

**NORTH SOUND MENTAL HEALTH ADMINISTRATION
ADVISORY BOARD MEETING**

Agenda

November 4, 2014

1:00pm-3:00pm

1. Call to Order - Introductions, Chair
2. Revisions to the Agenda, Chair
3. Comments from the Public
4. Ombuds Report TAB 1
5. Approval of the October Meeting Minutes TAB 2
6. Executive/Finance Committee Report TAB 3
 - a. Approval of Expenditures: October
 - b. Approval of 2015 AB Budget
7. Standing Board of Directors Committee Reports TAB 4
 - a. Planning Committee (No meeting in October)
 - b. Quality Management Oversight Committee
8. Old Business TAB 5
 - a. Advisory Board Advocacy
9. Executive Director Report TAB 6
10. Action Items Being Brought To The Board of Directors TAB 7
 - a. Action Items/ Memorandum (Available at meeting)
11. New Business TAB 8
 - a. 2015 NSMHA Budget
12. Report from Advisory Board Members
 - a. North Sound Accountable Communities of Health (NSACH) - David
13. Comments from County Advisory Board Representatives
 - a. Island
 - b. San Juan
 - c. Skagit
 - d. Snohomish
 - e. Whatcom
14. Other Business
15. Adjournment

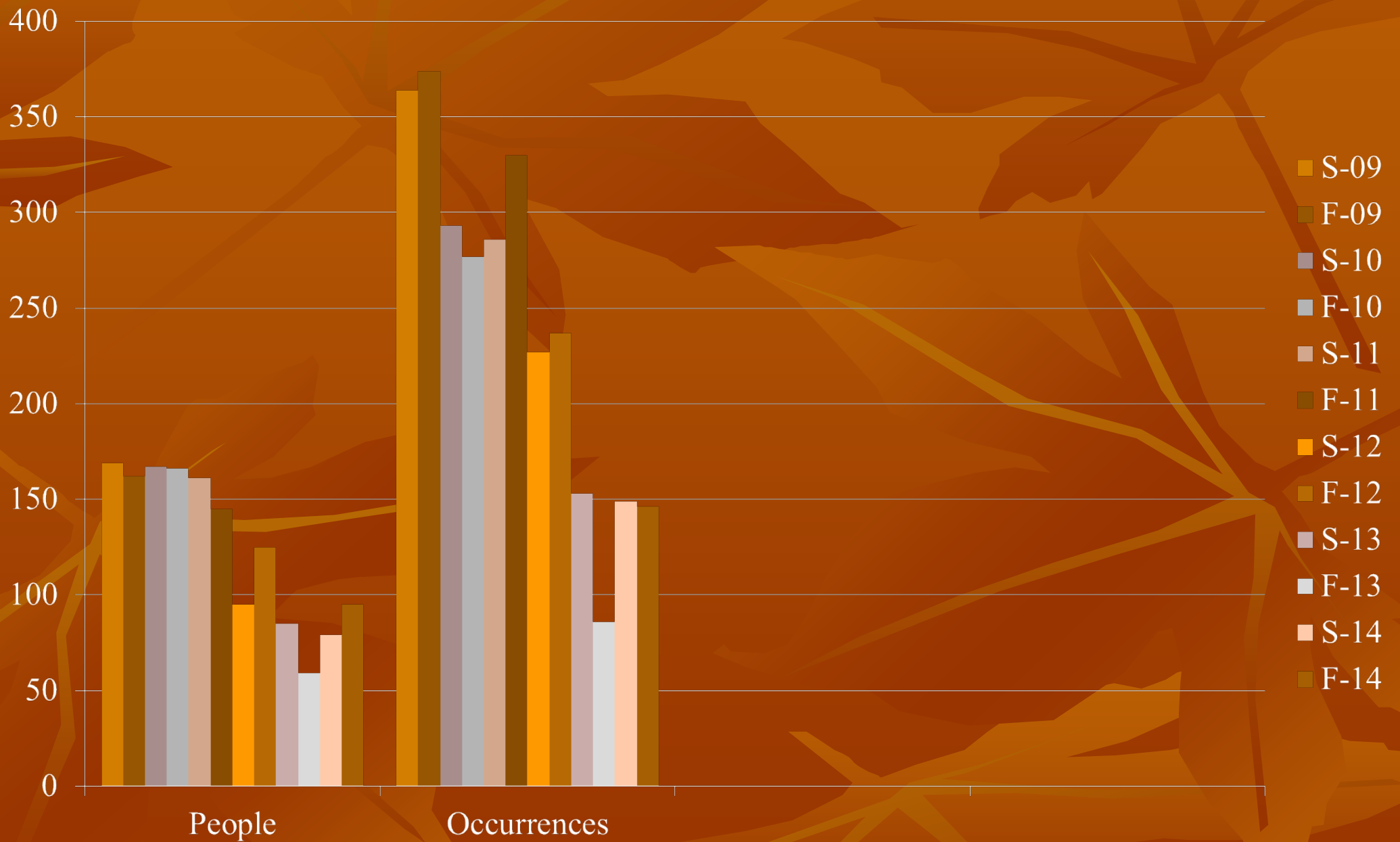
NOTE: The next Advisory Board meeting will be **December 2nd** in the NSMHA Conference Room.

