NORTH SOUND REGIONAL SUPPORT NETWORK
BOARD OF DIRECTORS MEETING

CottonTree Convention Center
2300 Market Street
Mt. Vernon, WA
January 9, 2003

1:30 PM

Agenda

1. **Call to Order; Introductions – Chair**

2. **Revisions to the Agenda – Chair**

3. **Approval of December Minutes – Chair**

4. **Comments & Announcements from the Chair**

5. **Reports from Board Members**

6. **Comments from the Public**

7. **Report from the Advisory Board – Janet Lutz-Smith, Chair**

8. **Report from Executive/Personnel Committee – Dave Gossett, Chair**

9. **Report from the QMOC – Andy Byrne, Chair**

10. **Report from the Planning Committee – Dave Gossett, Chair**

    a. Underserved Workgroup Report – Greg Long
    b. Criminal Justice Workgroup Report – Greg Long

11. **Report from the Executive Director – Chuck Benjamin, Executive Director**

12. **Report from the Finance Officer – Bill Whitlock**

13. **Report from the Finance Committee – Mike Shelton**

14. **Consent Agenda – Chair**

All matters listed with the Consent Agenda have been distributed to each Board Member for reading and study, are considered to be routine, and will be enacted by one motion of the Board of Directors with no separate discussion. If separate discussion is desired, that item may be removed from the Consent Agenda and placed on the Regular Agenda by request of a Board Member.

Motion 03-001 To review and approve NSRSN claims paid from November 1, 2002 to November 30, 2002. Total dollar amount of warrants paid in November (unavailable). Total November payroll of (unavailable) and associated benefits in the amount of (unavailable).

15. Action Items – Marcia Gunning, Contracts Compliance/Financial Services Manager

Motion 02-077 To approve contract between the NSRSN and Aging and Adult Services Division - Home Care Services (HCS). Maximum consideration for this contract will not exceed $328,500.

This is a placeholder for contract currently being developed by HCS that implements ECS Phase VI – Geriatric services. The contract will be for 20 individuals, 5 discharged from WSH and 15 to divert from WSH. NSRSN contract will be to provide expanded mental health services at $45 per day per client.

Motion 02-078 To approve contract #NSRSN-APN-ECS-02, Amendment 2 between the NSRSN and APN for expanded mental health services to ECS Phase VI - Geriatric consumers. Maximum consideration will not exceed $328,500.

This is a placeholder for contract with APN as a result of the contract between HCS and NSRSN currently being developed by HCS that implements ECS Phase VI – Geriatric services. The contract will be for 20 individuals, 5 discharged from WSH and 15 to divert from WSH. NSRSN will contract with APN to provide expanded mental health services at $45 per day per client.

16. Emergency Action Items

Motion 03-002 To introduce Contract No. NSRSN-PCI-User-01 Amendment (3)

This amendment will extend the dates of the current contract with PCI through March 31, 2003. Maximum consideration of this amendment shall be $10,083.14 ($5,041.67 per month). Maximum consideration of the Agreement shall not exceed $105,875.07.

17. Introduction Items – Chair

Motion IN-001 To introduce North Sound Mental Health Administration 2003-2004 Staff Training Plan.

The purpose of the NSMHA Staff Training plan is to provide an effective, efficient process that builds the requisite skills for optimum performance by all levels of staff. In developing this Plan, an extensive Training Needs Assessment survey was conducted. The NSMHA Staff Training Plan was developed in conjunction with the North Sound's Regional Training Plan.

Motion IN-002 To introduce North Sound's Regional Training Plan.

Per the current contract between the NSRSN and APN, Seamar and VOA, "The NSRSN shall take the lead and facilitate a collaborative process with NSRSN provider network to design and implement a regional training plan by January 1, 2003." The North Sound's Regional Training Plan is the result of these efforts.

Motion IN-003 To introduce and review the NSMHA 2002-2003 Quality Management Plan Updates.

As the NSMHA moves into the second year of our biennial QM Plan, modifications, additions and deletions are being recommended. These recommendations will be available at the January Advisory Board Meeting.

18. Executive Session - Chair

19. Reconvene - Chair

20. Adjournment – Chair

<u>NOTE:</u> The next Board of Directors meeting is scheduled for Thursday, February 13, 2003 at the North Sound Regional Support Network, Mount Vernon, WA at 1:30 PM.

MEMORANDUM

DATE: December 17, 2002

TO: NSRSN Advisory Board

FROM: Marcia Gunning
Contracts Compliance & Financial Services Manager

RE: January 9, 2003 NSRSN Board of Director's Agenda

Please find for your review and comment the following that will be discussed with the Board of Directors brought forth at the January 14, 2003 NSRSN Board Meeting.

CONSENT AGENDA

ACTION ITEMS

1. To authorize NSRSN Executive Director to enter into contract between the NSRSN and Aging and Adult Services Division - Home Care Services (HCS). Maximum consideration for this contract will not exceed $328,500.

   This is a placeholder for contract currently being developed by HCS that implements ECS Phase VI – Geriatric services. The contract will be for 20 individuals, 5 discharged from WSH and 15 to divert from WSH. NSRSN contract will be to provide expanded mental health services at $45 per day per client.

2. To authorize NSRSN Executive Director to enter into contract #NSRSN-APN-ECS-02, Amendment 2 between the NSRSN and APN for expanded mental health services to ECS Phase VI - Geriatric consumers. Maximum consideration will not exceed $328,500.

   This is a placeholder for contract with APN as a result of the contract between HCS and NSRSN currently being developed by HCS that implements ECS Phase VI – Geriatric services. The contract will be for 20 individuals, 5 discharged from WSH and 15 to divert from WSH. NSRSN will contract with APN to provide expanded mental health services at $45 per day per client.

EMERGENCY ACTION ITEMS

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   This amendment will extend the dates of the current contract with PCI through March 31, 2003. Maximum consideration of this amendment shall be $10,083.14 ($5,041.67 per month). Maximum consideration of the Agreement shall not exceed $105,875.07.

ITEMS NOT YET REVIEWED BY THE ADVISORY BOARD

1. To introduce North Sound Mental Health Administration 2003-2004 Staff Training Plan.

   The purpose of the NSMHA Staff Training plan is to provide an effective, efficient process that builds the requisite skills for optimum performance by all levels of staff. In developing this Plan, an extensive Training Needs Assessment survey was conducted. The NSMHA Staff Training Plan was developed in conjunction with the North Sound's Regional Training Plan.

2. To introduce North Sound's Regional Training Plan.

   Per the current contract between the NSRSN and APN, Seamar and VOA, "The NSRSN shall take the lead and facilitate a collaborative process with NSRSN provider network to design and implement a regional training plan by January 1, 2003." The North Sound's Regional Training Plan is the result of these efforts.

3. To introduce and review the NSMHA 2002-2003 Quality Management Plan Updates.

   As the NSMHA moves into the second year of our biennial QM Plan, modifications, additions and deletions are being recommended. These recommendations will be available at the January Advisory Board Meeting.

If you have any questions or concerns you would like to discuss prior to the meeting, please do not hesitate to contact me.

cc: NSRSN Board of Directors
Charles R. Benjamin
County Coordinators
NSRSN Management Team

NORTH SOUND REGIONAL SUPPORT NETWORK
BOARD OF DIRECTORS MEETING

North Sound Regional Support Network
Conference Room
117 North First Street, Suite 8
Mt. Vernon, WA

December 5, 2002

1:30 PM

MINUTES

Present:
Ward Nelson, Chair, Whatcom County Council
Maile Acoba, Alternate for Kenneth Dahlstedt, Skagit County Commissioner
Andy Byrne, Alternate for Pete Kremen, Whatcom County Executive
Sharrie Freemantle, Alternate for Kirke Sievers, Snohomish County Council
Dave Gossett, Snohomish County Council
Joe Johnson, The Nooksack Tribe
Janet Lutz-Smith, NSRSN Advisory Board
Mike Shelton, Island County Commissioner
Rhea Miller, San Juan County Commissioner
Jim Teverbaugh, Alternate for Bob Drewel, Snohomish County Executive

NSRSN Staff Members:
Beckie Bacon, Charles Benjamin, Melinda Bouldin, Sharri Dempsey, Marcia Gunning, Wendy Klamp, Greg Long, Bill Whitlock

Guests:
Dean Wight, Jackie Henderson, Marie Jubie, Jere LaFollette, Barbara LaBrash, Jane Relin

1. **Call to Order; Introductions – Chair**
   Chair Nelson convened the meeting at 1:30. Introductions were made of all present.

2. **Revisions to the Agenda – Chair**
   None.

3. **Approval of Minutes – Chair**
   It was moved, seconded and approved to accept the November minutes.

4. Comments & Announcements from the Chair

None

5. Reports from Board Members

Chair Nelson reported that there was good representation at the recent Health Care Access Summit. Work is beginning on planning a statewide summit.

Mike Shelton reported that prior to the January Board meeting bids would be in on the Community Mental Health building in Island County.

Joe Johnson reported that the Nooksack Tribe has their policies and procedures in place. Sharri Dempsey will be assisting in previewing their licensing and certification documents.

6. Comments from the Public – Chair

Dean Wight, CFO of the APN offered an update on implementation of the Raintree software. The December 2nd go live date has been postponed. End users don't feel confident in moving forward. They want to be sure the "bugs" are out of the system. Contractual reporting will continue on time. Supplemental training is scheduled for January. It is hoped the new go live date will be February 2003.

