

# NORTH SOUND MENTAL HEALTH ADMINISTRATION

---

## ADVISORY BOARD MEETING AGENDA      November 3<sup>rd</sup>, 2015      1:00pm-3:00pm

1. Call to Order - Introductions, Chair
2. Revisions to the Agenda, Chair
3. Comments from the Public
4. Ombuds Semi-Annual Report      TAB 1
5. Approval of the October Meeting Minutes      TAB 2
6. Review upcoming Pre-Meeting (Holiday Potluck)
7. Executive/Finance Committee Report      TAB 3
  - a. Approval of the October Expenditures
  - b. Review of Proposed 2016 Budget
8. Standing Board of Directors Committee Reports      TAB 4
  - a. Planning Committee (*No meeting in October*)
  - b. Quality Management Oversight Committee (Available at Meeting)
9. Old Business      TAB 5
  - a. Advisory Board Advocacy Priorities (Available at Meeting)
  - b. Nominations for Chair and vice Chair
10. Executive Director Report
11. Action Items Being Brought To The Board of Directors      TAB 6
  - a. Action Items/ Memorandum (Available at Meeting)
12. New Business
13. Report from Advisory Board Members
  - a. Co-Occurring Disorders Conference Report, Mark, Greg, Jennifer and Joan B
  - b. Greg: Information from Jeff Reynolds regarding PC openings
14. Comments from County Advisory Board Representatives
  - a. Island
  - b. San Juan
  - c. Skagit
  - d. Snohomish
  - e. Whatcom
15. Other Business
16. Adjournment

NOTE: The next Advisory Board meeting will be **December 1<sup>st</sup>**, in the NSMHA Conference Room.

