maximum consideration of \$1,760,394.</p> <p>NSMHA-SEA MAR-MEDICAID-11-13, AMENDMENT 3, for the purpose of providing Medicaid funding to bridge the contract through September 30, 2013. The increase to funding provided through this amendment is \$247,014 for a maximum consideration of \$1,973,422.</p> <p>NSMHA-SNOHOMISH COUNTY-MEDICAID-11-13, AMENDMENT 4, for the purpose of providing Medicaid funding to bridge the contract through September 30, 2013. The increase to funding provided through this amendment is \$41,217 for a maximum consideration of \$325,362.21.</p> <p>NSMHA-SUNRISE SERVICES-MEDICAID-11-13, AMENDMENT 4, for the purpose of providing Medicaid funding to bridge the contract through September 30, 2013. The increase to funding provided through this amendment is \$479,184 for a maximum consideration of \$3,539,036.</p> <p>NSMHA-VOLUNTEERS of AMERICA-MEDICAID-11-13, AMENDMENT 1, for the purpose of providing Medicaid funding to bridge the contract through September 30, 2013. The increase to funding provided through this amendment is \$438,830.13 for a maximum consideration of \$3,510,641.13.</p>	
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	<p>NSMHA-WHATCOM COUNSELING and PSYCHIATRIC CLINIC -MEDICAID-11-13, AMENDMENT 3, for the purpose of providing Medicaid funding to bridge the contract through September 30, 2013. The increase to funding provided through this amendment is \$678,600 for a maximum consideration of \$5,543,181.</p> <p><b><u>State Mental Health Contracts (SMHC)</u></b></p> <p>NSMHA-BRIDGWAYS-SMHC-11-13, AMENDMENT 2, for the purpose of providing State funding to bridge the contract through September 30, 2013. The increase to funding provided through this amendment is \$38,292 for a maximum consideration of \$306,336.</p> <p>NSMHA-CATHOLIC COMMUNITY SERVICES NW-SMHC-11-13, AMENDMENT 2, for the purpose of providing State funding to bridge the contract through September 30, 2013. The increase to funding provided through this amendment is \$80,280 for a maximum consideration of \$642,240.</p> <p>NSMHA-COMPASS HEALTH-SMHC-11-13, AMENDMENT 4, for the purpose of providing State funding to bridge the contract through September 30, 2013. The increase to funding provided through this amendment is \$1,090,221 for a maximum consideration of \$11,606,419.</p> <p>NSMHA-INTERFAITH-SMHC-11-13, AMENDMENT 2, for the purpose of providing State funding to bridge the contract through September 30, 2013. The increase to funding provided through this amendment is \$9,963 for a maximum consideration of \$79,704.</p> <p>NSMHA-LAKE WHATCOM CENTER-SMHC-11-13, AMENDMENT 2, for the purpose of providing State funding to bridge the contract through September 30, 2013. The increase to funding provided through this amendment is \$163,014 for a maximum consideration of \$1,801,548.</p> <p>NSMHA-SEA MAR-SMHC-11-13, AMENDMENT 2, for the purpose of providing State funding to bridge the contract through September 30, 2013. The increase to funding provided through this amendment is \$160,380 for a maximum consideration of \$1,229,580.</p> <p>NSMHA-SNOHOMISH COUNTY-SMHC-11-13, AMENDMENT 4, for the purpose of providing State funding to bridge the contract through September 30, 2013. The increase to funding provided through this amendment is \$627,285 for a maximum consideration of \$3,739,782.19.</p>	
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NSMHA-SUNRISE SERVICES-SMHC-11-13, AMENDMENT 4, for the purpose of providing State funding to bridge the contract through September 30, 2013. The increase to funding provided through this amendment is \$222,690 for a maximum consideration of \$1,322,720.

NSMHA-VOLUNTEERS of AMERICA-SMHC-11-13, AMENDMENT 1, for the purpose of providing State funding to bridge the contract through September 30, 2013. The increase to funding provided through this amendment is \$83,586.84 for a maximum consideration of \$668,692.84.

NSMHA-WHACOM COUNSELING and PSYCHIATRIC CLINIC-SMHC-11-13, AMENDMENT 4, for the purpose of providing State funding to bridge the contract through September 30, 2013. The increase to funding provided through this amendment is \$341,385 for a maximum consideration of \$2,655,526.96.

**Crisis Triage**

NSMHA-COMPASS HEALTH-SNOHOMISH CRISIS TRIAGE-11-13, AMENDMENT 2, for the purpose of providing funding to bridge the contract through September 30, 2013. The increase to funding provided through this amendment is \$337,464.99 for a maximum consideration of \$2,902,499.92.

NSMHA-PIONEER HUMAN SERVICES- SKAGIT CRISIS CENTER-11-13, AMENDMENT 1, for the purpose of providing funding to bridge the contract through September 30, 2013. The increase to funding provided through this amendment is \$129,574.47 for a maximum consideration of \$1,038,035.76.

NSMHA-WHATCOM COUNSELING and PSYCHIATRIC CLINIC-WHATCOM CRISIS CENTER-11-13, AMENDMENT 2, for the purpose of providing funding to bridge the contract through September 30, 2013. The increase to funding provided through this amendment is \$154,618.23 for a maximum consideration of \$1,246,768.61.

**Crisis Services for individuals with Developmental Disabilities**

COMPASS HEALTH-DD CRISIS SERVICES-11-13, AMENDMENT 1, for the purpose of providing funding to bridge the contract through September 30, 2013. The increase to funding provided through this amendment is \$82,393.53 for a maximum consideration of \$741,541.53.

