

NORTH SOUND MENTAL HEALTH ADMINISTRATION

ADVISORY BOARD MEETING AGENDA, August 4th, 2015 1:00pm-3:00pm

1. Call to Order - Introductions, Chair
2. Introduction of Guests
3. Revisions to the Agenda, Chair
4. Comments from the Public
 - a. BHC Conference Attendee: Bobbie P.
 - b. Peer Network Steering Committee: Linda K.
5. Ombuds Snap Shot TAB 1
6. Review of the July Retreat Notes TAB 2
7. Review upcoming Pre-Meeting and identify questions
8. Executive/Finance Committee Report TAB 3
 - a. Approval of the July Expenditures
 - b. Revised Reimbursement Policy
 - c. Conference Attendee Evaluations
 - d. Approval of By-Law Revisions
9. Standing Board of Directors Committee Reports TAB 4
 - a. Planning Committee
 - b. Quality Management Oversight Committee (Available at Meeting)
10. Old Business TAB 5
 - a. Advisory Board Advocacy Priorities
 - i. Children's Services
 - b. Advisory Board Behavioral Health Organization Configuration
 - c. Co-Occurring Disorders Conference Registration & Final Headcount
11. Executive Director Report
12. Action Items Being Brought To The Board of Directors TAB 6
 - a. Action Items/ Memorandum (Available at Meeting)
13. New Business TAB 7
 - a. E&T Open House
14. Report from Advisory Board Members
 - a. Greg Wennerberg
 - i. Legislative Session; Shuttle for Group Visit
 - ii. Tom Sebastian's Pre-Meeting regarding Bus Shelter
 - iii. Recovery Web Tools
 - b. Carolyn Hetherwick Goza
 - i. Funding for Counselors to Assist during Community Outreach Dinner

NORTH SOUND MENTAL HEALTH ADMINISTRATION

15. Comments from County Advisory Board Representatives

- a. Island
- b. San Juan
- c. Skagit
- d. Snohomish
- e. Whatcom

16. Other Business

17. Adjournment

NOTE: The next Advisory Board meeting will be **September 8th** in the NSMHA Conference Room.

OMBUDS SNAPSHOT

July 1, 2015

- Half-way through this 6-month reporting period we have opened files on **58** people: **52** on NSMHA clients (including **2** children and **2** seniors); and **6** on family members with complaint issues about consumers (the consumers did not wish to use our services and did not support the complaints). Although not counted in our formal statistics, we assisted 13 people (including one tribal member) with second opinions and concerns about hospitals, managed care operations, public defenders and chemical dependency treatment. We made approximately 150 telephone referrals.

- **20** of these **58** people (**34%**) are non-Caucasian. **3** are Latino, **7** are African American, **7** are Native American/Alaskan Native and **3** are Asian/Pacific Islander. There are no tribal members in our formal count. There were **27** men and **31** women.

Outcomes:

- **6** people initiated complaints. **2** are still open; **4** were worked.

- **10** potential grievance issues were resolved without having to initiate grievances.

- **30** level-1 grievances were initiated: **4** were submitted and are open. **24** were resolved through conciliation & mediation. **2** went to a level-2 grievance.

- We are currently awaiting medical release forms from **7** people.

- **3** clients dropped out and did not follow through with a medical release form or grievance.

- There is **1** level-2 grievance open. **3** have been resolved.

- There have been no appeals or administrative hearings.

- We had **84** issues of concern from our **58** clients: **16** in Other (Consumer) Right Violations; **15** in Services Coordination/Intensity; **13** in Physicians & Meds; **11** in Access; **8** in Emergency Services; **6** in Quality Appropriateness; **6** in Dignity & Respect; **3** in Other Type; **2** in Housing; **2** in Residential; **1** in Unreturned Phone Calls; and **1** in Participation-in-Treatment. There were no issues of Violation of Confidentiality; Financial & Administrative Services; or Transportation. Family members still very much like the process of letting them raise issues about clients through NSMHA's complaint policy.

- Per DBHR's wishes, here are this period's QRT outreach events: Chuck co-presented (on 4-30-15) with Pat Morris of VoA to regional Dispute Resolution Center mediators on how to talk to people with mental disorders and how to deal with disputants who exhibit features of mental disorders. He presented to the Fidalgo Island Soroptimists 6-2-15 on the community mental health program and mental health Ombuds. On 7-23-15 Ombuds will co-present to a Community Action of Skagit County retreat on how to serve difficult-to-serve clients who display features of mental illness. On 9-8-15 Chuck presents on "self-advocacy" to the Skagit NAMI chapter.

- We broke out the *Physicians, ARNPs and Medications* category of concern. This is usually a robust category, referring to issues involving prescribers and prescriptions.

1. A client claims that an agency is withholding some of her meds
2. A client's meds were taken away in Triage and returned later. When finally sent, one of the meds wasn't hers.
3. A client requested a prescriber.
4. A client's mother was worried about her son's meds affecting his developmental disabilities issues.
5. An E&T client had to take meds mornings but didn't wish to do so because they make her groggy.

6. A client stated he wasn't getting all the types of meds he needed. Additionally he stated he was not given a list of side effects upon being prescribed a medication.
7. A client, given a new medication at a higher dose than before, wanted to return to the previous prescription.
8. When a psychiatrist departed from a provider clinic a client wanted to have another psychiatrist come to the clinic to provide services periodically.
9. A client felt her clinician didn't consult her previous treatment record, which resulted in incorrect meds.
10. A client complained that her prescriber doesn't listen to her.
11. An E&T client alleged a long litany of medical emergencies not being treated in the E&T.
12. A family member requested a psychiatric evaluation and prompt prescriber appointment for his son.
13. A family member claims his son's psychiatrist took him off all of his badly needed meds.

Quality Review Team comments:

- Finding and keeping appropriate housing is an important issue for all our clients and we encourage all clinicians to focus on this aspect of treatment. But we hope they will especially and particularly monitor the housing status of *single parent* clients. When single parents lose their housing there are a host of immense and immediate repercussions, not only to the clients but also to their children, including potential CPS involvement.

- NSMHA is initiating a client "engagement services" (Medicaid billable) program to reach out to clients discharging from hospitals and treatment centers to engage them in services—especially in attending their first appointments. We think this engagement program is an excellent subject for a PIP.

- In a related issue, nothing causes prescribers and clinicians to lose heart and enthusiasm as quickly as missed appointments; and our clients have a dismal no-show record. We recommend hiring peer counselors specifically to contact consumers shortly before their appointments...to remind clients of appointments, find out if there are barriers to attending them (if so, suggest ways to work around them), and strongly encourage clients to utilize whatever techniques necessary to remember and attend appointments.

- As noted in the Oso experience, disasters strike quickly and preparedness is very important. Ombuds are active in Community Action's emergency preparedness programs. We appreciate Sandy Whitcutt's (NSMHA) coordination and involvement with us in developing a solid, region-wide response capability.

- Asked to conduct a review of the draft grievance program and client rights in draft WAC 877a new sections, we were heartened to see several of our inputs included in paragraphs 0400 through 0605, just published.

- While we in Ombuds could not gain access to Provider 1 records, we did establish contacts in the Health Care Authority (HCA) and now have a list of contact people in the Apple Health managed care organizations (MCOs) in Washington. We have had the opportunity to use this list several times recently, particularly in helping clients gain access to treatment who don't meet NSMHA's access-to-care standards.