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

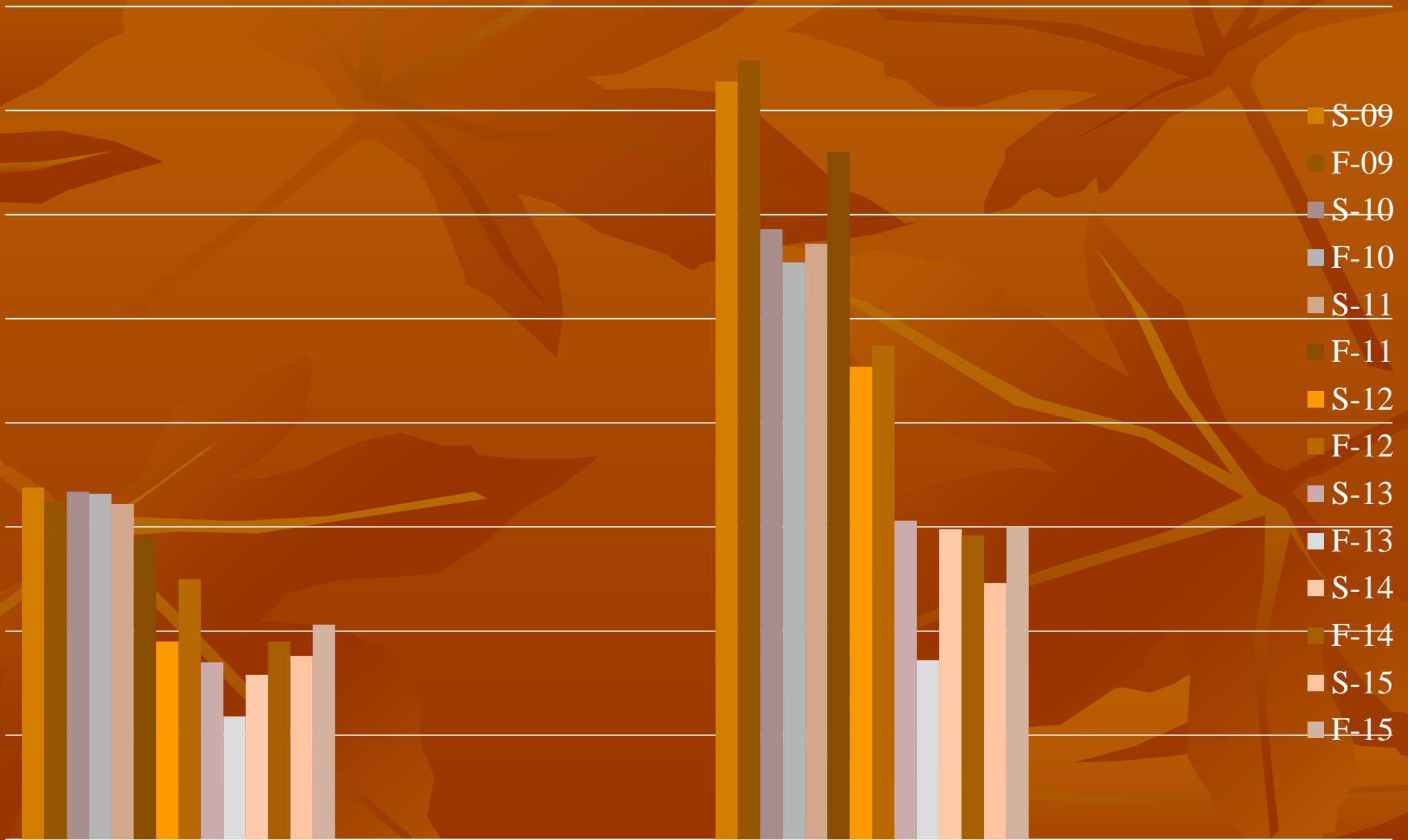
**FALL 2015**

April 1 through September 30, 2015

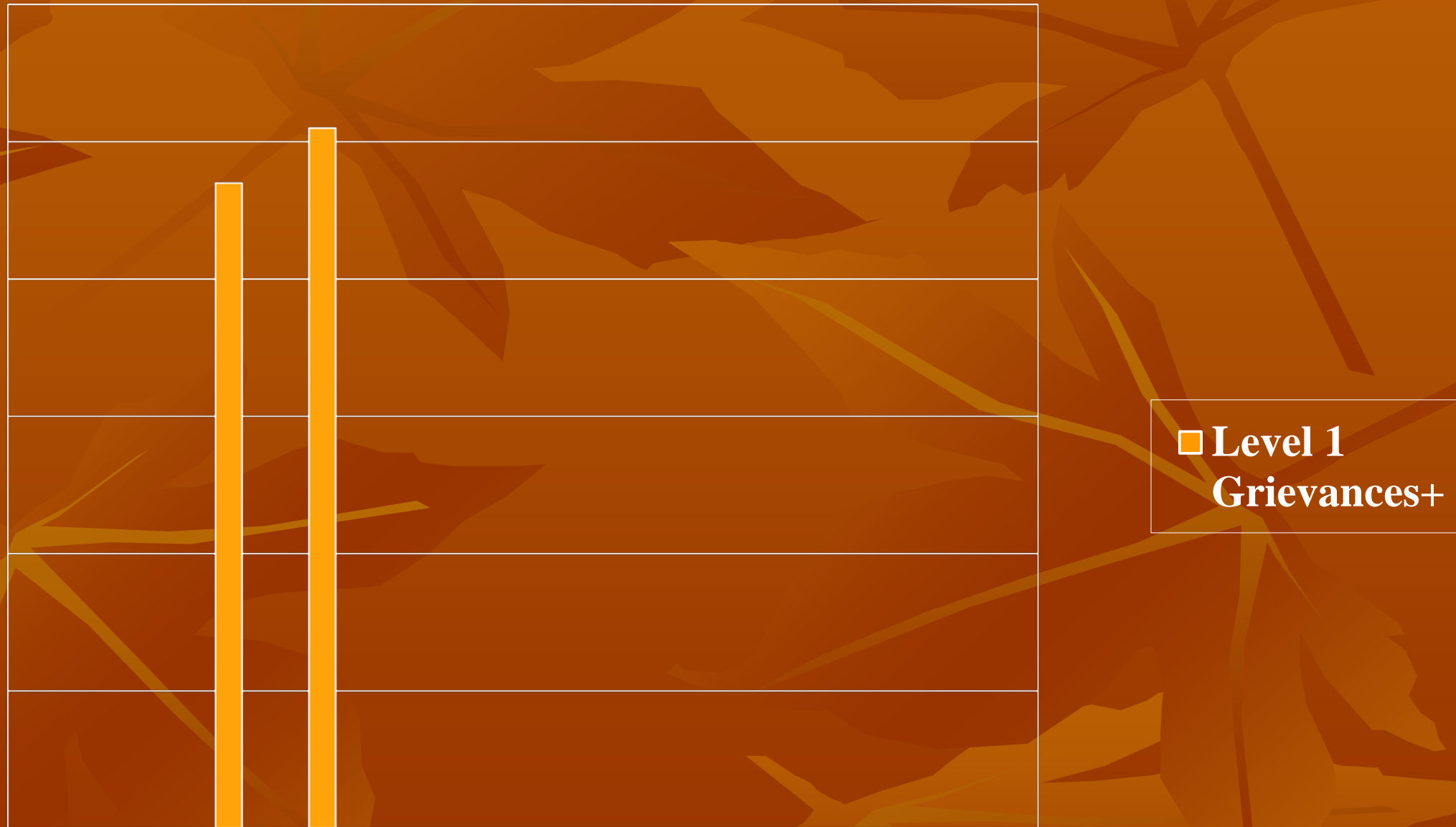
# Semiannual Overview

People:

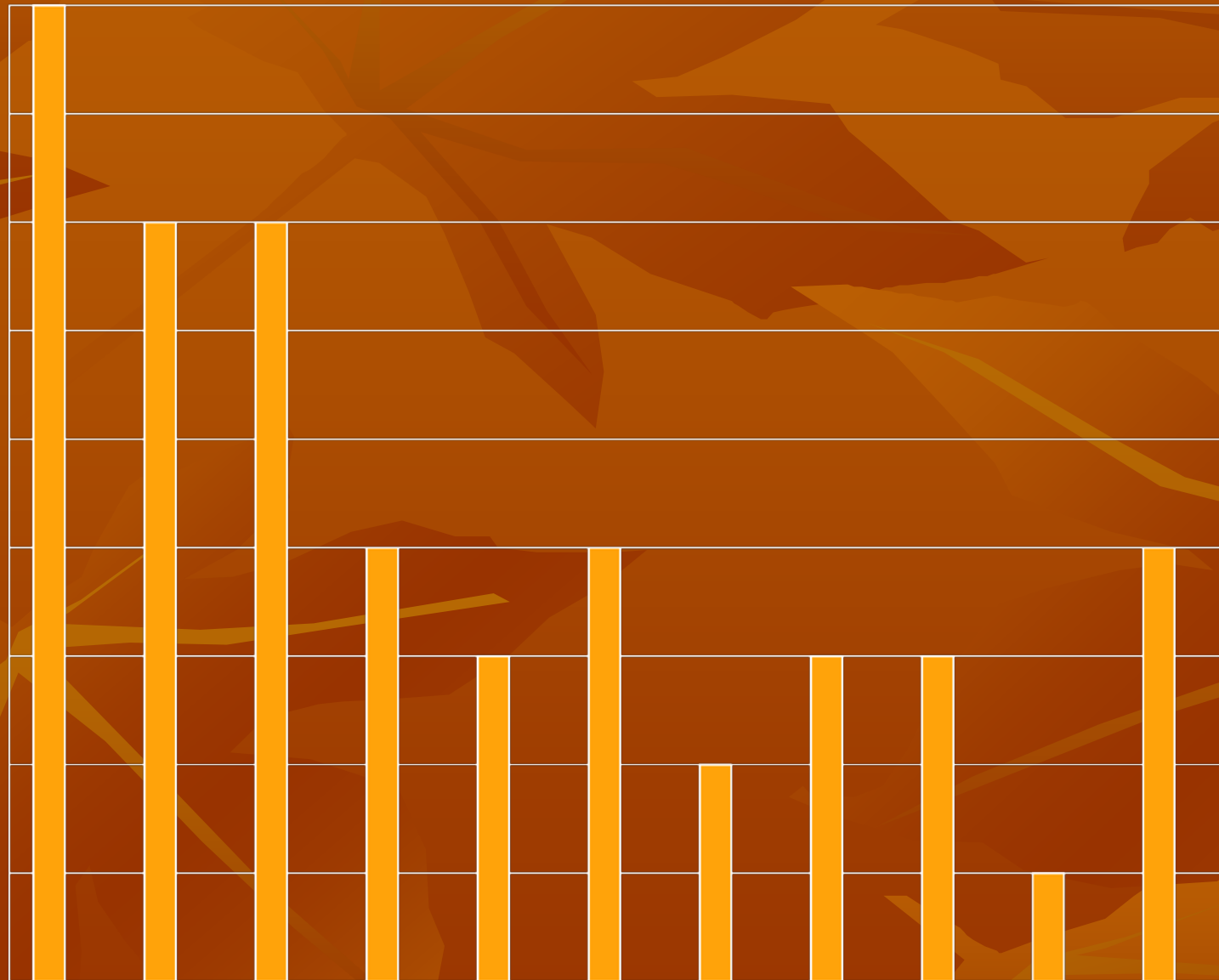
Issues of Concern:



# 51 Level-1 Grievances

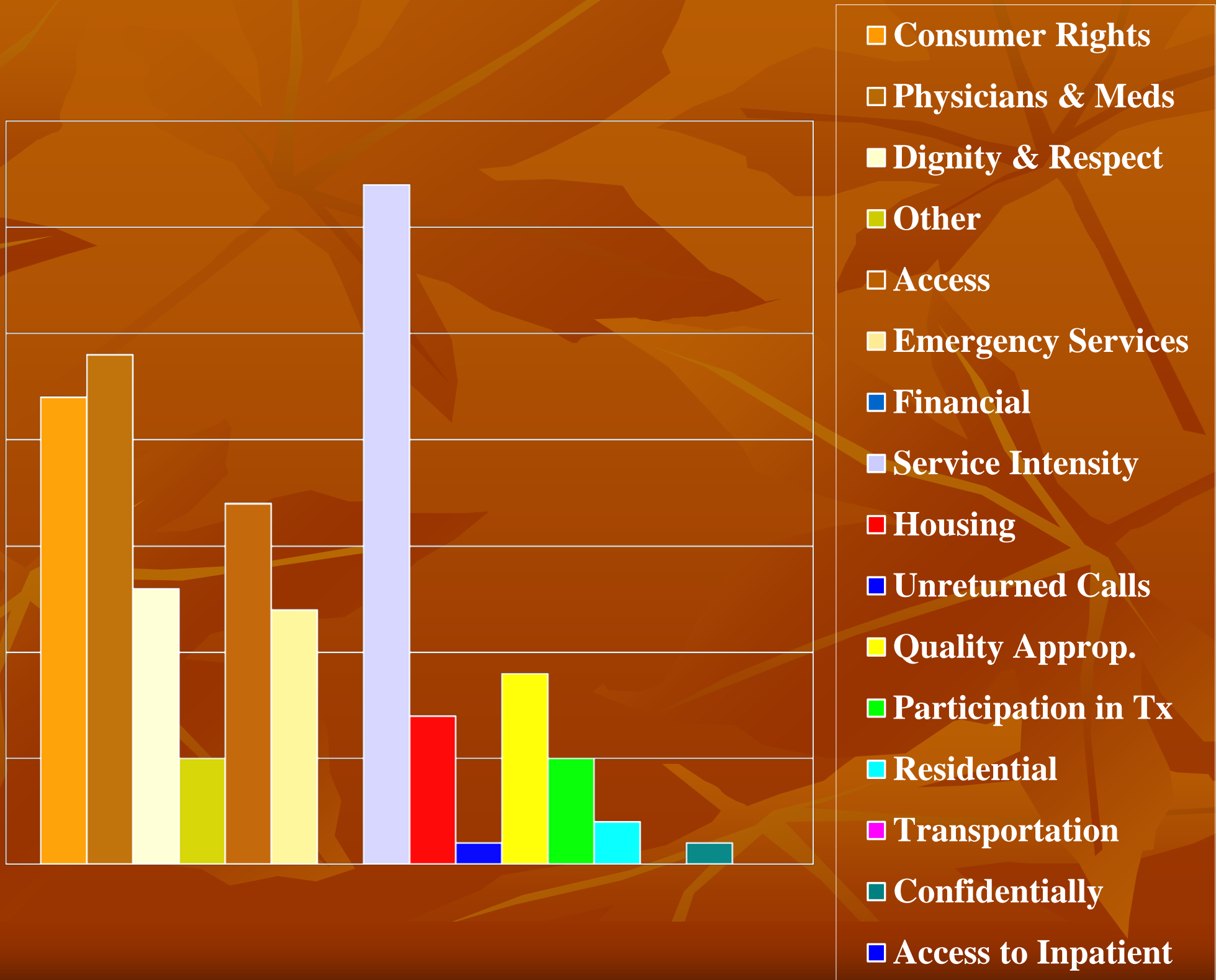


# Four Level-2 Grievances



■ Cases

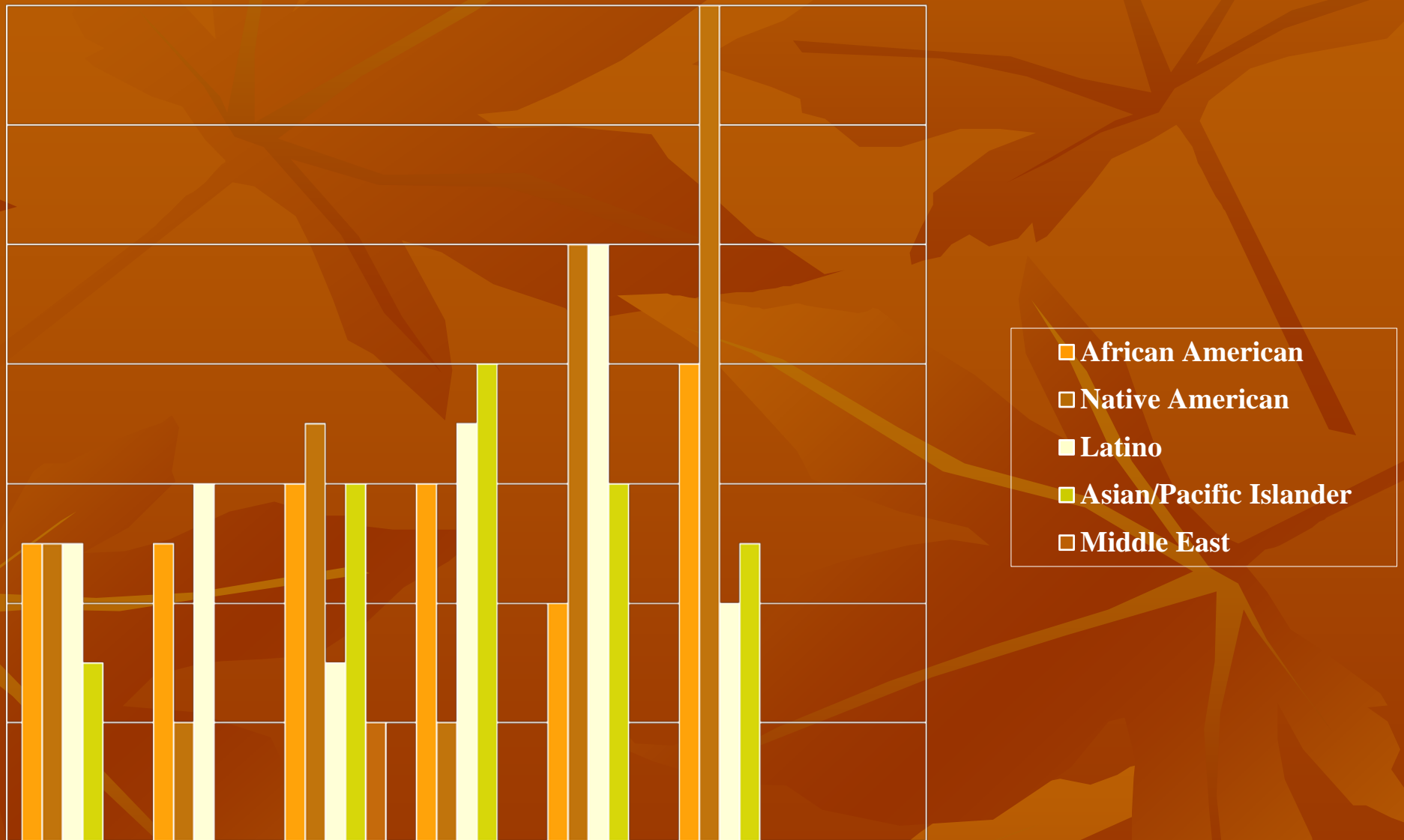
# Issues of Concern



# Appeals & Administrative Hearings

- No Appeals
- No Administrative Hearings

# Ethnicity of Non-Caucasian Client





# Breakouts

- Physicians, ARNPs and Medications issues

# Resolution Outcomes

- Open cases: 20
- Information and Referral: 21
- Conciliation & Mediation: 57
- Not Pursued: 5

# QRT Outreach

- Dispute Resolution Center mediators
- Local service group
- Community Action staff retreat
- NAMI groups
- Suicidal Prevention training

# Quality Review Team Comments

- Single-parent housing
- Missed appointments
- Hour-long appointments
- Outside food in E&T facilities
- Medicaid Transportation
- HIPAA & protected health information
- Vignettes with lessons learned

# Fall 2015 Ombuds & QRT Report

QUESTIONS or COMMENTS?