	<p>NSMHA-VOLUNTEERS of AMERICA-DD CRISIS SERVICES-11-13, AMENDMENT 1, for the purpose of providing funding to bridge the contract through September 30, 2013. The increase to funding provided through this amendment is \$2,505 for a maximum consideration of \$22,545.</p> <p><b><u>Program for Assertive Community Treatment (PACT)</u></b></p> <p>NSMHA-COMPASS HEALTH-SNOHOMISH PACT-11-13, AMENDMENT 3, for the purpose of providing funding to bridge the contract through September 30, 2013. The increase to funding provided through this amendment is \$358,605.24 for a maximum consideration of \$2,868,841.92.</p> <p>NSMHA-COMPASS HEALTH-SKAGIT PACT-11-13, AMENDMENT 3, for the purpose of providing funding to bridge the contract through September 30, 2013. The increase to funding provided through this amendment is \$192,426 for a maximum consideration of \$1,539,387</p> <p>NSMHA-LAKE WHATCOM CENTER-WHATCOM PACT-11-13, AMENDMENT 3, for the purpose of providing funding to bridge the contract through September 30, 2013. The increase to funding provided through this amendment is \$192,426 for a maximum consideration of \$1,539,387.</p> <p><b><u>Mental Health Block Grant (MHBG)</u></b></p> <p><b>Island County</b> NSMHA-ISLAND COUNTY-MHBG-13-15 for the provision of developing a homeless service center in Island County. The term of this agreement is July 1, 2013, through June 30, 2015, with a maximum consideration of \$320,000.</p> <p><b>San Juan County</b> NSMHA-SAN JUAN COUNTY-MHBG-13-15 for the provision of court ordered treatment to Non-Medicaid individuals in San Juan County. The term of this agreement is July 1, 2013, through June 30, 2015, with a maximum consideration of \$60,000.</p> <p>NSMHA-COMPASS HEALTH-MHBG-13-15 for the provision of mental health services to Non-Medicaid individuals in San Juan County. The term of this agreement is July 1, 2013, through June 30, 2015, with a maximum consideration of \$20,000.</p> <p><b>Skagit County</b> NSMHA-CVAB REACH PEER CENTER-MHBG-13-15 for the provision of peer center services in Skagit County. The term of this agreement is July 1, 2013, through June 30, 2015, with a maximum consideration of \$363,330.</p>	
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	<p><b>Snohomish County</b> NSMHA-EVERETT HOUSING AUTHORITY-MHBG-13-15 for the provision of housing stabilization services to older adults in Snohomish County. The term of this agreement is July 1, 2013, through June 30, 2015, with a maximum consideration of \$80,172.</p> <p>NSMHA-SENIOR SERVICES-MHBG-13-15 for the provision of in home geriatric depression screening in Snohomish County. The term of this agreement is July 1, 2013, through June 30, 2015, with a maximum consideration of \$174,392.</p> <p>NSMHA-SENIOR SERVICES-MHBG-13-15 for the provision of peer support services to older adults in Snohomish County. The term of this agreement is July 1, 2013, through June 30, 2015, with a maximum consideration of \$86,898.</p> <p>NSMHA-COMPASS HEALTH-BAILEY PEER CENTER-13-15 for the provision of providing peer center services in Snohomish County. The term of this agreement is July 1, 2013, through June 30, 2015, with a maximum consideration of \$300,000.</p> <p>NSMHA-SUNRISE SERVICES OUTREACH-MHBG-13-15 for the provision of outreach services to rural Snohomish County. The term of this agreement is July 1, 2013, through June 30, 2015, with a maximum consideration of \$217,316.</p> <p><b>Whatcom County</b> NSMHA-OPPORTUNITY COUNCIL ADULT-MHBG-13-15 for the provision of adult housing support services in Whatcom County. The term of this agreement is July 1, 2013, through June 30, 2015, with a maximum consideration of \$104,696.</p> <p>NSMHA-OPPORTUNITY COUNCIL YOUTH-MHBG-13-15 for the provision of youth housing support services in Whatcom County. The term of this agreement is July 1, 2013, through June 30, 2015, with a maximum consideration of \$104,696.</p> <p>NSMHA-SUN COMMUNITY SERVICES-MHBG-13-15 for the provision of transitional housing services in Whatcom County. The term of this agreement is July 1, 2013, through June 30, 2015, with a maximum consideration of \$120,000.</p> <p>NSMHA-WCPC RAINBOW RECOVERY CENTER-MHBG-13-15 for the provision of peer center services in Whatcom County. The term of this agreement is July 1, 2013, through June 30, 2015, with a maximum consideration of \$100,000.</p> <p><b>Tulalip Tribes</b> NSMHA-TULALIP TRIBES YOUTH SERVICES-MHBG-13-15 for the provision of youth and family cultural activities. The term of this agreement is July 1, 2013, through June 30, 2015 with a maximum consideration of \$150,000.</p>	
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**Community Action of Skagit County(CASC) Ombuds Contract**

NSMHA-SCCAA-OMBUDS-11-13, AMENDMENT 2, for the purpose of providing funding to bridge the contract through September 30, 2013. The increase to funding provided through this amendment is \$37,860 for a maximum consideration of \$302,876.82.

*The following contracts will be fully funded by NSMHA until the DBHR & DCFS contracts are received and executed. This will ensure the programs and services continue without disruption. NSMHA will withdraw its full funding when the DBHR & DCFS funding becomes available. This is a preemptive measure and will be implemented only if needed.*

**Wraparound**

NSMHA-CATHOLIC COMMUNITY SERVICES NW-WRAPAROUND-11-13, AMENDMENT 2, for the purpose of providing funding to bridge the contract through September 30, 2013. The funding provided through this amendment is \$38,945 a month and the maximum consideration remains at \$4,038,837.

NSMHA-COMPASS HEALTH-WRAPAROUND-11-13, AMENDMENT 2, for the purpose of providing funding to bridge the contract through September 30, 2013. The funding provided through this amendment is \$39,957 a month and the maximum consideration remains at \$3,279,196.

*The following Contract was negotiated on May 29, 2013 between NSMHA and Compass Health. The submitted budget is currently being revised; the amount listed is an estimated total, however we do not anticipate a significant change in the amount listed.*

*The negotiation produced the following enhancements to the services being provided at the Mukilteo Evaluation and Treatment Center.*

- *Inclusion of Peers*
- *Significant reduction in the use of restraints*
- *Coordinate care of individuals with high utilization*
- *Enhanced coordination with Snohomish County Court Liaison*
- *Evidence Based Practice Implementation, and*
- *Improved Discharge Planning*

**Evaluation and Treatment Center**

NSMHA-COMPASS HEALTH-E&T-13-15 for the provision of providing evaluation and treatment services at the Mukilteo Evaluation and Treatment Center. The term of this Agreement is July 1, 2013 through June 30, 2015. The estimated maximum consideration on this Agreement is \$5,645,736.

**Professional Service Contract (PSC)**

*The following contracts are being introduced as start-up contracts for our new providers and those providers entering into a new geographic area and/or service provision. The funding will be used to acquire facilities, hire personnel, build an IT/IS infrastructure and any other appropriate costs in developing their individual programs.*

**Note:** *Amounts for the following PSC contracts will be available for the Board of Directors meeting but are not ready yet for your meeting.*

NSMHA-EDUCATIONAL SERVICE DISTRICT 189-PSC-13 for the provision of funding to develop the infrastructure needed to begin providing children's Medicaid covered services in Island, San Juan, Skagit and Whatcom counties. The term of this agreement is June 13, 2013, through December 31, 2013. The maximum consideration is \$.

NSMHA-CENTER for HUMAN SERVICES-PSC-13 for the provision of funding to develop the infrastructure needed to begin providing children's Medicaid covered services in South Snohomish County. The term of this agreement is June 13, 2013, through December 31, 2013. The maximum consideration is \$.

NSMHA-SUNRISE SERVICES-PSC-13 for the provision of funding to develop the infrastructure needed to begin providing adult Medicaid covered services in Island County. The term of this agreement is June 13, 2013, through December 31, 2013. The maximum consideration is \$.

NSMHA-SEA MAR-PSC-13 for the provision of funding to develop the infrastructure needed to begin providing intensive outpatient services in Snohomish County. The term of this agreement is June 13, 2013, through December 31, 2013. The maximum consideration is \$.

*The following contract is a continuation of Linda Kehoe's consultation on the Dignity & Respect Campaign.*

NSMHA-LINDA KEHOE-PSC-12-13 Amendment 1 for the provision of continuing the awareness campaign, consulting with providers on implementing their own campaigns, organizing the regional training by the National Campaign and begin planning for a regional conference highlighting Dignity & Respect. The funding for this Amendment is \$14,999 for a total maximum on this Agreement of \$24,999. The term of this Agreement expires on June 30, 2014.

Joe requested a recommendation of the contracts. Fred made a motion to recommend approval of action items listed but with the

	<p>ones with no amounts give Joe authority to recommend approval by the Board of Directors, seconded, and motion carried with one abstention.</p>	<p>Motion carried with 1 abstention</p>
<p><b>NEW BUSINESS</b></p>		
<p>Russ Sapienza</p>	<p>Russ mentioned attending a video conference with about 50 Peer Counselors with discussions regarding use of Peers within agencies. Russ stated he would like to see a one month training so more time would be available to discuss things without getting bogged down. Fred stated there should be Peers at all levels.</p>	<p>Informational</p>
<p><b>COMMENTS FROM COUNTY ADVISORY BOARD REPRESENTATIVES</b></p>		
<p>Island</p>	<p>There was not a meeting of Island County Advisory Board; however, Candy provided the report below on their program(s).</p> <p>Rural counties need grass-roots programs tailored to meet their community mental health needs. The recent recession, preparation for national health care reform, and the .1% mental health tax initiative provided Island County with impetus for a total re-examine of the delivery of publically funded mental health services. I joined the Island County Advisory Board in May of 2006 and participated in the .1% Tax Force Committee. It brought together a very diverse set of professionals, concerned charities and social advocates, and the legal and justice system. We convened in 2012 to reevaluate, reprioritize, and plan for expansion of these programs and the creation of new ones.</p> <p>The School-Based Mental Health Program was one of the first created by the .1% money. It places licensed mental health care professionals into the schools and offers services that some children, parents, and families would not seek or would not follow through if they had to travel very far. Most of Island County is rural. Whidbey Island has a few small cities with some medical and mental health services, but Camano Island is all rural. However, all rural areas do have schools. This grassroots approach to creating a programs in local communities means that each one is somewhat unique. They vary with the geography, the needs of the children in that community, the counselor’s relationship with the teaching staff, and the community services available.</p> <p>In 2012 the Tax Force Reevaluation Committee decided to expand the school program and start an Early Childhood Mental Health Program. This one isn’t located in the schools, but rather small groups are created within many different community settings. The emphasis is the same: a proactive outreach into the community where the people are rather than making the people come to the program. When a tragedy occurs within the community, such as the death of a child by accident or suicide, the School Based Mental Health Counselors are available to provide trauma crisis counseling. This provides a big impact for the whole community from their taxes that go to public mental health services.</p>	<p>Informational</p>