- We read Clark County's fully integrated managed care (early adopter) draft contract and noted that the contracting MCO must fund an Ombuds program. Having dealt with an MCO closely for several years under the WMIP, we are skeptical and will monitor this closely. Related to fully integrated managed care, the state Ombuds were informed recently that there is a disagreement between HCA and DSHS in that while Bill 6312 requires integration of primary care and behavioral health services by the year 2020, it doesn't say "purchasing" will be integrated. Our DBHR contact person said DSHS's interpretation is that there will be integration of these services but the counties (BHOs) will remain in charge of purchasing them, while HCA's interpretation is that it will all be contracted to MCOs.

Advisory Board Retreat Meeting Notes

July 7th, 2015 8:45am-4:00pm, Everett Community College, Gray Wolf Hall

Members Present: Mark McDonald, David Kincheloe, Candy Trautman, Fred Plappert, Greg Wennerberg, Carolyn Hetherwick Goza, CarolAnn Sullivan, Marie Jubie, Joan Bethel, Michael Massanari, Jennifer Yuen, Peg LeBlanc

Members Excused: Jeannette Anderson, Joan Lubbe

Members Absent: Jeff Ross, Larry Richardson

Staff: Joe Valentine, Betsy Kruse, Margaret Rojas, Joanie Williams recording

Welcome and Introductions: Mark opened the Retreat and initiated introductions. Betsy facilitated a warm-up exercise.

By-Laws Review Succession Planning:

Candy led the discussion on Succession Planning. She referenced the By-Laws and spoke about possible revisions in the by-laws due to inevitable life variables. She suggested systematic thought regarding election of Chair and vice Chair, versus automatic assumption of the role of Chair by the vice Chair, upon expiration of a term. Group discussion followed. The Chair and vice Chair would need be elected by the Advisory Board. A Nominating Committee was discussed, individuals can nominate themselves and others can nominate someone.

The changes will be drafted by David and added to the next meeting (August) to be voted on.

Attendance Policy: Margaret led the group in discussion regarding the attendance policy, unexcused absences and the by-laws. Dismissal, via resignation request letter from the Chair to the AB Member and County Coordinator was the final determination for the by-law revision.

David will draft the changes which will be presented at the August meeting and a vote will take place on the revisions.

Local Participation in Activities: Margaret directed the group in discussion regarding local participation in activities. It was decided that the Members would contact the Chair if there is an event they would like to attend. The Chair will make the approval determination for the event and call Joanie if travel arrangements are needed or if she needs to research the cost of the trip.

Role of Advisory Board Members with Contracted Providers: Margaret spoke about the role of Advisory Board Members with Contracted Providers. She said the Advisory Board Members can give feedback and recommendations to NSMHA regarding clinical and community issues rather than assuming an authoritative or intervention role with the network providers. If a discrepancy, deficit or disrespectful issue is recognized by an Advisory Board Member while at a Provider Agency, it should be reported to NSMHA Staff; Joe, Betsy, Margaret or Joanie. The NSMHA staff would investigate the concern. She went on to say that Advisory Board feedback is always welcomed from NSMHA.

Marie voiced her concern over multiple requests for a bus shelter in front of Compass Health. Joe let Marie know that her concern has been taken very seriously and there have been multiple conversations behind the scenes regarding the bus shelter. He noted the outcomes are not always what people hope for, but what can and cannot be done has been considered. He apologized to her that she felt she has not been heard. He thanked the Advisory Board for their input on the issues with the Provider Agencies and let them know their feedback is valued and considered. He reminded them that they are the "consumer voice in the system".

Joe clarified the difference between systems performance measures, grievances and data, versus the role of the Advisory Board Members. Margaret spoke about an upcoming Quality Review Team which could provide an opportunity for an Advisory Board Member or two to participate. They would go to Provider Agencies and talk to individuals and conduct surveys with the Team. Once the BHO is up and running, the Team's charter will include Substance Use Disorder Services quality reviews, as well.

Joe noted a good future topic of discussion for a future meeting would be the various components of assessing consumer satisfaction, aside from a survey.

Joe asked Joanie to have Kurt come to a future meeting and talk about surveys done in the past, and the results.

Accountable Communities of Health (ACH): Joe spoke about the North Sound Accountable Community of Health (NSACH) mission, model, and history. He spoke about the multiple participants that represent the various organizations as well as consumers who participate in the meetings. He talked about the pilot project and the various components in building the bridge of trust amongst the systems. The handout noted NSACH's goal of transforming the health systems to improve health, care experience, increase access, and lower costs for all residents in the North Sound region. Achieving the goals requires building stronger prevention and health promotion systems focusing on community health. Promoting the integration of physical, behavioral, and public health systems and transition to performance based strategies for health care payment. Discussion followed.

Advisory Board Retreat Meeting Notes

Joe asked the Advisory Board to offer ideas on acquiring input from the community on the discussed topic, and to pass the ideas to David who sits on the Communications and Engagement Committee. He went on to ask David to keep the group informed on updates.

Population Health Trust: Margaret had planned to speak on this topic; the upcoming BHO conversation took place instead.

Dr. Ries Presentation: Joe gave an overview of the purpose of Dr. Ries visit which was followed by discussion on the topic of the upcoming BHO.

Joe said the BHO plan is due to the State by October 31st 2015, which will include the Advisory Board Structure. He continued by speaking on the State's list of requirements which are listed below:

*How are you going to put together the State's Substance Use Treatment System?

*How will you put your network of Providers together?

*How will you ensure there are enough Substance Use Treatment services throughout your region? (He gave specifics on the various services).

*How much are you going to pay for outpatient, group, detox, medication and residential services?

Joe went on to say that Dale Jarvis is NSMHA's fiscal consultant for the BHO plan. The ideal system has no wrong door, it will comprise of a continuum of services to include recovery supports. The goal is to work toward the ideal system and to get the basic system up and running by April 2016.

Joe continued to speak on the vision of the BHO stating that the Substance Use Agencies must operate under the same system as the Mental Health Agencies. There will be quality management reviews, data will be sent, and a grievance policy will be in place. The inter-local agreement will be revised; NSMHA is currently working with the attorney to create a more formal structure, proposing a Limited Liability Corporation (LLC).

He spoke to the issues that will need to be addressed regarding medication assisted treatment and noted some counties in the region do not support it. Dr. Ries will address the topic, he noted. He spoke to the political side of the issue, in addition to discussion on working with the courts. He went on to speak about increasing capacity in the residential treatment facilities in the region.

Joe introduced Dr. Rick Ries, NSMHA's Clinical BHO Clinical Design Consultant and gave his credentials. Dr. Ries spoke about his family background in the local area.

Dr. Ries spoke about dual diagnoses, medications, individuals with addiction, individuals with mental illness, and the issues and integration of services. He noted the likelihood of suicide attempts with addiction disorders and the associated risk factors. He referenced data and statistics and gave examples of dual disorders most commonly seen in Community Mental Health Centers. He showed a video on a specific dual disorder case which spoke to recovery and medication working together. There was discussion regarding personal experience verses data, as well as possible changes within government and the Health Care System. Sharing models were presented with cooperative agreements. Behavioral addictions were covered as well.

He spoke about the various systems and points of view, successes and failures. The Advisory Board (AB) Members engaged in a question and answer Session.

Joanie will get a copy of Dr. Ries updated PowerPoint Presentation and forward it to the AB group.

Advisory Board Configuration: Joe led the group in conversation regarding the BHO Advisory Board. He listed the WACs, Lived Experience, County Boards, Criteria, Size, County Role and the AB Role on the flip chart.