**NORTH SOUND REGIONAL
OMBUDS & QUALITY REVIEW
TEAM REPORT**

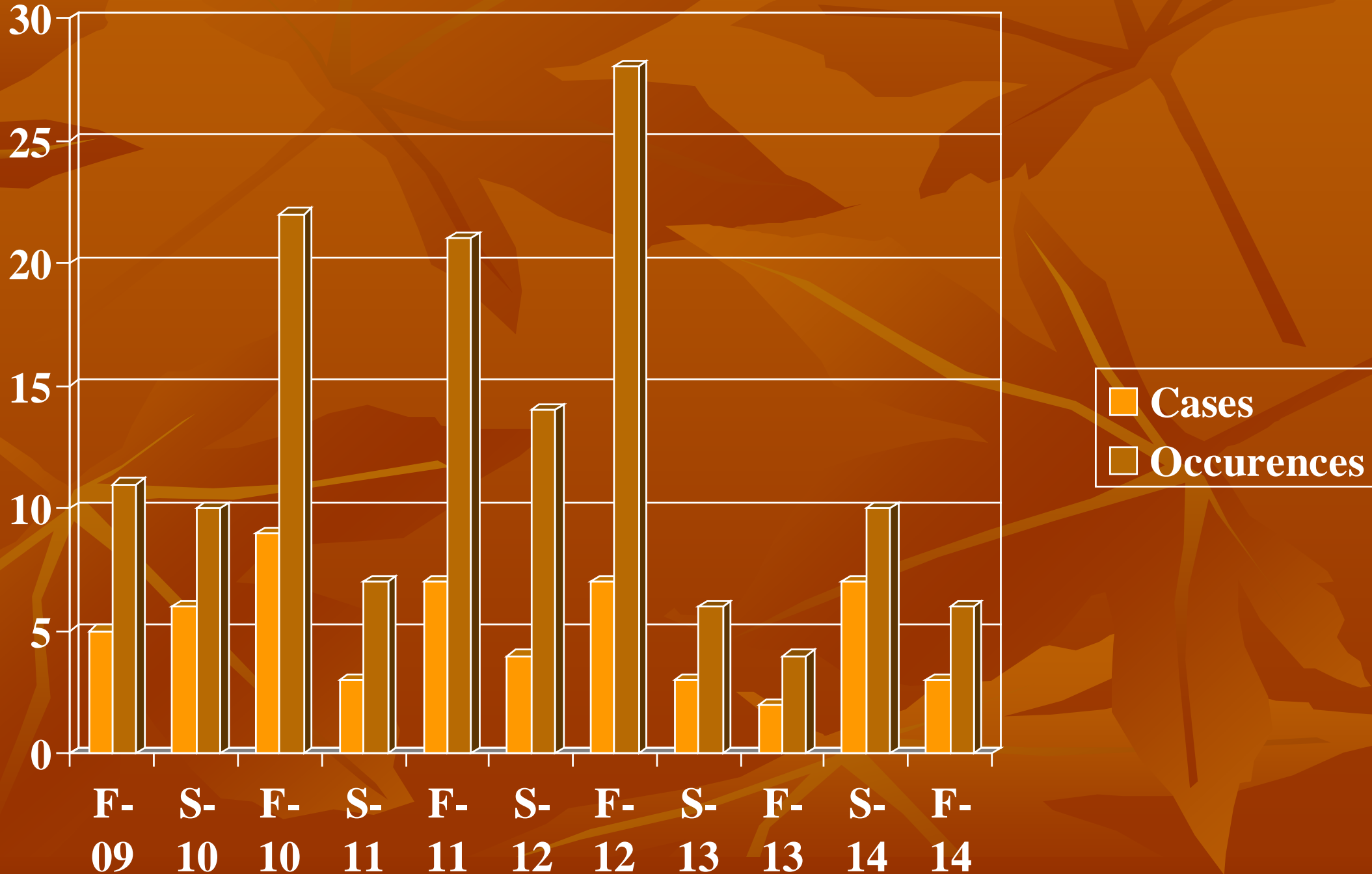
FALL 2014

April 1 through September 30, 2014

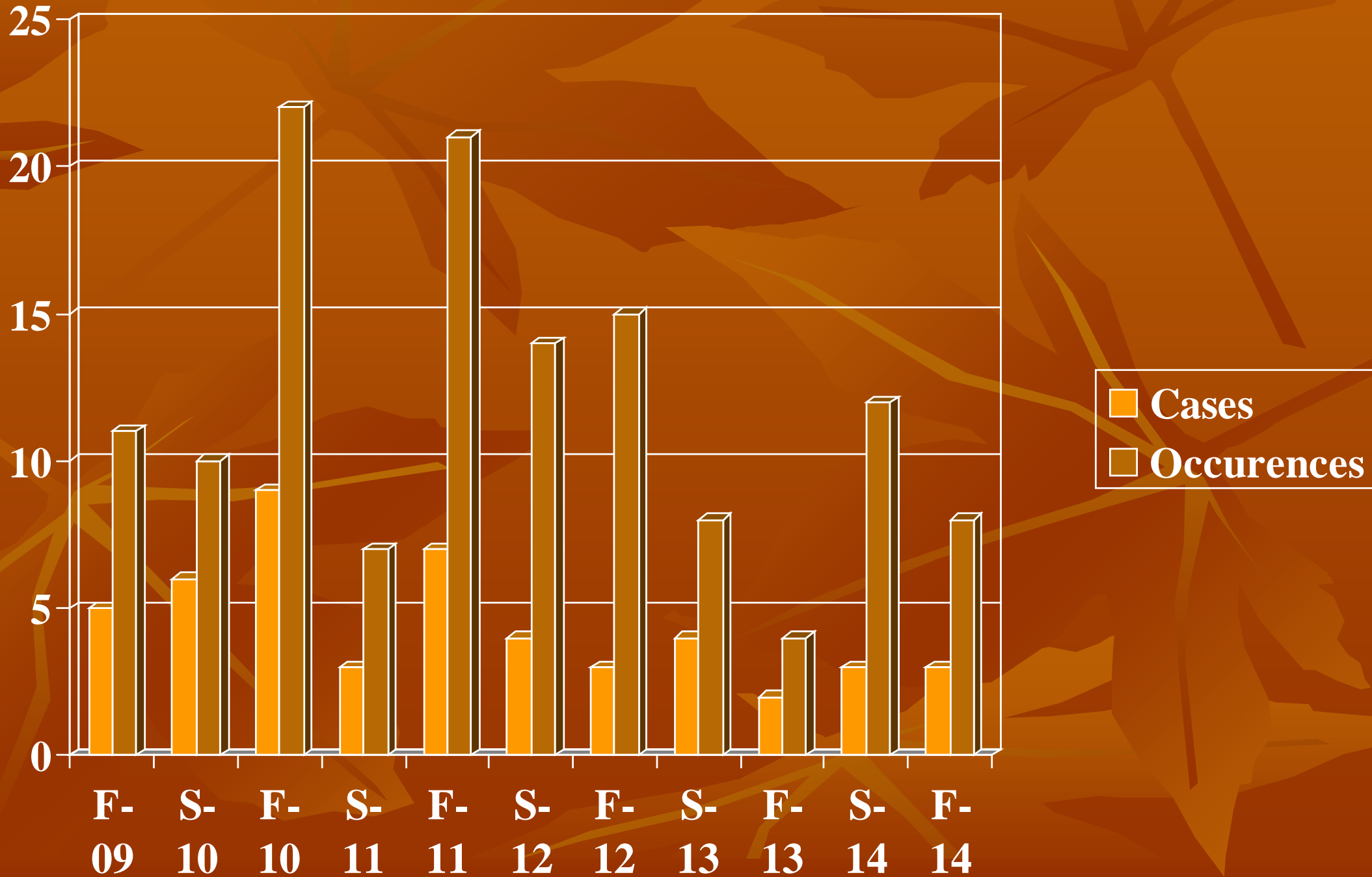
Semiannual Overview



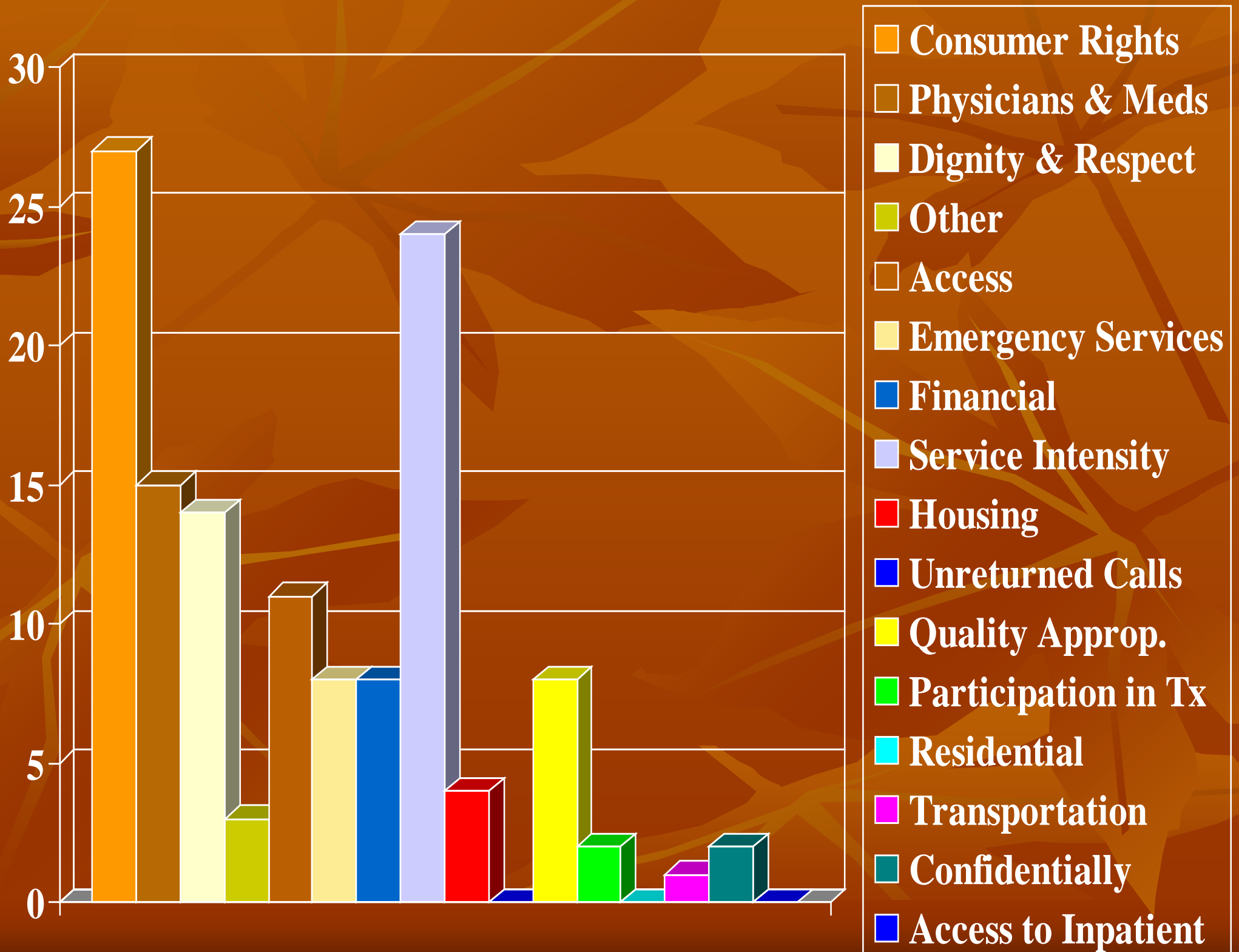
Provider-Level Grievance



RSN-Level Grievance



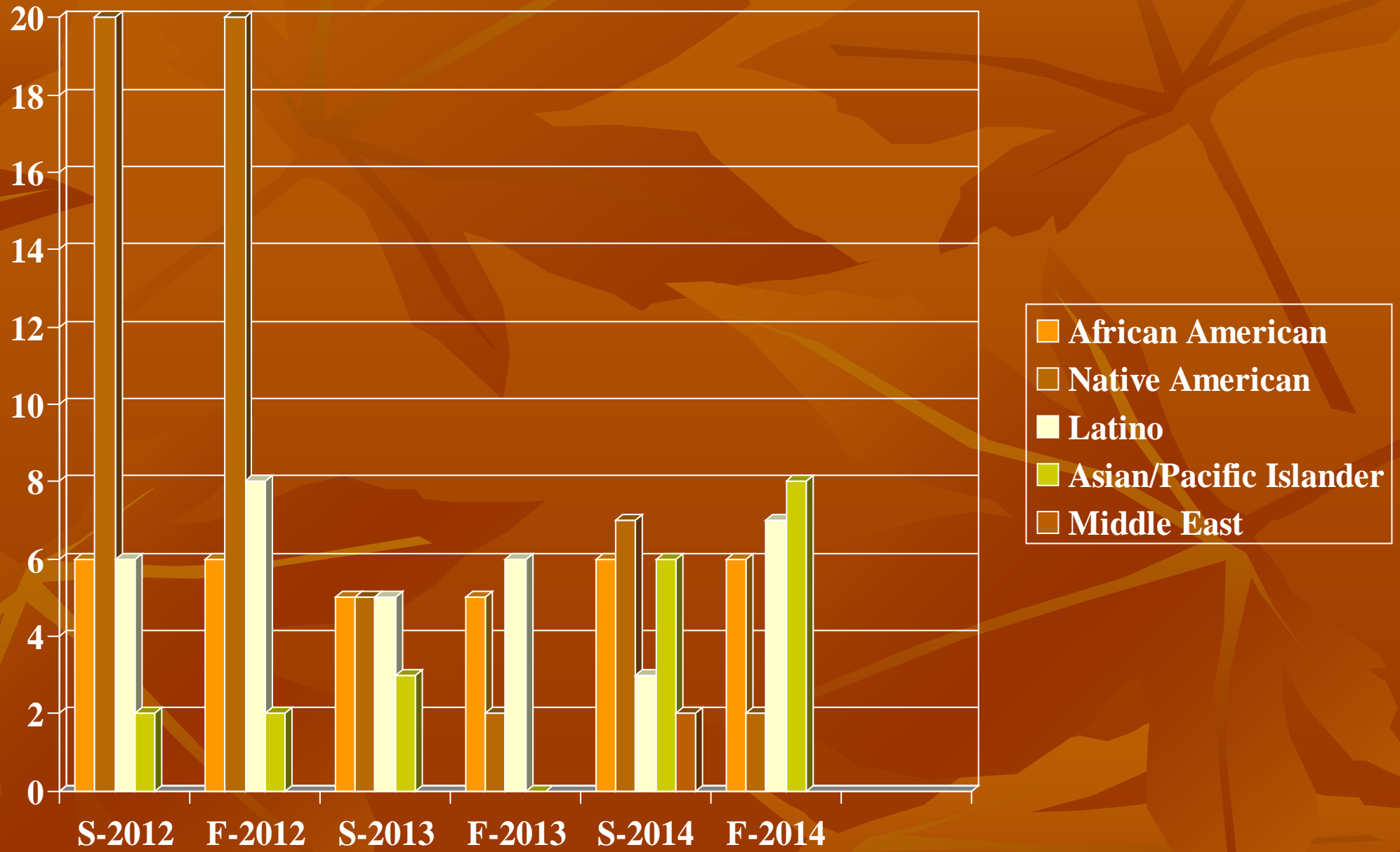
Issues of Concern



Appeals & Administrative Hearings

- No Appeal Cases
- One Administrative Hearing

Ethnicity of Non-Caucasian Client



Breakouts

- Other (Consumer) Rights Violations

Resolution Outcomes

- Open cases: 19
- Information and Referral: 8
- Conciliation & Mediation: 53
- Not Pursued: 15

QRT Outreach

- Dignity and Respect Conference
- Community Action Presentation
- West Skagit County Emergency Preparedness Coalition

Notes & Recommendations

- Lesser Restrictive Orders
- Keep Clinicians Advised
- Attention to Detail
- Peer Counselor Training
- Non-verbal Clients

Notes & Recommendations (cont'd)

- Inpatient Treatment Denial
- Marijuana Use Policy?
- Provider Hotlist
- No Shows
- Success Story

Ombuds and Quality Review Team Report

QUESTIONS or COMMENTS?

FALL 2014 OMBUDS AND QUALITY REVIEW TEAM REPORT

Executive Coversheet

This report documents issues of concern in the North Sound's community mental health program from April 1 to September 30, 2014. We estimate the region's expressed dissatisfaction rate at 2 to 3%. We present recommendations for improvement from the client perspective.

We assisted 95 people with 146 issues and provided information and referral to about 300 more without opening a case. Our numbers are low historically but they surged initially this period as Medicaid expansion clients came on board, stressing the capabilities of the mental health system. By the close of the period numbers returned to normal.

The only new trend we saw is Children's Hospital and several regional pediatricians referring about 10 developmentally disabled children to us, claiming mental disorders. Some of these children clearly didn't fit into our system.

Traditionally, issues entitled *Other Consumer Rights Violations* are our top category of concern. This report breaks them out for this period, showing a wide range of topics.

Most cases were resolved favorably but 16% weren't pursued for lack of a signed medical release form. Often clients don't want to deal with the time it takes to sign and exchange the form, nor do they wish to pursue a complaint process that may take up to 30 days. We suggest the possibility of obtaining (substantiated) verbal authorization to get things started quickly. We are working with NSMHA on this.

Our notes and recommendations cover a range of issues. The NSMHA Leadership Team was aware and working many of them already. The recommendations include (a) clearly explaining to family members why a non-verbal child doesn't meet access-to-care standards; (b) informing clients promptly when further inpatient treatment is denied; (c) address if any changes are needed now that marijuana is legal; (d) provider agencies giving receptionists a *hot list* of clients in crisis; (e) and recommending a look at the missed appointments problem.

PRESENTATION

SLIDE 1: We are Chuck Davis and Kim Olander-Mayer from North Sound Regional Ombuds and Quality Review Team (QRT). This report covers April 1st through September 30th, 2014. Three items in your packet accompany it: (1) our definitions, (2) a report breaking out issues by agency, and (3) a document showing our main issues of concern over the past 5 years.

SLIDE 2: This slide shows our work historically since 2009. On the right are the years 2009 through 2014. F's are fall reports and S's are spring. An "Occurrence" is an issue we dealt with. This format shows fairly clearly how our numbers have dropped. We assisted **95** people this period with **127** issues of concern, **6** provider-level grievance occurrences, **8** RSN-level grievance occurrences, and **5** administrative hearing occurrences. We helped an additional **11** people deal with hospitals. They aren't included in this report but you can find them in the handout breaking out issues by agency. We also provided information and referral services to an estimated **300** people--not included here. There were **37** male and **58** female clients. We assisted **12** children and **4** seniors. Although our numbers are still low historically, they surged initially this period as Medicaid expansion clients came on board, stressing the capabilities of the community mental health system. But toward the end of the semiannual period, issues had dropped to a

normal level. We continue to attribute the historically low numbers of clients and issues to effective new treatment programs in the North Sound region--especially evidenced-based practices. The handout showing our numbers since 2010 documents the decline in our numbers and provides our thoughts on anomalies this period. We estimate the region's expressed dissatisfaction rate at 2 to 3%.

SLIDE 3: Provider-level grievances are grievances heard at the provider agency level: 3 people brought issues to provider-level grievances. The issues were: 2 in Other (Consumer) Right Violations; 2 in Dignity & Respect; and 2 in Physicians & Meds.

SLIDE 4: RSN-level grievances are grievances heard at NSMHA: 3 people brought issues to RSN-level grievances. The issues were: 3 in Other (Consumer) Right Violations; 2 in Services Intensity; 1 in Dignity & Respect; 1 in Financial & Administrative Services; and 1 in Housing.

SLIDE 5: We opened 127 issues of concern on 91 people: 27 in Other (Consumer) Right Violations; 15 in Physicians & Meds (note how that number has dropped); 24 in Services Coordination/Intensity; 14 in Dignity & Respect; 4 in Housing; 8 in Financial & Administrative Services; 8 in Emergency Services; 11 in Access; 8 in Quality Appropriateness; 3 in Other Type; 2 in Violation of confidentiality; 2 in Participation-in-Treatment; and 1 in Transportation. There were no new trends except that Children's Hospital and several regional pediatricians referred about 10 developmentally disabled child clients to us who also claim mental health disorders. Some of these children clearly didn't fit into our system. We believe some did.

SLIDE 6: We had no Appeal cases. We had 1 Administrative Hearing case with occurrences of Other (Consumer) Right Violations; Dignity & Respect; Physicians & Meds; Quality Appropriateness; and Services Coordination/Intensity.

SLIDE 7: Here are our ethnicity demographics: 23 people of our 95 clients (24%) are non-Caucasian. 7 are Latino, 6 are African American, 2 are Native American/Alaskan Native and 8 are Asian/Pacific Islander. African American numbers (in orange) have remained fairly stable. With Native Americans, (here in brown) it just depends—the number can swing quickly. We think our outreach to Latinos (identified in yellow) is beginning to show success. Our outreach to Asian/Pacific Islanders (here in green) has produced a consistent rise. We provided information to several local tribes and opened a case on a tribal member.

SLIDE 8: We broke out this period's *Other Consumer Rights Violations*--our top category of concern. They are as follows:

1. Two people felt they weren't given clear guidance about transferring to another provider.
2. A person wanted to review their records; wanted to discuss an issue the clinician was uncomfortable discussing; alleged a potential threat to a family member; and wanted a new clinician.
3. Three people needed assistance on a transfer of providers.
4. A person was concerned about staff confusion surrounding their appointments.
5. A chemically-dependent person's clinician gave them a ride in a car that smelled of alcohol.
6. A person was denied access to Triage because of their body weight.
7. A person feels that their clinician put erroneous information in their chart.
8. Two people wanted psychotherapy in addition to case management.
9. A person's clinician scheduled another person for an appointment at their reserved time.
10. A person's clinician was inappropriately changed without notice or closing session.
11. A person wanted to change from PACT to intensive outpatient treatment (IOP). One wanted into IOP.
12. A person suspected inappropriate commitment procedures were used with them.

13. A person claimed there were many personal affronts against them while in involuntary treatment.
14. A person's clinician didn't follow correct procedures while entering the person's residence.
15. A person stated their clinician inappropriately cancelled appointments & treated them with disrespect
16. A person wanted a full psychiatric evaluation in order to document all their disorders.
17. A person felt they were being retaliated against following an RSN grievance.
18. A person arriving 11 minutes late was turned away without having any of their hour appointment.
19. A person wants to change clinicians. Their clinician can't work around the client's college schedule.
20. A person said their clinician promised them several things but didn't follow through.
21. A person wanted to know their diagnosis; wanted their records sent to their PCP; and said their clinician is rude and unhelpful.
24. A person wanted a certain type of high-back chair due to physical health issues.
25. A person claimed they weren't given the right to attend their 14-day involuntary commitment hearing.
26. A person claimed the E&T has insufficient counseling resources & staff used inappropriate language.