From my advocacy perspective, I see the School Based program as a lynch pin for further reorganization and expansion in Island County and perhaps this is a valid model for other rural areas. Other Island County programs that dovetail include: Counseling Connections Program that helps link adults/families to services; Vulnerable Adult Senior program that connects elderly who frequently call 911; CIT for first responders; Recovery House (substance abuse and addiction services) that works with the School Based programs and with the Navy to bring drug and alcohol education and support groups into the schools. The recent Children's Mental Health Forum in Coupeville drew professionals from a broad swath of agencies. They also concluded that expansion of the School-Based program deserves a very high priority. Pragmatic reform based on what works is key to redesigning mental health services in rural and geographically distant areas. Start with the schools and the local community. Work with them instead of imposing urban/suburban models onto rural settings.

The Island County board didn't meet in May, but Jackie Henderson did set up a meeting for Monday, June 3, and now I'll miss that one. The info below was what I sent her and now I'm sending them to you, too, in case it seems appropriate. I'll be happy to report more in depth at a future meeting per the Refugee Mental Health presentation. It was VERY good and I thank the board for supporting my attendance.

Attended May 14 - 15: Tribal Mental Health Conference at Skagit Resort Conference Center, "Canoe Journey - Life's Journey"

Really good this year -- lots from the local Tribes perspectives. Four presentations were done on the first day and panel discussions on day two.

Presentations attended: "No Space in Time FASD Awareness" by Morgan Fawcett. Morgan is a 20 year old Alaska Tlingit native (with additional comments from his grandmother.) Morgan lives with many challenges due to Fetal Alcohol Spectrum Disorder and he's an amazing advocate and charming presenter. He especially drives home the prevalence of high suicide rates among FASD victims and that it is often a generation of FASD raising the next generation. I also attended "Drug trafficking Trends" (Steve Freng, Mark Richardson, and Bill Santos).

Panel discussion: "Delivering Mental health Services in Indian Country". Included: Dr. June La Marr, clinical psychologist with Tulalip Tribe; Dr. Yoli Quevedo, RN and clinical psychologist working with Swinomish in LaConner; Lisa Hade, LMHC and National Certified Gambling Counselor, working with Stillaguamish Tribe; Wendy Hartley, MA and works as Education

	<p>Director with Stillaguamish Tribe; Alison Bowen, MA (Counseling) manages Tulalip Family Haven Program.</p> <p>Keynote Speaker: Marilyn Bard -- spoke about her father Oliver Bard's work in establishing "Paddle to Seattle". Several others contributed in panel form about the importance of Canoe Journey.</p> <p>Attended May 21: Compass Health training/presentation in Everett, "<u>Refugee Mental Health</u>" presented by Beth Farmer, LICSW, works with Lutheran Social Services Northwest</p> <p>Island County and NSMHA do not presently have any programs that deal specifically with Refugee Mental Health, but I chose to attend this because it is a topic of great interest. My thesis research included learning about the history and development of transcultural psychiatry and how the American Psychiatric Association started accommodating "norms" of other cultures into counseling guidelines. Beth Farmer is noted nationally for her work in this field and is a good presenter. Refugees suffer from x10 PTSD so any learning among this select group will help all of us in the long run.</p>	
San Juan	Representative left early so there was no report.	Informational
Skagit	No representative present.	Informational
Snohomish	<p>Nancy stated Marie Jubie and Joan Bethel are in the process of being appointed to the NSMHA Advisory Board. Mark made a motion to allow these individuals to attend the retreat, seconded and motion carried. She stated they have a new County Executive as of yesterday and he will be the new Snohomish County Executive on the NSMHA Board of Directors. They are working on 2014 budget regarding the sales tax for the County Council. They are busy working on contracts and amendments. She stated Senior Services is having an open house June 13<sup>th</sup> from 4-6 pm at 11627 Airport Road, Everett. They just received a MHBG contract for geriatric screening and peer support. NSMHA Advisory Board members requested being added to Snohomish's Advisory Board distribution list.</p> <p>Nancy mentioned she is retiring at the end of this month.</p>	<p>Informational</p> <p>Motion carried</p>
Whatcom	<p>Mark stated they held their first meeting of the combined board with elections of officers. He stated he did not attend. Russ mentioned a forum on Children in mental health at St. Luke's and discussion was done to define ways to get parents involved that have children in mental health. Russ mentioned he attended a memorial service and the church where it was held was going to have conversations regarding mental health and he offered to talk about mental health. Russ mentioned some webinars are occurring in the next week regarding Ticket to Work Program.</p>	Informational
<b>OTHER BUSINESS</b>		
Vice Chair McDonald	The Vice Chair asked if anyone had any other business to discuss and Fred mentioned the COD and stated early cut off is August	Informational



	16 <sup>th</sup> . Fred stated since a limited number of members are present he will bring this up at the retreat for final registrations.	
<b>ADJOURNMENT</b>		
Vice Chair McDonald	The Vice Chair requested a motion to adjourn. Russ made a motion to adjourn, seconded and motion carried. The meeting adjourned at 2:40. The next meeting will be <b>July 9<sup>th</sup> at the Burlington Public for the annual Advisory Board retreat from 9-3.</b>	Informational Motion carried

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

**July 9, 2013  
9:00am – 3:00pm**

<b>Present:</b>	<b>Island:</b> <i>Candy Trautman, Chair</i> <b>Skagit:</b> <i>Joan Lubbe</i> <b>Snohomish:</b> <i>Jennifer Yuen, Joan Bethel, Marie Jubie, Fred Plappert and Carolann Sullivan</i> <b>Whatcom:</b> <i>Larry Richardson, David Kincheloe, Russ Sapienza and Michael Massanari</i>
<b>Excused Absence:</b>	<b>San Juan:</b> <i>Peg Leblanc</i> <b>Skagit:</b> <b>Snohomish:</b> <i>Jeff Ross</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, Joanie Williams, recording</i>
<b>Guests:</b>	<i>Timothy Corey; Facilitator, Colibri Facilitation</i>

**MINUTES**

<b>TOPIC</b>	<b>DISCUSSION</b>	<b>ACTION</b>
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<b>Welcome</b>		
a. Personal Introductions	Meeting convened @ 9:18 and introductions were made.	<b>Informational</b>
b. Review Guidelines	Timothy reviewed the guidelines engaging the group through participation.	
c. Explanation of Process/Expectation	Timothy gave an overview of his facilitation process and expectations.	
d. Conversation/Recommendation/Action	Timothy stated the focus of the day's conversation will be visually connected with information, recommendation and action. He also spoke about the question and answer portion of his facilitation process. He went on to say he would gather and segmenting information as it is collected through the day to create a "story" or "experience."	
<b>Peer Support Services/Network</b>		
a. Regional Strategy	Margaret gave an overview of the Peer Support Services/Network, Regional Strategy. She moved the group's attention to the PowerPoint presentation. Russ made a comment stating he worked with Peers in the past. Margaret said the goal is to have the Peers working in the Mental Health field. Fred commented how the state recognized Peer Counselors in 2008.  David spoke about Peers being treated as though they are disabled cognitively, rather than be treated in accordance with the rules of the ADA, (Americans with Disabilities Act). Russ spoke about communication being an issue with Providers and Peers. Fred had concerns regarding Peer Counselors not being treated as professionals.  David said Peer Counselors are not being supported and integrated properly. He talked about the Peers becoming symptomatic and going into crisis mode, in turn, being identified as incompetent. Margaret talked about the role of NSMHA with Peer Counselors and support. She stated NSMHA's desire is to align our strategies with the State's strategies. Margaret asked David to speak to the concerns and complaints of the Peer Counselors.	<b>Informational</b>
b. Align Priorities w/State Priorities		<b>Informational</b>