Joe spoke about the requirements for the BHO Advisory Board which was followed by group conversation. The requirements are listed below.

Detailed Plan Request Behavioral Health Organization Advisory Board Membership, Exhibit F

The Behavioral Health Organization must maintain an Advisory Board that is broadly representative of the demographic character of the region. Composition of the Advisory Board and the length of terms must be provided to DSHS upon request and meet the following requirements:

- Be representative of the geographic and demographic mix of service population
- Have at least 51% of the membership be persons with lived experience, parents or legal guardians of persons with lived experience and/or self-identified as a person in recovery from a behavioral health disorder.
- Law Enforcement representation
- County representation, when the BHO is not a County operated BHO
- No more than four elected officials

Advisory Board Retreat Meeting Notes

- No employees, managers or other decision makers of subcontracted agencies who have the authority to make policy or fiscal decisions on behalf of the subcontractor.
- Three year term limit, multiple terms may be served, based on rules set by the Advisory Board.

Discussion followed after Joe read the Detailed Plan Request. The Advisory Board dialogued and came up with the desirable criteria on the configuration which is listed below.

Outcomes of BHO Advisory Board Discussion on Desirable Criteria for Configuration:

- Committed to integrated health approach/diverse population of representatives
- Deal with others perspectives
- Possible nomination committee model/recommendations given to County
- Deciding who the candidates are who have "lived experience"
- Willingness to participate in training and education on the entire range of behavioral disorders
- Collect Board Member stipulation criteria from Counties
- Prospective Nominees attend one or two meetings to determine fit
- Encourage Board Members to suggest candidates/Some kind of recruitment method
- Reach out to Substance Use Community/Develop a Process
- Advisory Board active in screening and selecting candidates
- Geographic consideration of rural areas / attracting more members to include Veterans / Cultural Diversity/ Youth/ Parents of Youth/ Age / Language
- Parents of children with lived experience
- Professional Members on the Board
- County proportion composition verses numeric composition
- Learn from County experiments/ successes and lessons learned

Size of the Board was discussed. The general consensus was no more than 25 members would be best. Different viewpoints were voiced, as well as lessons learned from the county integrated boards, noting the requirement for the county boards will no longer be mandated.

In closing, the group will continue to think about desirable criteria regarding the diverse people groups. The next AB Meeting will attempt to determine more definitive recommendations around the criteria. Joe will get feedback from the County Coordinators and bring it back to the AB Board.

Wrap Up: Margaret thanked the group for attending the Annual Retreat. One member asked if the meetings day(s) could be changed, as Tuesdays are not convenient for her. Joe said a poll will be done.

Advisory Board Budget January through July 2015

	All Conferences	Board Development	Advisory Board Expenses	Stakeholder Transportation
Total	Project # 1	Project # 2	Project # 3	Project # 4
Budget	\$ 34,000.00	\$ 14,896.00	\$ 17,204.00	\$ 200.00
Expense	(14,058.15)	(3,818.78)	(10,239.37)	

Under / (Over) Budget

\$ 19,941.85	\$ 11,077.22	\$ 1,700.00	\$ 6,964.63	\$ 200.00
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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
July 2015

Type	Date	Num	Name	Memo	Amount	Balance
Advisory Board						
Supplies						
Bill	07/14/2015	June2015	Haggen Inc	Batch # 110650	300.55	300.55
Total Supplies					300.55	300.55
Travel						
Bill	07/07/2015	June2015	AA Dispatch	Batch # 110558	1,009.00	1,009.00
Bill	07/14/2015	June2015	McDonald, Mark	Batch # 110650	135.32	1,144.32
Bill	07/14/2015	July2015	McDonald, Mark	Batch # 110650	116.76	1,261.08
Bill	07/14/2015	June2015	Storm, Nancy	Batch # 110650	13.00	1,274.08
Bill	07/21/2015	June2015	City Cab, Inc.	Batch # 110730	107.90	1,381.98
Total Travel					1,381.98	1,381.98
Total Advisory Board					1,682.53	1,682.53
GRAND TOTAL					1,682.53	1,682.53

North Sound Mental Health Administration

Section 4500 – Consumer Affairs: Travel Expenses

Authorizing Source: NSMHA
Cancels:
See Also
Responsible Staff: Fiscal Officer

Approved by: Executive Director

Date:

POLICY #4512.00

SUBJECT: TRAVEL EXPENSES

PURPOSE

The purpose of this document is to govern development of the Advisory Board annual estimated expenses and use of funds. It describes allowable purchases and reimbursements, limiting conditions, required authorizations, and required administrative processes regarding Travel Expenses.

It is intended that all policies and procedures set down comply with the policies and procedures of the North Sound Mental Health Administration, the State of Washington, and the US Federal Government. If a conflict occurs between policies and procedures in this document and those of the NSMHA, State, and/or the Federal Government, those of the NSMHA, State, and/or Federal Government will apply.

POLICY

Advisory Board members and other individuals traveling on Advisory Board business (as defined by and approved in advance by the Advisory Board) will be reimbursed from the Advisory Board budget. For travel to events during which meals, lodging, registration fees, and transportation (i.e., plane, taxi, train, etc.) are required, a travel advance is also available.

PROCEDURE

A. TRAVEL PRE-APPROVAL

1. Out of State

The NSMHA Executive Director must **pre-approve** all out-of-state travel.

Request approval by completing and submitting the *Advisory Board Travel Advance/Reimbursement Request Form* and (if applicable) the *Advisory Board Training/Conference Request Form* to the Advisory Board Finance Committee Chair. The NSMHA Advisory Board Finance Committee shall submit the request with a recommendation to approve or deny to the NSMHA Executive Director, the request shall be presented to full Advisory Board.

To request reimbursement, submit a completed *Advisory Board Monthly Reimbursement Request Form* attaching all receipts, AND the **pre-approved** *Advisory Board Travel Advance/Reimbursement Request Form*, AND, if applicable, the **pre-approved** *Advisory Board, Consumer and Advocate Training/Conference Request Form*.

2. Automobile

Reimbursement for the use of a privately owned vehicle for Advisory Board business will be paid at the established standard mileage rate. The rate is set to conform to the currently published mileage rate for business travel deductions set by the Internal Revenue Service (IRS), and may be revised periodically for continued consistency with IRS rates. The NSMHA Fiscal

Officer will promptly notify the Advisory Board Finance Committee, in writing, of adjustments to the NSMHA mileage rate and shall fix the effective date of each. Reimbursement for mileage and meals en route to destinations outside the State of Washington shall not exceed the round-trip coach fare of a common air carrier unless approved by the Board of Directors.

To request reimbursement, submit a completed *Advisory Board Monthly Reimbursement Request Form* attaching all receipts, AND if applicable, the **pre-approved** *Advisory Board Travel Advance/Reimbursement Request Form*, AND if applicable, the **pre-approved** *Advisory Board, Consumer and Advocate Training/Conference Request Form*.

3. Commercial Airline

The NSMHA Executive Director and the Advisory Board and/or its Executive Committee must approve all air travel in advance. **First class air travel is prohibited except in emergencies and requires advance approval of the Chair and NSMHA Board of Directors.**

To request reimbursement, submit a completed *Advisory Board Monthly Reimbursement Request Form* attaching all receipts, AND the **pre-approved** *Advisory Board Travel Advance/Reimbursement Request Form*, AND, if applicable, the **pre-approved** *Advisory Board, Consumer and Advocate Training Conference Request Form*.