SLIDE 9 Here are our outcomes: Of our clients there are 19 open cases; 8 cases were closed by providing information & referral; 53 were closed through conciliation & mediation; and 15 (16% of our cases) were not pursued for lack of a signed medical release form. We followed up and found two primary reasons for non-pursued cases. Primarily, when people call us they want help now...not in a week. When we say we will snail-mail them a release form they drop the issue or drop us as a resource. Secondly, people simply don't wish to pursue a long (potentially 30-day) complaint process. We suspect that a way to avoid the "snail-mail" delay would be to obtain (substantiated) verbal authorization first and follow up with paper documentation, but we aren't sure HIPAA allows that. We are working with NSMHA on the issue.

SLIDE 10 Per DBHR's wishes, beginning this report we will describe at least two of each period's QRT outreach events. First, around the beginning of the semiannual period was the region-wide Respect and Dignity Conference that QRT members helped put together. The conference was an eye-opener on the importance of dignity and respect for consumers and peers. Besides formal presentations, the conference presented an opportunity for many people to discuss and advise the North Sound Mental Health Administration and the North Sound provider agencies on what brings about dignity and respect. Second, QRT members led a discussion with Community Action of Skagit County staff members on how to interact with and assist people with mental disabilities. We provided techniques and methods to work with and assist those clients. In turn, staff members described situations and scenarios that presented difficulties in serving our clients. Third, QRT participated in the inaugural workshop of the West Skagit County Emergency Preparedness Coalition. We presented on the danger of trauma during disaster and the importance of developing protocols for dealing with people caught up in a disaster event and people who need trauma-informed care afterwards.

SLIDE 11: Here are our Quality Review Team notes and recommendations. We discussed these with NSMHA Leadership Team and at NSMHA-Ombuds monthly meetings. NSMHA was aware and working most of them already.

We discovered that for clients released under a lesser-restrictive order, return to most-restrictive status means the client must again fully meet involuntary commitment protocol. We do all we can to inform and assist the family when a client doesn't follow their lesser-restrictive order.

We found a situation where a client had a concern about their clinician and the agency handled the issue at supervisory levels but didn't inform the clinician. This causes obvious communication barriers in case management.

We must all pay attention to detail. For instance when a provider agency faxes a document to NSMHA, they need to ensure the fax goes through. A client waited nearly 2 months for an Access decision based on a document that didn't fax. We commend NSMHA for taking prompt action via NSMHA Contract Memorandum 2014-013 to resolve this issue.

We appreciate the importance of high quality and standardized peer counselor training and certification. We suggest the training and certification be expanded to enable peer counselors to fill more areas of need. We also suggest it be redesigned and enhanced to become more professional, more effective and viable for provider agency workplace needs. In that vein, we strongly believe the place for a course such as this is in the educational system. Here in Skagit County, for example, Skagit Valley College could help with re-design of the course, teach it and certify students in a thoroughly effective and professional manner. Other community colleges throughout the state could do similar. We put Mr. Jere LaFollette of Skagit Valley College in touch with DBHR's Office of Consumer Partnership to discuss it.

Recommendation: We have had several family members say a provider denied access to their child because he or she is non-verbal. They told their children's pediatricians, who called us. Upon investigation we find that usually being non-verbal isn't the reason services were denied. We recommend NSMHA ask providers to clearly explain to family members why the child doesn't meet Medicaid access-to-care standards.

SLIDE 11: Recommendation: It's frustrating when a client is hospitalized; then they discharge only to find that Medicaid has denied authorization for part of their hospital stay...without the client knowing. Now they have a large hospital bill. We appreciate that NSMHA is now having notices sent to the hospital. We recommend that when the Volunteers of America gatekeeper denies further treatment they make every effort to ensure the clients, or family members if the client is a child, are informed immediately.

Recommendation: With marijuana now legal in Washington State we recommend NSMHA and the providers address whether there need to be changes to the North Sound community mental health program's emphasis on prohibiting the use of marijuana except for pain control reasons.

Recommendation: Each provider agency should give their receptionist a (frequently-updated) *hot list* of clients who are in the midst of exceptionally difficult crisis situations so that when these clients call, the receptionist can make a greater effort to find someone to speak to them rather than just send them to their clinician's answering machine.

Recommendation: NSMHA and the providers seek a solution to missed appointments. As we noted in our last report, this is a problem of considerable proportion for clients and providers alike. An off-shoot of this problem is clients being denied appointments when they arrive late. Providers routinely turn people away if they show up 10 or 15 minutes late for an appointment. One of our clients missed an access appointment by 11 minutes and was denied the appointment. This led to a series of events in which the person landed in jail. Now, much-needed access and treatment is significantly delayed and that person has a criminal record. Several of our clients were upset that they showed up a bit late for an appointment with their clinician and were denied the appointment. One commented, *"I arrived 10 minutes late. I really needed a few minutes with my clinician but I had none. What did they do for the remaining 50 minutes of my appointment hour?"*

In conclusion, we have a Success Story—a story about a client in trouble and Ombuds working to prevent a suicide. A severely despondent client called Chuck (off duty) with a "goodbye" message, then hung up and refused to answer calls. Chuck called Kim (on duty) who finally managed to reach the client and

determine that he had consumed an entire bottle of medication. After a good deal of conversation and persuasion Kim obtained his location and alerted the police to respond to him. The client was taken to the hospital and put on suicide watch. He is back to normal and swears he will never attempt that again.

SLIDE 13: Are there questions or comments?

AGENCY COMPLAINT/GRIEVANCE OCCURRENCE COUNTS

Out-patient clients served by provider agencies (based on 2013 statistics), and occurrence numbers:

Catholic Community Services: 1961 clients in 2013; 7 occurrences this period.
Compass Health South: 8771 clients in 2013; 24 occurrences this period.
Compass Health North: 2369 clients in 2013; 29 occurrences this period.
Interfaith Family Health Center: 375 clients in 2013; no occurrences this period.
Lake Whatcom Center & PACT: 377 clients in 2013; 11 occurrences this period.
SeaMar: 2732 clients in 2013; 3 occurrences this period.
Sunrise Services: 1598 clients in 2013; 19 occurrences this period.
Compass Health's Whatcom Counseling (and ITA): 1980 clients in 2013; 7 occurrences this period.
LKI Family Services: 5 clients in 2013; no occurrences this period.
20,308 outpatient clients in North Sound in 2013: 146 occurrences this period.

PROVIDER AGENCY:

OCCURRENCES:

Catholic Community Services Everett: 3 Occurrences **Last period 2 Occurrences**
 Access: 1
 Other (Consumer) Rights: 1
 Physicians & Meds: 1

Catholic Community Services, Burlington: 2 Occurrences **Last period 0 Occurrences**
 Services Coordination/Intensity: 1
 Quality Appropriateness: 1

Catholic Community Services, Bellingham: 2 Occurrences **Last period 0 Occurrences**
 Services Coordination/Intensity: 2

Compass Health Residences (Greenhouse): 0 Occurrences **Last period 2 Occurrence**

Compass Health, Everett: 8 Occurrences **Last period 14 Occurrences**
 Emergency Services: 1
 Financial & Admin Services: 2
 Physicians & Meds: 1
 Quality Appropriateness: 2
 Services Coordination/Intensity: 2

Compass Health Snohomish Triage Facility: 2 Occurrences **Last period 2 Occurrences**
 Other (Consumer) Rights: 1

Provider-level grievances:
 Other (Consumer) Rights: 1

Compass Health, Lynnwood (adults): 6 Occurrences **Last period 8 Occurrences**
 Access: 2
 Other (Consumer) Rights: 1
 Dignity & Respect: 1
 Quality Appropriateness: 1
 Services Coordination/Intensity: 1

Compass Health, Lynnwood (children's): 4 Occurrences **Last period 0 Occurrences**

Services Coordination/Intensity: 3
Violation of Confidentiality: 1

Compass Health, Marysville: 2 Occurrences

Other (Consumer) Rights: 1
Other Type: 1

Last period 2 Occurrences

Compass Health, Mount Vernon: 14 Occurrences

Access: 2
Other (Consumer) Rights: 1
Dignity & Respect: 1
Housing: 1
Other Type: 1
Quality Appropriateness: 1
Services Coordination/Intensity: 4

Last period 14 Occurrences

RSN-level grievances:

Financial & Admin Services: 1
Other (Consumer) Rights: 1
Services Coordination/Intensity: 1

Compass Health, San Juan: 3 Occurrences

Other (Consumer) Rights: 1
Physicians & Meds: 1
Violation of Confidentiality: 1

Last period 1 Occurrence

Compass Health, Snohomish: 2 Occurrences

Other (Consumer) Rights: 1
Physicians & Meds: 1

Last period 2 Occurrences

Compass Health, Whidbey: 12 Occurrences

Access: 1
Other (Consumer) Rights: 5
Physicians & Meds: 2
Services Coordination/Intensity: 4

Last period 5 Occurrences

Whatcom Counseling/Compass Health Whatcom: 6 Occurrences

Access: 1
Dignity & Respect: 1
Emergency Services: 1
Housing: 1
Physicians & Meds: 1
Other Type: 1

Last period 3 Occurrences

Interfaith Family Health Center: 0 Occurrences

Last period 4 Occurrences

Lake Whatcom Center (& Residential Treatment): 10 Occurrences

Other (Consumer) Rights: 2
Dignity & Respect: 2
Financial & Admin Services: 2
Participation in Treatment: 1
Physicians & Meds: 2

Last period 10 Occurrences

Services Coordination/Intensity: 1

Whatcom PACT: 1 Occurrence

Physicians & Meds: 1

Last period 3 Occurrences

Skagit PACT: 4 Occurrences

Dignity & Respect: 1

Financial & Admin Services: 2

Other (Consumer) Rights: 1

Last period 8 Occurrences

Snohomish PACT: 9 Occurrences

Dignity & Respect: 2

Other (Consumer) Rights: 1

Services Coordination/Intensity: 1

Last period 5 Occurrences

Provider-level grievances:

Dignity & Respect: 1

Physicians & Meds: 1

RSN-level grievances:

Other (Consumer) Rights: 1

Services Coordination/Intensity: 1

Housing: 1

Mukilteo Evaluation & Treatment Center: 16 Occurrences

Dignity & Respect: 3

Emergency Services: 5

Other (Consumer) Rights: 3

Participation in Treatment: 1

Physicians & Meds: 1

Quality Appropriateness: 3

Last period 9 Occurrences

PeaceHealth Medical Center: 4 Occurrences

Housing: 1

Other (Consumer) Rights: 1

Quality Appropriateness: 1

Services Coordination/Intensity: 1

Last period 2 Occurrences

Skagit Valley Hospital: 1 Occurrence

Access: 1

Last period 1 Occurrences

Swedish Edmonds Hospital: 1 Occurrence

Emergency Services: 1

Last period 0 Occurrences

United General Hospital (Sedro-Woolley): 0 Occurrences

Last period 1 Occurrences

Whidbey General Hospital: 2 Occurrences

Other type: 1

Quality Appropriateness: 1

Last period 0 Occurrences

Providence Hospital: 2 Occurrences

Access: 1

Last period 0 Occurrences

Quality Appropriateness: 1

Overlake Hospital: 1 Occurrence

Other (Consumer) Rights: 1

Last period 0 Occurrences

Northwest Medicaid Transportation: 0 Occurrences

Last period 1 Occurrences

Sea Mar, Everett: 1 Occurrence

Other (Consumer) Rights: 1

Last period 1 Occurrence

SeaMar Lynnwood: 0 Occurrences

Last period 3 Occurrences

SeaMar Mount Vernon: 1 Occurrence

Other (Consumer) Rights: 1

Last period 0 Occurrences

SeaMar Monroe: 1 Occurrence

Physicians & Meds: 1

Last period 0 Occurrences

Skagit County Involuntary Treatment Services: 0 Occurrences

Last period 0 Occurrences

Whatcom County Involuntary Treatment Services: 1 Occurrence

Other (Consumer) Rights: 1

Last period 0 Occurrences

Snohomish Involuntary Treatment Services: 3 Occurrences

Access: 1

Other (Consumer) Rights: 1

Services Coordination/Intensity: 1

Last period 0 Occurrences

Sunrise Services, Everett: 5 Occurrences

Services Coordination/Intensity: 2

Other (Consumer) Rights: 1

Housing: 1

Other Type: 1

Last period 22 Occurrences

Sunrise Services, Mount Vernon: 6 Occurrences

Other (Consumer) Rights: 1

Dignity & Respect: 1

Services Coordination/Intensity: 1

Last period 4 Occurrences

Provider-level grievances:

Other (Consumer) Rights: 1

Dignity & Respect: 1

Physicians & Meds: 1

Sunrise Services, Coupeville: 7 Occurrences

Dignity & Respect: 2

Housing: 1

Other (Consumer) Rights: 1

Physicians & Meds: 1

Last period 0 Occurrences

RSN-level grievances:

Dignity & Respect: 1

Other (Consumer) Rights: 1

Sunrise Services, Concrete: 1 Occurrence

Transportation: 1

Last period 3 Occurrences

VoA (Access Line & Care Crisis Line): 2 Occurrences

Emergency Services: 1

Services Coordination/Intensity: 1

Last period 0 Occurrences

NSMHA: 12 Occurrences

Access: 3

Financial & Admin Services: 2

Physicians & Meds: 2

Last period 18 Occurrences

Administrative Hearing:

Other (Consumer) Rights: 1

Dignity & Respect: 1

Physicians & Meds: 1

Quality Appropriateness: 1

Services Coordination/Intensity: 1

Grievance Report Categories:

Important Note: Medicaid enrollees have rights to receive a Notice of Action and to file an appeal for some service issues. It is important to ensure Medicaid enrollees receive a Notice of Action in these cases and that they are directed to file appeals not grievances. A non-Medicaid individual, however, may file a grievance over any RSN decision or service issue—these are reported on the State-only grievance form.