## AGENCY COMPLAINT/GRIEVANCE COUNTS

### Out-patient clients served by provider agencies (2014):

*Catholic Community Services: 1,979 clients.*  
*Compass Health Residences: 63 clients.*  
*Interfaith Family Health Center: 5,334 clients.*  
*Sea Mar: 2,666 clients.*  
*Center for Human Services: 146 clients.*  
*NW Educational Services District 189: 194 clients.*  
*Snohomish County ICRS: 1,033 clients.*  
*20,072 outpatient clients in North Sound in 2014.*

*Compass Health South: 9,189 clients.*  
*Compass Health North: 3373, including Whatcom.*  
*Lake Whatcom Center, RTF & PACT: 690 clients.*  
*Sunrise Services: 2,595 clients.*  
*Bridgeways: 83 clients.*  
*Pioneer Human Services: 75 clients.*

### PROVIDER AGENCY & ISSUES:

**Catholic Community Services Everett: 0 Issues** **Last period 2 Issues**

**Catholic Community Services, Burlington: 1 Issue** **Last period 0 Issues**  
Services intensity/availability/coordination: 1

**Catholic Community Services, Bellingham: 0 Issues** **Last period 0 Issues**

**Compass Health Residences: 1 Issue** **Last period 0 Issues**  
Residential: 1

**Compass Health, Everett: 12 Issues** **Last period 8 Issues**  
Other (Consumer) Rights Violations: 3  
Dignity & Respect: 2  
Emergency Services: 1  
Housing: 1  
Other Type:  
Physicians, ARNPs, Meds: 2  
Services intensity/availability/coordination: 2

**Compass Health Snohomish Triage Facility: 3 Issues** **Last period 0 Issues**  
Dignity & Respect: 1  
Emergency Services: 1  
Housing: 1

**Compass Health, Lynnwood (adults): 2 Issues** **Last period 7 Issues**  
Participation in Treatment: 1  
Services intensity/availability/coordination: 1

**Compass Health, Lynnwood (children's): 0 Issues** **Last period 2 Issues**

**Compass Health, Marysville: 3 Issues** **Last period 3 Issues**  
Physicians, ARNPs, Meds: 1  
Quality Appropriateness: 1  
Services intensity/availability/coordination: 1

**Compass Health, Mount Vernon: 14 Issues** **Last period 7 Issues**  
Access: 3

Dignity & Respect: 1  
Emergency Services: 1  
Other (Consumer) Rights Violations: 4  
Physicians & Meds: 4  
Services Coordination/Intensity: 1

**Compass Health, San Juan: 0 Issues**

**Last period 0 Issues**

**Compass Health, Snohomish: 7 Issues**

Physicians & Meds: 2  
Quality Appropriateness: 1  
Services intensity/availability/coordination: 2

***Level 2 Grievance:***

Physicians & Meds: 1  
Services intensity/availability/coordination: 1

**Last period 2 Issues**

**Compass Health, Whidbey: 8 Issues**

Other Consumer Rights Violations: 3  
Physicians, ARNPs, Meds: 3  
Services Coordination/Intensity: 2

**Last period 3 Issues**

**Compass Health Whatcom: 7 Issues**

Access: 1  
Physicians, ARNPs, Meds: 1  
Services intensity/availability/coordination: 1

***Level 2 Grievance:***

Dignity & Respect: 2  
Other Type: 1  
Participation in Treatment: 1

**Last period 3 Issues**

**Interfaith: 3 Issues**

Other Consumer Rights Violations: 1  
Other Type: 1  
Services intensity/availability/coordination: 1

**Last period 3 Issues**

**Lake Whatcom Center (& Residential Treatment): 6 Issues**

Access: 2  
Housing: 1  
Other Consumer Rights Violations: 1  
Participation in Treatment: 1  
Residential: 1