4. Travel by Shuttle, Taxi, or Other Local Carrier

The NSMHA has arranged with shuttle and taxi service to transport Advisory Board members to Mount Vernon and to bill the fare directly to us. Individuals who travel frequently or who have used these services before are invited to call these carriers directly for service to Mount Vernon. **Note: There are many organizations whose names begin with North Sound. When specifying the NSMHA as a destination or pickup point, refer also to the Carnation Building in Mount Vernon. This will help avoid confusion.**

Carrier /From	Phone	Contact Name	Account Ref. #
Airport Shuttle Bellingham, Everett, Marysville	800-235-5247	Anyone	NSMHA
Yellow Cab Snohomish County	425-259-2000	Anyone	NSMHA
San Juan Taxi Friday Harbor	360-378-3550	Anyone	NSMHA
Valley Taxi Marysville, Smokey Point, Arlington, Stanwood, Camano Island	360-336-2222	Anyone	
Yellow Cab Whatcom County	360-332-8294	Anyone	RSN

You may be asked to sign an invoice when you arrive in Mount Vernon and asked again when you return.

Note: *The NSMHA can arrange transportation with additional carrier for transportation to and from Mount Vernon. Advisory Board members may submit such requests to the Chair, Advisory Board Finance Committee.*

5. Meals During Travel

All meals shall be reimbursed when an Advisory Board member, advocate, or consumer is performing business for the NSMHA. This shall include meals consumed in the course of business meetings and while traveling to and from Advisory Board meetings, subcommittee meetings, NSMHA Board of Directors meetings, QMOC meetings, etc.

Receipts are required for meal reimbursements. Reimbursement for meals will be for actual expenses and shall not exceed amounts provided in Policy 3031.00 (<http://nsmha.org/Policies/Sections/3000/3031.00.pdf>).

Please note an incidental expense reimbursement of \$5 per day has been added. The following paragraph has been copied from the Government Services Administration (GSA) listing what is an approved incidental expense.

Chapter 300, Part 300-3, in the Federal Travel Regulation (www.gsa.gov/ftr), under Per Diem Allowance, describes Incidental Expenses as:

- a. Fees and tips given to porters, baggage carriers, bellhops, hotel maids, stewards or stewardesses and others on ships and hotel servants in foreign countries.
- b. Transportation between places of lodging or business and places where meals are taken, if suitable meals cannot be obtained at the temporary duty site.
- c. Mailing cost associated with filing travel vouchers and payment of Government charge card billings.

To request reimbursement, submit a completed *Advisory Board Monthly Reimbursement Request Form* attaching all receipts, AND if applicable, the **pre-approved** *Advisory board Travel Advance Reimbursement Request Form*, AND if applicable, the **pre-approved** *Advisory Board, Consumer and Advocate Training/Conference Request Form*.

6. Lodging

An itemized statement from the place of lodging is required. If lodging is approved to attend a conference, training or seminar, lodging will occur at the conference site at the conference rate. If lodging at the conference site is not available, other lodging will be secured at a comparable rate.

To request reimbursement, submit a completed *Advisory Board Monthly Reimbursement Request Form* attaching all receipts, AND if applicable, the **pre-approved** *Advisory Board Travel Advance/Reimbursement Request Form*, AND if applicable, the **pre-approved** *Advisory Board, Consumer and Advocate Training/Conference Request Form*.

B. TRAVEL REIMBURSEMENT and ADVANCES

1. Procedure for Reimbursement

Fill out a copy of the *Advisory Board Monthly Reimbursement Request Form*. Securely attach all receipts and documentation of costs incurred for each item for which reimbursement is requested, such as:

- a. Mileage to and from meetings.
- b. Receipts for parking (when available).
- c. Receipts for lodging.
- d. Receipts for meals.
- e. Receipts for registration fees.
- f. Receipts for materials or supplies.
- g. Plane ticket stubs or receipts for other transportation modes.

For Out-of-State Travel, remember to attach the **pre-approved** *Advisory Board Travel Advance/Reimbursement Request Form*, AND if applicable, the **pre-approved** *Advisory Board, Consumer and Advocate Training/Conference Request Form*.

A receipt and/or documentation must accompany each item presented for reimbursement. Failure to provide the required documentation will result in an inability of the NSMHA to honor the request for reimbursement.

Charge card slips are not acceptable documentation unless an itemized list of expenses is also printed on the slip. In addition, when turning in charge card slips, please cover account numbers and expiration dates, as all receipts become public documents.

2. Procedure for Securing a Travel Advance

Travel advances are available for Advisory Board members and other consumers or advocates approved by the Advisory Board to travel on its behalf, attend conferences, seminars, trainings, etc. and are payable from the Advisory Board budgeted line item.

Complete and submit the *Advisory Board Travel Advance/Reimbursement Request Form*. List all projected expenses, such as transportation, lodging, meals, registration, etc.

If pre-approval is required, please remember to include the **pre-approved** *Advisory Board Travel Advance/Reimbursement Request Form*, AND if applicable, the **pre-approved** *Advisory Board, Consumer and Advocate Training/Conference Request Form*.

Present the filled-in *Travel Advance Request* form to the NSMHA Fiscal Office as far ahead as possible, ideally at least 30 days before the travel advance is needed. The NSMHA Fiscal Officer will mail a check for the travel advance funds as soon as it is processed. You may also pick up your check in person by special arrangement with the NSMHA Fiscal Officer.

Travel advance funds provided must be accounted for according to Washington State law, on the *Travel Advance Request Form*. Attach all receipts and documentation to verify that the funds were, in fact, spent in accordance with the intended purpose stated on the Travel Advance Request form.

NOTE: Any unused funds or funds for which receipts or other documentation are not available must be returned to the NSMHA Fiscal Officer.

ATTACHMENTS

None

Effective Date: 6/10/2010, BOD Motion #10-152; 11/19/1998, BOD Motion #98-072
Revised Date: 7/9/2015
Review Date: 7/9/2015

North Sound Mental Health Administration

Section 3000 – Fiscal: Reimbursement for Travel – NSMHA Staff

Authorizing Source: NSMHA
Cancels:
See Also:
Responsible Staff: Fiscal Officer
Executive Director Signature:

Approved by: Board of Directors
Motion #: 15-54
Date:

Date: 7/9/2015

POLICY #3031.00

SUBJECT: REIMBURSEMENT FOR TRAVEL – NSMHA STAFF

POLICY

The North Sound Mental Health Administration (NSMHA) shall reimburse employees and volunteers for all allowable travel costs in order to perform work on behalf of NSMHA. Such costs may include, but are not limited to, travel by auto, airplane, meals, lodging and registration fees.

PROCEDURES

Reimbursement Rates

Travel by Auto: Reimbursement for use of privately owned vehicles for NSMHA business will be paid at the established standard mileage rate. The rate shall be initially set to conform to the currently published mileage rate for business travel deductions set by the Internal Revenue Service (IRS). The rate shall be revised periodically as the IRS rate is revised so NSMHA mileage rate is consistent with the published IRS rate. The Executive Director shall promptly notify all employees, in writing, of adjustments to NSMHA's mileage rate and shall fix the effective date of each adjustment. Reimbursement for mileage and meals en route to destinations outside of the State of Washington shall not exceed the round-trip coach fare of a common air carrier unless approved by the Board of Directors. Any business travel mileage from the office and back to the office will be reimbursed.