Access:

- Concerns about ability to receive intake appointments, timeliness of referrals and appointments, or other issues with the intake or referral process (within available resources per NSMHA Policy 1574 for state funded individuals).
- 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 in this category would be Actions (disagreement with treatment plan), except for Non-Medicaid clients. May include 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, or 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 or concerns involving medication. A person may also request a 2nd opinion.

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

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

Housing: Issues related to effectiveness in assisting clients to obtain and maintain housing. This does not include Landlord/Tenant issues.

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

Emergency Services: These grievances would always involve an additional category, to clarify the nature of the problem. Grievances generally relate to services the RSN provides, including crisis lines, crisis services, E&T centers, hospital alternative programs, or detentions.

A person may file an RSN grievance about a DMHP or detention services. The result of the detention process is under the jurisdiction of a Superior Court and is not grievable. RSNs should note any trends in detentions. Examples of grievances might be dignity and respect issues, privacy, lack of timeliness, or lack of due process.

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 that are **not** covered in other categories (such as dignity and respect and confidentiality). 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 grievance is resolved mutually through providing additional information or referral to other services. An example would be a person believing their rights had been violated but was satisfied by being directed to WAC.

Conciliation/Mediation: A resolution agreed to mutually.

Not Pursued: Client requested to end grievance, discontinued participation in grievance process, moved away, was hospitalized, died, etc. A letter of resolution should be sent whenever 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.)

Complaint Levels Since 2010

Type of complaint:	Apr 2010	Oct 2010	Apr 2011	Oct 2011	Apr 2012	Oct 2012	Apr 2013	Oct 2013	Apr 2014	Oct 2014
Access:	24	32	29	33	13	18	3	5	4	11 *
Other (consumer) Rights Violations:	37	39	64	47	29	47	35	22	31	27
Dignity & Respect:	23	29	28	25	18	24	11	7	14	14
Emergency Services:	18	30	15	16	11	5	12	5	5	8
Financial/Administrative Services:	23	20	8	9	15	15	6	1	6	8
Housing:	21	23	20	17	12	11	6	4	11	4
Other Type:	31	25	18	10	3	3	1	1	2	3
Physicians/ARNPs/Meds:	42	40	40	32	31	23	29	18	21	15
Participation in Treatment/ Access to inpatient:	3	4	2	17	12	9	10	2	1	2
Quality Appropriateness:	3	2	2	3	15	6	5	2	4	8 *
Residential:	6	3	2	1	4	2	0	0	0	0
Services Intensity/not Available/coordination:	24	24	26	37	21	19	18	8	14	24*
Transportation:	2	0	4	2	0	4	1	0	2	1
Unreturned Phone Calls:	0	4	3	6	9	3	1	0	1	0
Confidentiality Violation:	1	2	2	4	3	1	1	0	2	2
Total:	258	277	263	259	196	190	139	75	118	127

Ombuds comments: * We attribute the rise in *Access* issues this period to a number of developmentally disabled child referrals and also to Medicaid expansion. We attribute the rise in *Services Intensity/not Available/Coordination of Services* issues this period to the stress put on the system by Medicaid expansion. We attribute the rise in *Quality Appropriateness* issues this period to a new and broader definition which is: *Issues regarding poor quality treatment or treatment errors*. *Physicians, ARNPs & Meds* issues have dropped significantly. We like to think the drop has to do with the performance improvement project committee's work to target quicker appointments with prescribers following the access process.

Complaints in general are significantly down over past several years. We attribute that to several things. The providers are doing a better job of resolving complaints at the lowest level and communicating with and paying attention to their clients. Their response letters to client complaints and grievances are well written and meaningful. The providers have solid programs of service as well as some innovative programs such as walk-in assessments, limited walk-in prescriptive services, and collaborative documentation. But we primarily attribute the drop in complaints and grievances to high quality treatment programs, many of them "evidenced-based practices," that were implemented in recent years and monitored for fidelity. Some of these are Children's Intensive Wrap-around programs, Programs for Assertive Community Treatment (PACTs), and Fidelity Supported Employment. There are also Intensive Outpatient Treatment Programs, enhanced Crisis, Triage and Emergency Services, development of a strong Peer Counselor cadre, Motivational Interviewing, Integrated Dual Disorder Treatment (IDDT), Trauma focused CBT for children, Wellness Recovery Action Planning, the Children's Assessment Tool (CANS) and Illness Management & Recovery (IMR).

DRAFT not yet approved by Advisory Board

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

October 1, 2014

1:00 – 3:00pm

Present:	Island: San Juan: Skagit: Joan Lubbe, Jeannette Anderson Snohomish: Joan Bethel, Marie Jubie, Jennifer Yuen, Fred Plappert, Greg Wennerberg Whatcom: David Kincheloe
Excused Absence:	Island: Candy Trautman San Juan: Peg Leblanc Skagit: Snohomish: Carolann Sullivan, Carolyn Hetherwick-Goza Whatcom: Michael Massanari, Mark McDonald
Absent:	Island: San Juan: Skagit: Snohomish: Jeff Ross Whatcom: Larry Richardson
Staff:	Joe Valentine, Margaret Rojas, Joanie Williams recording
Guests:	none

MINUTES

TOPIC	DISCUSSION	ACTION
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CALL TO ORDER AND INTRODUCTIONS		
vice Chair	The meeting was called to order and the vice Chair, David, initiated introductions. He noted the Chair was unable to attend the meeting.	Informational
REVISIONS TO THE AGENDA		
vice Chair	David asked if anyone had any revisions to the agenda and said there will be additional conversation about the budget and the Western State Hospital site visit. Fred asked for the 2015 budget to be discussed. Greg W. asked to talk about a site visit to the Legislature in Olympia. David took note.	Informational
COMMENTS FROM THE PUBLIC		
	none	
APPROVAL OF MINUTES		
vice Chair	David asked if there were any revisions to the September minutes. Marie noted a spelling error under Snohomish County Comments. She said the word Bailey was misspelled. Joanie will amend. Motion was made to approve the minutes after the revision, motion was seconded and approved.	Motion approved to accept minutes upon revision
EXECUTIVE/FINANCE COMMITTEE		
vice Chair	David referenced the expenses which were discussed during the Executive Finance Committee. A motion was made to approve the expenses and forward them to the Board of Directors for approval. Motion was seconded and approved. The members talked about a potential dollar increase request on for the 2015 budget. One member commented their would be the addition of	Motion approved to forward the September expenses to the Board of Directors

	<p>chemical dependency members joining the board upon integration, resulting in increased expenses. Discussion followed. There were three options discussed regarding the budget increase.</p> <ul style="list-style-type: none"> 1) Request an increase 2) Leave the budget dollar amount the same, until actual integration which takes place in 2016 3) Increase the budget by \$410.00 <p>A motion was made to keep the budget dollar amount the same, with no request of an increase for 2015. A vote took place, 5 people voted to keep the budget as is, 3 opposed. David noted by simple majority the budget will be kept as is.</p> <p>Motion was seconded and approved.</p> <p>He passed out a 2015 budget allocation recommendation document from Fred.</p> <p>It was determined Fred's allocation recommendation would be voted on at the next meeting, David noted. Fred asked that the 2015 NSMHA budget be posted on the website.</p> <p>Western State Hospital site visit was discussed. It will be postponed until March or April 2015 since the 2014 budget balance is getting low. The average cost will be about \$1,500.00 for the bus, driver, lunch and possibly dinner. A motion was made to approve the postponed visit. Motion was seconded and approved. Joanie will arrange the site tour.</p>	<p>Motion approved to leave the budget amount the same, no increase request</p> <p>Motion approved to visit Western State Hospital in spring 2015</p>
STANDING BOARD OF DIRECTORS COMMITTEE REPORTS		
	Planning Committee: No September meeting	
Executive Director	Quality Management Oversight Committee (QMOC) Report	
	Joe asked if there were any questions regarding the QMOC report. There was discussion about the Relias On-Line Learning System Training Program. Joe noted there are currently 1,400 users signed up in the region. The on-line system will decrease the number of face to face trainings needed.	Informational
OLD BUSINESS		
	none	
EXECUTIVE DIRECTOR'S REPORT		
Executive Director	<p>Behavioral Health Organization (BHO) Planning Update: Joe referenced the PowerPoint Presentation: The Development of the North Sound Behavioral Health Organization (BHO). He covered the background and the proposed regional service areas and other county BHOs. The state time line was talked about, as well as the North Sound's timeline and BHO. He spoke about the transition to Managed Care and the BHO plan elements. He concluded speaking about the Accountable Communities of Health (ACH) and health care integration. He spoke about NSMHA's Planning Process. The group engaged in discussion regarding various aspects of integration, funding and the planning process. David asked for a list of the Providers who offer chemical dependency services, in addition to mental health services. Joe asked Joanie to get this document from Annette and send it out to the group. Joe said he would ask a couple of the County Coordinators to come and speak at the Advisory Board Pre-Meeting in November regarding lessons learned with integration of chemical dependency and mental health.</p> <p>Single Bed Certification (SBC) Update: Joe gave an update on the most recent Single Bed Certification decisions. In August the Supreme Court ruled Single Bed Certifications could no longer be used to provide psychiatric care to individuals who need to be involuntarily committed. Community hospital care is no longer permitted unless the</p>	<p>Informational</p> <p>Informational</p>

	<p>hospital meets the criteria for being an Evaluation and Treatment (E&T) facility. Annually, in this region, there are over 800 people on Single Bed Certifications in Community Hospitals. Joe gave details on funding, action steps, requests for proposals (RFPs), certificates of need and possible long term solutions. Discussion followed.</p> <p>HARPS: Margaret spoke on the Housing and Recovery through Peer Services (HARPS) program. She talked about the letters of interest, lack of response to the RFP and the barriers. Additional funding and other potential solutions were also discussed.</p> <p>NSACH: David talked about the North Sound Accountable Communities of Health (NSACH). He noted the basic purpose is to spearhead, coordinate and create the fully integrated health care system in the North Sound Region. He spoke on his role in representing consumers and Joe's role representing Behavioral Health professionals within the Organizing Committee. He talked about the purpose, as well as the Committee's goals. He noted the first step is to obtain a grant to get initiatives up and running. He covered the long term goal of NSACH in creating, organizing and structuring an integrated system of care. He concluded by stating he would keep the Advisory Board updated.</p>	
ACTION ITEMS BEING BROUGHT TO THE BOARD OF DIRECTORS		
Executive Director	The Action Items were discussed, as well as the introductory items. Group discussion followed. A motion was made to forward the action items to the Board of Directors for approval, motion was seconded and approved.	Motion approved to forward the Action Items to the Board of Directors
<p>NEW BUSINESS Future site visits: David led the group in conversation regarding next year's pre-meeting site visits. Western State was discussed, as well as an advocacy tour to visit the Legislature. Western State Hospital is the first trip the board is interested in taking. Lake Whatcom Residential Treatment Center was talked about; the E&T in Sedro Woolley was listed as an additional option. Joanie will draft a new Site Tour List for 2015.</p>		
REPORT FROM ADVISORY BOARD MEMBERS		
COMMENTS FROM COUNTY ADVISORY BOARD REPRESENTATIVES		
Island	None present	Informational
San Juan	None present	Informational
Skagit	Jeannette spoke on the Homeless Connect Project. She said they connect homeless and low income individuals with services. They met at the college. She talked about the representation of the Peer Counselors.	Informational
Snohomish	Fred talked about County Executive John Lubbock releasing the 2015 budget; he is adding staffing positions to Human Services, 13 nursing positions for the Snohomish County Jail. Fred spoke to the needs in the jail.	Informational
Whatcom	No meeting this month.	Informational
<p>OTHER BUSINESS Jeannette asked for an open house with a ribbon cutting ceremony with cake upon the opening of the Sedro Woolley E&T. Joe said if NSMHA gets the funding there will be an open house, in which the Advisory Board will be invited.</p>		
ADJOURNMENT		
vice Chair	The meeting adjourned at 2:55pm.	Informational

**Advisory Board Budget
January through October 2014**

	All Conferences	Board Development	Advisory Board Expenses	Stakeholder Transportation
Total	Project # 1	Project # 2	Project # 3	Project # 4
Budget	\$ 13,900.00	\$ 1,600.00	\$ 12,490.00	\$ 600.00
Expense	(10,843.64)	(1,675.00)	(15,884.58)	(33.60)
Under / (Over) Budget	\$ 3,056.36	\$ (75.00)	\$ (3,394.58)	\$ 566.40

BHC, NAMI, COD, OTHER	BOARDS SUMMIT (RETREAT)	Costs for Board Members (food, mileage, misc.)	Non-Advisory Board Members, to attend meetings and special events
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**North Sound Mental Health Administration
Warrants Paid
October 2014**

	Type	Date	Num	Name	Memo	Amount
Advisory Board						
Supplies						
Total Supplies	Bill	10/07/2014	September2014	Haggen Inc	Batch # 107212	188.52 <u>188.52</u>
Travel						
	Bill	10/07/2014	September2014	AA Dispatch	Batch # 107212	545.95
	Bill	10/07/2014	Sept/Oct2014	Kincheloe, David	Batch # 107212	154.00
	Bill	10/14/2014	October2014	Bethel, Joan	Batch # 107299	188.60
	Bill	10/14/2014	Oct14AdBdConf	Rojas, Margaret	Batch # 107299	116.62
	Bill	10/14/2014	October2014	Yuen, Jennifer	Batch # 107299	47.04
	Bill	10/27/2014	October2014-1	Kincheloe, David	Batch # 107473	381.61
	Bill	10/27/2014	October2014-2	Kincheloe, David	Batch # 107473	76.60
Total Travel	Bill	10/27/2014	Aug2014-Oct2014	Trautman, Candy	Batch # 107473	494.36 <u>2,004.78</u>
Total Advisory Board						<u>2,193.30</u>

**Advisory Board Proposed Budget
January through December 2015**

	All Conferences	Board Development	Advisory Board Expenses	Stakeholder Transportation
Total	Project # 1	Project # 2	Project # 3	Project # 4
Budget	\$ 13,295.00	\$ 1,700.00	\$ 13,395.00	\$ 200.00
Expense	0.00			
Under / (Over) Budget	\$ 13,295.00	\$ 1,700.00	\$ 13,395.00	\$ 200.00

BHC, NAMI, COD, OTHER	BOARDS SUMMIT (RETREAT)	Costs for Board Members (food, mileage, misc.)	Non- Advisory Board Members, to attend meetings and special events
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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 • Web Site <http://nsmha.org>

QMOC Brief October 22, 2014

Ombuds Fall 2014 Report

ChuckD presented the Fall 2014 report; complaints were around 3% overall even with Medicaid expansion and he thanked providers for their work. He highlighted some of the recommendations that came out of this reporting period.