**Last period 10 Issues**

**Whatcom PACT: 1 Issues**

Services intensity/availability/coordination: 1

**Last period 0 Issues**

**Skagit PACT: 0 Issues**

**Last period 4 Issues**

**Snohomish PACT: 7 Issues**

Physicians & Meds: 3  
Services Coordination/Intensity: 2

***Level 2 Grievance:***

Quality Appropriateness: 1

**Last period 5 Issues**



Services Coordination/Intensity: 2

**Mukilteo Evaluation & Treatment Center: 22 Issues**

**Last period 10 Issues**

Other Consumer Rights Violations: 5

Dignity & Respect: 5

Emergency Services: 3

Physicians, ARNPs, Meds: 3

Participation in Treatment: 2

Quality Appropriateness: 1

Services intensity/availability/coordination: 3

**Fairfax Hospital: 4 Issues**

**Last period 3 Issues**

Dignity & Respect: 1

Other (Consumer) Rights: 2

Physicians, ARNPs, Meds: 1

**PeaceHealth Medical Center: 5 Issues**

**Last period 0 Issues**

Access: 1

Emergency Services: 1

Other Consumer Rights Violations: 2

Services intensity/availability/coordination: 1

**Skagit Valley Hospital: 2 Issues**

**Last period 0 Issues**

Other Consumer Rights Violations: 2

**Swedish Edmonds Hospital: 0 Issues**

**Last period 0 Issues**

**United General Hospital (Sedro-Woolley): 0 Issues**

**Last period 0 Issues**

**Whidbey General Hospital: 0 Issues**

**Last period 0 Issues**

**Providence Hospital: 1 Issue**

**Last period 1 Issue**

Emergency Services: 1

**Overlake Hospital: 0 Issues**

**Last period 1 Issue**

**Northwest Medicaid (Hopelink) Transportation: 3 Issues**

**Last period 2 Issues**

Transportation: 3

**Sea Mar, Everett: 6 Issues**

**Last period 3 Issues**

Access: 1

Dignity & Respect: 1

Physicians, ARNPs, Meds: 1

Services intensity/availability/coordination: 2

Unreturned Phone Calls: 1

**SeaMar Lynnwood: 0 Issues**

**Last period 0 Issues**

**SeaMar Mount Vernon: 0 Issues**

**Last period 0 Issues**

**SeaMar Monroe: 0 Issues**

**Last period 0 Issues**

<b>SeaMar Bellingham: <u>0</u> Issues</b>	<b>Last period <u>0</u> Issues</b>
<b>SeaMar Ferndale: <u>0</u> Issues</b>	<b>Last period <u>1</u> Issue</b>
<b>Skagit County Involuntary Treatment Services: <u>2</u> Issues</b> Emergency Services: 1 Services intensity/availability/coordination: 1	<b>Last period <u>2</u> Issues</b>
<b>Whatcom Involuntary Treatment Services: <u>0</u> Issues</b>	<b>Last period <u>2</u> Issues</b>
<b>Snohomish Involuntary Treatment Services: <u>6</u> Issues</b> Emergency Services: 3 Quality Appropriateness: 3	<b>Last period <u>2</u> Issues</b>
<b>Sunrise Services, Everett: <u>19</u> Issues</b> Access: 3 Other Consumer Rights Violations: 4 Housing: 3 Other Type: 1 Physicians, ARNPs, Meds: 3 Quality Appropriateness: 1 Services intensity/availability/coordination: 3 <b><i>Level 2 Grievance:</i></b> Other Consumer Rights Violations: 1	<b>Last period <u>22</u> Issues</b>
<b>Sunrise Services, Mount Vernon: <u>2</u> Issues</b> Access: 1 Dignity & Respect: 1	<b>Last period <u>6</u> Issues</b>
<b>Sunrise Services, Whidbey: <u>7</u> Issues</b> Housing: 1 Quality Appropriateness: 1 Services intensity/availability/coordination: 4 Violation of Confidentiality: 1	<b>Last period <u>2</u> Issues</b>
<b>Sunrise Services, Concrete: <u>0</u> Issues</b>	<b>Last period <u>2</u> Issues</b>
<b>VoA (Access Line &amp; Care Crisis Line): <u>4</u> Issues</b> Access: 2 Emergency Services: 1 Services intensity/availability/coordination: 1	<b>Last period <u>2</u> Issues</b>
<b>Skagit Crisis/Triage Center: <u>0</u> Issues</b> Financial & Admin Services:	<b>Last period <u>2</u> Issues</b>
<b>Lummi Tribe Health Services: <u>1</u> Issue</b> Services intensity/availability/coordination: 1	<b>Last period <u>0</u> Issues</b>
<b>NSMHA and the Community Mental Health Program: <u>4</u> Issues</b> Access: 4	<b>Last period <u>3</u> Issues</b>

## 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 2<sup>nd</sup> 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 a 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**

<b>Type of complaint:</b>	<b>Oct 2010</b>	<b>Apr 2011</b>	<b>Oct 2011</b>	<b>Apr 2012</b>	<b>Oct 2012</b>	<b>Apr 2013</b>	<b>Oct 2013</b>	<b>Apr 2014</b>	<b>Oct 2014</b>	<b>Apr 2015</b>	<b>Oct 2015</b>
Access:	32	29	33	13	18	3	5	4	11	16*	17
Other (consumer) Rights Violations:	39	64	47	29	47	35	22	31	27	17*	22
Dignity & Respect:	29	28	25	18	24	11	7	14	14	7	13
Emergency Services:	30	15	16	11	5	12	5	5	8	7	12
Financial/Administrative Services:	20	8	9	15	15	6	1	6	8	9*	0
Housing:	23	20	17	12	11	6	4	11	4	5	7
Other Type:	25	18	10	3	3	1	1	2	3	2	5
Physicians/ARNPs/Meds:	40	40	32	31	23	29	18	21	15	23	24
Participation in Treatment/ Access to inpatient:	4	2	17	12	9	10	2	1	2	2	5
Quality Appropriateness:	2	2	3	15	6	5	2	4	8	12*	9
Residential:	3	2	1	4	2	0	0	0	0	1	2
Services Intensity/not Available/coordination:	24	26	37	21	19	18	8	14	24	15	32
Transportation:	0	4	2	0	4	1	0	2	1	1	0
Unreturned Phone Calls:	4	3	6	9	3	1	0	1	0	4	1
Confidentiality Violation:	2	2	4	3	1	1	0	2	2	2	1
<b>Total:</b>	<b>277</b>	<b>263</b>	<b>259</b>	<b>196</b>	<b>190</b>	<b>139</b>	<b>75</b>	<b>118**</b>	<b>127</b>	<b>123</b>	<b>150</b>

**Ombuds comments:** \* We attribute some of the drop in *Other (consumer) Rights Violations* and corresponding rise in several other categories to new and broader definitions of the issues of concern. For example, *Access* now includes “intake appointment problems, timeliness of appointments, denials, terminations and suspension or reductions in services;” *Financial Services* now includes administrative services such as “incorrect paperwork;” and *Quality Appropriateness* now includes “quality issues and issues regarding poor quality treatment or treatment errors.” \*\* Numbers began to rise again in April 2014 due to increase in number of clients as Medicaid expansion took place.

As we noted in our last report, issues of concern in general have dropped over the past several years. That is surely due to the providers doing a good job of resolving complaints at the lowest level and communicating with and paying attention to their clients. Response letters to client complaints and grievances are well written and meaningful. Solid programs of service are also showing their benefit, as are innovative programs. Certainly most effective of all is the high quality, evidenced-based treatment programs implemented in recent years, such as Children’s Intensive Wrap-around programs, Fidelity Supported Employment, enhanced Crisis, Triage and Emergency Services, Motivational Interviewing, Integrated Dual Disorder Treatment (IDDT), Trauma focused CBT for children, the Children’s Assessment Tool (CANS) and Illness Management & Recovery (IMR).