If a person does not stop by the office and has business travel, they will deduct their normal commute from the total travel and ask for reimbursement for the balance. A person's normal commute will be considered the distance between their residence, the office and back to their residence. Mileage costs from an employee's residence to his/her normal place of work shall not be reimbursable as business mileage. Mileage for personal reasons will not be reimbursed.

Meals: Receipts are required for meals. All meals outside of the county in which the employee is assigned shall be reimbursed while in the course of performing business for NSMHA. This shall include meals consumed while in the course of a business meeting and meals consumed while traveling to and from a meeting if said meals occur during travel. Reimbursement for meals will be for actual expenses and shall not exceed the following amounts:

- | | |
|--------------|---------|
| 1. Breakfast | 12.00 |
| 2. Lunch | \$17.00 |
| 3. Dinner | 27.00 |

This amount shall include gratuity.

Please note an incidental expense reimbursement of \$5 per day has been added. The following paragraph has been copied from the Government Services Administration listing what is an approved incidental expense. The federal travel per diem maximum amount is used to calculate NSMHA's total maximum meal amount for each day.

Chapter 300, Part 300-3, in the Federal Travel Regulation (www.gsa.gov/ptr), under Per Diem Allowance, describes Incidental Expenses as:

1. Fees and tips given to porters, baggage carriers, bellhops, hotel maids, stewards/stewardesses and others on ships and hotel servants in foreign countries.
2. Transportation between places of lodging or business and places where meals are taken, if suitable. Meals cannot be obtained at the temporary duty site.
3. Mailing cost associated with filing travel vouchers and payment of Government charge card billings.

Travel by Airplane: All travel by airplane must be approved by the Executive Director. First class air travel is prohibited unless due to an emergency situation and with prior Board approval of the Board Chair.

Lodging: An itemized statement from place of lodging is required. If lodging is approved to attend a conference, training, or seminar, lodging will occur at the conference site at the conference rate. If no lodging is available, lodging must be secured with the lowest rate accepted unless modified by the Executive Director.

Out-of-State Travel: All out-of-state travel must be approved by the Executive Director. NSMHA Reimbursement for meals will be allowed at the following maximum rates :

- | | |
|--------------|---------|
| 1. Breakfast | \$12.00 |
| 2. Lunch | 17.00 |
| 3. Dinner | 27.00 |

This amount shall include gratuity.

Expenses not Reimbursable

1. Hosting (meals for, or entertainment of others);
2. Alcoholic beverages or tobacco;
3. Fines, penalties, etc.; or
4. Any unreasonable, unnecessary costs or personal preference items such as first class travel.

Documentation of Expenses

All expenses must be documented. Receipts should have the name, location and phone number of the vendor whenever possible. Documentation may include, but not be limited to, the following:

1. Actual mileage to and from meetings, excluding mileage to and from the work place that would have normally been traveled by the employee to arrive and leave the work site.
2. Receipts for parking, if available.
3. Receipts for lodging.
4. Receipts for rental cars.

Charge card slips are not acceptable documentation unless a detailed list of expenditures is made on the card slip.

Failure to provide requested documentation will result in the employee forfeiting his/her right to reimbursement.

Procedure for Reimbursement

At the end of each month, each employee who is seeking reimbursement for travel must complete an expense reimbursement form and attach required receipts. The Department Supervisor must sign the form indicating approval of expenses. In the case of the Executive Director, one of the officers of the Board of Directors must sign the reimbursement form. Reimbursement forms will be submitted to NSMHA's Accounting Specialist for processing and payment.

ATTACHMENTS

None



NSMHA Conference Evaluation Form

Your Name Nancy Storm
Phone Number (425) 977-2560
Name of Event Fulfilling the promise, conference
Date(s) of Event June 17-19 2015
Location of Event Vancouver WA

How satisfied were you, overall, with the program/event/workshop/conference?

(Circle a number, where 1 = Completely Satisfied, and 5 = Completely Disappointed.)

Completely Satisfied 1 2 3 4 5 Completely Disappointed

Please tell us (in no more than a few sentences) WHY you felt that way:

I felt everything was well organized and
ran smoothly. It was very nice having
a group leader to keep us organized.
I was a little disappointed because one of the
seminars, "working with older adults" was cancelled.
I wanted to go to that one very much.

Based on your experience at the Event, do you believe that it met its stated objectives?

Yes / No

Please tell us (in no more than a few sentences) WHY you felt that way:

Yes it gets consumers together and addresses
issues that are very important to the MH
population or community.

When you applied for an Advisory Board Scholarship, you stated some reasons why you wanted to attend the Event. Did the Event meet your expectations?

Yes/No One reason I wanted to go was to connect with other peer counselors. I didn't even meet one. Our group with Ashma was all consumption.

Please list between 1-3 component(s)/event(s)/session(s)/workshop(s) you found most useful, and tell us why you found them useful?

Name of Session Faith based

Why was it useful? Yes I like to see the church community take action.

Name of Session Primary care & mental health

Why was it useful? I learned a lot about how MH & physical health interacted

Name of Session Stigma in young people

Why was it useful? It gave me access to groups for young adults.

To what extent did the program provide you with new knowledge and/or skills?

(Circle a number, where 1 = More than You Expected, and 5 = Less than You Expected)

More than Expected 1 2 3 4 5 Less than Expected

Please tell us (in no more than a few sentences), what knowledge or skills you acquired:

I learned how the systems involving so peers & M.D.'s of psychiatry and ARNP's can all work together. I met a lady who contracts with ASHMA who wants to get peers together. That was useful.

Please rate whether you believe that the program/event/workshop/conference was worth the expense.

(Circle one number, where 1 = Well Worth the Cost, and 5 = Not Worth the Cost At All.)

Well Worth the Cost 1 2 3 4 5 Not Worth the Cost

NSMHA Conference Evaluation Form

Your Name Wanda Waters

Phone Number 509-260-1558

Name of Event NSMHA Conference - Vancouver

Date(s) of Event June 17-19, 2015

Location of Event Vancouver, WA

How satisfied were you, overall, with the program/event/workshop/conference?

(Circle a number, where 1 = Completely Satisfied, and 5 = Completely Disappointed.)

Completely Satisfied 1 2 3 4 5 Completely Disappointed

Please tell us (in no more than a few sentences) WHY you felt that way:

The conference contained various workshops to address problems within our communities. It provided a lot of resources/ideas to empower those of us who attended the conference.

Based on your experience at the Event, do you believe that it met its stated objectives?

Yes No

Please tell us (in no more than a few sentences) WHY you felt that way:

Personally, I believe the conference met its objectives because I intend to use the resources/info to help others. My hope is that the others who attended will do the same.

When you applied for an Advisory Board Scholarship, you stated some reasons why you wanted to attend the Event. Did the Event meet your expectations?

Yes No

Please list between 1-3 component(s)/event(s)/session(s)/workshop(s) you found most useful, and tell us why you found them useful?

Name of Session T107- Basics How Working Affects SSI, SSDI + SSA

Why was it useful? Provided resources/websites to further my knowledge.

Name of Session T201 Response to Individuals w/ Behavioral Needs w/ Justice System

Why was it useful? Provided resources/websites/info as to what works + what doesn't.

Name of Session F403 Recovery from Domestic Violence

Why was it useful? Couldnt hear speakers very well but received handout that is useful.

To what extent did the program provide you with new knowledge and/or skills?