Rhea Miller asked how much of this trepidation is just the fear factor? Dean answered that it is somewhat of a factor, but there are actual bugs. Mike Shelton asked if this clouds our opinion of Raintree? Dean replied that it doesn't because of the level of customization required of this software. Chuck Benjamin added that as long as we maintain contract compliance, we could honor the extension request.

7. Report from the Advisory Board – Janet Lutz-Smith, Chair

Ms. Lutz-Smith reported that the Advisory Board reviewed and approved the Action Items on the agenda. Many Advisory Board members attended the stakeholder meeting and found it very valuable. She thanked Sharri Dempsey for organizing the trip. The Advisory Board heard a report on the Fairfax Hospital issue, and Sharri offered a pre-meeting presentation detailing a year-end wrap up of Advisory Board activities and accomplishments. 2003 meeting dates changed to the first Tuesday. Dan Bilson brought up the issue of the no smoking policies in detox facilities being a barrier for many consumers. Mr. Benjamin said that detox units are non-smoking and entrance into these programs is voluntary.

8. Report from Executive/Personnel Committee – Dave Gossett, Chair

Mr. Gossett reported that the RSN had submitted its MHD audit corrective action plan to the MHD. The committee approved the work plan concerning the audit's areas of concern. The committee discussed the Fairfax Hospital issue regarding low reimbursement rate for Medicaid clients. They discussed the possibility of RSNs supplementing this service.

8.a Election of Officers

Mr. Gossett reported that Ward Nelson and Mike Shelton had agreed to serve again as Chair and Vice-Chair respectively. He made a formal nomination of Ward Nelson as Chair. There were no further nominations from the floor.

It was moved, seconded, and approved that Ward Nelson be NSRSN Board Chair for 2003.

Mr. Gossett made a formal nomination of Mike Shelton as Vice-Chair. There were no further nominations from the floor.

It was moved, seconded, and approved that Mike Shelton be NSRSN Board Vice-Chair for 2003.

9. Report from QMOC Committee – Andy Byrne, Chair

Mr. Byrne reported that the QMOC had met on November 20th. He reported that the committee heard reports on the following: APN/compass corrective action plan regarding the selective review of a critical incident was approved. SeaMar presented their Quality Management Plan. Marcia Gunning reported on the administrative audit of APN, which took place September 11 through 13. Terry McDonough presented a concurrent review report, the first biennial review. Of the five contracted providers reviewed, two met or exceeded the minimum requirement, three did not. They were asked to submit corrective action plans, have done so, and those plans are under review. In an effort to expedite QMOC meetings, the RSN has formed a CQIP committee, which will report to QMOC.

10. Report from the Planning Committee – Dave Gossett, Chair

Mr. Gossett reporting that the Criminal Justice Workgroup and the Special Populations (underserved) Workgroup will report at the next meeting.

11. Report from the Executive Director – Chuck Benjamin, Executive Director

Mr. Benjamin reported briefly on:

- The tremendous success of the Recovery Conference held the previous day. This year's conference was overwhelmed with consumer involvement, and was a collaborative effort with providers. Bill Kennard and Joe Marrone were featured speakers, and consumer panels of housing and employment were very powerful.
- First Recovery Award to recognize agencies on their efforts toward Recovery went to the Lake Whatcom Treatment Center and Whatcom Counseling and Psychiatric Clinic.
- Board of Directors retreat is 12/4 and 12/5. Other stakeholders invited this year are the Advisory Board Exec. Committee, Providers, County Coordinators, and staff. Mr. Benjamin stated that this was the first time he has worked with a Board who gives clear direction.

12. Report from the Finance Officer – Bill Whitlock

No report

13. Report from the Finance Committee – Mike Shelton

No report, the committee did not meet.

14. Consent Agenda – Chair

There was none.

15. Action Items – Marcia Gunning, Contracts Compliance/Financial Services Manager

It was moved and seconded to approve **Motion 02-053**, to adopt the NSRSN Recommended 2003 Operating Budget. The motion passed unanimously.

It was moved and seconded to approve **Motion 02-070**, to approve a request to surplus woodworking equipment repossessed after the closure of "Skagit Woodshop", a consumer-run business funded by NSRSN Consumer Oriented Projects dollars and dispose of said items at public auction. The motion passed unanimously.

It was moved and seconded to approve **Motion 02-071;** to approve a request to allocate all revenue collected as a result of disposing of the wood working equipment at public auction to consumer oriented projects.

It was moved and seconded to approve **Motion 02-072,** to approve the revised NSRSN Mission Statement: "We join together to enhance our community's mental health and support recovery for people with mental illness served in the North Sound region, through high quality culturally competent services"

It was moved and seconded to approve **Motion 02-073,** to approve the proposed name change for the North Sound Regional Support Network: "North Sound Mental Health Administration".

It was moved and seconded to approve **Motion 02-076,** to introduce contract # NSRSN-BTTG-02 between the North Sound Regional Support Network and Behavioral Technology Transfer Group for Children's DBT professional clinical training for up to 150 clinicians and supervisors, effective December 15, 2002 through June 30, 2003. Maximum consideration shall not exceed $13,000.

Rhea Miller asked that DBT be defined more clearly.

16. Emergency Action Item – Marcia Gunning, Contracts Compliance/Financial Services Manager

It was moved and seconded to approve Motion 02-075, authorizing supplemental apportions for the NSRSN Tribal Conference. To recognize increase in revenue and miscellaneous expenditures of $12,343.00. Total revenue from the conference was $32,343.00. The original budget was $20,000.00. This is part of the NSRSN operating and administrative budget.

17. Motions Not Yet Reviewed by the Advisory Board – Ward Nelson, Chair

    Chair Nelson directed the group to review Introduction Items 49 and 50.

18. Executive Session - Chair

    There was none

19. Reconvene - Chair

20. Adjournment – Chair

    The meeting adjourned at 2:36

Respectfully submitted,

Melinda Bouldin

NORTH SOUND REGIONAL SUPPORT NETWORK
CONTRACT AMENDMENT

CONTRACT NO. NSRSN-APN-ECS-02
Amendment (1)

The above-referenced Contract between the North Sound Regional Support Network (NSRSN) and Associated Provider Network (APN) is hereby amended as follows:

1. **Exhibit D shall be added effective October 1, 2002 through June 30, 2003.**

2. **Maximum consideration for this Amendment shall be $21,000 in FBG funds and $64,617 in State ECS Funds.**

ALL TERMS AND CONDITIONS OF PERFORMANCE OUTLINED IN CONTRACT NO. NSRSN-APN-ECS-02 THROUGH AMENDMENT ONE ARE INCORPORATED BY REFERENCE AS THOUGH FULLY SET FORTH HEREIN.

THIS AMENDMENT IS EXECUTED BY THE PERSONS SIGNING BELOW, WHO WARRANT THAT THEY HAVE THE AUTHORITY TO EXECUTE THIS AMENDMENT.

NORTH SOUND REGIONAL SUPPORT NETWORK	ASSOCIATED PROVIDER NETWORK
_____	_____
Charles R. Benjamin, Executive Director Date	Jere LaFollette, Executive Director Date

Approved as to form: 1/24/01
Bradford E. Furlong, Attorney At Law

EXHIBIT D
EXPANDED COMMUNITY SERVICES – PALS

SCOPE OF WORK

To provide community residential and support services for three (3) individuals approved to be ECS eligible by the Statewide ECS screening committee or by special approval of the MHD by implementing a Team Driven Intensive Case Management program utilizing four (4) levels of residential services, depending on the consumer's needs. These are persons whose treatment needs constitute substantial barriers to community placement and who no longer require active psychiatric treatment at an inpatient hospital level of care, no longer meet the criteria for inpatient involuntary commitment, and who are clinically ready for discharge from a state psychiatric hospital or living in the community and a risk of hospitalization.

The contractor shall take a leadership role in convening and participating in a team of community professionals who will become familiar with the person and their treatment plan; assess their strengths, preferences and needs; and arrange a safe, clinically-appropriate, and stable place for them to live, and assure that other needed medical, behavioral, and social services are in place. This Team shall include active representatives of appropriate entities required to meet the individuals needs which may include but not be limited to:

- RSN representatives
- WSH staff (social workers, psychiatrists, nursing staff)
- Local crisis services (crisis triage center, agency crisis services, CDMHPs
- Consumer advocates or family/friends identified by consumer
- Residential providers
- Ombuds services (mental health or Long Term Care)
- AASA Residential Care Services
- AASA Home & Community Services
- DOC and or local law enforcement
- Chemical dependency treatment providers

At a minimum the Team shall, prior to the patients release into the community, complete a written comprehensive transition plan based on an assessment of the participant's strengths and needs. In developing transition plans, RSNs shall utilize the ECS transition guidelines developed by the ECS Implementation Committee or other comparable local tools to assure transition needs of ECS patients will be met.

1. Provide face-to-face visits to the identified ECS patient during the last months of hospitalization with the specific intent of assessing the consumers mental health and other service needs, and working with the consumer to develop a specific plan to meet those needs.

2. In accordance with contractors approved ECS plan, provide services and support to the ECS patient in a manner that is consistent with legislative intent as identified in Chapter 7, Laws of 2001, E2 Sections 204(1)(c)d), 204(2)(c) and good clinical practice. The contractor shall monitor the ECS consumer's progress on an ongoing basis. Substantial changes to the approved ECS plan must be submitted to and approved by the MHD prior to implementation of the change.