<p>c. Internships/ Practicums</p> <p>d. Q&amp;A</p>	<p>David spoke about Peer training and core competencies, the selection process, training and certification and the short falls within the process. Jennifer Yuen asked Margaret about the selection process of the Peer Counselors and dialogued with David around the method. Fred, Marie, David and Russ offered information regarding the selection of Peer Counselors. David talked about training, verses advanced training and the lack of formal curriculum available and the State’s intent and current actions to improve the process. Fred asked Margaret questions regarding a Code of Ethics. Jennifer offered recommendation of emphasizing the strengths in the Peer Counselors and the expectation of professionalism. Joe talked about the need of continuing education. David elaborated on this topic, touching on the grey areas, as well as ethical issues and boundaries. He said there is not formal training for Peers. Russ mentioned training he received on the Code of Ethics topic. Margaret spoke about NSMHA’s intent to provide training and the cost involved for 25-30 Peer Counselors. David said some of the Providers are offering professional employees training, while excluding Peer Specialists.</p> <p>Margaret asked the group if anyone had questions on the subject matter or conversation. Joe talked about a vocational assessment, as well as Jennifer. Joan Bethel communicated her thoughts around Evidence Based Practices playing a part with the Peer Counselors. Candy spoke about a training model of education. She pointed out the advantages of NSMHA taking the lead in the developmental process. Fred talked about Michigan State practices with employment of Peer Counselors utilizing training and the Evidence Based Practices model used in their state. Margaret inquired of Russ what he thought would be the most beneficial to Peer Counselors. Russ replied stating most Peers have issues trusting supervisors. Russ went on to say the best assistance is mentoring and coaching. Joan Bethel said the nursing field has meetings identifying the current performance status of the professional, as well as redefining duties and responsibilities. She pointed out this model could be a helpful in assisting Peer Counselors identify needed areas of improvement. Carolann dialogued with David and the group regarding advancing criteria and advanced training. Marie asked if the State will be on board with our ideas. Michael talked about his perspective of the funding, as well as working directly with the Providers to offer training. Margaret said we have Medicaid dollars available to offer support. Joe stated the Medicaid dollars are a core issue and he elaborated on the topic. Joan Lubbe said to not diverge from the money aspect of the conversation, since it is vital in decision making. Joe addressed this topic further. Margaret concluded the Questions and Answers portion of the agenda.</p> <p>The group took a 10 minute break.</p>	<p>Informational</p> <p>Informational</p>
<p><b>Crisis Redesign Process</b></p>		
<p>a. Overview of System</p> <p>b. Designated Mental Health Professional Meeting Feedback</p>	<p>Joe talked about the core responsibilities of Mental Health Crisis Services, as well as the roles and challenges. He elaborated on the role of the Crisis Line, Involuntary Treatment and the Mobile Outreach Teams. The group dialogued with Joe regarding the Involuntary Treatment processes and Washington state rules. Michael asked about funding and the Behavioral Health System. Joe engaged with him regarding his question and went on to speak to the integration of CD, (Chemical Dependency) and MH, (Mental Health). Jennifer asked about the distinction between CD and MH, David dialogued and offered answers, in addition to Joe.</p>	<p>Informational</p> <p>Informational</p>

<p>c. Peer Input/Survey for Individuals at Crisis/Triage Centers</p>	<p>Joe said currently there isn't a specialized system for children or the geriatric groups in the Crisis System.</p> <p>He said people don't have access to emergency medication outside the emergency room. He addressed the integration of Crisis Services and MH, CD and the gaps in the current processes. He spoke about providing alternatives for the emergency rooms and NSMHA's plan of action. Joe pointed out the flow chart in the packet. He engaged the group in conversation around the topic of Triage Centers, processes, improvements, consumers, recovery and perspectives. The group offered multiple recommendations.</p>	<p>Informational</p>
<p><b>Working Lunch – Executive/Finance Committee Meeting</b></p>		
<p>a. Review June Expenditures</p> <p>b. Discuss Upcoming Budget</p> <p>c. NAMI Conference Sponsorship</p>	<p>Fred spoke about the June expenditures and gave a brief overview. He referenced the the hand out in the packet.</p> <p>He said we are under-budget. He stated the full report will be available in October and the voting will take place in December regarding the final budget. David asked Fred to clarify the column headings on the Advisory Board Budget form. Fred explained. Afterward, Fred announced the Co-Occuring Disorders conference taking place in September, the cut off for registration is August 16th.</p> <p>Candy stated the request for the NAMI Scholarship for <i>David Kincheloe</i> was approved for reimbursement. Reimbursement includes registration fee, lodging, meals and transportation costs to the State Conference, August 9-10, 2013, CWU campus, Ellensburg, WA.</p>	<p>Informational</p>
<p><b>Children's Services Redesign</b></p>		
<p>a. Overview of Children's Services</p> <p>b. Feedback on Café</p> <p>c. Input from AB</p> <p>d. Q&amp;A</p>	<p>Joe gave an overview of the Children's Crisis Redesign Process. He spoke about the TR Lawsuit, expansive changes to the system which include more intensive home based WrapAround services for children. He elaborated on the processes of the program model.</p> <p>Joe talked about the feedback received from the Have Your Say Café.</p> <p>He spoke about NSMHA's planning. David asked about qualifications for children. Joe addressed his questions. CarolAnn asked the age of qualification for WrapAround services. Margaret addressed her question. Joe stated we are expanding our funding, effective October 1<sup>st</sup>. He said two new agencies are being added to our district. He talked about these models, both include school based mental health services. He spoke about the expansion of the WrapAround program and the current RFP process. He talked about the lack of coordination among the services and organizations. He spoke about a Navigator to direct families to the services they need. He said NSMHA is working on the current design for the WrapAround model. Fred stated that the VOA could help. Joe replied stating we need a more intensive level of navigation. Larry suggested Pastors of churches being informed of mental health services because children will go to the clergy quite often when there is a need. Marie talked about the benefits of mental health in schools. Candy affirmed Marie's thought. Carol Ann asked about the WrapAround process and assistance for the entire family. Joe addressed her question by stating we pay for the child's MH care. The clinician, in turn, gives the family tools to help care for the child. Marie asked about respite care options. Margaret</p>	<p>Informational</p> <p>Informational</p> <p>Informational</p> <p>Informational</p>