(Circle a number, where 1 = More than You Expected, and 5 = Less than You Expected)

More than Expected 1 2 3 4 5 Less than Expected

Please tell us (in no more than a few sentences), what knowledge or skills you acquired:

I gained access to resources/websites/info to help others more effectively and efficiently. I intend to provide this info to a few individuals who are designing and promoting programs to help those with mental illness within the criminal justice system.

Please rate whether you believe that the program/event/workshop/conference was worth the expense.

(Circle one number, where 1 = Well Worth the Cost, and 5 = Not Worth the Cost At All.)

Well Worth the Cost 1 2 3 4 5 Not Worth the Cost

If you have anything else that you would like to add, please tell us here:

Due to high demands of time and funds, I've been restricted in pursuing/promoting the resources/websites/info from the conference. But eventually this will change for me.

I disclosed in my application that I developed mental illnesses in Montana and Whatcom County. ~~The~~ My problems intensified due to it being difficult to find easily available resources and appropriate resources. I even had supportive family members and a vehicle when others don't.

As part of my recovery, I took others into my home in Whatcom County to help them. It was still difficult for them to obtain appropriate help.

It has always felt like someone grabs ideas from the sky but no one ever puts these resources/ideas to the test. So I literally take these individuals by the hand to help them to deal with their issues and to stabilize. I will state part of the problem is that certain individuals are very disorganized where they can't make appropriate decisions. My son passed away but he was the one to bring certain individuals to my home. So I collect resources/info to help others more effectively and efficiently. This conference was highly beneficial to me and in time will hopefully be the same for others.

Revisions to By-Laws (without Track Changes)

July 7, 2015

ARTICLE IX: RESIGNATION/TERMINATION

1. Following *any unexcused absence* of a NSMHA Advisory Board (AB) member from an AB meeting, the Chair of the AB will *informally* contact *both* the absentee member and the County Coordinator to ascertain whether the member is willing and able to continue serving on the AB.
2. Following *three (3) unexcused absences* from NSMHA Advisory Board (AB) meetings in a single calendar year, whether consecutive or non-consecutive, the AB Chair will *formally* recommend (in writing) to *both* the absent member and to the County Coordinator that the absent member resign from the AB, and that another representative from the same county be appointed by the County Coordinator to represent that county as a replacement member of the AB.

Revision of ARTICLE V: OFFICERS

Officers of the North Sound Mental Health Administration Advisory Board (NSMHA AB) shall be only a Chair and a Vice-Chair.

The term of office held by the Chair and by the Vice-Chair shall be one (1) year, served from 1 January until 31 December, following the election in the previous calendar year.

The Chair may be re-nominated, and re-elected, an additional two (2) times, to serve a total of three (3) consecutive years. As well, the Vice-Chair may be re-nominated, and re-elected, an additional two (2) times, to serve a total of three (3) consecutive years.

Elections for the Chair and for the Vice-Chair shall be held during the last meeting of the AB in any calendar year. Elections will always be preceded by a nomination process that culminates during the second-to-last meeting of any calendar year, so as to facilitate the election.

Nominating candidates for Chair or Vice-Chair shall be accomplished in two (2) ways:

- (a) Any member of the AB may submit their own name, or the name of another member, to the Nominating Committee (see Article VI, 4); or
- (b) The members of the Nominating Committee may [collectively?/unanimously?] submit the name of an AB member whom the Committee believes to be a suitable candidate, but who was not otherwise nominated.

All nominees for the offices of Chair and Vice-Chair will be voted on by, at minimum, a quorum of the entire Advisory Board. [Do we need a multi-level electoral process to wean down the number of nominees before the final vote?]

NSMHA ADVISORY BOARD BY-LAWS

ARTICLE I: PURPOSE

The purpose of the North Sound Mental Health Administration (NSMHA) Advisory Board (AB) is to provide independent advice to the NSMHA Board of Directors, and to provide independent feedback to local jurisdictions and service providers.

Additionally, it is the purpose of the AB to advocate for the people we serve in the community, at local Advisory Boards, at the State Legislature, and in Congress.

Further, it is the AB's objective to promote the mission of NSMHA: *"Improving the mental health and wellbeing of the individuals and families in our communities."*

The NSMHA AB is established in compliance with the *Interlocal Agreement Establishing A Mental Health Regional Support Network for Island, San Juan, Skagit, Snohomish and Whatcom Counties* executed in October 1989, and in compliance with the provisions of *RCW, Chapter 71.05, 71.24, 71.34*, and with all applicable Federal laws and regulations.

ARTICLE II: DUTIES

The duties of the NSMHA AB shall be:

1. To provide oversight activities in order to advise the NSMHA Board of Directors concerning the planning, delivery, and evaluation of those mental health services which promote recovery and resilience, and which are the responsibility of NSMHA.
2. To provide a medium for public testimony regarding mental health concerns which are the responsibility of NSMHA. The AB will, upon request, cover the cost of a consumer's transportation to appear before the AB to give testimony.
3. To review and provide comment on all NSMHA Strategic Plans, Quality Assurance Plans, and Service Delivery Plans and Budgets, which relate to mental health services, before such plans and budgets are acted on by the NSMHA Board of Directors.
4. To ensure that the needs of all consumers within the region are met (including, but not limited to, the needs of people with special needs, elderly people, disabled people, children/youth, Native Americans, people who identify as Gay, Lesbian,

Bisexual, or Transgender (GLBT), and people with low incomes), within the plans established by the NSMHA Board of Directors.

5. To conduct site visits of NSMHA service providers, special interest groups, Department of Social and Health Services (DSHS) agencies, private sector service providers, hospitals, and community programs. Site visits are designed to provide North Sound Mental Health AB members with first-hand information so that AB members might make informed recommendations to the NSMHA Board of Directors.
6. To assist NSMHA with dissemination of information to the public who reside within the five (5) counties of NSMHA.
7. To perform such other duties as the NSMHA Board of Directors, Washington State Department of Social and Health Services, and/or Washington State Mental Health Division may require.
8. Limitations of Duties:
 - (a) No AB member shall give the impression they are representing the Board without express written permission. Permission must be authorized by a majority vote of the AB, and by the NSMHA staff liaison to the AB.
 - (b) No AB member shall give the general public the impression they are representing NSMHA, as all AB members serve only in an advisory capacity to NSMHA.
 - (c) No AB member shall interact with regional contractors as an authoritative representative of the AB without express written permission. Permission must be authorized by a majority vote of the AB, and by the NSMHA staff liaison to the AB.
 - (d) AB members shall immediately bring concerns regarding a NSMHA contract or NSMHA staff, or refer any individual who voices a concern regarding a NSMHA contract or NSMHA staff, to the Chair of the AB, and/or to the NSMHA staff liaison to the AB.
 - (e) AB members shall refer any individual with questions or concerns regarding NSMHA policies or resource management to the Executive Director of NSMHA (or his/her designated representative) for action.
 - (f) Failure to adhere to these by-laws may result in administrative action to remove that member from the AB (see ARTICLE X, below).