3. The contractor shall cooperate and provide access to treatment records to the NSRSN, MHD and the Washington Institute for Mental Health Research and Training toward the completion of an evaluation. At a minimum, the contractor shall:

   - Provide notification to the NSRSN and MHD of plans to transition approved ECS patients at least 30 days prior to discharge
   - Provide access to treatment records (charts) for ECS patients, pre and post discharge
   - Provide access to clinicians/administrators involved in hospital diversion and ECS services for interviews

Financial Consideration and Payment Requirements

1. Financial Consideration

   The contractor shall provide a minimum of 543 ECS days of services in the community to ECS – PALS approved patients, per their MHD approved Plan (attachment 1) during the contract period. For the purposes of this contract, ECS days of service in the community include any days an ECS patient is living outside of the state hospital within and being supported by the NSRSN in community residential or other supported living settings. ECS days of service do not include days in which a patient is residing in the state hospital. Days in which an ECS patient resides in a local jail or Department of Corrections facility while the NSRSN is working to transition the individual back into the community can be considered ECS days of service up to a maximum of 17 days per ECS patient per year.

   NSRSN shall pay CONTRACTOR according to the following Table

Timeline	Funding Source	Program Allocation	Payment Method
Effective 1/1/03 to 6/30/03 *Effective 10/1/02 to 12/31/02*	• ECS Phase V - PALS State Funding • FBG ECS - PALS Funding *Total Funding:*	*$64,617* *21,000* *$85,617*	Fee for Service* Fee for Service *Paid in 6 equal payments. Reconciled to actual bed days @ $119 per day/person

2. Payment and Reporting Requirements

   a. Submit a monthly invoice that documents provision of services and expenditures.

   b. Submit calendar quarterly reporting identifying and detailing where ECS patients are being served, participation and progress in all treatment and services, and new criminal charges or Department of Corrections violations

   c. Submit biennial quarterly report that identifies the use of and total dollars expended for FBG, ECS Phase V and ECS Phase V funding and actual days of ECS service by program through the BARS supplemental instruction process.

d. For FBG funds the Contractor must also provide detail on the expenditure of funds broken down by the following categories and detailing information on goals and outcomes of each program.

- Initial development, training and operation of community support teams, which will work with long-term state hospital residents prior and subsequent to their return to the community.

- Staff time for training, client preparation, and planning and relationship building for ECS clients.

- Travel time and mileage for staff members to visit WSH - PALS and coordinate visits to the community.

- Supplies to include small items necessary to prepare the houses for occupancy.

- A coordinator to directly implement the community support teams. This staff position will work closely with North Sound Regional Support Network Western State Liaison staff on developing specific discharge plans patients from WSH by the identified target date. This staff position will also recruit and train Adult Family Home providers in preparation of serving patients from WSH by the identified target dates.

- Support strategies necessary to implement this plan. These funds will be utilized to directly fund the development of Adult Family Home beds in preparation for the discharge of patients from Western State Hospital.

- Development of a discharge team, which will need to travel to Western State Hospital. This team will review all records, meet with appropriate Western State staff, ECS patients and develop the discharge plan from the hospital to the community. Funds necessary for this would include travel expenses and salary for staff.

- Development and operation of an interdisciplinary team to conduct meetings to discuss treatment plans for the clients when they are in the community and develop those resources necessary for the clients to remain in the community.

- Training for staff and providers

e. Contractor shall provide a final FBG report summarizing information as detailed in d. above, to be due 25 days after completion of the funding period.

In the event that the contractor, its members and/or affiliates, do not meet the minimum ECS days of service in the community, the contractor shall return to the NSRSN funding at the rate of $119 * ECS days for the number of ECS days below the minimum requirements established for each APN. This reconciliation will occur on the calendar quarter. The NSRSN shall deduct these funds from the next payment to APN.

ATTACHMENT 1

NORTH SOUND REGIONAL SUPPORT NETWORK
EXPANDING COMMUNITY SERVICES - PALS
REQUEST FOR PROPOSALS APPLICATION

TABLE TO CONTENTS

NORTH SOUND REGIONAL SUPPORT NETWORK
EXPANDING COMMUNITY SERVICES - PALS
REQUEST FOR PROPOSALS APPLICATION

RESPONSE TO QUESTIONS

Please provide an answer to each question below. This portion of your proposal must be doubled spaced and no more than 20 pages.

The following questions are intended to elicit the specific project requirements which are necessary to accomplish the scope of work defined in this RFP. Responses must be sufficient in detail to convey to members of the evaluation team your knowledge of the subjects and skills necessary to the project. You may present any creative approaches or additional information that might be appropriate.

1) **Please describe the population of individuals from your information who are long term patients with significant barriers to discharge. Include the numbers, characteristics, and barriers for these individuals.**

Individuals from the North Sound Region who are residents at Western State Hospital – PALS with significant barriers to discharge include those with the following characteristics:

- a history of repeated failures in community settings
- continual non-compliance with medications
- repeated refusal of mental health treatment
- substance abuse
- inability to establish daily routines including regular sleep patterns
- physical problems such as incontinence
- few to no independent daily living skills
- few to no appropriate social and communication skills
- multiple evictions from housing
- assaultive behaviors
- extreme victimization behaviors

There are approximately 7 individuals from our area currently at Western State Hospital who meet the criteria. We propose to transition up to 3 clients. Barriers for these individuals to leave WSH include having housing options to meet their needs, and barriers for keeping these individuals out of WSH include helping them maintain stability, especially with medication compliance.

2) **Provide your plan for providing residential and community services for ECS-PALS long term patients including the following:**

a. Is this a joint proposal with another/other RSN/s, if so identify each.

N/A

b. Identify the number of ECS slots (see Funding Guidelines) requested.

Up to 3 ECS-PALS slots by January 1, 2003

c. Describe how the project will arrange, provide and coordinate community residential or supported living, mental health, and other (e.g. co-occurring disorder)

support services including coordination of medical care and assistance with obtaining appropriate medications.

The NSRSN will contract with The Associated Provider Network (APN) to implement this program. APN will provide each client with an array of resources matched with the specific client needs on an individual basis. The will develop a Community Discharge Team to assess each client prior to discharge. The client will be assigned a primary case manager, who would be part of an Interdisciplinary Team. The assigned case manager would be responsible for ensuring assessed needs were met. The Interdisciplinary Team would meet to assess needs on an ongoing basis and coordinate available resources, if no current resources were available, a creative planning process would occur to develop a plan to obtain and/or develop resources to meet each clients unique needs.

The clients would have four options for housing based on strengths and needs; 24 hour supervised living with additional supports as indicated, placement in community-based AFH's or Boarding Homes, or clustered apartments that are furnished and subsidized to ease financial strain on the client. ECS-PALS would include but not be limited to 10-12 hours of services per day provided for the client, including weekends and evenings.

Case management or aides would assist at each clients level of independence with; medication management, attending medical care, daily living skills, cooking, menu planning, shopping, laundry, budgeting, and apartment maintenance. Clients would have an opportunity to attend day treatment for 2-3 hours per day as well as attend community client-run activities center. Medications could be monitored in either setting daily, or as indicated by the Interdisciplinary Team. Transportation would be provided to and from activities listed above, in addition to specific appointment times for medical care and other needs. Assessments would be made as indicated in further detail for employment services. Pre-employment activities, DVR, supported employment and a janitorial business would be available and encouraged for clients as appropriate. Clients would also be assessed for drug and alcohol services and encouraged to attend as appropriate those MICA and CD services available. All services would be provided in a team approach unique to each individual. Family and client involvement would be encouraged to reach common goals and achieve outcomes.

d. Describe how the project will develop a community support team. (Please include team composition, roles and responsibilities prior to and post discharge, and how the team will work with other stakeholders and address community acceptance issues.)

Prior to discharge a Community Discharge Team would be developed for the client. The Community Discharge Team would go to the hospital to gather information, meet the client and begin the assessment process for discharge. The Community Discharge Team would have ongoing communication and meetings with the hospital staff and NSRSN liaisons to provide the highest level of collaboration for discharge. The Community Discharge Team would begin meeting on a weekly basis to continue development of a discharge plan to the most appropriate setting based on the clients' strengths and level of independence. Prior to discharge of the client the Community Discharge Team Supervisor would develop and convene the Interdisciplinary Team.

The Interdisciplinary Team supervisor would continue to provide oversight of the ECS-PALS program and provide continuity of care for the client.

The Interdisciplinary Team would consist of the client, psychiatrist, nurse, case manager, 1-2 aides and the supervisor. Support persons, employment service staff, and CD treatment providers would be included as indicated. The case manager would be the pivot of all treatment provided. The case manager would coordinate all treatment in conjunction with the client. The Interdisciplinary Team would meet daily to coordinate these intensive services. As new supports, service providers,

etc., become part of the client's life, they would become part of the Interdisciplinary Team. Over the course of the clients' treatment the core composition of the Interdisciplinary Team would remain consistent. It would be the role of each team member to communicate openly and effectively at each meeting providing the highest level of his or her expertise in relation to the treatment being provided.

e. Describe how the project will develop a coordinated treatment plan for ECS-PALS patients which adequately addresses identification of patient barriers, service expectations, wraparound services, improved discharge processes, and cross system collaboration. Please provide any tools you plan to utilize as an attachment (e.g. specialized assessment tools, pre-discharge checklists.)