	<p>addressed her question. Joe said the goal is to keep the child in the home. Joan Bethel spoke about personal mentoring of a child in Cocoon House and the lack of coordination. David asked about the approximate number of kids who may be eligible for services. Joe addressed his question and talked about the purpose and need for expansion. Jennifer asked how to identify a referral. Joe replied saying once service is in the schools, the referrals will come. Working with the communities will get the word out, he said. Carolann asked if substance abuse is included in the program. Joe addressed her question. Russ said there is a lot of stigma among teenagers and mental health issues.</p>	
<b>Legislative Update</b>		
<p>a. <b>Bills Impacting NSMHA</b></p> <p>b. <b>State Budget Impact</b></p> <p>c. <b>Q&amp;A</b></p>	<p>Joe pointed out HB 1522 SB 5732. He gave an overview on the bill and spoke about the task force focus to integrate mental health and chemical dependency.</p> <p>HB 1777 SB 5480 Joe talked about the Involuntary Treatment Act and the implementation of the new law. David asked about the criteria for being detained / access to records and geographic access. Joe and Margaret dialogued with him and answered his questions. Joe talked about improving our triage centers. He said the goal is to create community resources to get people out of the hospital sooner. He said the most challenging groups are ones with dementia or organic brain disorder. Jennifer asked about training for Senior Center staff regarding dementia, as well as In Home Care Providers. Joe addressed her question.</p> <p>Joe talked about the budget which is not included in the packet he said. Mental Health services will be cut by 28 million dollars. He elaborated on this topic and the impact to our region in 2014. In conclusion, he answered additional questions from the group.</p>	<p>Informational</p>
<b>Healthcare Reform Update</b>		
<p>a. <b>Regional Focus/Regional Health Alliance (RHA)</b></p> <p>b. <b>Medicaid Expansion</b></p> <p>c. <b>Health Homes</b></p> <p>d. <b>Q&amp;A</b></p>	<p>Joe talked about the Washington State Health Care Authority and the Regional Health Alliance project. He gave an overview. He said NSMHA is participating in stake holder forums to talk about people being boarded, as well as the reasons and possible solutions.</p> <p>Effective January 2014, there will be more people eligible for Medicaid. He pointed out the criteria on page 5 of the PowerPoint presentation. Joe talked about the eligibility website and health plans, as well as communication regarding In-Person Assistors.</p> <p>He spoke on Health Care Reform- Health Home Networks. He said the Network of Care Coordinators will assist with the coordination of information between mental health organizations and agencies. The group engaged in questions in a brief question and answers session.</p> <p>The group was directed to take a 10 minute break.</p>	<p>Informational</p>
<b>ByLaws Review</b>		
<p>a. <b>Use of Technology for Attendance</b></p> <p>b. <b>Method of Removal/Replacement</b></p>	<p>David said the Advisory Board will be voting on the ByLaw changes in one of the next two meetings. He asked the group to engage in discussion regarding the changes. He talked about the “Go To Meeting” provision in place of in-person attendance at the meetings. Candy objected to the provision and gave her reason for objection, stating the members are not as engaged in a Go To Meeting, verses attending in person. The QMOC meeting uses the Go To Meeting option, David said. He emphasized his question, “Are we willing, as a board, to utilize Go To Meeting for attendance at our Advisory Board meetings?” Marie said she approves, stating we are in the new mellinium. Candy is against it, she said once again, other than for the</p>	

<p>of Members (term limits)</p> <p>c. Use of Roberts Rules (level of application)</p>	<p>provision of health exceptions and distance. Joan Lubbe and Jennifer agreed with Candy. David asked for specific restriction limitations and how many times someone could utilize Go To Meeting in a calendar year. Joan Bethel offered her opinion on transportation issues, exclusivity and limits. David asked the group’s opinions on holidays and emergencies, as well as an exclusion on physical attendance for San Juan county. Candy said NSMHA will vote on this at the next meeting.</p> <p>David talked about Article IX regarding absences. He asked the group if they could amend the ByLaws to three unexcused absences. Candy agreed. David asked the group if they would like to see it in writing at the next meeting. The group agreed.</p> <p>Robert’s Rules of Order: David asked if they should be using this method more formally. The group agreed that they do not need to envoke Robert’s rules any more than the current.</p>	<p><b>Action:</b> <b>Article IX</b> <b>Absences in</b> <b>writing by next</b> <b>meeting</b></p>
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Timothy gave a summary regarding his note taking process of the day’s topics, referencing it as a “story” or “experience”. He urged the group to reconnect to the story experience. He talked about opportunities and barriers as he walked through each of his sketches, reflecting the retreat’s topics and conversation.

Timothy asked for volunteers to come up and summarize the story. Joe went to the front of the room and offered his input stating the Facilitator’s work was helpful. Candy affirmed with positive comments, in addition to the group.

Candy adjourned the meeting at 3:00pm.

**QMOC Brief**  
**July 24, 2013**

**Data on chronic illness**

NSMHA wants to improve data collection on chronic conditions which can have an effect on mental health. With the integration of behavioral and primary healthcare this is more important and the Axis 3 where this data is captured will go away with the DSM V implementation. Checklists that providers use will be reviewed to standardize what goes in the Axis 3 field.

**Performance Improvement Projects (PIPs)**

This clinical PIP for medication evaluation was started in 2010 and has had two interventions thus far. It asks if a decision tree is implemented at the first ongoing appointment does it decrease the time to get a medication evaluation. The region is not showing any improvement with an average of 68 days of wait time. Another intervention is needed and NSMHA recommends focusing on improving communication/coordination between behavioral health and primary care by sending a form to the PCP with information on behavioral health and a follow up phone call.

**Policy 1555 Evaluation & Treatment Facilities**

Policy 1555 was due for revision and also needed to be updated as one of the E&Ts closed. This was reviewed by ICRS as well and was being recommended for approval. This policy was approved by QMOC.

**Less Restrictive Workgroup Report**

A workgroup was formed after chart reviews showed improvements were needed in documentation around less restrictive orders. Chart reviews showed documentation wasn't clear when there was a violation of an order. The workgroup developed a decision tree to aid the thought process for documentation so that every violation is charted whether or not it ends in revocation. QMOC agreed to this documentation change.

**Specialty Services in Region**

NSMHA recently had a challenge in getting a consumer with an eating disorder into treatment. The eating disorder diagnosis was not in the assessment or CIS; overall there is a low number in our data with this diagnosis. The concern is that people are not having all their covered diagnoses assessed and documented. NSMHA will return to QMOC with a more comprehensive set of data to further review this issue.

**Out of Network Services**

Out of the eating disorder issue that came up NSMHA wanted to remind providers of how the out of network process works so that when needed an issue can be handled before it becomes a problem. Policy 1522 for out of network services was attached for review and discussion.

# 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>

## QMOC Committee Brief June 26, 2013

### **Care Transitions Program**

One of the Performance Measures from the State is outpatient follow up within 7 days of inpatient discharge for individuals on Medicaid. NSMHA has been placed in corrective action by the State for not meeting the standard. The intervention chosen by NSMHA is to contract with Compass Health in partnership with WCPC on this program. Outpatient providers and the Care Transitions team will work together with hospitals to ensure the 7 day timeline is met.

### **Suicidal Behavior Clinical Guideline**

NSMHA will adopt the American Psychiatric Association (APA) Suicidal Behaviors Clinical Guideline to address the new RCW training requirements, the 2013 utilization review findings and quality improvement recommendations as discussed at the May QMOC meeting. The guideline will be adopted by NSMHA around September of this year.

### **Agency Listings in ProviderOne**

NSMHA has asked all agencies to review the accuracy of their listings in ProviderOne to ensure that all services for all counties are listed for each provider. This is an important source for individuals seeking services and needs to reflect available resources in the region accurately.

### **Obstacles to the use of Certified Peer Counselors**

David K. brought forth this discussion item to begin to address NSMHA's expectation of having all provider agencies in the region have peer services as a component of their treatment services. He along with Margaret R. is planning a process to look at how peer counselors can be better used and supported. Some of the items noted were boundary issues and also being sure that all employees are treated the same; peer or not.

### **Mental Health and CD treatment WACs Combined**

The State has combined these WACs beginning July 1<sup>st</sup> which will allow agencies to be licensed under one license instead of having to carry dual licenses. This will cause many policies to need to be rewritten by NSMHA and providers which will be an extra burden.



Here are Skagit's numbers.

Month	Carried from Month Before	# Referrals this month	# cross-referenced bookings and public mental health	Eligible Referrals & Cross Matched Accepted	# Closed for current month	Total caseload
February	24	16	38	8	4	28
March	28	3	48	2	5	25

Re: clients not enrolled in JTP services:

For February 2 were enrolled in public mental health services; 4 wanted CD tx or housing only; 1 was going to prison; and 9 were released before the case manager could make contact with them and they did not contact her after their release

For March 1 was a self-referral that only wanted CD tx.