Policy 1522-Out of Network Services

The policy was updated to clarify the process when a needed service is not available by a contracted provider; the provider would subcontract for the needed service. NSMHA would directly contract with an entity only when the service is only available out of state. This policy has been approved.

Recovery Resiliency Plan (RRP) Training

Providers have asked to have some training writing strength-based RRs in response to chart reviews by NSMHA that illustrate the need. KurtA brought forth a proposal for train the trainer sessions and providers requested that the curriculum go to the Regional Training Committee for review and to set up trainings.

Trauma Informed Care

The mental health field is moving ahead with implementing trauma informed care and NSMHA is looking at how to implement among all the current initiatives such as CD integration and the Behavioral Health Organization. QMOC feedback is to look at what is already being done and where there is overlap in what we are already doing; start to weave in and develop as we go along.

Assessing and Managing Suicide Risk

WA State has a high rate of suicide and a new WAC requirement around suicide prevention training for licensed professionals has been set. With this new requirement, licensed professionals are being trained and expected to monitor at a higher level, it is a shift in the formality of assessing overall risk; both assessing and monitoring going forward.

Medication Only Services

There is a the new behavioral health WACs that individuals must receive more than medication only services. NSMHA's position is that agencies work to engage people and help them see the value of other services in addition to medication appointments. In some cases they can be transitioned to their PCP but the most ill will need innovative strategies to help them see the value of other services in addition to medication appointments and engage.

Advisory Board Advocacy

Population	Area of Advocacy	Integrated Advocacy
Non-English speakers	Navigating the healthcare system; accessibility and assistance in resource attainment	<p>What areas of advocacy are transferable to an integrated system?</p> <p>What areas of advocacy are needed in an integrated system?</p> <p>Advisory Board composition, do we have gaps in our representation?</p> <p>How do we approach legislators?</p>
Children, youth & adolescents	E&T for children/Youth; RCW changes in ITA; provide awareness of services to children/youth; treatment available in schools;	
Homeless of all ages, to include Vets	Attainment of housing; community meals & shelter; opportunities for engagement in services;	
Increase in Certified Peer Counselors & practitioners in Nursing Homes	Providing awareness of the benefits to peer support;	
Individuals with disabilities	Protection of Civil Rights	
Older Adults	Accessibility, transportation to health care facilities	
Individuals involved in the criminal justice system	Mental health court;	
Incarcerated individuals	availability of treatment while in jail; support for family members;	
Individuals who have attempted suicide	Research and education in suicidality	
Legislators, schools & colleges	Stigma reduction	
Greater Community	Improvement in healthcare delivery; development, education and involvement of individuals/families in improving healthcare delivery; cultural awareness and sensitivity toward those experiencing disparities in care;	
Traumatic Brain Injury	Support for individuals, family and caregivers	
Global Community	Research how other countries support individuals with mental illness and what we can learn	
Funders	Information and policy	
Government/local/boards	Information	
Self-Advocacy	Education/networking	
Legislators	Information/education	
Law enforcement	Training/education	
EMS/First Responders	Training/education	
Greater Community	Marketing/Awareness	
Substance Use Providers	Identify peer leaders in community	

Mental health facility proposed at old hospital campus



The North Sound Mental Health Administration has plans to open a 16-bed mental health treatment facility in the former Compass Health building on the Cascade Gateway Center property (formerly North State Hospital) in Sedro-Woolley. Brandy Shreve / Skagit Valley Herald

Posted: Wednesday, October 29, 2014 6:00 am

[Mental health facility proposed at old hospital campus](#) By Kimberly Cauvel |

SEDRO-WOOLLEY — The [North Sound Mental Health Administration](#) and Skagit County commissioners are lobbying to reopen a 16-bed mental health facility at the North Cascades Gateway Center, which was also the former site of Northern State Hospital for the mentally ill.

The proposal is an effort to move quickly in response to a state Supreme Court ruling in August that determined it is unlawful to “board” involuntarily detained individuals at a hospital if there are no treatment beds available at an appropriate mental health facility. The new law will take effect Dec. 26.

The county commissioners recently sent a letter to state officials and several lawmakers, encouraging the state Department of Health to work toward reopening the facility, which they say could be operational within months. The facility was closed in 2010.

The move surprised Sedro-Woolley and Port of Skagit officials who had been working with the county to develop a plan to revitalize and map a future for the Northern State campus.

City Supervisor and Attorney Eron Berg and other city officials said during an Oct. 22 meeting that they were displeased the county did not consult or notify them.

“The idea is when you’re involved in a coordinated effort, if you’re going to peel off and go in one direction that’s different from what everyone else has been working on, call,” Berg said.

Port Executive Director Patsy Martin said she supports the idea as a way to quickly comply with the new state law, but it is not something that fits with the port’s future goals for the campus as a whole.

“We understand the county’s needs with the recent court ruling that mentally ill people can’t be housed in emergency rooms, that the county is needing to find a short-term solution,” she said.

County Commissioner Ken Dahlstedt, who also serves as North Sound Board chair, said responding to the state-mandated mental health rule is more urgent than economic planning.

“When the court tells you have to do something, it’s not optional,” he said.

Regional mental health organizations are scrambling to establish beds to meet mental health needs across the state by the deadline, North Sound Director Joe Valentine said. About 145 beds are needed statewide.

“We need additional what is called ‘evaluation and treatment beds.’ These are facilities designed to specifically provide short-term care to people who are in a psychiatric crisis and need a place to receive short-term treatment to be stabilized,” Valentine said.

It's difficult to pin down how many beds are needed in Skagit County, he said. Skagit is included in North Sound's five-county coverage area with Whatcom, Island, Snohomish and San Juan counties.

But a new facility at Providence Regional Medical Center Everett and the potential of reopening of the North Sound Evaluation and Treatment Center would "go a long way toward our regional needs for more immediate psychiatric attention," Valentine said.

The push to reopen the center comes in the midst of a \$325,000 economic development [study](#) that Skagit County, the Port of Skagit and Sedro-Woolley partnered in January to undertake with the help of the state departments of Ecology and Enterprise Services, which owns the campus.

Sedro-Woolley officials aren't entirely opposed to the former hospital campus being used for mental health purposes. But Berg said the proposal seems inconsistent with the study's direction.

"The adaptive reuse study is looking at the campus as a whole and reimagining how it can be operated in the future," he said. "I'd say that adding one use such as this is probably not a strong fit for that."

Sen. Kirk Pearson, R-Monroe, one of the lawmakers to get the county letter, said he was surprised that the port and Sedro-Woolley were not included in developing the proposal.

"I understand what the commission is doing, but I think there needs to be more of a public discussion about it," he said.

He would like to see all study partners on board, as well as state agency approvals, before it moves forward.

Enterprise Services Communications Director Curt Hart said North Sound has approached the agency with the idea, but not yet provided a formal proposal.

The building in question hosted more than 100 community members, officials and consultants [in June and September to discuss](#) the site's future.

North Sound inspected the building and was "pleased to see it was in excellent condition," said Valentine, who estimates reopening costs of \$100,000.

"It's a really minor amount for starting up a whole new program again," he said.

The organization contacted Enterprise Services to seek a lease and the state Department of Social and Health Services for financial operation support. North Sound is negotiating lease terms and determining how building repairs and upgrades might be paid for.

If the proposal moves forward, the regional agency would pay the leasing cost, and an independent community health agency would be contracted to operate the facility, Valentine said.

He expects the reopening process would take up to six months.

"Of course, that will be past the Dec. 26 deadline, so we will just have to do the best we can before it gets up and running," he said.

How did Skagit end up without enough beds to treat mental health issues?

Dahlstedt said the county wasn't really having trouble meeting mental health needs until the court decision in August. Mental health facilities have opened elsewhere in the region since then, "but there isn't one in Island or Skagit (counties) unless we reopen this one," he said.

The Skagit facility closed when Whatcom County opened a similar mental health treatment facility. "It didn't seem important to keep the North Sound location open," Dahlstedt said.

In North Sound's region, 800 people per year have been boarded at area hospitals while waiting for a bed to open at a mental health facility.

The North Sound Evaluation and Treatment Center received the third highest number of patients in the region in 2009 and 2010, according to North Sound's records.

After the center closed, area hospitals saw more mental health patients. In 2013, United General Hospital in Sedro-Woolley received 19 more patients than in 2010. Island Hospital in Anacortes received 12 more, and Skagit Valley Hospital in Mount Vernon 61 more.

"Usually the first place people are brought is emergency departments, which are really not equipped to provide mental health services ... particularly not for people who need a temporary, involuntary commitment," Valentine said.

Reopening the existing building makes the most sense financially and would benefit patients and their families while also creating jobs, Dahlstedt said.

"The state has the obligation, the state already owns the facility and it won't take much money to get it going. So instead of spending millions, it just made more sense to reopen it," he said.

— *Reporter Kimberly Cauvel: 360-416-2199, kcauvel@skagitpublishing.com, Twitter: @Kimberly_SVH, [facebook.com/bykimberlycauvel](https://www.facebook.com/bykimberlycauvel)*

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STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
Behavioral Health and Service Integration Administration
PO Box 45050, Olympia, WA 98504-5050

October 24, 2014

Ron Wesen, Chair
Board of County Commissioners
Skagit County Commissioners
Administration Building
1800 Continental Place, Suite 100
Mount Vernon, Washington 98273

Kenneth A. Dahlstedt
Board of County Commissioners
Skagit County Commissioners
Administration Building
1800 Continental Place, Suite 100
Mount Vernon, Washington 98273

Sharon D. Dillon
Board of County Commissioners
Skagit County Commissioners
Administration Building
1800 Continental Place, Suite 100
Mount Vernon, Washington 98273

Dear Chairman Wesen, Commissioner Dahlstedt, and Commissioner Dillon:

SUBJECT: Evaluation and Treatment Center in Skagit County

Thank you for your letter supporting the re-opening of the North Sound Evaluation and Treatment Center. We agree that this 16-bed facility would be an important treatment resource for individuals who live with mental illness in Skagit County.

Representatives of BHSIA have already entered into discussions with the North Sound Mental Health Administration. We support the project and have assigned a staff member to serve as point person to work with the Regional Support Network as they develop this project's potential.

Again, thank you for your letter. Rest assured that we will continue to work with the North Sound Mental Health Administration as they develop options in increasing E&T capacity for residents of Skagit County and the North Sound Mental Health Administration.

If you have additional concerns, please contact me by email at jane.beyer@dshs.wa.gov or by telephone at 360-725-2260, or you can contact Chris Imhoff, Director, Division of Behavioral Health and Recovery, by email at chris.imhoff@dshs.wa.gov or by telephone at 360-725-3770.

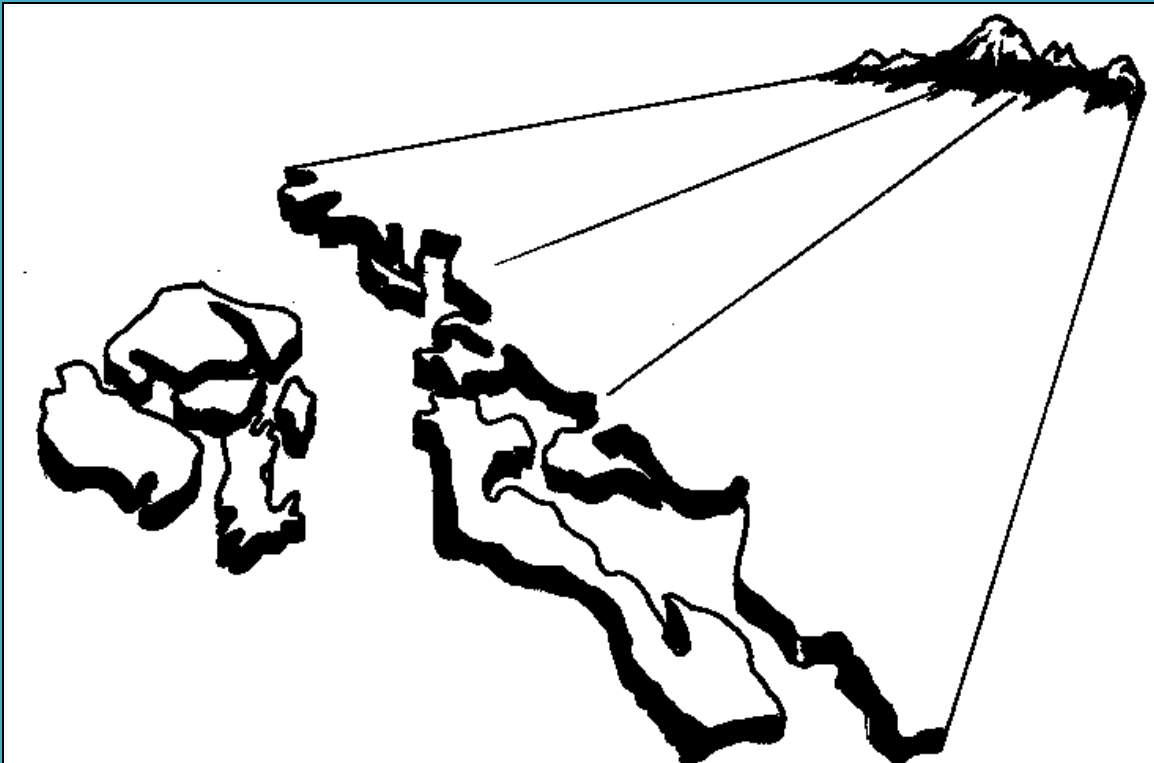
Sincerely,

A handwritten signature in black ink, appearing to read "Jane Beyer".