A discharge packet on each client will be submitted to NSRSN providers in order to facilitate smooth transition out of WSH from an NSRSN - WSH Quality Specialist. This packet will include identification of barriers to successful treatment in the community. The coordinated treatment plan for ECS patients will be developed with the patient prior to discharge and will include their strengths, preferences and voice. Included with this plan will be specific treatment interventions and strategies to address patient barriers, service expectations of team members, identification of wraparound services, cross system collaboration and crisis plans. The provider staff will arrange Authorized Leaves for each client to visit their community placement (residence) and see the surroundings prior to discharge. The Community Discharge Team will have ongoing communication and meetings with the hospital staff and NSRSN –WSH Quality Specialists to provide the highest level of collaboration for discharge.

f. Identify any special features or innovative models that will be used which are designed to address common barriers for long term hospital patients (e.g. assertive community treatment, intensive case management, after hours support strategies, emergency respite and crisis services.)

The services to people in this intensive program will incorporate the concepts of Role Recovery Model (See question 6 for details), Assertive Community Treatment, intensive or Enhanced Case Management (as defined in the North Sound Region), and Personal Assistance in Community Existence (PACE). The common theme of this proposed program is a team driven approach. A high level of collaboration would be requested from the hospital to ensure the best transition to the community.

These specialized ECS services will be highly individualized to the unique needs of each client; they will be very intensive (10-12hrs. /day or more as needed); and the service to the people living in the community (apartments and adult family homes) will be outreach-oriented (75% of the services will be delivered in the community). The Interdisciplinary Team will identify potential crisis situations and develop a crisis plan for each client. A special focus for the Interdisciplinary Team will be prevention, identifying key signs, stressors and interventions that would support the consumer living in the least restrictive manner in the community. The Interdisciplinary Team would continually review the crisis plan as well as review as an educational process: learning what to do in a crisis, what is working and what is not, and the plan would be posted for the client in an easy to view place. As part of this process the Emergency Services staff will be invited to the Interdisciplinary Team meetings and be provided with the crisis plans once developed. The Emergency Services staff would be regularly updated as needed and included as part of the Interdisciplinary Team.

Another unique feature of the proposed program is that of the residential options will assist in addressing the apartments special needs of the clients. The aide or case manager would lead the **planned day** *(A planned day is an individual program for that client, including basic routines such as*

self-care, preparation of meals, home maintenance, an expected meaningful daily activity of the consumer's choice, etc.) for each client, as a group or individually as needed clients would attend to day-to-day tasks and activities, providing self-care and independent living skills as well as structure. The group would become the client's support and sense of community, easing integration into the community, in a slow, well thought out and planned process, with flexibility to foster each individual's unique qualities.

3) **Provide a timeline for accomplishment of any steps and completion of this proposal which clearly identifies the dates when ECS identified PALS residents will move from the WSH to the community.**

- ❑ **10/15/02 -** Identify a Community Discharge Team
- ❑ **10/31/02 -** Identify up to 5 clients at PALS to assess for discharge
- ❑ **11/30/02 -** Set up discharge meetings with appropriate PALS staff and clients to develop discharge plans and have completed
- ❑ **12/15/02 -** Set up one week transition community stays for clients at PALS have completed stays
- ❑ **12/1/02-12/31/02 -** Discharge one client per week in the month of December, up to 5 clients.
- ❑ **January 1, 2003 -** All clients discharged

4) **Describe how the project will comply with minimum evaluation and reporting requirements as outlined above in Section E of this RFP.**

The NSRSN will provide required reports and access to records as described in Section E.

5) **Identify FBG funding requested to support this plan and a narrative description on how these funds will be used (see Funding Guidelines for examples). Funding is for initial development, training, start up funding and development of support strategies to reduce unnecessary and excessive use of State and local hospitals. Please specify funds that are best administered at the state and at the local level.**

Federal Block Grant Funds Requested: **$21,000**

Federal Block Grant Funds will be utilized for the initial development, training and implementation of discharge teams, which will work with PALS residents prior and subsequent to their return to the community. The Discharge Team will work closely with North Sound Regional Support Network Western State Liaison staff on developing specific discharge plans by the identified target date. The team will need to review all records, meet with appropriate Western State staff, ECS patients and develop the discharge plan from the hospital to the community. Funds necessary for this would include travel expenses and salary for staff.

In addition an Interdisciplinary Team will be developed by December 1, 2002 and funds will be necessary for this team to conduct meetings to discuss treatment plans for the clients when they are in the community and develop those resources necessary for the clients to remain in the community.

Funds will also be necessary for purchasing residential services during the month of December, as the five PALS residents are discharged from WSH and transitioned back to their community.

6) Describe your projected outcomes including but not limited to the number of ECS patients who will be moved from PALS to the community, the number of ECS patients receiving community services who are enrolled in primary health care, and the number of days of community services to ECS patients.

Number of ECS-PALS patients from WSH to Community	3
Number of ECS-PALS patients receiving community support Services who are enrolled in primary health care	3
Number of days of community services to ECS-PALS patients	543

Additional outcomes will include:

♦Provision of services in the least restrictive setting is a principle we believe central to the success of this project and will be achieved through the use of various residential settings.

♦The prevention of unnecessary or lengthy hospitalizations will be achieved by the individually tailored treatment plan which includes additional supports and supervision of patients utilizing the multidisciplinary team approach.

♦The multidisciplinary treatment team will provide increased community supports and assistance in the transition services. The pre-discharge visits by the project coordinator will increase the transition services to these patients.

♦The improvement in quality of life for consumers will be met by the application of the Recovery Model components. The quality of life will be improved by placement in the community-based residential settings, and by transitioning back into their local community.

♦The cost savings to DSHS can be measured by the comparison between the daily bed rate in the hospital and the daily rate pf this program. This cost savings to DSHS is significant when this comparison is completed.

♦Improved placement and diversion alternatives are developed as a result of the enhanced services provided.

BUDGET

NORTH SOUND REGIONAL SUPPORT NETWORK
EXPANDING COMMUNITY SERVICES - PALS
Phase v

FBG FUNDS – USE / OPTIONS
Effective October 1, 2002 - December 31, 2002

$7,000.00 Per ECS-PALS Consumer
(Use dependent upon unique needs of the consumer and their housing requirements)

- Cover additional manager / staff time and mileage necessary for PALS visit.
- Cover additional manager / staff time and mileage necessary for discharge meetings.
- Start-up Supplies:
- For clients going into intensive tenant support or independent housing we will purchase initial kitchen supplies, furniture (bed, dresser, lamps, etc.)
- Development of specific treatment team, and time required for staffing, review of records and coordination.

ECS – PALS STATE FUNDING USE
Effective January 1 2003 - June 30, 2003

$119 per ECS-PALS Consumer per day for 181 days = $21, 539 per consumer x 3 ECS-PALS Consumers = $64,617
(Use dependent upon unique needs of the client and their housing requirements)

- Additional staffing needs Treatment teams, discharge teams, case management etc)
- Professional Services needs
- Residential/Tenant Support Housing needs
- Mental Health Enhancement Services including, but not limited to:
    - Co-Occurring Disorder Service Options
    - Emergency Services/Crisis Bed Services

North Sound Regional Support Network
DISCHARGE TO THE COMMUNITY PLAN

Discharge Plan

*For:*_____

I. **ASSESSMENT SECTION (to be completed by Community Discharge Team)**

1. Consultation with Psychiatrists:_____ date.

Notes:

2. Meeting with the PALS staff _____date and review of WSH/PALS records.

Notes:

3. Strengths Inventory Completed [ ] Yes [ ] No

Notes:

II. PRE-DISCHARGE MEETING SECTION (to be completed by Case Manager)

1. Referral to Interdisciplinary Team _____date: (List Team Members Below)

Client:	Family Members:
Case Manager:	Nurse:
Supervisor:	Psychiatrist:
Aide:	

2. Monthly Budget:_____Source of Income and Amount

   Provider as Payee_____yes or no or other payee
   Future Spend Downs _____yes _____no (if yes amount)_____
   Monthly Expenses

Rent _____	Cigarettes_____
Utilities_____	Laundry_____
Food_____	Spending Money_____
Transportation_____	Debts_____

   _____Total Expenses
   Total Income _____ -
   Total Expenses_____ =
   Remaining Funds_____

3. Medical Issues:

4. Substance Abuse Issues:

5. Legal Issues:

6. Plan for Housing:

   Recommendation from Community Discharge Team:

[ ] Supervised Living [ ]AFH [ ]Apartment

[ ] Referral to Residential/Housing Coordinator _____
(R/HC initial and date)

Apartment Available [ ] Yes [ ] No Address:_____
_____

Comments:

II. DISCHARGE MEETING SECTION: (Community Discharge Team and Interdisciplinary Team)

1. Meeting Coordinated and set for _____date.

2. **Transitional Plan:** (completed at meeting)
(Include who will do what and when for transition, include such things as (getting keys, check apt is ready, have bedding etc, get cash transition, purchase food, menu, daily activity, medications etc)

3. **Treatment Issues:**
(Rreview Assessment and Pre-Meeting Section and then incorporate in Treatment Plan by Case Manager with Client)

Dates of Transition(s):_____

Pending Move out Date:_____

IV. POST-MEETING SECTION:
Case Manager:

1. [ ] Complete Daily Schedule (see attached).
2. [ ] Schedule Interdisciplinary weekly meetings.
3. [ ] Discharge from WSH/PALS completed _____date.
4. [ ] Arrange for new pharmacy after consulting with Team and when meds will need ordered _____date.
5. [ ] Notify client of Psychiatrist_____ and next appt with Case Manager, Date:_____.
   Name
6. [ ] Notify DSHS/SS/Change of Address to Post Office.
7. [ ] Update Flow Sheet and Current address on ID Sheet (include phone #)
8. [ ] Progress notes completed for transition.
9. [ ] Complete Intake procedure.