Jail Transition Services Program – Snohomish County

	February 2013	March 2013
Screened	61	48
Reconnected w/ MH case mgr	49	41
Enrolled in JTS	9	5
Medicaid app. completed	5	4
JTS caseload at agencies (90 days post release)	54	39
Declined *	4	2

“Declined” includes persons who were deemed not eligible for the program due to diagnosis (or lack of diagnosis), persons releasing to other counties, persons going to prison, persons where release planning was done but person refused other services, and other unique situations.

## **Whatcom County Report on Jail Transition Services (Jail Behavioral Health Program)**

Whatcom County has developed a new program to provide all jail behavioral health services, including re-entry under one agency. The program was only partially staffed through the months of February and March. We'll be developing outcomes for this program over the next several months.

	February 2013	March 2013
Total RES Clients with MH:	18	29
*Reinstated Medicaid	5	0
Total declined:	5	6

# Co-Occurring Disorders & Treatment *Conference*

*Integrated Treatment*  
-A Bridge to Healthcare Reform

September 16-17, 2013 | *Yakima, WA*

[Home](#)

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Information](#)

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Information and Application](#)

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Transportation](#)

[Exemplary Service Award  
Nominations](#)

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## Conference Schedule

Participants can earn up to 14 Continuing Education Hours (CEHs). An additional 4 or 6 hours can be earned at the [Ethics Training post-conference workshop](#).

### SUNDAY, SEPTEMBER 15, 2013

NOON - 6:00 pm Early Registration & Check-in

### MONDAY, SEPTEMBER 16, 2013

7:00– 8:00 am Registration/Check-in/Continental Breakfast  
(Registration Desk is Open All Day)

8:00 – 8:15 am Welcome/Announcements: [David Jefferson, NFATTC](#)

8:15 – 8:30 am Division Welcome: [Chris Imhoff, Director, DBHR](#)

8:30 – 9:30 am Keynote: [Gabiella Grant, Overview of PTSD and Complex Trauma](#)

8:30 – 9:45 am *Break*

9:45 – 11:15 am [Workshops \(10\)](#)

11:15 – 11:30 am *Break*



11:30 – 12:30 pm Keynote: [David Mee-Lee, MD, DSM 5, What Has Changed](#)

12:30 – 1:30 pm Lunch

1:30 – 2:30 pm Keynote: [David Granirer](#)

2:30 – 2:45 pm *Break*

2:45 – 4:15 pm [Workshops \(11\)](#)

4:15 - 4:30 pm *Break*

4:30 - 5:30 pm Keynote: [Maria G. Guevara, PharmD, Designer Drugs](#)

5:30 – 7:00 pm Dinner on Your Own - Enjoy Yakima!

7:00 - 8:30 pm [Comedy Night with Bob Perkell!](#)  
Enjoy a night of comedy at the Yakima Convention Center! (*Optional event, no CEHs or snacks provided during performance.*)

## **TUESDAY, SEPTEMBER 17, 2013**

7:00 – 8:00 am Registration/Continental Breakfast  
(*Registration Desk is Open All Day*)

8:00 – 8:15 am Welcome/Announcements: [David Jefferson, NFATTC](#)

8:15 – 9:15 am Keynote: [Nathan Johnson, Health Care Reform](#)

9:15 – 9:30 am *Break*

9:30 – 11:00 am [Workshops \(11\)](#)

11:00 – 12:00 pm Lunch

12:00 – 12:30 pm Awards/Door Prizes

12:30 – 1:30 pm Keynote: [Dennis Moore, The Roles of Technology in Diagnosis of and Recovery From Behavioral Disorders](#)

1:30 – 1:45 pm *Break*

1:45 – 3:15 pm [Workshops \(10\)](#)

3:15 pm Conference Adjourns - Drive Home Safely!\*

\*Please note: The Post-conference Ethics Training for an additional fee will be held at the Yakima Convention Center on September 18 for an additional 6 hours. In order to register, [click here](#).

# Co-Occurring Disorders & Treatment *Conference*

Clear Form

## Participant Registration Form

Print Form

September 16-17, 2013

Please type directly into the fields and fax or mail to CASAT. Please note: a registration confirmation will be sent via email.

If you are unable to attend, please contact CASAT no later than 5 pm on Friday, August 23, 2013 for a full refund.

\*Required field

\* Please check that you have read and understand the cancellation policy above.

\*First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ \*Last Name: \_\_\_\_\_

\*Agency/Organization: \_\_\_\_\_ \*Mailing Address: \_\_\_\_\_

\*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Zip: \_\_\_\_\_ \*Telephone: \_\_\_\_\_

\*Email: \_\_\_\_\_ \*Confirmation Copy Email: \_\_\_\_\_

### Primary Employment Type:

- |  |  |                                   |
|--|--|-----------------------------------|
| <input type="radio"/> Aging and Adult Services | <input type="radio"/> Developmental Disabilities | <input type="radio"/> Unknown     |
| <input type="radio"/> Chemical Dependency      | <input type="radio"/> Education                  | <input type="radio"/> Veterans    |
| <input type="radio"/> Child Welfare            | <input type="radio"/> Mental Health              | <input type="radio"/> Other _____ |
| <input type="radio"/> Corrections              | <input type="radio"/> Student                    |                                   |

### Employment Level: (Please choose the option that best matches your employment level.)

- Student or Intern  Administrative  Professional  Management  Director/Executive  N/A

How many Washington Co-Occurring Disorders Conferences have you attended? \_\_\_\_\_

Would you like to receive emails on future conferences?  Yes  No

### How did you hear about the conference?

- |   |   |
|---|---|
| <input type="radio"/> Co-Occurring Disorders and Treatment Conference website | <input type="radio"/> Referral            |
| <input type="radio"/> ADSA website  | <input type="radio"/> Save the Date email |
| <input type="radio"/> CASAT website   | <input type="radio"/> Other: _____        |

Please specify any special needs: \_\_\_\_\_  
(i.e. special dietary needs, accessibility for people with disabilities, other needs. Please see the Accommodations tab on the website for additional information about special dietary needs.)

**Early registration is open through Friday, August 16, 2013.**

Conference Rates: (Monday, September 16 - Tuesday, September 17)

Early \$140  Regular \$170

Post Conference Ethics Training Rates: (Wednesday, September 18)

\$30

Fees include certificate and breakfast & lunch on 9/16 and 9/17 only. Hotel, travel, dinners, and meals on 9/18 not included.

### Payment Information: CASAT Tax ID# 88 - 6000024

Coupon Code: \_\_\_\_\_  Purchase Order enclosed  Check payable to the "Board of Regents" enclosed

Credit Card:  Master Card  VISA  American Express  Discover

Card No. \_\_\_\_\_ Card 3 or 4 digit Code: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Amount: \$ \_\_\_\_\_ Print Name Here: \_\_\_\_\_ Signature: \_\_\_\_\_

### Submit Completed Registration:

Fax or mail this completed form with payment to Attn: COD Conference.

Fax: 775.784.1840 Mail: CASAT/MS 279 • 1664 N. Virginia St. • University of Nevada, Reno • Reno, NV 89557

You may email a completed registration to CASAT at [contactus@co-occurringdisorders-wa.org](mailto:contactus@co-occurringdisorders-wa.org), and phone in a credit card number as well.

Please do not email credit card numbers.



**Co-Occurring Disorders & Treatment Conference**  
**September 16-17, 2013**  
**Yakima Convention Center**  
**Yakima, Washington**  
**14 CEHs**

**Keynotes**

For detailed information on all [keynotes](#), please visit the conference website.

**Awards**

Please take the time to nominate a colleague. You may complete an online form or download a fillable application. Visit the [Awards page](#) for more information.

***The deadline is Friday, August 16!!!***

**Scholarships and Volunteer Deadlines**

The deadlines for scholarships and/or volunteer applications has passed or the list is full. We appreciate your interest.

**Early-bird Deadline**

Register before August 17th in order to take advantage of great savings on registration! Also, for an additional fee, you may attend a special workshop after the conference on September 18 specific to Ethics. For more information, visit the [registration page](#).