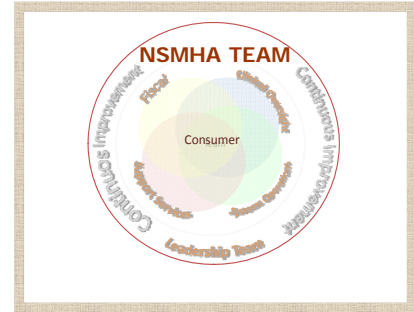
Jane Beyer
Assistant Secretary

cc: Joe Valentine, Executive Director, North Sound Mental Health Administration
Chris Imhoff, Director, Division of Behavioral Health and Recovery

North Sound Mental Health Administration



2015 Proposed
Operating Budget
October 9, 2014



NSMHA 2015 PROPOSED OPERATING BUDGET

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- IV. NSMHA Organizational Chart

I. NSHMA 2015 PERPOSED OPERATING BUDGET NARRATIVE

A. BUDGET HIGHLIGHTS

This budget proposal reflects the intent of the NSMHA to continue to develop and enhance its capabilities as a regional Prepaid Inpatient Health Plan (PIHP) and Regional Support Network (RSN). Medicaid expansion has significantly increased funding and demand for services. The state legislature passed second substitute Senate Bill 6312 on April 4, 2014. This legislation will start the process of integrating mental health and chemical dependency services in the state of Washington.

In 2013, NSMHA expanded its network of providers, providing more choices for consumers, expanding services in rural areas, and increasing the availability of school based mental health services. This increase in the number of providers enabled the NSMHA network to help meet the increased demand for services generated by the expansion of Medicaid.

NSHMA has offset at least some of the reductions in state funding by increasing our ability to leverage Medicaid.

NSMHA continues its comprehensive redesign of the mental health Crisis Services system. In 2014 we successfully procured new state funding to provide for on-site nursing services at the Triage Centers and for a Geriatric Transition Team. We have also developed a crisis services protocol for use by Hospital Emergency Departments, and are in the process of meeting individually with every hospital in the region to implement it. NSMHA's response to the recent Supreme Court decision to restrict the use of Single Bed Certifications will be aided by the strengthened Crisis Services system, but NSMHA will need to continue to work with the State and Hospitals to expand the number of psychiatric beds. Our active pursuit of re-opening the North Sound Evaluation and Treatment facility in Sedro Woolley during 2015 will be an important strategy in achieving this goal.

We continue to play an active role in regional implementation of Health Care Reform, and played a key role in facilitating the transition of the Regional Health Alliance to an "Accountable Community of Health" which will be well positioned to compete for new state dollars to support local health care improvement initiatives.

Finally, NSMHA has initiated a comprehensive planning process to prepare for the transition to a Behavioral Health Organization in 2016.

2014 Accomplishments Include:

- Continued implementation of the 2013-16 Strategic Plan objectives. Significant progress has been made on many of the original strategic objectives, and a number of these objectives have already been completed.
- Continued to build the infrastructure to coordinate care with Managed Care Organizations, Hospitals, and the new Health Home Networks through health information exchange.

- One of the first RSNs to implement the new Children’s Mental Health “WISe” program and have already fully utilized our initial allocation of slots.
- Played a lead role in facilitating the transition of the North Sound Regional Health Alliance to an “Accountable Community of Health” which will be well positioned to compete for new state dollars to support local health care improvement initiatives.
- Continued with the implementation of the Crisis Services system redesign. 2014 accomplishments include: obtaining funding for on-site nursing services at the Triage Centers, funding for a Geriatric Transitions Team, development of an RFP to select providers for an enhanced voluntary mental health Crisis Services system, development and implementation of protocols for hospital emergency departments.
- Continued development and expansion of the use of certified Peer Counselors, including funding regionally based training for Peer Counselors.
- Procured access to the “Emergency Department Information System”, (EDIE), and have arranged for the uploading of mental health crisis plans to support coordination between hospital emergency departments and NSMHA contracted providers.
- Continued providing training and support to provider staff to increase expertise in the use of Evidence Based Practices and to support improved coordination with Tribal Behavioral Health Programs.
- Procured a new “on-line” Learning System to support timely training for all regional clinical staff.
- Obtained state funding to implement a pilot housing support services program called “Housing and Recovery through Peer Services” program.
- Initiated the development of strategies to respond to the Supreme Court decision restricting the use of Single Bed Certifications. This included developing a daily tracking system and taking steps to re-opening the North Sound Evaluation and Treatment facility in Sedro Woolley.

Challenges:

- The large cuts in state funding will continue to restrict our ability to support services that require state funding such as Crisis Services and the room and board costs of residential treatment.
- Continue to monitor and respond to the potential increase in Involuntary Commitments as a result of the expansion of Involuntary Commitment criteria in July 2014.
- Identify new beds for persons who need psychiatric treatment as a result of an Involuntary Commitment including seeking the necessary funding from the State to re-open the North Sound E&T.
- Continue implementation of the WISe program and work with allied organizations such as the DSHS Children’s Administration to manage the demand for services which will exceed our current capacity to offer WISe services.
- Implementation of “Strategy 2” in Snohomish County, now scheduled for mid-2015, which will carve out NSMHA Medicaid dollars and transfer some responsibility for services to the “Dual Eligibles” to Managed Care Organizations. This will cause an increase in care coordination work for NSMHA staff.

- Recruitment and retention of qualified staff – both for NSMHA and our providers – as we compete with Managed Care Organizations for persons with expertise in behavioral health services as well as struggle to recruit a sufficiently large workforce to meet the increased demands for services.
- Continue with implementation of our Crisis Services redesign including selecting providers to provide the expanded program of Voluntary Crisis Services.
- Develop a Crisis Services protocol for law enforcement similar to the protocol that was developed for Emergency Departments.
- Continue to develop the IT systems necessary to support health information exchange with hospitals, managed care plans, and other appropriate health care organizations.
- Develop the detailed plan to operate a Behavioral Health Organization.

B. NSMHA PERSONNEL CHANGES

The NSMHA staff will continue to work hard to fulfill our expanding and changing contractual and monitoring responsibilities. NSMHA is proposing a budget that adds four new positions during 2015 an additional quality specialist, a quality improvement coordinator researcher, an administrative receptionist and a provider support information technology position. These positions will support the increased administrative and clinical workload that comes with health care changes, the increase in Medicaid enrollees, new programs, and developing the plan to operate a Behavioral Health Organization. NSMHA will continue to sponsor three conferences a year and many workforce development trainings. This staffing plan provides the resources necessary to support our active participation in the implementation of health care reform and integration initiatives in the North Sound Region.

C. SUMMARY OF 2014 VERSUS 2015 REVENUES AND EXPENDITURES

	REVENUES	EXPENDITURES
2014 Budget	\$70,054,111	\$70,054,111
2014 Projected	\$97,383,000	\$ 79,125,000
2015 Budget	\$95,812,698	\$95,812,698

2015 Projected Revenues Include:

PIHP Medicaid Funding	\$77,232,428
PIHP State Funding	\$15,178,272
Federal Block Grant Funding	\$1,100,750
PACT Team Funding	\$347,496
PALS	\$1,154,328
Other funds	\$799,424
Total	\$95,812,698

D. 2015 NSMHA Operating Budget Specifics

2015 BUDGET AREA	Compared to 2014 Budget	Comments
Salaries	\$447,057 25.8% increase	Added 2 FTE during 2014 and 4 more in 2015, upgraded three QS positions in 2014 and three leadership team positions in 2015, 2.3% COLA, 1.4% health care savings converted to COLA, salary grid update and elimination of six months increase except for the first step on the grid
Personnel Benefits and Taxes	\$254,394, 24.5% increase.	Adding additional staff. Increase health care costs, Premera 6.9%, Group Health 3%, wellness plan savings 4% converted to COLA
Office/Operating Supplies	\$6,743, 17.4% increase	Increase based on historical costs and adding more employees
Small Tools/Minor Equipment	\$14,083, 76% increase	Anticipate spending more for adding new staff
Professional Services Contracts	\$424,204 207% increase	Increase in estimated legal services, temporary help, behavioral health care consulting. Also adding a budget reserve in the amount of \$310,204
Communications	\$9,600, 18.3% increase	Increasing postage office phone costs and 4 cell phones
Travel	\$24,440, 40% increase	Additional staff and anticipating additional BHO travel
Advertising	Same	Same
Space/Equipment Rentals	\$74,850, 48% increase	Estimated increase for renting additional space
Insurance	\$1,000, 3% decrease	Current insurance costs went down
Utilities	\$4,000, 50% increase	Estimated increase for renting additional space
Repairs / Maintenance	\$12,000, 38.7% increase	\$10,000 estimated increase in janitorial services, \$2,000 estimated increase in equipment repair
Miscellaneous	\$23,900, 55.9% increase	Increased training, NSMHA conferences and Board summit
Machinery / Equipment	Same	Same
NSMHA Total Operating Budget	\$1,294,271, 37.8% increase	Medicaid expansion and state funds decrease leave a net increase
Tribal Conference	Same	Same
Advisory Board	Same	Same
Systems of Care Conference	\$4,000, 50% increase	Increase based on historical cost
Provider Training	\$250,000 increase	Was not a separate budget category in 2014
Agency/County and Other Services	\$23,760,316 increase, 42.7%	Increase based on Medicaid expansion and current funding
Inpatient Hospital Services	Same	Same

E. REVENUE AND EXPENDITURE APPROVAL PROCESS

- | | |
|---|----------------|
| 1. Preliminary review & recommendation of Finance Committee | 10/9/14 |
| 2. Introduction to the Board of Directors | 10/9/14 |
| 3. Distribution to: | |
| (i) Advisory Board | 10/10/14 |
| (ii) Interested Public and Stakeholders | 10/10/14 |
| (iii) Available on NSMHA Website | 10/10/14 |
| 4. Review and recommendation of the Advisory Board | 11/4/14 |
| 5. Review at the Board of Directors meeting | 11/13/14 |
| 6. Review and approval by Advisory Board | 12/2/14 |
| 7. Review and recommendation of all stakeholders | Up to 12/11/14 |
| 8. Recommended Budget presented for Board adoption | 12/11/14 |

F. CONCLUDING REMARKS

The North Sound Mental Health system will continue undergo significant changes in the next few years as the public mental health system is integrated with the Chemical Dependency treatment system and eventually with primary care services. The challenge of trying to seamlessly integrate mental healthcare services with chemical dependency system, then physical healthcare and the emergency services systems will require a lot of hard work and flexibility from all systems and stakeholders. We are being asked to expand Medicaid services, children services and involuntary commitment services at the same time as we are required to reduce state funded services. We can only do this with the cooperation from our counties, providers, tribes, advocates and clients. Whatever changes happen going forward we need to ensure that the efforts to improve treatment services are balanced with an equal emphasis on recovery, consumer engagement and empowerment. Supporting paths to recovery will continue to be a core part of NSMHA's mission.

II. Revenue Forecast

**REVENUE DETAIL
NORTH SOUND MENTAL HEALTH ADMINISTRATION
PROPOSED
2015 ANNUAL BUDGET**

SOURCE DESCRIPTION	Amount	RSN Operating Budget
<i>INTERGOVERNMENTAL REVENUE</i>		
33399 Federal Block Grant	\$ 1,100,750	
33399 PATH Grant	138,820	
33864 Prepaid Health Care Funding Medicaid	80,232,428	80,232,428
<i>Gross Medicaid payment, less estimated Dual Eligible</i>	(3,000,000)	(3,000,000)
33864 Prepaid Health Care Funding State Funds	15,178,272	15,178,272
33865 PACT	347,496	347,496
33865 PALS	1,154,328	1,154,328
33865 Jail Services	373,104	373,104
33865 Enhanced Community Service	187,500	187,500
33000 * INTERGOVERNMENTAL REVENUE	\$ 95,712,698	94,473,128 4.991%
<i>CHARGES FOR SERVICE</i>		
34690 Charges for Conference	20,000	
34000 CHARGES FOR SERVICE	\$ 20,000	
<i>MISCELLANEOUS REVENUES</i>		
36110 Investment Interest	80,000	
36000 * MISCELLANEOUS REVENUES	80,000	
TOTAL REVENUE	\$ 95,812,698	

III. 2015 NSMHA OPERATING BUDGET

A. Summary Budget

<u>EXPENDITURES</u>	Total
Regular Salaries *	\$ 2,179,053
Personnel Benefits	1,292,352
Office, Operating Supplies	45,500
Small Tools	32,500
Professional Services	628,829
Communications	62,000
Travel	84,520
Advertising	6,000
Operating Rentals & Leases	230,800
Insurance	32,000
Utilities	12,000
Repairs & Maintenance	43,000
Miscellaneous	66,600
Machinery & Equipment	-
Subtotal - NSMHA Operations Budget	\$ 4,715,154
Tribal Conference	35,000
Advisory Board	28,590
Systems of Care Conference	12,000
Provider Training	250,000
Agency County and Other Services	79,271,954
Inpatient Hospital Costs	11,500,000
Total NSMHA Budget	\$ 95,812,698

* (includes 2.3% COLA and 1.427% Health Savings COLA)