Committee Questions

North Sound Response to

Evaluation Summary Request

Phase 5 Plan Contingencies and Questions:

In order to clarify the NSRSN's plans, please provide clarification on the following issues:

1. Please provide more detail regarding service enhancements which will be provided to these consumers. Make sure to include specifics for provision of crisis services and services for co-occurring substance abuse disorders.

SERVICE ENHANCEMENT OPTIONS will vary slightly county by county. The following is a synopsis of the services available throughout our 5-county Region:

A. Residential/Tenant Support Housing

The clients would have four options for housing based on strengths and needs; 24 hour supervised living/Intensive Tenant Support, placement in community-based AFH's/Boarding Homes, or independent living/clustered apartments that are furnished and subsidized to ease financial strain on the client. Service Enhancement Options include:

- From 24/7 staffing to 10-12 hours per day, including weekends and evenings. (The housing type and staffing level is dependent upon consumer needs and continued level of funding.)
- MHP Staff available 24/7,
- Early crisis intervention and crisis stabilization
- ADL assistance, including food shopping, cooking, menu planning, housekeeping, laundry, budgeting etc.
- Additional, more intensive case management as necessary (# hours dependent upon client needs and desire).
- Daily medication monitoring.
- Access to Drop-in Center:
  - ⇒ Breakfast, lunch
  - ⇒ Socialization
- Transportation to critical activities.
- Consumer driven referral to employment services which include:
  - ⇒ Pre-employment preparation
  - ⇒ DVR
  - ⇒ Supported education activities.
- Payeeship Services as necessary.
- Co-occurring Disorder Treatment (see below for details).
- Utilize clinical risk assessment that guides the development of a specific safety plan as needed according to results.

B. CO-OCCURRING Disorders

Service Enhancement Options include:

- COD Assessment.
- COD Group Treatment jointly conducted by CD provider and MH provider

⇒ Available from 1 to 3 times per week

- Referral to Chemical Dependency provider for more intensive outpatient services where necessary.
  ⇒ Substance Abuse Recovery Center - 2 times per week
- Facilitate community support activities (i.e.: AA, NA, etc.)
  ⇒ Daily Alcohol Annynomous Meetings

C. EMERGENCY SERVICES/CRISIS BED SERVICES

Service Enhancement Options include:

- Meetings with Emergency Services, Crisis Bed staff, E&T staff and Community Treatment Team for Adults (which includes the jail, corrections, substance abuse, including detox, Home and Community Services, APS, DDD, NSRSN, CDMHP's) to review crisis planning strategies and the crisis plan that the consumer and Treatment Team have developed.
- Regular coordination to update plans and share information as necessary.

2. Please provide more detail regarding planned use of FBG funding for interdisciplinary team and residential services. Please note that ongoing service provision should come from the ECS slot funding. FBG funding is only expected to last through this biennium so provider and plan dependence on this funding will create sustainability issues.

Use will be dependent upon unique needs of the client and their housing requirements. $7000.00 One-Time-Use-Per-Client will be allocated in order to purchase the following prior to "official" start-up of January 1, 2003.

- Cover additional Interdisciplinary Team/manager/staff time and mileage necessary for visits with client at PALS.
- Cover additional Interdisciplinary Team/manager/staff time and mileage necessary for discharge meetings.
- Start-up Supplies
- For clients going into intensive tenant support or independent housing we will purchase initial kitchen supplies, furniture (bed, dresser, lamps, etc.)
- Development of specific treatment team, and time required for staffing, review of records and coordination.

Challenges	***1.*** Plan does not address composition of the Discharge team. *Snohomish County Discharge Team will include:* • *NSRSN WSH Liaison* • *Manager of Everett's Level III team Director of Adult Extended Care, ARNP* • *Clinician* • *Residential or Housing Representative as necessary.* • *PALS Treatment Team.* • *Consumer* • *Consumer Family or Friends (as desired by consumer)* *Whatcom County Discharge Team will include:* • *NSRSN WSH Liaison* • *Clinical Director* • *Community Case Manager Supervisor* • *Consumer*

	• *Consumer Family or Friends (as desired by consumer)* ***2.*** Plan lacks detail on specific service enhancements that will be provided to consumers. *Please refer to 1. A-C above.* ***3.*** Plan lacks detail on specific co occurring disorder services that will be provided. *Please refer to 1. B above.* ***4.*** Plan lacks specifics regarding provision of emergency/crisis services. *Please refer to 1. C above.* ***5.*** *TOOL* Review tool sent by MHD, will utilize, modify as needed. ***6.*** TIMELINES OCT: --- Complete identification of targeted ECS/PAL clients *--- Initial visit to PALS to meet with consumer and begin discharge planning process.* NOV: --- Continue discharge-planning meetings at PALS --- Client to come and tour potential housing. DEC: --- Utilize AL's as needed to assist in transition. --- Discharge identified clients to the community. JAN: --- All clients discharged. ***7.*** Need more detail regarding use of FBG funds for interdisciplinary team and residential services. Please refer to 2. above

NORTH SOUND REGIONAL SUPPORT NETWORK
CONTRACT AMENDMENT

CONTRACT NO. NSRSN-PCI-User-01
Amendment (3)

The above-referenced Contract between the North Sound Regional Support Network (NSRSN) and PCI Network Solutions, Inc., a Washington Corporation (the "contractor"). is hereby amended as follows:

1. The effective dates of this Agreement shall be extended through March 31, 2003.

2. Maximum consideration of this amendment shall be $10,083.34 ($5,041.67 per month).

3. Maximum consideration for the term of this Agreement shall not exceed $105,875.07.

ALL TERMS AND CONDITIONS OF PERFORMANCE OUTLINED IN CONTRACT NO. NSRSN-PCI-User-01 THROUGH AMENDMENT THREE (3) ARE INCORPORATED BY REFERENCE AS THOUGH FULLY SET FORTH HEREIN.

THIS AMENDMENT IS EXECUTED BY THE PERSONS SIGNING BELOW, WHO WARRANT THAT THEY HAVE THE AUTHORITY TO EXECUTE THIS AMENDMENT.

NORTH SOUND REGIONAL SUPPORT NETWORK		PCI NETWORK SOLUTIONS, INC.	
_____		_____	
Charles R. Benjamin, Executive Director	Date	Craig Bellusci, President	Date

NORTH SOUND MENTAL HEALTH ADMINISTRATION ANNUAL TRAINING PLAN 2003-2004

Background

16. Purpose

The purpose of the North Sound Mental Health Administration Annual Staff Training Plan is to provide an effective, efficient process that builds the requisite skills for optimum performance by all levels of staff. The ultimate purpose of the NSMHA Staff Training Plan is to provide a learning environment that supports progressive learning and optimum performance in providing exemplary mental health services for consumers. The NSMHA Training Plan is developed in conjunction with the Regional Training Plan.

I. Philosophy

- Education, training and development) is an ongoing process rather than a single event, that occurs at any time or any place.
- Within the various departments that provide services in the NSMHA, each employee, together with their manager, is responsible for ongoing achievement of competencies and learning objectives.
- Each department within the NSMHA will participate in the development of the annual training plan and is responsible for providing means for employees to develop their knowledge and skills. The annual training plan will be pertinent to each employee's position, improve quality of care and incorporate a recovery, strength-based system of care.
-

17. Goals of the Plan

The goals of the NSMHA's Annual Training Plan are to

1) Ensure that employees are provided with an adequate orientation that validates qualifications and assures the employee's ability to perform job duties.
2) Provide an environment that supports continuous learning and individual optimum performance to achieve the organization's mission.
3) Assure the effective collection and aggregation of data such as needs assessments and evaluations to provide information for improvement of education processes and the performance of the process components.
4) Identify areas to achieve cost-effectiveness and efficiency in training to conserve agency resources but continue high quality learning opportunities.

18. Process

The leaders ***establish the organization's vision and mission.***

A. Leaders ***determine the process components*** necessary to support the vision, mission and NSMHA requirements.
B. Leaders ***define qualifications and job expectations*** of all staff and determine qualifications on hire as well as evaluate the initial and annual competency and performance of individual job expectations.

C. Leaders use a variety of ***needs assessment*** methods to determine the education needs of individuals, the department, and the organization.
D. Based on assessed education needs, leaders determine education and training systems that do not exist and ***develop programs*** to meet those needs.
E. Leaders ***facilitate development of programs and implement the education and training plans*** at the NSMHA agency-wide, department and individual level.
F. Leaders provide support in assessing existing education and training systems, and ***facilitate evaluation of the effectiveness*** of those systems.
G. ***Aggregate data*** is collected to determine the effectiveness of the education and training programs.
H. Based on assessed effectiveness of education and training systems, ***modifications are made*** **to improve effectiveness**.

II. Process Components

1. The Training Committee– The function of this committee is to bring forth education needs determined from trending of individual needs, assessment of organizational needs and inclusion of all mandated training requirements. This group functions in an advisory capacity to make recommendations regarding education and training program needs and effectiveness and is comprised of the members of the Management Team. The purpose of this group is to:
   a) Identify, evaluate the effectiveness of existing orientation and other ongoing education and training programs and to recommend improvements to those programs.
   b) To achieve economies of scale by identifying opportunities for sharing of programs and resources to meet identified education and training needs.
   c) To work together to develop, recommend and implement new education and training programs.
   d) To develop delivery and communication strategies for assuring effective utilization of education and training programs.