**North Sound Mental Health Administration (NSMHA)**  
**MENTAL HEALTH ADVISORY BOARD**  
**October 6th, 2015     1:00 – 3:00pm**

<b>Present:</b>	<b>Island:</b> <b>San Juan:</b> <b>Skagit:</b> Joan Lubbe <b>Snohomish:</b> Fred Plappert, Greg Wennerberg, Carolyn Hetherwick-Goza, Carolann Sullivan, Joan Bethel, Marie Jubie <b>Whatcom:</b> Mark McDonald, Rachel Herman
<b>Excused Absence:</b>	<b>Island:</b> Candy Trautman <b>San Juan:</b> Peg LeBlanc <b>Skagit:</b> <b>Snohomish:</b> Jennifer Yuen <b>Whatcom:</b> Michael Massanari, David Kincheloe
<b>Absent:</b>	<b>Island:</b> <b>San Juan:</b> <b>Skagit:</b> <b>Snohomish:</b> Jeff Ross <b>Whatcom:</b> Larry Richardson
<b>Staff:</b>	Joe Valentine, Joanie Williams, Bill Whitlock
<b>Guests:</b>	Sergeant Ron Coakley, Skagit County Sheriff's Office

**MINUTES**

TOPIC	DISCUSSION	ACTION
-------	------------	--------

<b>CALL TO ORDER AND INTRODUCTIONS</b>		
Chair	Mark opened the meeting and initiated introductions	Informational
<b>REVISIONS TO THE AGENDA</b>		
Chair	Mark asked if there were any revisions to the agenda, there were none mentioned.	Informational
<b>COMMENTS FROM THE PUBLIC</b>		
Chair	Mark asked if there were any comments from the public, there were none.	Informational
<b>APPROVAL OF MINUTES</b>		
Chair	A motion was made to approve the September minutes, no revisions, minutes approved.	<b>Minutes approved, no revisions</b>
<b>EXECUTIVE/FINANCE COMMITTEE REPORT:</b>		
<b>Review Upcoming Pre-Meeting</b>	<b>Review Upcoming Pre-Meeting:</b> the upcoming Pre-Meeting will be a presentation from Joe Valentine and Bill Whitlock. They will be giving an overview of the 2016 Budget. Joe noted the budget will be introduced to the Board of Directors on Thursday and posted on the website. During the November meeting, the budget will be reviewed in detail and the Advisory Board Members will have opportunity to ask questions and make comments. During the December meeting, the Advisory Board and Board of Directors will be voting on the budget.	Informational
<b>Approval of September Expenditures</b>	<b>Approval of September Expenditures:</b> Mark noted the expenditures for September. A motion was made to forward the expenditures to the Board of	<b>Motion approved to forward the Expenditures to the Board of Directors</b>

<p><b>Introduction of 2016 Budget</b></p>	<p>Directors, motion was seconded and approved.</p> <p><b>Introduction of 2016 Budget/Proposed AB Budget:</b></p> <p>Joe led the Advisory Board in conversation regarding the increase in the Budget. The 2016 Proposed amount is \$42,000 to allow for the increase in members. The increase is approximately 24%. He also spoke about how the funds will be allocated for 2016, which was discussed in the Executive Finance Committee. He noted the numbers were being introduced today, additional discussion will take place in November and voting will take place during the December meeting. Joe spoke about how the money was allocated into the various columns, per the request of the Executive Finance Committee:</p> <ul style="list-style-type: none"> <li>➤ Project (1): \$16,736</li> <li>➤ Project (2) \$1,910</li> <li>➤ Project (3) \$19,329</li> <li>➤ Project (4) \$225</li> <li>➤ Project (5) \$3800</li> </ul>	
<p><b>Legislative Session Visits</b></p>	<p><b>Legislative Session Visits/Budget Allocation &amp; Drop Down Box:</b></p> <p>The Legislative Session visit was discussed with the Full Board, as well as the drop down box for Legislative Visits that was added to the Budget sheet. The Cost Estimate Sheet was referenced which Joanie created to identify cost of the visits, with three options. The Finance Committee recommended allocating \$3,800 for the visits. Joe noted the funds can be moved around from the various projects, should additional money be needed to possibly take a second trip to Olympia during the Legislative Session. He also noted that additional advocacy approaches can also include writing letters and adopting a position paper.</p>	
<p><b>AB BHO Recruitment Process</b></p>	<p><b>AB BHO Recruitment Process:</b> Mark led the discussion regarding the increase in Members on the Board. The total number of members will increase by one per county, taking the total number of seats to 26, verses 21. There was additional conversation regarding Advisory Board Members assisting in recruiting individuals with lived experience with substance use disorder. Conversation followed.</p> <p><i>Joe recommended the Advisory Board adopt David Kincheloe’s earlier request to refrain from differentiating themselves from persons with Substance Use Disorder and begin thinking and speaking with the new integrated terminology. All Behavioral Health Advisory Board Members should be addressed as “individuals with behavioral health knowledge or experience”... the integrated approach.</i></p> <p>Joe said all members need to keep their eyes and ears open and identify new behavioral health members. The <i>new</i> vacancies can be filled in February and the current vacancies can be filled now. Interested Members will contact the respective County Coordinators. Joanie will have the new Roster available for the November Meeting which will identify how many vacancies there are for each county and</p>	<p><i>New vernacular regarding integration</i></p>