ARTICLE III: MEMBERSHIP

1. The NSMHA AB shall consist of twenty-one (21) members representing the five counties that make up the region, and three (3) regional Tribal members, as follows:

Island County	Three (3)
San Juan County	Two (2)
Skagit County	Three (3)
Snohomish County	Eight (8)
Whatcom County	Five (5)
County Sub–Total	Twenty-One (21)
Tribes	Three (3)
Advisory Board Total	Twenty-Four (24)

2. Each representative from each county shall have one vote. The three (3) regional tribal representatives shall share one vote.
3. Length of term and rotation of membership shall be determined by the code of each individual county which is party to NSMHA.
4. At least one (1) member from each county will be a voting member on that county's local Mental Health Advisory Board.
5. Fifty-one percent (51%) (WAC 388-865-0222 (2)), of the NSMHA AB membership will be comprised of people who are consumers, family and foster-family members, or caregivers, including youths, older adults, or people with a disability, and/or parents of children who are emotionally disturbed, with at least one (1) representative from each county being a consumer. A representative from law enforcement shall be a member of the board.
6. The Mental Health AB will be representative of the demographic character of the region and of the ethnicity and broader cultural aspects of consumers being served.

ARTICLE IV: APPOINTMENT

1. Representatives of each county which is party to the NSMHA AB shall be appointed according to each county's officially stipulated method of appointment.

ARTICLE V: OFFICERS

1. Officers of the NSMHA AB shall ~~include be only~~ a Chair and a Vice- Chair. ~~The Vice- Chair shall assume the office of Chair at the end of the Chair's term(s).~~
2. Term of office ~~held by the Chair and by the vice Chair~~ shall be ~~for a single two- one (1) year, served from 1 January until 31 December, following election in the previous calendar year. - term, with the opportunity for re- nomination to serve one (1)- additional year, for a maximum of three (3) consecutive years- per person.~~
3. ~~The Chair may be re-nominated, and re-elected, an additional two (2) times, to serve a total of three (3) consecutive years. As well, the Vice- Chair may be re-nominated, and re-elected, an additional two (2) times, to serve a total of three (3) consecutive years.~~

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~~Elections for the Chair and for the Vice-Chair shall be held during the last meeting of the AB in any calendar year. Elections will always be preceded by a nomination process that culminates during the second-to-last meeting of any calendar year, so as to facilitate the election.~~

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~~Nominating candidates for Chair or Vice-Chair shall be accomplished in two (2) ways:~~

~~(a) Any member of the AB may submit their own name, or the name of another member, to the Nominating Committee (see Article VI, 4); or~~

~~(b) The members of the Nominating Committee may [collectively?/unanimously?] submit the name of an AB member whom the Committee believes to be a suitable candidate, but who was not otherwise nominated.~~

~~All nominees for the offices of Chair and Vice-Chair will be voted on by, at minimum, a quorum of the entire Advisory Board. [Do we need a multi-level electoral process to wean down the number of nominees before the final vote?]~~

~~A slate of candidates shall be presented annually by the Nominating Committee at the November AB meeting. Elections, with nominations from the floor, shall occur at each December meeting. Officers shall assume duties beginning with the first meeting of the following year (January).~~

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ARTICLE VI: COMMITTEES

1. Standing committees of the NSMHA AB shall be:
 - a. The Executive-Finance Committee, and
 - b. The Nominating Committee.
2. The Executive-Finance Committee shall consist of the Chair, Vice-Chair, Chair Emeritus, plus a maximum of two (2) other AB members appointed by the Chair. Efforts will be made to ensure that at least one member of the Executive-Finance Committee has experience and/or understanding of financial management.
3. The Executive-Finance Committee shall convene to hear pressing matters of business which may arise during the interval between regularly scheduled AB meetings. The committee will review and make recommendations regarding all AB fiscal expenditures. Any decision made by the Executive Committee shall be subject to the ratification of the full Board at its next regularly scheduled meeting. The Executive-Finance Committee shall review the by-laws once each calendar year for the purpose of amending them if necessary.
4. Members of the Nominating Committee shall be appointed by the Chair.
5. The Chair may establish and appoint members to Ad-Hoc Committees, as the need arises.
6. Committee appointments to the NSMHA Board of Directors Standing Committees shall be made by the Chair each January at the regular meeting of the NSMHA AB. The two standing committees the NSMHA Board of Directors are (a) the Planning Committee and (b) the Quality Management Oversight Committee. Membership appointments for each

standing committee shall be in accordance with the respective standing committee Charter.

ARTICLE VII: MEETINGS

1. The NSMHA AB shall meet at least ten (10) times each year at a date and time mutually agreeable to the members of that Board. Any regularly scheduled meeting may be canceled at the discretion of the Chair.
2. Special meetings may be called by the Chair, as needed, and/or as requested by a minimum of one (1) member from each of three (3) of the five (5) counties which are party to NSMHA, by contacting the Chair. Special meetings shall be called within five (5) working days of the request, following notice of at least forty-eight (48) hours to all members of the AB.
3. Use of Technology for Attendance
 - (a) Although the level of “engagement” — via social interaction, hearing and comprehension — can be limited when using the *Go To Meeting* technology (or a NSMHA- identified substitute) in lieu of *physically* attending the NSMHA AB meetings, any or all AB members representing San Juan County are allowed to use the *Go To Meeting* technology (or a NSMHA-identified substitute) for any and all meetings of the AB, due to the difficulty of, and time required for, travel. AB members from all other counties (Whatcom, Skagit, Snohomish and Island) will be allowed to use the “Go To Meeting” technology (or a NSMHA identified substitute) for a maximum of two (2) meetings during one (1) calendar year, and only with authorization for the AB Chair and/or the NSMHA liaison to the AB.
 - (b) Physical absences from AB meeting will be considered “excused” if the AB Chair and/or the NSMHA liaison to the AB deem(s) the absence to be so. The AB member who intends to be absent must contact the AB Chair, and/or the NSMHA staff liaison to the AB, prior to the meeting at which the AB member will not be in attendance.
 - (c) The AB Chair may invoke the use of the *Go To Meeting* technology, (or a NSMHA identified substitute), at any time in lieu of physical attendance by any or all AB members, only when a Special Meeting of the AB is called by the Chair as stipulated in Article VII (2) above.
4. Committee meetings shall be held at the discretion of the Committee Chair.

5. *Robert's Rules of Order* shall be used as an informal guideline for formal meetings of the NSMHA AB and committees, insofar as the *Rules* do not conflict with, or are not inconsistent with, the provisions of these By-Laws.
6. The Board shall comply with the *State of Washington Open Meetings Act (RCW 42.30)*.

ARTICLE VIII: QUORUM

1. The presence of at least fifty percent (50%) of the appointed representatives to the AB, and at least three (3) of the five (5) counties which are party to NSMHA, shall constitute a quorum of the NSMHA AB.
2. A quorum of the Executive Committee shall exist when a simple majority of the Executive Committee members are present.
3. Members of the AB who attend via digital conferencing (by phone or any other allowable technological means), shall be counted as *present* in determining the constitution of a quorum.

ARTICLE IX: RESIGNATION/TERMINATION

1. ~~Following any unexcused the absence of an NSMHA Advisory Board (AB) member, from an AB meeting, the Chair of the AB will informally contact both the absentee member and the County Coordinator to ascertain whether the member is willing and able to continue serving on the AB. a member of the AB Executive Finance Committee will contact that absentee member to ascertain their continued status on the AB.~~
2. ~~Following After three (3) unexcused absences from the NSMHA (NSMHA) Advisory Board (AB) meetings in a single calendar year, whether consecutive or non-consecutive, the AB Chair will formally recommend (in writing) to both that the absent member and to the County Coordinator that the absent member resign from the AB, and that another representative from the same county be appointed by the County Coordinator to represent that county as a replacement member of the AB.~~
~~be dismissed from the AB, and that another representative from the same county be appointed by the county authority to represent that county as a member of the AB.~~
3. Members of the NSMHA AB, by virtue of their appointment to the AB, agree to adhere to the *Advisory Board Guiding*

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5. ***Robert's Rules of Order*** shall be used as an informal guideline ***Principles***. AB members will adhere to the ***Advisory Board Guiding Principles*** in their interactions with all other AB members, with the community, and with NSMHA staff. The AB Chair will work to ensure that all AB members will be given an opportunity to participate in discussions during AB meetings.