2. Education Needs Assessment – individual, departmental, organizational needs are assessed on a variety of levels within the organization and with a broad range of methods such as (including but not an exclusive list):
   Formal surveys
   Focus groups
   Interviews
   Performance Improvement data
   Risk Management Data
   Committee participation such as CIRC, CQIP, QMOC,
   Aggregate Performance Management Data
   Chart/file reviews
   Utilization of information systems
   Observation
   Self-Assessment/evaluation

3. Organizational and Departmental Orientation activities provide initial job training and information including an assessment of a new employee's qualifications, knowledge, and competency.

4. Education and Training programs such as Management Development programs, clinical continuing education and information systems training are designed to maintain or improve staff competency.

5. Coaching, Preceptor & Mentoring, and Cross Training programs provide the employee with individualized, self paced information required to achieve new knowledge and competency or to improve the current level of performance.

6. Performance Management and Evaluation methods provide the employee with specific feedback regarding their actual performance. Additionally, performance management and evaluation methods provide the opportunity for the employee and the evaluator to develop remedial or ongoing education goals and objectives. Performance management and evaluation provides a broad view of education and development needs and opportunities.

7. Competency Assessment is an annual process to objectively validate the employee's current level of competency in performing cognitive and psychomotor skills in the performance of their job duties.

8. Evaluation Methods provide data for the organization regarding the effectiveness of the process components of the education program.

9. Aggregate Data Collection from evaluation methods and performance improvement activities is used to identify those areas and process components that need further refinement/improvement to achieve the purpose of the education plan.

III. Evaluation

Evaluation is a systematic collection and analysis of data needed to make decisions regarding the effectiveness and improve the quality of the education program. Evaluation will be conducted with a variety of methods to:

1. determine the effectiveness of programs for participants
2. document program objectives have been met
3. provide information about service delivery that will be useful to program directors/instructors
4. assure the desired behavior changes are occurring as a result of the education program
5. measure the impact of the education program on the organization.

The *process, outcome and impact* of the education plan and programs will be evaluated through four levels. The attached grid demonstrates evaluation levels and methods.

Level I is a *process* measure of the participant's opinion of the program, their own participation and learning.

Level II is both a *process and an outcome* measure of the participant's achievements of the behavioral objectives of the program.

Level III is an *outcome* measure of the behavior change as a result of the program.

Level IV is an *impact* measure of the effect a behavior change of a group of learners has on the organization's products and processes.

Responsibility for evaluation: All members of the organization are responsible for evaluation of their own learning and performance. Staff members are expected to keep their manager informed of their on going continuing education needs to achieve the goals of the plan.

Process evaluation (Levels I and II) are the responsibility of the program director/instructor. Data from process evaluation will be collected, aggregated and used to improve the instructional methods and teaching environment to maximize learning.

Outcome evaluation (Levels II and III) are the responsibility of the program director/instructor. Data from outcome evaluation will be collected, aggregated and used to document effectiveness, document competency and validate the transfer of knowledge to performance. Aggregated outcome data will be presented to the Regional Training Committee for use in making decisions about education needs and programs effectiveness.

Impact evaluation (Level IV) is the responsibility of the program director/instructor and Regional Training Committee. Impact data will be used to identify the need for further investigation of education needs, to assure program effectiveness, and to justify costs.

EVALUATION METHODS

Evaluation Levels	Asks the following	Examples of Methods	Appropriate level of evaluation for:
Level I : Participant Opinion	What's your opinion?	Participant evaluation	All programs
Level II: Participant Learning	What do you know?	Post Tests Return Demonstration Competency Testing Observation	Certification programs Competency Training Programs Compliance Programs

Level III: Participant Behavior	What do you do differently as a result of learning?	Competency Testing Observation PI Study results Chart/Documentation Reviews	Skill based training (i.e. restraint management) Unit Inservice Compliance Training
Level IV: Organizational Impact	What has changed or improved as a result of training?	Trend reports PI Studies Financial reports HR Management Aggregate Data Risk Management Data	Organizational training programs (e.g. customer service) Compliance Training Customer Service Survey Climate Surveys

Annual Training Plan for 2003-2004

The plan is developed to span a two year period in order to accommodate the extensive volume of training that is provided in our system.

I. TRAINING REQUIREMENTS PER WAC, RCW

WAC 388-865-0150 Definitions

Mental Health Specialist:

For children: 1) A minimum of 100 actual yours of special training in child development and treatment of seriously disturbed children and youth and their families; and 2) the equivalent of one year of full-time experience in the treatment of seriously emotionally disturbed children and youth and their families under the supervision of a child mental health specialist.

Geriatric: 1) A minimum of 100 actual yours of specialized training devoted to the mental health problems and treatment of persons sixty years of age or older; and 2) the equivalent of one year of full-time experience in the treatment of persons sixty years of age or older, under the supervision of a geriatric mental health specialist.

Ethnic minorities: A mental health professional who has demonstrated cultural competence attained through major commitment, ongoing training, experience and/or specialization in serving ethnic minorities, including evidence of one year of service specializing in serving the ethnic minority group under the supervision of an ethnic minority mental health specialist; and

(a) Evidence of support from the ethnic minority community attesting to the person's commitment to that community; **or**
(b) A minimum of 100 actual hours of specialized training devoted to ethnic minority issues and treatment of ethnic minority consumers.

Note: "Ethnic minority" or "racial/ethnic groups" are defined as any of the following:

(a) African American;
(b) An American Indian or Alaskan native, which includes:

(1) A person who is a member or considered to be a member of a federally recognized tribe;
(2) A person determined eligible to by the secretary of the interior and
(3) An Eskimo, Aleut, or other Alaskan native;
(4) A Canadian Indian, meaning a person of a treaty tribe, Metis community, or non-status Indian community from Canada

(c) Asian/Pacific Island; or
(d) Hispanic

Disability: A mental health professional with special expertise in working with an identified disability group. For purposes of this section only, "disabled" means an individual with a disability other than a mental illness, including developmental disability, serious physical handicap, or sensory impairment.

If the consumer is deaf, the specialist must be a mental health professional with knowledge about the deaf culture and psychosocial problems faced by people who are deaf; and ability to communicate fluently in the preferred language system of the consumer.

The specialist for consumers with developmental disabilities must be a mental health professional who has at least one year's experience with people with developmental disabilities or is a developmental disabilities professional.

WAC 388-865-0250 Ombuds services

The regional support network must maintain an ombuds service that…….receives training and adheres to confidentiality consistent with this chapter and chapter 71.05, 71.24, and 70.02 RCW.

Note: This WAC only applies to persons serving in the role of Ombuds

WAC 388-865-0260 Mental health professionals and specialists

The regional support network must …… develop a training program using in-service training or outside resources to assist service providers to acquire necessary skills and experience to service the needs of the consumer population.

If there are more than 500 members of an ethnic minority population within the regional support network, the regional support network must:

(a) Develop a specialized training program for staff members of licensed service providers to become qualified specialists; or

(b) contract or establish a working relationship with the required specialists to

(i) Provide all or part of the treatment services for these populations; or
(ii) Supervise or provide consultation to staff members providing treatment services to these populations.

WAC 388-865-0282 Quality Review Teams

The regional support network must assure that quality review teams…….receive training and adhere to confidentiality standards

Note: This WAC only applies to persons who are serving as members of a quality review team.

WAC 388-865-0405 Community Support Service Providers, competency requirements for staff

An individualized annual training plan must be implemented for each direct service staff person and supervisor in the skills he or she needs for their job description and the population they serve.

Note: This WAC also applies to providers of crisis telephone services only

WAC 388-865-0530 Competency requirements for staff, certification requirements, inpatient evaluation and treatment facilities

An individualized annual training plan must be implemented for each direct service staff person and supervisor in the skills he or she needs for their job description and the population they serve. Such training must include at least:

(a) Least restrictive alternative options available in the community and how to access them;
(b) Methods of patient care;
(c) Management of assaultive and self-destructive behavior; and
The requirements of chapters 71.05 and 71.34 RCW, this chapter, and protocols developed by the mental health division.