<p><b>Attendance Report</b></p>	<p>note the new vacancies.</p> <p><b>Attendance Report:</b> Mark led the group in conversation regarding the un-excused absence process. The By-Laws were referenced. Joanie will type a letter of intent for the two Advisory Board Members who have more than two unexcused absences. She will cc the County Coordinators. The Attendance Report is a new Standing Item on the Advisory Board Executive Agenda, moving forward.</p>	
<p><b>Advisory Board Advocacy Priorities</b></p>	<p><b>Advisory Board Advocacy Priorities:</b> Joe led the group in conversation regarding the Children’s Mental Health Advocacy Priorities. The items will be added to the Legislative Agenda.</p> <p>1) Advocacy item: School children with psychiatric issues to gain access to special education classes.</p> <p>2) Advocacy item: Better early identification, awareness and referral for kids with mental health issues, better strategies for parents.</p>	
<p><b>Meal Reimbursement Policy</b></p>	<p><b>Meal Reimbursement Policy:</b> The changes to the Advisory Board meal reimbursement practices were finalized. The policies will be included in the Member binders for ease of reference; Policies 4512 and 3031.</p>	
<p><b>Nominating Committee</b></p>	<p><b>Nominating Committee:</b> Mark asked if anyone was interested in being on the Nominating Committee. He noted that Candy and he were interested. No one else voiced interest.</p> <p>During the November meeting nominations for Chair and vice Chair will be taken and given to the Committee (Mark and Candy). Voting will take place during the December meeting.</p>	
<p><b>STANDING BOARD OF DIRECTORS COMMITTEE REPORTS</b></p>		
	<p><b>Planning Committee</b></p>	
	<p>Included in binders for review</p>	<p>Informational</p>
	<p><b>Quality Management Oversight Committee (QMOC) Report</b></p>	
	<p>Included in binders for review</p>	<p>Informational</p>
<p><b>EXECUTIVE DIRECTOR’S REPORT</b></p>		
<p><b>BHO Plan Update</b></p>	<p><b>BHO Plan Update:</b> Joe gave the Executive Director’s Report which comprised of an update on the Behavioral Health Organization (BHO) Plan. The BHO Draft Plan was included in the Member Binders for reference.</p> <p>Joe spoke about Behavioral Health Community Meeting being held Friday, October 30<sup>th</sup>, regarding Transitioning Behavioral Health Services from the North Cascades Gateway Center. Joe let the Advisory Board know that they are invited. Mark asked for a show of hands as to who is interested in attending. Joanie will RSVP for interested members with Rebecca Clark. Mark, Rachel, Joan B, Carolyn HG, Joan L and Greg said they were interested in attending. Joanie will arrange the taxi for those who need it.</p>	<p>Informational</p>
<p><b>ACTION ITEMS BEING BROUGHT TO THE BOARD OF DIRECTORS</b></p>		

	<p><b>Action Items/Memorandum:</b> Joe spoke about the Action Items. A motion was made to forward the Action Items to the Board of Directors. All were in favor.</p>	<p>Motion approved to forward Action Items to the BOD</p>
<p><b>NEW BUSINESS :</b> none</p>		
<p><b>REPORT FROM ADVISORY BOARD MEMBERS:</b>  <b>Carolyn Hetherwick Goza-PATH Success:</b> Carolyn spoke about the feeding program for the homeless which her church sponsors. Last Wednesday 179 were fed. She had requested that NSMHA pay for a professional to join the gathering and offer resources. Progress Alternatives to Transition the Homeless (PATH) Program is the name of program who will be assisting. They will be there every Wednesday from 4-6pm supporting individuals who need services.                  Diana Hefley, Suicide Prevention Writers &amp; Media Group, won first place on Carolyn’s personal story. The prize will be presented in November. Carolyn and her husband will be attending.  <b>Fred:</b> Sunrise held there open house last week announcing their new facility. The building is renovated and located across the street from Safeway.</p>		
<p><b>COMMENTS FROM COUNTY ADVISORY BOARD REPRESENTATIVES</b></p>		
Island	none	
San Juan	none	
Skagit	none	
Snohomish	none	
Whatcom	none	
<p><b>OTHER BUSINESS:</b> none</p>		
<p><b>ADJOURNMENT:</b> The meeting adjourned at 2:41pm</p>		

**Advisory Board Budget  
January through October 2015**

	All Conferences	Board Development	Advisory Board Expenses	Stakeholder Transportation
Total	Project # 1	Project # 2	Project # 3	Project # 4
Budget	\$ 14,896.00	\$ 1,700.00	\$ 17,204.00	\$ 200.00
Expense	(7,216.26)	(501.72)	(15,262.64)	

Under / (Over) Budget \$ 7,679.74 \$ 1,198.28 \$ 1,941.36 \$ 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
--------------------------	----------------------------	--	--

## Advisory Board Budget Proposed 2016

	All Conferences		Board Development		Advisory Board Expenses		Stakeholder Transportation		Legislative Session	
	Project # 1	Project # 2	Project # 3	Project # 4	Project # 5	Project # 3	Project # 4	Project # 5	Project # 5	Project # 5
<b>Total</b>	Project # 1	Project # 2	Project # 3	Project # 4	Project # 5	Project # 3	Project # 4	Project # 5	Project # 5	Project # 5
Budget	\$ 16,736.00	\$ 1,910.00	\$ 19,329.00	\$ 225.00	\$ 3,800.00	\$ 19,329.00	\$ 225.00	\$ 3,800.00	\$ 3,800.00	\$ 3,800.00
Expense	0.00									
<b>Under / (Over) Budget</b>	<b>\$ 16,736.00</b>	<b>\$ 1,910.00</b>	<b>\$ 19,329.00</b>	<b>\$ 225.00</b>	<b>\$ 3,800.00</b>	<b>\$ 19,329.00</b>	<b>\$ 225.00</b>	<b>\$ 3,800.00</b>	<b>\$ 3,800.00</b>	<b>\$ 3,800.00</b>

BHC , NAMI, COD, OTHER	BOARDS SUMMIT (RETREAT)	Costs for Board Members (meals mileage, misc.)	Non- Advisory Board Members, to attend meetings and special events	Shuttle, meals, hotel, travel
------------------------	-------------------------	--	--	-------------------------------

I NOMINATE \_\_\_\_\_ FOR THE POSITION OF:

CHAIR

VICE CHAIR

I NOMINATE \_\_\_\_\_ FOR THE POSITION OF :

CHAIR

VICE CHAIR