## MEMORANDUM

DATE: July 30, 2013

TO: NSMHA Advisory Board

FROM: Joe Valentine, Executive Director

RE: August 8, 2013, Board of Director's Agenda

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Please find for your review the following that will go before the NSMHA Board of Directors at the August 8, 2013, meeting:

### **ACTIONS ITEMS**

#### **Professional Service Contract (PSC)**

NSMHA-CENTER for HUMAN SERVICES-PSC-13 AMENDMENT 1 for the provision of increased funding of \$19,000 to develop a customized IT/IS infrastructure needed to begin providing child/youth/family Medicaid covered services in South Snohomish County. The term of this agreement remains the same, June 13, 2013, through December 31, 2013. The new maximum consideration is \$148,936.

NSMHA-COMPASS HEALTH-PSC-13-15 for the purpose of providing transitional housing to adults discharging from Western State Hospital to Snohomish County. The maximum consideration on this Agreement is \$62,400 with a term of July 1, 2013 through June 30, 2015.

NSMHA-CVAB-PSC-13 for the purpose of providing Peer Counselor Training during the week of October 14-18, 2013 in Everett, WA, this is a partnership with Compass Health. This training is a regional training for peers residing in the North Sound Region. The maximum consideration on this Agreement is \$15,000 with a term of this Agreement August 8, 2013 through November 29, 2013.

#### **Single Case Agreement**

*This Agreement was entered into to provide Eating Disorder Treatment for one (1) enrolled individual. The treatment is based on medical necessity and is being monitored by our Medical Director for continued necessity. Due to the nature of the treatment and treatment based on medical necessity, the funding amount and end date are an approximation. Due to the nature of treatment, and lack of other in state providers, this is a sole source Agreement meeting the State Auditor definition of "sole source" and in accordance with NSMHA policy #3028.00 Section 1.2.2 "Exceptions to Competitive Bidding Process".*

*Competitive bidding may be waived or is not required for the following:*

*d. Purchases involving special facilities or market conditions. (RCW 39.04.280) (Board resolution required.)*

*e. Purchases that are clearly and legitimately limited to a single source of supply. (RCW 39.04.280) (Board resolution required.)*

NSMHA-CENTER for DISCOVERY-SCA-13 for the purpose of providing in-state residential Eating Disorder Treatment on a single case basis. The estimated maximum consideration is \$75,000 of Medicaid funding with the term of this Agreement July 16, 2013 through an estimated end date of August 31, 2013.

### **Licensing Agreement**

*This Licensing Agreement is with Collective Medical Technologies (CMT) LLC. CMT is in the business of providing health information technology and services, including the Emergency Department Information Exchange (“EDIE”), to exchange information about the diagnosis and treatment of individuals. NSMHA will be entering into a licensing agreement with CMT. CMT is waiving all purchase and subscription fees and is charging NSMHA a reduced Per Member Per Month (PMPM) rate of \$0.05. This Agreement will allow NSMHA staff to access information on individuals with high utilization of Emergency Department services to provide care coordination and intervene to reduce the unnecessary use of Emergency Department services.*

*Due to the nature of this service, and CMT the sole statewide Emergency Department Information Exchange, this is a sole source Agreement meeting the State Auditor definition of “sole source” and in accordance with NSMHA policy #3028.00 Section 1.2.2 “Exceptions to Competitive Bidding Process”.*

*Competitive bidding may be waived or is not required for the following:*

- d. Purchases involving special facilities or market conditions. (RCW 39.04.280) (Board resolution required.)*
- e. Purchases that are clearly and legitimately limited to a single source of supply. (RCW 39.04.280) (Board resolution required.)*

NSMH- COLLECTIVE MEDICAL TECHNOLOGIES LLC -LICENSING AGREEMENT-13 for the purpose of providing NSMHA access to the EDIE health information exchange. The monthly payment is based on the \$0.05 PMPM for approximately 25,000 individuals. There will be variation in the funding depending on the number of individuals uploaded to the EDIE data exchange, currently we are projecting 25,000. The Agreement automatically renews annually, with a 30 day termination clause by either party. The approximate costs are based on the \$0.05 PMPM of 25,000 individuals for a monthly amount of \$1,250.

## **INTRODUCTION ITEMS**

### **Medicaid Contracts (PIHP)**

*The funding for the following contracts runs through June 30, 2015, NSMHA will provide an amendment for the July-September 2015 funding based on the biennial budget passed by the legislature in 2015. Funding amounts will be available at the September meeting.*

NSMHA-CATHOLIC COMMUNITY SERVICES NW-MEDICAID-13-15 for the purpose of providing outpatient Medicaid funding for child/youth/family services in Skagit, Snohomish and Whatcom Counties. The maximum consideration for this Agreement is \$ with the term of this Agreement October 1, 2013 through September 30, 2015

NSMHA-COMPASS HEALTH-MEDICAID-13-15 for the purpose of providing outpatient Medicaid funding for adult/child/youth/family services in Island, San Juan, Skagit and Snohomish Counties. The maximum consideration for this Agreement is \$ with the term of this Agreement October 1, 2013 through September 30, 2015

NSMHA-INTERFAITH-MEDICAID-13-15 for the purpose of providing outpatient Medicaid funding for adult services in Whatcom County. The maximum consideration for this Agreement is \$ with the term of this Agreement October 1, 2013 through September 30, 2015

NSMHA-LAKE WHATCOM CENTER-MEDICAID-13-15 for the purpose of providing outpatient Medicaid funding for adult services in Whatcom County. The maximum consideration for this Agreement is \$ with the term of this Agreement October 1, 2013 through September 30, 2015

NSMHA-SEA MAR-MEDICAID-13-15 for the purpose of providing outpatient Medicaid funding for adult/child/youth/family services in Skagit, Snohomish and Whatcom Counties. The maximum consideration for this Agreement is \$ with the term of this Agreement October 1, 2013 through September 30, 2015

NSMHA-SNOHOMISH COUNTY-MEDICAID-13-15 for the purpose of providing Medicaid funding for Involuntary Treatment Act services in Snohomish County. The maximum consideration for this Agreement is \$ with the term of this Agreement October 1, 2013 through September 30, 2015

NSMHA-SUNRISE SERVICES-MEDICAID-13-15 for the purpose of providing outpatient Medicaid funding for adults in Island, Skagit and Snohomish Counties. The maximum consideration for this Agreement is \$ with the term of this Agreement October 1, 2013 through September 30, 2015

NSMHA-VOLUNTEERS of AMERICA-MEDICAID-13-15 for the purpose of providing Medicaid funding for the delegated functions of the crisis line, access line and inpatient utilization services. The maximum consideration for this Agreement is \$ with the term of this Agreement October 1, 2013 through September 30, 2015

NSMHA-WHATCOM COUNSELING and PSYCHIATRIC CLINIC -MEDICAID-13-15 for the purpose of providing outpatient Medicaid funding for adult/child/youth/family services in Whatcom County. The maximum consideration for this Agreement is \$ with the term of this Agreement October 1, 2013 through September 30, 2015.

**State Mental Health Contracts (SMHC)**

*The funding for the following contracts runs through June 30, 2015, NSMHA will provide an amendment for the July-September 2015 funding based on the biennial budget passed by the legislature in 2015. Funding amounts will be available at the September meeting.*

NSMHA-CATHOLIC COMMUNITY SERVICES NW-SMHC-13-15 for the purpose of providing State funding for child/youth/family services in Skagit, Snohomish and Whatcom Counties. The maximum consideration for this Agreement is \$ with the term of this Agreement October 1, 2013 through September 30, 2015

NSMHA-COMPASS HEALTH-SMHC-13-15 for the purpose of providing State funding for adult/child/youth/family services in Island, San Juan, Skagit and Snohomish Counties. The maximum consideration for this Agreement is \$ with the term of this Agreement October 1, 2013 through September 30, 2015.