Cross-system core competencies-All Staff in NSMHA

Title	Training Method	How Validated	Time Frame	Frequency	Reference	Priority
The Recovery Model Includes utilizing natural supports/community capacity building/stigma reduction	Self-study Module	Post-test	Orientation	Agency-specific per training plan	NSMHA Contract	Mandatory
Confidentiality/Ethics/HIPAA/Mandatory reporting/dual relationships/fraud and abuse	Self-study module	Post-test	Orientation	Annual update	HIPAA, WAC	Mandatory
Cultural /Disability/Special Populations Sensitivity	Self-study module	Post-test	Orientation	Agency-specific per training plan	NSMHA Contract	Mandatory
Consumer Rights/Respect and	Self-study	Post-test	Orientation	Agency-	NSMHA	Mandatory

Dignity/Relationships/Perspectives/Complaints and Grievances	module			specific per training plan	Contract	
Blood borne Pathogens/Infection Control	Agency-specific per training plan	Post-test	Orientation	Agency-specific per training plan	Agency-specific per training plan	Mandatory
Patient Safety/Critical Incident Reporting	Agency-specific per training plan	Post-test	Orientation	Agency-specific per training plan	NSMHA Contract	Mandatory
The NSMHA System/Organizational Chart	Agency-specific per training plan	Post-test	Orientation	Agency-specific per training plan	NSMHA Contract	Mandatory
Customer Service & Consumer Satisfaction	Agency-specific per training plan	Post-test/ Supervision	Orientation	Agency-specific per training plan	NSMHA Contract	Mandatory
Contract Language pertinent to position	Agency-specific per training plan	Post-test	Within first year of employment	Agency-specific per training plan	NSMHA Contract	Mandatory
Workplace Violence/ De-escalation/Crisis/Risk Management	Agency-specific per training plan	Post-test	Orientation	Agency-specific per training plan	NSMHA Contract	Mandatory

Cross-system core competencies-all clinical staff at NSMHA

Title	Training Method	How Validated	Time Frame	Reference	Priority
Clinical Risk Assessment	Agency-specific per training plan	Agency-specific per training plan	Clinical Orientation	NSMHA Contract	Mandatory
Community-Based Cross System Collaboration (pertinent to job title)	Agency-specific per training plan	Agency-specific per training plan	Clinical Orientation	NSMHA Contract	Mandatory
Treatment Planning and Documentation	Agency-specific per training plan	Agency-specific per training plan	Clinical Orientation	NSMHA Contract	Mandatory
Co-occurring Disorders	Agency-specific per training plan	Agency-specific per training plan	15 hours over the next two years	NSMHA Contract	Mandatory
PTSD Screening and Treatment of Trauma-based Illnesses	Agency-specific per training plan	Agency-specific per training plan	Second year of employment	NSMHA Contract	Mandatory
Tribal/7.01 Plan	Agency-specific per training plan	Agency-specific per training plan	Second year of employment	NSMHA Contract	Mandatory
Behavior Management for Children	Agency-specific per training plan	Agency-specific per training plan	Within first year of employment	NSMHA Contract	Mandatory
Case Management	Agency-specific per training plan	Agency-specific per training plan	Within first year of employment	NSMHA Contract	Mandatory
Use of Flex Funds	Agency-specific per training plan	Agency-specific per training plan	Within first year of employment	NSMHA Contract	Mandatory
Access and Triage	Agency-specific per training plan	Agency-specific per training plan	Within first year of employment	NSMHA Contract	Mandatory
ICRS Standards and Protocols including consumer and family issues and perspectives	Agency-specific per training plan	Agency-specific per training plan	Within first year of employment	NSMHA Contract	Mandatory
De-escalation (Child-specific) pertinent to position	Agency-specific per training plan	Agency-specific per training plan	Within first year of employment	NSMHA Contract	Mandatory
Use of Natural Supports and Community-Capacity Building	Agency-specific per training plan	Agency-specific per training plan	NSMHA Contract	NSMHA Contract	Mandatory
Best Practices in Treatment of GLBT pertinent to position	Agency-specific per training plan	Agency-specific per training plan	NSMHA Contract	NSMHA Contract	Mandatory
Best Practices in Treatment of Hearing Impaired pertinent to position	Agency-specific per training plan	Agency-specific per training plan	NSMHA Contract	NSMHA Contract	Mandatory
Best Practices in Treatment of Ethnic Minorities pertinent to position	Agency-specific per training plan	Agency-specific per training plan	NSMHA Contract	NSMHA Contract	Mandatory
Best Practices in Treatment of Developmentally Disabled pertinent to position	Agency-specific per training plan	Agency-specific per training plan	NSMHA Contract	NSMHA Contract	Mandatory

NSRSN-specific core competencies

Job Title	**Competency**	**Training Method**	**How Validated**	**Time Frame**	**Frequency**	**Priority**
All	History of NSRSN	Self-study	Post-test	Orientation	Once	Mandatory
All	NSRSN Consumer Confidentiality Policy	Read policy	Acknowledgement of review	Orientation	Annually	Mandatory
All	NSRSN HIPAA policies	Read policy, Training programs annually	Acknowledgement of review and Post-test	Orientation	Annually	Mandatory
All	Critical Incident policy	Read policy	Acknowledgement of review	Orientation	Annually	Mandatory
All	Complaint and Grievance	Read policy	Acknowledgement of	Orientation	Annually	Mandatory

Job Title	Competency	Training Method	How Validated	Time Frame	Frequency	Priority
	Policy		review			
All staff located in NSRSN office	Building Security and Safety	Demonstration	Demonstration	Orientation	Once	Mandatory
All staff located in NSRSN office	Disaster Plan and Telephone tree	Read policy	Acknowledgement of review	Orientation	Annually	Mandatory
Contracts Compliance/Fiscal/ Accounting Specialist	BARS	Self-study	Supervision	Orientation	Once	Mandatory
Contracts Compliance/Fiscal/ Accounting Specialist	Contract monitoring	Review of contracts	Supervision	Orientation	Once	Mandatory
Contracts Compliance/Fiscal/ Accounting Specialist	Administrative Financial review of providers	Self-study	Supervision	Orientation	Once	Mandatory
Contracts Compliance/Fiscal/ Accounting Specialist/Inpatient Managed Care Specialist	Inpatient claims, billing, and reimbursement	Policy and procedure	Acknowledgement of review	Orientation	Once	Mandatory
Quality Specialists	Contractual Requirements	Review of contracts	Supervision	Orientation	At orientation and when revised	Mandatory
Quality Specialists	Quality Assurance/ Improvement	Self-study	Post-test	Orientation	Once	Mandatory
Quality Specialists	Data analysis	Self-study	Post-test	Orientation	Once	Mandatory
Quality Specialists	Audit methodology (Selective, Focus, concurrent, Administrative)	Policy and procedure, audit manual	Acknowledgement of review	Orientation	At orientation and when tools or methods are revised	Mandatory
Quality Specialists	Medicaid Personal Care	Self-study	Supervision	Orientation	Once	Mandatory
Quality Specialists	CLIP	Individual training by supervisor	Demonstration	Orientation	Once	Mandatory
Quality Specialists	CHAP	Individual training by supervisor	Demonstration	Orientation	Once	Mandatory
Quality Specialists	Western State protocols, utilization management plan	Review of documentation	Supervision	Orientation	Once	Mandatory
Quality Specialists	NSRSN Standards of Care	Self-study	Acknowledgement of review	Orientation	At orientation and as revised	Mandatory
Quality Specialists	HCS Protocols			Orientation	Once	Mandatory
Quality Specialists	CDMHP Protocols		Acknowledgement of review	Orientation	At orientation and as revised	Mandatory
Ombuds/QRT	Consumer Grievance Process	Ombuds/QRT Manual review	Acknowledgement of review	Orientation	Once	Mandatory
Ombuds/QRT	NSRSN Complaint and Grievance Policy	Read policy	Acknowledgement of review	Orientation	Once	Mandatory
Ombuds/QRT	NSRSN Functional Independence Policy	Read policy	Acknowledgement of review	Orientation	Once	Mandatory
Ombuds/QRT	WAC 388-865-0250	Review WAC	Acknowledgement of review	Orientation	Once	Mandatory
Ombuds/QRT	WAC 388-865-0282	Review WAC	Acknowledgement of review	Orientation	Once	Mandatory
Ombuds/QRT	NSRSN Anti-Retaliation Policy	Read policy	Acknowledgement of review	Orientation	Once	Mandatory
Ombuds/QRT	Ombuds/QRT Code of Ethics policy	Read policy	Acknowledgement of review	Orientation	Once	Mandatory
Ombuds/QRT	Ombuds/QRT Personal	Read policy	Acknowledgement of	Orientation	Once	Mandatory

Job Title	Competency	Training Method	How Validated	Time Frame	Frequency	Priority
	Safety Policy		review			
Ombuds/QRT				Orientation	Once	Mandatory
QRT	Survey Methodology	Self-study	Supervision	Orientation	Once	Mandatory
Support Staff	Microsoft Word	Self-study	Demonstration	Orientation	Once	Mandatory
Support Staff	Microsoft Excel	Self-study	Demonstration	Orientation	Once	Mandatory
Support Staff	Microsoft Outlook	Self-study	Demonstration	Orientation	Once	Mandatory
Support Staff	Telephone Skills/Call routing	Individual training by supervisor	Demonstration	Orientation	Once	Mandatory
Support Staff	Operation of standard office equipment	Individual training by supervisor	Demonstration	Orientation	Once	Mandatory
Support Staff-secretary/ receptionist	Data entry	Individual training by supervisor	Demonstration	Orientation	Once	Mandatory
Support Staff-secretary/ Receptionist	Database maintenance	Individual training by supervisor	Demonstration	Orientation	Once	Mandatory
Support Staff-secretary/ Receptionist	Access	Self-study	Demonstration	Orientation	Once	Mandatory
Support Staff-secretary/ Receptionist	Microsoft Excel Level 1 & 2	Self-study	Demonstration	Orientation	Once	Mandatory
Support Staff-secretary/ Receptionist	Microsoft Outlook	Self-study	Demonstration	Orientation	Once	Mandatory
Administrative Secretary	Transcription	Self-study	Demonstration	Orientation	Once	Mandatory
Administrative Secretary	Desktop Publishing	Self-study	Demonstration	Orientation	Once	Mandatory
Administrative Secretary	Database Development and Maintenance	Self-study	Demonstration	Orientation	Once	Mandatory
Administrative Secretary	Project Maintenance	Self-study	Demonstration	Orientation	Once	Mandatory
Administrative Secretary	Multimedia Presentation Preparation	Self-study	Demonstration	Orientation	Once	Mandatory
Support Staff	Critical Incident Processing	Individual Training by supervisor	Demonstration	Orientation	Once	Mandatory
Tribal Liaison	7.01 Plan	Self-Study	Acknowledgement of review	Orientation	Once	Mandatory
Tribal Liaison	Tribal Contracts	Self-Study	Acknowledgement of review	Orientation	Once	Mandatory
OCA	MHAB	Self-study	Acknowledgement of review	Orientation	Once	Mandatory

ACCESS, COMMUNICATION, AND RESOURCE ISSUES

The Regional Training Committee is continuing to convert didactic education programs to on-line and self study wherever feasible. Managers will be trained to identify individual education needs, develop individualized education goals and objectives and plan staffing appropriately to accommodate the employee's attendance at a program.