2012 BUDGET	2012 ACTUAL	2013 BUDGET	2013 ACTUAL	2014 BUDGET	2015 BUDGET	B. 2015 OPERATING BUDGET DETAILS
1,512,358	1,463,489	1,623,147	1,558,878	1,698,035	2,100,750	REGULAR SALARIES
0	0	21,101		22,075	48,317	COLA SALARY CONTINGENCY Cost of living adjustment budgeted 2.3%. (If the COLA not approved, this amount becomes zero)
				11,886	29,986	Health savings converted to COLA. This increases the COLA to 1.427%
1,512,358	1,463,489	1,644,248	1,558,878	1,731,996	2,179,053	REGULAR SALARIES
						PERSONNEL BENEFITS
524,710	572,528	639,528	790,636	737,082	932,333	HEALTH LIFE DENTAL Medical, Premera increased 6.9%, Group Health increased 3% Dental and Life are the same Vision went down a little.
				(25,571)	(35,036)	Savings from Wellness Plan 4 % of health care premiums
109,646		114,919		156,049	193,059	PERS RETIREMENT Based on 2014 rate of 9.19% for Public Employee Retirement Systems.
115,696		124,171		129,899	160,707	SOCIAL SECURITY The rate remains at 7.65% of FTE salaries.
14,145		16,383		17,085	7,446	UNEMPLOYMENT COMPENSATION The 2014 rate is 1.62% of FTE salaries, capped at \$38,200 per employee.
15,964		17,043		17,695	20,656	WORKERS COMPENSATION The 2014 rate is \$.3131 multiplied by the FTE annual hours.
		3,108		5,719	8,137	COLA BENEFIT CONTINGENCY Cost of living adjustment budgeted 2.3%.
					5,050	1.427% use of Health Care Premium Savings (If the COLA not approved, this amount becomes zero)
780,161	572,528	915,152	790,636	1,037,958	1,292,352	PERSONNEL BENEFITS
	40,466		24,351			OFFICE, OPERATING SUPPLIES For office supplies such as software, books, paper, pens, food.
22,000		23,000		23,000	30,000	Leadership
350		350		0		Fiscal
12,000		12,000				System Operations (software)
1,500				12,757	12,000	ISIT (software)
		2,000		0		Support Services (exemplary service awards)
750		1,000		1,000		exemplary service awards - Leadership
1,200		1,200		0	1,500	Support Services
1,946		2,000		2,000	2,000	System Operations
						Clinical Oversight
39,746	40,466	41,550	24,351	38,757	45,500	OFFICE, OPERATING SUPPLIES
	30,415		10,631			SMALL TOOLS & MINOR EQUIPMENT For operating equipment including desks, chairs, file cabinets, computers.
10,000		10,000		7,633	9,000	Leadership
10,000		10,000				System Operations (hardware)
				10,000	20,000	ISIT (hardware)
200		200		200	2,500	System Operations
584		584		584	1,000	Clinical Oversight
20,784	30,415	20,784	10,631	18,417	32,500	SMALL TOOLS & MINOR EQUIPMENT
						PROFESSIONAL SERVICES
35,000	122,089	65,000	130,389	35,000	65,000	LEGAL SERVICES
		2,000				Translators - Support Services
				2,000	2,000	Translators - Leadership
30,000		30,000		30,000	30,000	TREASURER & ACCOUNTING SERVICES \$2,500 a month for charges of processing voucher and payroll, issuing warrants by Skagit County and investing, accounting and budget services.
						MEDICAL SERVICES
20,625		20,625		25,000	29,000	System Operations
20,625		20,625		20,625	20,625	Clinical Oversight
						AUDIT SERVICES For annual NSMHA financial audit by WA State Examiner.
23,000		25,000		25,000	25,000	Leadership
						HUMAN RESOURCES SERVICES
15,000		15,000		15,000	15,000	Leadership
						Contracts HR
						TEMPORARY HELP Admin. Services
8,240		20,000		5,000	15,000	Support Services
						System Operations
10,000		25,000		0	0	Health care modeling consulting
				10,000	0	Crisis Redesign
				17,000	7,000	Peer Support Network Development HR
				5,000	5,000	Performance Improvement Project consultant - System Operations
					100,000	BHO consulting
27,165		49,000		15,000		Health Care Alliance consulting
					5,000	Contracts HR training
					310,204	Budget Reserve
111,776						Motivational Interviewing
301,431	122,089	272,250	130,389	204,625	628,829	PROFESSIONAL SERVICE

2012 BUDGET	2012 ACTUAL	2013 BUDGET	2013 ACTUAL	2014 BUDGET	2015 BUDGET	B. 2015 OPERATING BUDGET DETAILS
	41,751		29,399			COMMUNICATIONS
6,000		8,000		6,000	10,000	POSTAGE Leadership OCA - mailings
2,000						Support Services (newsletter, posters, OCA mailings)
						TELEPHONE
11,500		12,000		13,000	15,000	Monthly telephone and internet Leadership
12,000		12,000				T1 Connection SO
				13,000	13,000	T1 & DSL Connection IT
						CELLULAR PHONES
1,400		2,800		2,400	2,400	Leadership
2,800		2,800		2,400		Support Services
					1,200	Contracts HR
4,200		4,200		3,600	4,800	System Operations
8,400		14,000		12,000	15,600	Clinical Oversight
2,800						Clinical Oversight - liaisons
51,100	41,751	55,800	29,399	52,400	62,000	COMMUNICATIONS
	51,272		43,783			TRAVEL
						MILEAGE, FARES Reimbursement for NSMHA employees to use personal vehicles to attend meetings or perform work on behalf of the NSRSN.
500						Board
10,500		13,000		10,500	13,000	Leadership
3,000		4,000		4,000		Support Services
					2,000	Contracts HR
4,900		8,000		10,580	11,020	System Operations
10,564		29,740		31,000	52,000	Clinical Oversight
18,648						Clinical Oversight liaisons
1,500		2,000		1,500	2,500	Fiscal
				2,500	4,000	IS/IT
54,612	51,272	56,740	43,783	60,080	84,520	TRAVEL
	2,563		5,456			ADVERTISING
6,000		6,000		6,000	1,000	Advertising of vacant positions, RFQ's, RFP'S, Board meetings, ect.
					5,000	Leadership
						Contracts HR
6,000	2,563	6,000	5,456	6,000	6,000	ADVERTISING
	148,577		158,306			OPERATING RENTALS
						For renting rooms, training, short term equipment rentals, etc.
						SPACE RENTAL OFFICE
123,500		130,000		133,350	205,000	The 2014 estimated lease and storage rental. Leadership
						COPY LEASE
19,160		20,000		20,200	23,000	Lease of two copy machines. Leadership
						POSTAGE METER LEASE
2,450		1,900		2,400	2,800	Leadership
145,110	148,577	151,900	158,306	155,950	230,800	OPERATING RENTALS
						INSURANCE
29,000	28,038	32,000	31,354	33,000	32,000	Enduris formerly WGEP (Washington Gov't Entity Pool) membership fee. Leadership
29,000	28,038	32,000	31,354	33,000	32,000	INSURANCE
	6,137		6,548			UTILITIES
7,500		8,000		8,000	12,000	Leadership
7,500	6,137	8,000	6,548	8,000	12,000	UTILITIES
	19,385		25,321			REPAIR & MAINTENANCE
						For repair of office equipment and maintenance of phone system.
5,100		5,100		2,000	3,000	Leadership
500		500				System Operations
				9,000	10,000	Maintenance contracts and repairs IS/IT
14,315		15,000		20,000	30,000	Janitorial Services - Leadership
19,915	19,385	20,600	25,321	31,000	43,000	REPAIR & MAINTENANCE

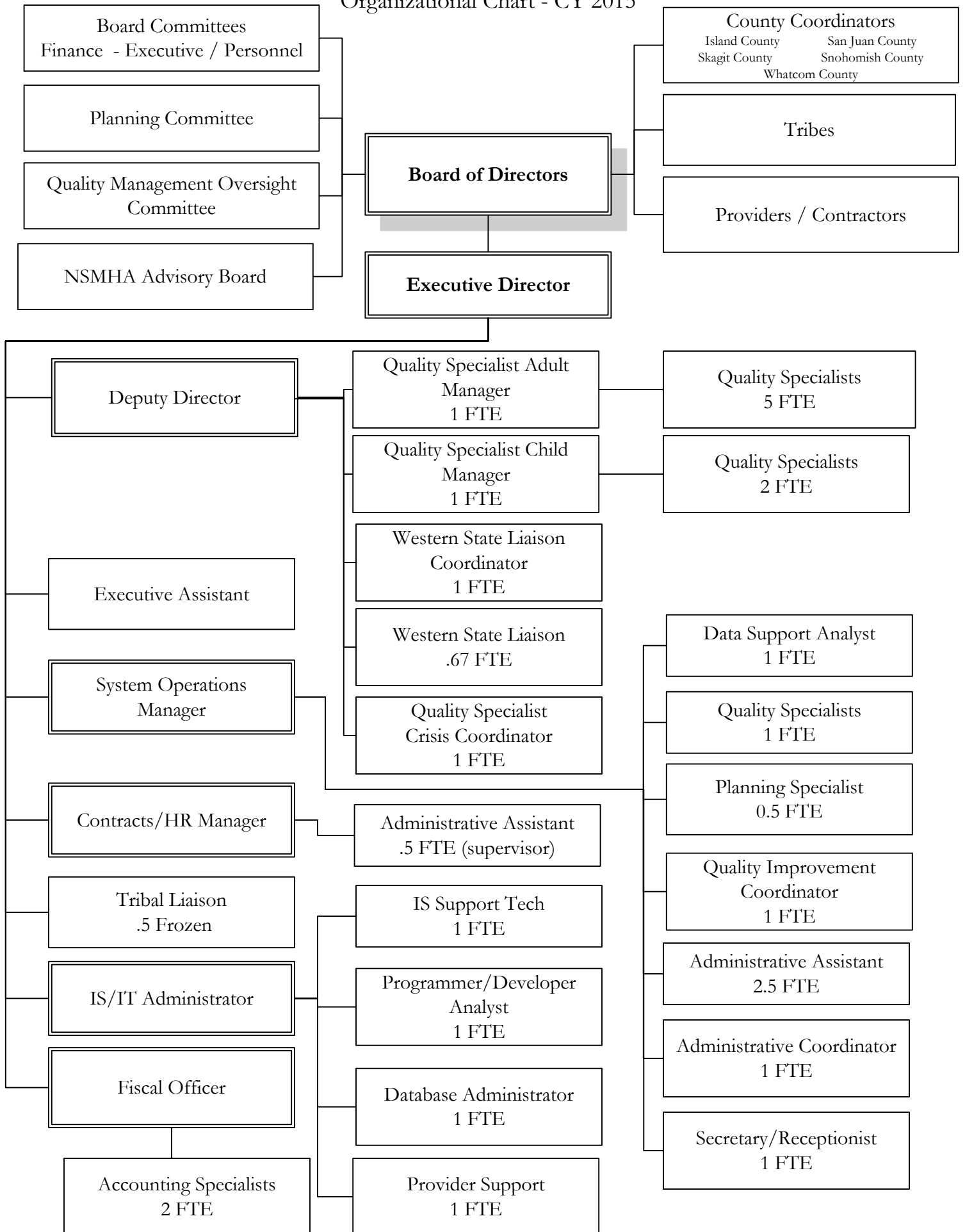
2012 BUDGET	2012 ACTUAL	2013 BUDGET	2013 ACTUAL	2014 BUDGET	2015 BUDGET	B. 2015 OPERATING BUDGET DETAILS
	17,107		17,444			MISCELLANEOUS
3,000		3,000		3,000	3,000	PRINTING & BINDING For printing of forms, reports, brochure, letterhead stationery, envelopes, business cards etc. Support Services Leadership
5,000		2,000		2,000	2,000	OCA Public Relations Newsletter Support Service NSMHA Brochures - Leadership
1,000		1,000		1,000	3,000	DUES AND SUBSCRIPTIONS For cost of periodical and other professional journals, hosting web page. Leadership
				1,300		IS/IT - code books
					1,000	System Operations
					500	Contracts HR
						REGISTRATION AND FEES
10,000		10,000		5,000	10,000	To provide off site work related training Board Summit- Leadership
		8,000				Annual Recovery Conference - Support Services
1,500				8,000	12,000	Dignity and Respect Conference - leadership
		2,000				Exemplary Service Awards - Support Services
		7,000		0		Exemplary Service Awards - Leadership
400		500		800	800	System of care - System Operations - move to separate budget Leadership
2,400		3,000		4,800		Support Service
					2,000	Contracts HR
2,400		3,000		4,000	11,500	System Operations
2,800		4,500		8,000	14,400	Clinical Oversight
800						Clinical Oversight - liaisons
1,200		1,500		2,400	2,400	Fiscal Training
				2,400	4,000	IS/IT
30,500	17,107	45,500	17,444	42,700	66,600	MISCELLANEOUS
0	33,695	0	11,513	0	0	MACHINERY & EQUIPMENT To purchase new Computers, software & equipment over \$7,500.
0	33,695	0	11,513	0	0	MACHINERY & EQUIPMENT
2,998,217	2,577,512	3,270,524	2,844,009	3,420,883	4,715,154	NSMHA BUDGET Budget Limit Calculation: (see revenue detail for explanation) \$4,715,154
2,998,217	2,577,512	3,270,524	2,844,009	3,420,883	4,715,154	TOTAL NSMHA OPERATING BUDGET
20,000	16,378	20,000	15,336	35,000	35,000	<i>Tribal Conference Budget.</i>
20,000	16,378	20,000	15,336	35,000	35,000	Total Tribal Conference
28,590	17,741	28,590	22,609	28,590	28,590	Advisory Board expenses; travel, training, conferences, supplies, etc.
28,590	17,741	28,590	22,609	28,590	28,590	Total Advisory Board Expenditures
				8,000	12,000	Systems of Care conference.
0	0	0	0	8,000	12,000	Total Systems of Care Conference
					250,000	Provider Training - Relias learning system, WISe and CANS, WRAP motivational interviewing, mental health first aid, peer counselor development, CD/Mental Health cross training, Illness Management Recovery training
0	0	0	0	0	250,000	Total Provider Training Budget
49,803,247	49,482,928	53,192,390	60,822,102	55,561,638	79,271,954	AGENCY/COUNTY AND OTHER SERVICES TOTAL
52,850,054	52,094,559	56,511,504	63,704,056	59,054,111	84,312,698	Total NSMHA Budget without Inpatient Expense
6,000,000	6,259,297	6,000,000	5,993,979	7,500,000	8,000,000	Medicaid Inpatient Funding
5,000,000	2,961,342	5,000,000	2,520,701	4,000,000	3,500,000	State Only Inpatient Funding
63,850,054	61,315,198	67,511,504	72,218,736	70,554,111	95,812,698	TOTAL NSMHA Budget