NSMHA-INTERFAITH-SMHC-13-15 for the purpose of providing State funding for adult services in Whatcom County. The maximum consideration for this Agreement is \$ with the term of this Agreement October 1, 2013 through September 30, 2015.

NSMHA-LAKE WHATCOM CENTER-SMHC-13-15 for the purpose of providing State funding for adult services in Whatcom County. The maximum consideration for this Agreement is \$ with the term of this Agreement October 1, 2013 through September 30, 2015.

NSMHA-SEA MAR-SMHC-13-15 for the purpose of providing State funding adult/child/youth/family services in Skagit, Snohomish and Whatcom Counties. The maximum consideration for this Agreement is \$ with the term of this Agreement October 1, 2013 through September 30, 2015.

NSMHA-SNOHOMISH COUNTY-SMHC-13-15 for the purpose of providing State funding for Involuntary Treatment Act services in Snohomish County. The maximum consideration for this Agreement is \$ with the term of this Agreement October 1, 2013 through September 30, 2015.

NSMHA-SUNRISE SERVICES-SMHC-13-15 for the purpose of providing State funding for adult services in Island, Skagit and Snohomish Counties. The maximum consideration for this Agreement is \$ with the term of this Agreement October 1, 2013 through September 30, 2015.

NSMHA-VOLUNTEERS of AMERICA-SMHC-13-15 for the purpose of providing State funding for the delegated functions of the crisis line, access line and inpatient utilization. The maximum consideration for this Agreement is \$ with the term of this Agreement October 1, 2013 through September 30, 2015.

NSMHA-WHACOM COUNSELING and PSYCHIATRIC CLINIC-SMHC-13-15 for the purpose of providing State funding for adult/child/youth/family services in Whatcom County. The maximum consideration for this Agreement is \$ with the term of this Agreement October 1, 2013 through September 30, 2015.

#### **Jail Transition Services**

*The funding for the following contracts runs through June 30, 2015, NSMHA will provide an amendment for the July-September 2015 funding based on the biennial budget passed by the legislature in 2015.*

NSMHA-ISLAND COUNTY-JAIL TRANSITION SERVICES-13-15 for the purpose of providing funding for jail transition services to adults in Island and San Juan County. The maximum consideration for this Agreement is \$145,677.00 with the term of this Agreement October 1, 2013 through September 30, 2015.

NSMHA-SKAGIT COUNTY-JAIL TRANSITION SERVICES-13-15 for the purpose of providing funding for jail transition services to adults in Skagit County. The maximum consideration for this

Agreement is \$157,500.00 with the term of this Agreement October 1, 2013 through September 30, 2015.

NSMHA-SNOHOMISH COUNTY-JAIL TRANSITION SERVICES-13-15 for the purpose of providing funding for jail transition services to adults in Snohomish County. The maximum consideration for this Agreement is \$692,689.20 with the term of this Agreement October 1, 2013 through September 30, 2015.

NSMHA-WHATCOM COUNTY-JAIL TRANSITION SERVICES-13-15 for the purpose of providing funding for jail transition services to adults in Whatcom County. The maximum consideration for this Agreement is \$235,587.00 with the term of this Agreement October 1, 2013 through September 30, 2015.

### **Crisis Triage**

*The funding for the following contracts runs through June 30, 2015, NSMHA will provide an amendment for the July-September 2015 funding based on the biennial budget passed by the legislature in 2015.*

NSMHA-COMPASS HEALTH-SNOHOMISH CRISIS TRIAGE-13-15 for the purpose of providing funding for adult crisis stabilization services in Snohomish County. The maximum consideration for this Agreement is \$2,362,254.93 with the term of this Agreement October 1, 2013 through September 30, 2015.

NSMHA-PIONEER HUMAN SERVICES- SKAGIT CRISIS CENTER-13-15 for the purpose of providing funding for adult crisis stabilization services in Skagit County. The maximum consideration for this Agreement is \$908,281.49 with the term of this Agreement October 1, 2013 through September 30, 2015.

NSMHA-WHATCOM COUNSELING and PSYCHIATRIC CLINIC-WHATCOM CRISIS CENTER-13-15 for the purpose of providing funding for adult crisis stabilization services in Whatcom County. The maximum consideration for this Agreement is \$1,082,327.61 with the term of this Agreement October 1, 2013 through September 30, 2015.

### **Crisis Services for individuals with Developmental Disabilities**

COMPASS HEALTH-DD CRISIS SERVICES-13-15 for the purpose of providing funding for crisis intervention and stabilization services to individuals with Development Disabilities. The maximum consideration for this Agreement is \$576,754.71 with the term of this Agreement October 1, 2013 through June 30, 2014.

NSMHA-VOLUNTEERS of AMERICA-DD CRISIS SERVICES-13-15 for the purpose of providing for crisis line/triage services to individuals with Development Disabilities. The maximum consideration for this Agreement is \$17,535.00 with the term of this Agreement October 1, 2013 through June 30, 2014.

### **Supported Employment**

*Bridgeways is now a specialized service provider for employment services. The services will be available to individuals enrolled in NSMHA funded services in both Snohomish and Skagit Counties. Funding will be available at the September meeting.*

NSMHA-BRIDGWAYS-EMPLOYMENT SERVICES-13-15 for the purpose of providing supported employment services to individuals with mental illness in Snohomish and Skagit Counties. The maximum consideration on this Agreement is \$ with the term of this Agreement is October 1, 2013 through September 30, 2015.

**Program for Assertive Community Treatment (PACT)**

*The funding for the following contracts runs through June 30, 2015, NSMHA will provide an amendment for the July-September 2015 funding based on the biennial budget passed by the legislature in 2015.*

NSMHA-COMPASS HEALTH-SNOHOMISH PACT-13-15 for the purpose of providing funding adult PACT services in Snohomish County. The maximum consideration for this Agreement is \$2,510,236.68 with the term of this Agreement October 1, 2013 through September 30, 2015.

NSMHA-COMPASS HEALTH-SKAGIT PACT-13-15 for the purpose of providing funding for adult PACT services in Skagit County. The maximum consideration for this Agreement is \$1,346,961.00 with the term of this Agreement October 1, 2013 through September 30, 2015.

NSMHA-LAKE WHATCOM CENTER-WHATCOM PACT-13-15 for the purpose of providing funding for adult PACT services in Whatcom County. The maximum consideration for this Agreement is \$1,346,961.00 with the term of this Agreement October 1, 2013 through September 30, 2015

**Ombuds/Community Action of Skagit County (CASC)**

*The funding for the following contract runs through June 30, 2015, NSMHA will provide an amendment for the July-September 2015 funding based on the biennial budget passed by the legislature in 2015.*

NSMHA-CASC-OMBUDS-13-15 for the purpose of providing funding for Ombuds services in the North Sound Region. The maximum consideration for this Agreement is \$294,000.00 with the term of this Agreement October 1, 2013 through September 30, 2015

**Wraparound**

NSMHA-CATHOLIC COMMUNITY SERVICES NW-WRAPAROUND-13-14 for the purpose of providing funding for Standard and Intensive Wraparound services in Skagit and Whatcom Counties. The maximum consideration for this Agreement is \$1,601,622.47 with the term of this Agreement October 1, 2013 through June 30, 2014.

NSMHA-COMPASS HEALTH-WRAPAROUND-13-14 for the purpose of providing funding for Standard and Intensive Wraparound services in Island and Snohomish Counties. The maximum consideration for this Agreement is \$1,285,135.25 with the term of this Agreement October 1, 2013 through June 30, 2014.

cc: Joe Valentine, Executive Director  
County Coordinators

NSMHA Leadership Team

**Advisory Board Budget**  
**January 1 through December 31, 2014**

	Total	All Conferences	Board Development	Advisory Board Expenses	Consumer Transportation
		Project # 1	Project # 2	Project # 3	Project # 4
Budget	\$ 28,590.00				
Expense	0.00				
Under / (Over) Budget	\$ 28,590.00	\$ -	\$ -	\$ -	\$ -



### 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.