4. Failure to adhere to the *Advisory Board Guiding Principles* may result in a recommendation for that member's dismissal from the AB.

ARTICLE X: DISMISSAL FROM THE ADVISORY BOARD

Dismissal from the AB will be undertaken in the following manner:

1. Any member of the AB in attendance at a Board meeting at which an alleged violation of the *Guiding Principles* occurs may bring a 'complaint' regarding another member's behavior to the AB Chair, and/or to the NSMHA staff liaison to the AB, who, upon discussion with the complaining member of the AB, and upon assessment of the validity of the complaint, will *then* bring the complaint to the Executive Committee of the AB, and, upon decision by the members of the Executive Committee, will *then* bring the complaint to the entire AB as a written motion.
2. A simple majority vote of the AB will be required to formally reprimand ("censure"), and/or recommended dismissal of the violating member from the AB.
3. The formal reprimand ("censure") and/or dismissal will be presented by the AB Chair, following the meeting at which the AB voted for such, to the Executive Director of NSMHA (or his/her designated representative) for action.



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>

Planning Committee Brief

July 17, 2015

Behavioral Health Organization (BHO) Detailed Plan Requirements and Timeline

The BHO planning outline and timeline were presented. Planning documents are being cross referenced to assure nothing is missed, and questions for the Division of Behavioral Health and Recovery (DBHR) are being compiled to clarify BHO requirements. Details such as workforce development and Information Systems are under analysis to promote smooth transition. Substance Use Disorder (SUD) agencies and services are being researched, and have been included in integration planning.

Crisis Services – Community Prevention & Intervention

Crisis Prevention and Intervention Services (CPIT) voluntary teams are currently being utilized in Snohomish County, and have been established in Skagit County and Whatcom County. The purpose of the teams is to provide community outreach and engagement to individuals in behavioral health crisis with significant behavioral symptoms that interfere with their lives. NSMHA will be performing quality management and monitoring per the CPIT contracts. The CPIT policy will be finalized and distributed shortly.

Interpreter Services

Interpreter Services Policy #3047 has been revisited and revised to require interpreter services be fee for service, at a rate of \$100.00/hour, instead of a cost reimbursement system. The policy is needed because fee for service requirements will provide encounter data which is reportable to the State, and because it prevents possible compliance violation and Medicare fraud by eliminating the possibility of services being paid for twice.

QMOC Meeting Brief

June 24, 2015

Routine Utilization Review (UR) Data

Data report on the chart reviews that looked at 45 standards from WACs and policies that were conducted in February and March. From these reviews a request for change may be sent out that will ask the provider for a response. This year was a focused review that looked at the charts that did not score above 90% last year; 90% is in compliance with the standard. All providers improved this year over last and corrective action will go out to those who scored below 90%.

Roads to Community Living (RCL) Policy

RCL is a demonstration project from the State that is to fill in gaps in care for those discharging from inpatient level of care that has morphed into kids discharging from Children's Long-Term Inpatient Program (CLIP). This new policy was developed for a process to request the funding and was approved by QMOC.

Intensive Outpatient Programs (IOP) Policy

This new policy provides guidance on how adult intensive programs, ICRS, and hospital EDs should work together when an individual enrolled in an intensive program experiences a crisis. It is very similar to the original memo. Intensive programs are responsible for all voluntary crisis response for individuals enrolled in these programs. The policy was approved by QMOC.

Policy 1726 Involuntary Program Court Liaison Role

This new policy was developed to outline a process that facilitates the interaction between the Designated Mental Health Professional (DMHP) teams, the inpatient facilities and court systems when an individual is detained; identified as the Court Liaison. This role supports the legal processes of the courts during the inpatient stay. This policy provides elements and expectations for NSMHA provider agencies contracted to provide the Court Liaison function and was approved by QMOC.

Systems of Care Institute (SOI) Conference Report

A brief overview was given on what agencies, systems and counties attendees came from and noted that there were 186 registrants overall. There were twenty six breakout sessions with four keynote speakers and that attendees earned 16 clock hours for licensing. Attendees rated the overall conference as satisfied to very satisfied. A draft report will come out in the next month.

State Licensing Reviews

Feedback was sought from provider agencies on how the state audits went that for the first time were integrated to include both mental health and CD. Providers agreed that this first audit cycle was not conducted with integration as the focus and gave feedback to the State that will help with the next cycle.

Notes from Retreat regarding AB BHO

July 7, 2015

Configuration Advisory Board Configuration: Joe led the group in conversation regarding the BHO Advisory Board. He listed the WACs, Lived Experience, County Boards, Criteria, Size, County Role and the AB Role on the flip chart and went on to speak about the requirements for the BHO Advisory Board which was followed by group conversation. The requirements are listed below.

Detailed Plan Request Behavioral Health Organization Advisory Board Membership, Exhibit F

The Behavioral Health Organization must maintain an Advisory Board that is broadly representative of the demographic character of the region. Composition of the Advisory Board and the length of terms must be provided to DSHS upon request and meet the following requirements:

- Be representative of the geographic and demographic mix of service population
- Have at least 51% of the membership be persons with lived experience, parents or legal guardians of persons with lived experience and/or self-identified as a person in recovery from a behavioral health disorder.
- Law Enforcement representation
- County representation, when the BHO is not a County operated BHO
- No more than four elected officials
- No employees, managers or other decision makers of subcontracted agencies who have the authority to make policy or fiscal decisions on behalf of the subcontractor.
- Three year term limit, multiple terms may be served, based on rules set by the Advisory Board.

Discussion followed after Joe read the Detailed Plan Request. The Advisory Board dialogued and came up with the desirable criteria on the configuration which is listed below.

Outcomes of BHO Advisory Board Discussion on Desirable Criteria for Configuration:

- Committed to integrated health approach/diverse population of representatives
- Deal with others perspectives
- Possible nomination committee model/recommendations given to County
- Deciding who the candidates are who have "lived experience"
- Willingness to participate in training and education on the entire range of behavioral disorders
- Collect Board Member stipulation criteria from Counties
- Prospective Nominees attend one or two meetings to determine fit
- Encourage Board Members to suggest candidates/Some kind of recruitment method
- Reach out to Substance Use Community/Develop a Process
- Advisory Board active in screening and selecting candidates
- Geographic consideration of rural areas / attracting more members to include Veterans / Cultural Diversity/ Youth/ Parents of Youth/ Age / Language
- Parents of children with lived experience
- Professional Members on the Board
- County proportion composition verses numeric composition
- Learn from County experiments/ successes and lessons learned

Size of the Board was discussed. The general consensus was no more than 25 members would be best. Different viewpoints were voiced, as well as lessons learned from the county integrated boards, noting the requirement for the county boards will no longer be mandated.

In closing, the group will continue to think about desirable criteria regarding the diverse people groups. The next AB Meeting will attempt to determine more definitive recommendations around the criteria. Joe will get feedback from the County Coordinators and bring it back to the AB Board.