C. NSMHA SALARY & BENEFITS WORKSHEET

2015 ANNUAL BUDGET

POSITION	FTE	RANGE	STEP	MONTHLY SALARY		Months x Amount	ANNUAL SALARY	BENEFITS Health, Life etc. Fixed Amount	Pers Retirement Salary x .0919	Social Security Salary x .0765	Unemployment Compensation \$41,300 x .0054	Workers Compensation Hours x \$.3186	TOTAL BENEFITS	TOTAL SALARY AND BENEFITS	
				No. of Mths	Amount										
Executive Director	1.00		N/A	12	\$9,471.55	\$113,658.60	\$113,658.60	26,834.40	10,445.23	8,694.88	223.02	662.69	46,860.22	160,518.82	
Deputy Director	1.00	13	E	12	\$8,643.73	\$103,724.76	\$103,724.76	26,834.40	9,532.31	7,934.94	223.02	662.69	45,187.36	148,912.12	
Contracts Manager	1.00	18	E	12	\$6,651.83	\$79,821.96	\$79,821.96	26,834.40	7,335.64	6,106.38	223.02	662.69	41,162.13	120,984.09	
Tribal Liaison					this position frozen										
Executive Assistant	1.00	23	E	12	\$5,075.25	\$60,903.00	\$60,903.00	28,142.90	5,596.99	4,659.08	223.02	662.69	39,284.68	100,187.68	
Administrative Receptionist	1.00	30	B	12	\$2,964.23	\$35,570.76	\$35,570.76	28,142.88	3,268.95	2,721.16	192.08	662.69	34,987.77	70,558.53	
Administrative Assistant # 1	1.00	29	E	12	\$3,657.23	\$43,886.76	\$43,886.76	28,142.88	4,033.19	3,357.34	223.02	662.69	36,419.12	80,305.88	
Administrative Assistant # 2	1.00	29	C	12	\$3,317.21	\$39,806.52	\$39,806.52	28,142.88	3,658.22	3,045.20	214.96	662.69	35,723.94	75,530.46	
Administrative Assistant # 3	1.00	29	A	9	\$3,082.20	\$27,739.80	\$37,217.55	28,142.88	3,420.29	2,847.14	200.97	662.69	35,273.98	72,491.53	
			B	3	\$3,159.25	\$9,477.75									
Administrative - Coordinator	1.00	26	D	12	\$4,128.11	\$49,537.32	\$49,537.32	26,834.40	4,552.48	3,789.60	223.02	662.69	36,062.19	85,599.51	
IS/IT Administrator	1.00	18	E	12	\$6,651.83	\$79,821.96	\$79,821.96	28,142.88	7,335.64	6,106.38	223.02	662.69	42,470.61	122,292.57	
IS Support Technician	1.00	25	A	9	\$3,843.26	\$34,589.34									
			B	3	\$3,939.34	\$11,818.02	\$46,407.36	26,834.40	4,264.84	3,550.16	223.02	0.00	34,872.42	81,279.78	
Programmer/Developer Analyst	1.00	21	C	4	\$5,078.80	\$20,315.20									
			D	8	\$5,332.74	\$42,661.92	\$62,977.12	26,834.40	5,787.60	4,817.75	223.02	0.00	37,662.77	100,639.89	
Database Administrator	1.00	21	B	12	\$4,836.95	\$58,043.40	\$58,043.40	26,834.40	5,334.19	4,440.32	223.02	662.69	37,494.62	95,538.02	
Provider Support IT	1.00	25	B	12	\$3,939.34	\$47,272.08	\$47,272.08	26,834.40	4,344.30	3,616.31	223.02	662.69	35,680.73	82,952.81	
Quality Specialist # 1	1.00	22	B	12	\$4,606.62	\$55,279.44	\$55,279.44	26,834.40	5,080.18	4,228.88	223.02	662.69	37,029.17	92,308.61	
Quality Specialist # 2	1.00	22	E	12	\$5,332.74	\$63,992.88	\$63,992.88	26,834.40	5,880.95	4,895.46	223.02	662.69	38,496.51	102,489.39	
Quality Specialist # 3	1.00	22	E	12	\$5,332.74	\$63,992.88	\$63,992.88	26,834.40	5,880.95	4,895.46	223.02	662.69	38,496.51	102,489.39	
Quality Specialist # 4	1.00	22	B	11	\$4,606.62	\$50,672.82									
			C	1	\$4,836.96	\$4,836.96	\$55,509.78	26,834.40	5,101.35	4,246.50	223.02	662.69	37,067.95	92,577.73	
Quality Specialist # 5	1.00	22	E	12	\$5,332.74	\$63,992.88	\$63,992.88	28,142.88	5,880.95	4,895.46	223.02	662.69	39,804.99	103,797.87	
Quality Specialist # 6	1.00	22	E	12	\$5,332.74	\$63,992.88	\$63,992.88	28,142.88	5,880.95	4,895.46	223.02	662.69	39,804.99	103,797.87	
Quality Specialist # 7	1.00	22	B	12	\$4,606.62	\$55,279.44	\$55,279.44	28,142.88	5,080.18	4,228.88	223.02	662.69	38,337.65	93,617.09	
Quality Specialist # 8	1.00	22	B	12	\$4,606.62	\$55,279.44	\$55,279.44	28,142.88	5,080.18	4,228.88	223.02	662.69	38,337.65	93,617.09	
QS Coordinator - Crisis	1.00	21	E	12	\$5,599.38	\$67,192.56	\$67,192.56	26,834.40	6,175.00	5,140.23	223.02	662.69	39,035.34	106,227.90	
Quality Specialist Manager - Kids	1.00	19	D	12	\$6,046.42	\$72,557.04	\$72,557.04	28,142.88	6,667.99	5,550.61	223.02	662.69	41,247.19	113,804.23	
Quality Specialist Manager - Adult	1.00	19	E	12	\$6,348.75	\$76,185.00	\$76,185.00	26,834.40	7,001.40	5,828.15	223.02	662.69	40,549.66	116,734.66	
Quality Specialist Coordinator - WSH	1.00	21	E	12	\$5,599.38	\$67,192.56	\$67,192.56	26,510.40	6,175.00	5,140.23	223.02	662.69	38,711.34	105,903.90	
Quality Specialist - WSH	0.67	22	E	12	\$5,332.74	\$42,875.23	\$42,875.23	28,142.88	3,940.23	3,279.96	223.02	444.00	36,030.09	78,905.32	
Operations Manager	1.00	18	E	12	\$6,651.83	\$79,821.96	\$79,821.96	26,834.40	7,335.64	6,106.38	223.02	662.69	41,162.13	120,984.09	
Data Support Analyst	1.00	21	E	12	\$5,599.38	\$67,192.56	\$67,192.56	28,142.88	6,175.00	5,140.23	223.02	662.69	40,343.82	107,536.38	
Q.I. Coordinator Researcher	1.00	21	B	12	\$4,836.95	\$58,043.40	\$58,043.40	28,142.88	5,334.19	4,440.32	223.02	662.69	38,803.10	96,846.50	
Planning Specialist	0.50	25	E	12	\$4,560.27	\$27,361.62	\$27,361.62	26,510.40	2,514.53	2,093.16	147.75	331.34	31,597.19	58,958.81	
Fiscal Officer	1.00	15	E	12	\$7,561.06	\$90,732.72	\$90,732.72	28,142.88	8,338.34	6,941.05	223.02	662.69	44,307.98	135,040.70	
Accounting Specialist	1.00	24	E	12	\$4,817.76	\$57,813.12	\$57,813.12	26,510.40	5,313.03	4,422.70	223.02	662.69	37,131.84	94,944.96	
Accounting Specialist	1.00	24	E	12	\$4,817.76	\$57,813.12	\$57,813.12	28,142.88	5,313.03	4,422.70	223.02	662.69	38,764.32	96,577.44	
Health Care Savings 1.427%						Health Care Savings COLA 1.427%	29,986.00		2,755.71	2,293.93			5,049.64	35,035.64	
COLA 2.3% 2015						COLA 2.3%	48,317.24		4,440.35	3,696.27			8,136.62	56,453.87	
TOTAL	33.17						\$ 2,100,749.66	\$ 2,179,052.90	\$ 932,333.30	\$ 200,254.96	\$ 166,697.55	\$ 7,446.36	\$ 20,655.98	\$ 1,327,388.16	\$ 3,506,441.06

North Sound Mental Health Administration
Organizational Chart - CY 2015



North Sound Mental Health Administration 2015 Operating Budget

Draft Budget for Introduction

November 13, 2014

Board of Director's Meeting

NSMHA Mission

*Improving the Mental Health and Well-Being of Individuals and Families in
Our Communities*



Budget Presentation Agenda

- Accomplishments
- Challenges
- Budget Issues
- NSMHA Operating Budget

Accomplishments

- Continued progress on 2013-2016 Strategic Plan
- Launched new Children's Mental Health Program-WISE
- Procured new funding for Nurses at the Triage Centers
- Developed Mental Health Crisis Protocol for Hospitals
- Sharing Mental Health Consumer Crisis Plans with Emergency Departments
- Releasing RFP for expansion of "Voluntary" Mental Health Crisis Services

Accomplishments

- Helped launch the new North Sound “Accountable Community of Health”
- Arranged for training on a recovery oriented approach to Crisis Stabilization Services
- Funded a remodel of the Mukilteo E&T to incorporate a recovery oriented approach
- Provided Peer Certification Training to expand the pool of Certified Peer Counselors

Accomplishments

- Obtained state funding to implement a pilot Housing support services program – “HARPS”
- Procured a new on-line learning system and registered over 1200 users
- Coordinated regional response to the Supreme Court Decision on “Single Bed Certifications”
- Launched planning to re-open the North Sound E&T in Sedro Wooley
- Engaged all regional behavioral health providers in planning for the Behavioral Health Organization

Challenges

1. Development of detailed plan to operate a regional Behavioral Health Organization
2. Expanding provider capacity to meet the increased demand for Medicaid mental health services
3. Developing new Evaluation and Treatment beds
4. Managing several new projects: medical screening at Triage Centers, expansion of crisis services, Geriatric Transition Team, HARPS, Children's Crisis Team, etc.

Challenges

5. Working with health care providers and Managed Care Organizations to coordinate care, especially to the highest risk population
6. Implementation of “Strategy 2” in Snohomish County
7. Retirement of Deputy Director in January
8. Expanding office space to accommodate new staff positions

Budget Issues

- Increase leveraging of Medicaid dollars to offset reductions in state funding
- Fund increased ITA Costs
- Fund expansion of Crisis Services
- Fund new E&T beds
- Build IT/IS structure to support increased health information exchange

Budget Issues

- Expand care coordination focused on high utilizers
- Implement new performance measurement requirements
- Provider rate increase
- Maintaining a competitive pay structure
- Developing the infrastructure for a BHO

Revenues and Expenditures

	Revenues	Expenditures
2014 Budget	\$70,054,111	\$70,054,011
2014 Projected	\$97,383,000	\$79,125,000
2015 Budget	\$95,812,698	\$95,812,698

2015 Projected Revenues

Revenue	2014	2015
PIHP Medicaid \$\$	\$ 50,620,779	\$ 77,232,428
PIHP State \$\$	\$ 15,269,273	\$ 15,178,272
Federal Block Grant	\$ 1,100,750	\$ 1,100,750
PACT Team Funding	\$ 347,496	\$ 347,496
PALS	\$ 1,154,328	\$ 1,154,328
Wrap-Around	\$ 673,503	\$ 673,503
Other: Jail, PATH etc	\$ 1,154,328	\$ 799,424
Total	\$ 70,697,712	\$ 95,812,698

NSMHA Operating Budget

Expenditure Item	2014	2015
Salaries and Benefits	\$ 2,769,954	\$ 3,471,405
Other Administrative Expenses	\$ 658,096	\$ 1,243,749
Total NSMHA Operations	\$ 3,428,050	\$ 4,715,154
Advisory Board	\$ 28,950	\$ 28,950
Tribal Conference	\$ 35,000	\$ 35,000
Systems of Care Conference	\$ 8,000	\$ 12,000
Provider Training	N/A	\$250,000
Agency County and Other Services	\$ 55,198,072	\$ 79,271,954
Inpatient Hospital Costs	\$ 11,000,000	\$ 11,500,000
Total NSMHA Budget	\$ 70,054,111	\$ 95,812,698

Budget Highlights

- Overall Revenue increase of \$25.7 million [37%] due to Medicaid expansion
- Increase in administrative costs of \$7 million [38%] due to increased services, new programs, and planning for BHO
- Administrative Cost remains at 4.9%
- Re-class of 3 Quality Specialist positions in 2014
- 4 new positions in 2015

Budget Highlights

- Salary scale adjustment of 3 Leadership positions
- 2.3% COLA
- 1.4% Health Care savings converted to COLA
- Market adjustment of salary scale by eliminating “half-steps
- Increase in space costs to accommodate new staff and expanded meeting room space

Budget Highlights

- 42.7% increase in contracted services to account for Medicaid expansion and new programs
- Increased funding for Provider training – now shown as a separate category
- Increase in funding set aside for professional services to support increased provider training, and planning for Behavioral Health Organization

Questions?