Improving the communication of education programs that are available will also positively impact access. An NSMHA education website is being planned that will provide information regarding educational opportunities across the entire system.

Training Planned for 2003:

A training needs survey was distributed to NSMHA staff and Snohomish County contract staff. A report of the results of that survey is attached. In response to the training survey as well as a review by management team of agency needs, and identification of new regulations requiring mandated training the organization has developed the following as training priorities for 2003.

Agency-wide

Children's Dialectical Behavioral Therapy

HIPAA Privacy and Security

Survey Methodology

Ombuds/QRT Quarterly Trainings through Washington Institute

Recovery Conference

Tribal Conference

Department-Specific

IS: Raintree Training-Michael White and Darrell Heiner

Quality Management: HIPAA Implementation-Wendy Klamp January 2003 (CMHC HIPAA Road Map Conference)

North Sound Regional Support Network

2003

Staff Training

Needs Assessment Survey

Report

NSRSN Training Needs Assessment Survey for 2003 Training Plan

Overview of Training Survey Results

- This is the first time a training needs assessment has been performed at the NSRSN. These results will be used to guide both the development of individual staff training plans, department training plans and the agency-wide 2003 training plan. Staff will continue to be surveyed on an annual basis. Throughout the year, as training is done staff will be provided the opportunity to evaluate each training program, in order to incorporate this feedback into ongoing improvement of NSRSN training.

- As a result of this survey, we have learned that the majority of NSRSN staff prefer external off-site seminars or internal on-site trainings. The training area that received the greatest interest was *"Survey Design and Implementation"*. *"Quality Improvement/Assurance Strategies"* was second overall tied with *"Data Analysis and utilization"*. *"Program and System Evaluation"* ranked third. It will be helpful to look at the agency-wide results in planning training for 2003, but we also found that there are very strong differences between functional areas and departments. Trainings can be targeted more specifically to meet those needs.

- There was a very good response with all surveys returned. Survey results were collated by department and also agency wide. Ombuds/QRT expressed the greatest amount of interest in training, overall.

- Areas of training were ranked and the top three identified for each department and the NSRSN as a whole.

- All departments prefer trainings that are pertinent. Several prefer multi-media presentations, like to learn new skills and enjoy presenters who are energized and excited by their topic.

- Training programs that are not pertinent are felt to be least valuable to NSRSN staff. Programs that are boring or too basic were also not preferred.

- There was little uniformity in determining the best aspects of training at the NSRSN, other than energized presenters and an appreciation that training was offered.

- Management team, Accounting and Support staff cited travel as the worst aspect of training they had received at the NSRSN. There was little other consensus with other factors.

- Each NSRSN supervisor will review the surveys for their departments and employees in order to develop individual staff training plans through the performance appraisal process, and department –specific training plans if needed. Surveys for Snohomish County contract employees will be shared with their supervisor.

- The NSRSN Training Plan for 2003 will include feedback from the survey.

Rating from 5 (Most Preferred) to 1 (Least preferred) evaluate the usefulness of the following training methods:

	Management Team	Accounting/IS	Ombuds/QRT	Support Staff	Quality Specialists	Overall
Training Videos	4-tie	4	6	6	4	**5**
On-line tutorials	7	3	7	4	7	**6-tie**
Printed Documentation (Modules)	6	1	4	5	5-tie	**4**
External Off-site Seminars	3	2	2-tie	3	1	**1**
Internal On-site Training and speakers	1	5-tie	1	1	2	**2**
NSRSN Off-site Training and speakers	2	5-tie	2-tie	2	3	**3**
Two-way audio-video conference	4-tie	5-tie	5	7	5-tie	**6-tie**

Consider the training programs you prefer. What makes them appealing to you?

Management Team	**Accounting/IS**	**Ombuds/QRT**	**Support Staff**	**Quality Specialists**
Pertinent (2)	Pertinent	Pertinent (3)	Pertinent	Pertinent (4)
Hands on (2)				
Situational				
Multimedia		Visual & Verbal		
Learn or sharpen skills			Increase knowledge to perform my job better	New clinical or IS skills
Entertaining		Excited Presenter		
Knowledgeable				Trainers who practice what they train on
Computer training		Computer classes fun		
Higher level geek speak				
Follow-up of use of training toward mastery				
	At my pace			
	Local			
		People skills		
		Organized		
		Handouts		
		Short		
		In the morning		
			Can ask questions	
				Research based

				Best Practices
				Thought Provoking

Consider the training programs that you do not prefer. What makes them not valuable?

Management Team	**Accounting/IS**	**Ombuds/QRT**	**Support Staff**	**Quality Specialists**
Talking heads (2)	Lots of talk but no substance			
Not pertinent		Not pertinent (4)	Not pertinent (3)	Not pertinent (3)
Rhetoric				Theoretical
Lectures				
Unprepared speakers				
Poor quality A-V materials				Too basic
Slow				
One shot trainings				
Labeled advanced but isn't				
	Traveling long distances			
	Boring	Bored instructor		
		Disorganized		
		Too long		
		Late afternoon		
		Too much info	Comp USA crammed in too much info	
		Repeats		
				Play silly games
				No new ideas (4)
				Poor Quality

What are the best aspects of the training you have received at the NSRSN?

Management Team	**Accounting/IS**	**Ombuds/QRT**	**Support Staff**	**Quality Specialists**
GLBT				
Off-site specialized to my position				
Convenient				
PTSD/Trauma				Trauma-Portland
Hands on				
	Comp USA was helpful			
	I have only received training on privacy			
		Excited presenters		Energy
		Visual aids		
		Willingness to answer questions		
		Pertinent		
		Feel comfortable, know everyone		
		High quality		
		Group provides insight		
			Ability to use new tools provided	
			Like that training is offered (2)	
				National Mental Health Prov.
				ADHD
				Martha Hodge
				Infusion of knowledge
				Various learning styles
				Diverse Perspectives
				Multi media

What are the worst aspects of the training you have received at the NSRSN?

Management Team	Accounting/IS	Ombuds/QRT	Support Staff	Quality Specialists
Off-site takes time away from our work	Travel		Travel (2)	
	Useless talk around the issues that subtract from the issues			
		Late afternoon		
		Too much sitting		
		State conf. Presentation not beneficial		
		Not relevant		
		If at the office, tend to check on work		
			Not getting the chance to apply what we've learned	
			Unskilled trainers	
				Boring
				Incompetent
				Doctrinaire
				Misinformation re: sexual harassment
				Mandatory
				Out of region perspective
				Pointless
				Process type (Sam Magill)

How would you improve the training offered here?

Management Team	Accounting/IS	Ombuds/QRT	Support Staff	Quality Specialists
More funding				
Regular training via training plan				
Better preparation and follow-up				

	More nuts and bolts			
	Sticking to the subjects being taught			
		In the morning		
		Short breaks		
			Near by	
				More pertinent
				Best Practice
				Use local presenters that are successful in the NSRSN
				Allow us to pick 1-2 quality trainings annually
				National speakers on the cutting edge

What other feedback would you like to provide to the development of the NSRSN Staff Training Plan?

Management Team	**Accounting/IS**	**Ombuds/QRT**	**Support Staff**	**Quality Specialists**
Use what we've learned				
Share with other staff via in-services				
	Do most of my learning on my own			
	Org. training not the best use of my time			
	Most of the training in the organization is not fiscal			
		Schedule far enough ahead to plan for it		
				Determine outcomes we hope to achieve as the RSN. Then prioritize training

Given your current job, in which of the following areas would you benefit from additional training? (for each item please circle the number that best corresponds with the importance you place on additional training in this area.)

Management Team

Area of Training	*Beneficial-1*	Very Beneficial-2	Greatly beneficial-3	Total Score	Rank
1. Finance and budgeting	2			2	
2. Personnel Management	2			2	
3. Community/Program Planning (including needs assessment, setting goals and objectives)	2			2	
4. Program/system evaluation		1	1	5	3
5. Methods for improving communication		1	1	5	3
6. Using the Internet	1			1	
7. Legislative/policy advocacy		1		2	
8. Overview of research design and methods	1		1	4	
9. Data analysis and utilization			2	6	2
10. Survey design and implementation	1		2	7	1
11. Statistics	1		1	4	
12. Quality improvement/assurance strategies		1	1	5	
13. Grant writing	1	1	1	6	2
14. Regulatory (HIPAA, Balanced Budget Act, etc.)		1	1	5	3
15. Problem-solving Techniques	1		1	4	
16. Conflict Resolution	**1**		**1**	**4**	
17. Presentation Skills	**1**	**1**		**3**	
18. Negotiating Skills		**2**		**4**	
19. Basic Computer Orientation	**1**			**1**	
20. Outlook	**1**			**1**	
21. Word	**1**			**1**	
22. Access	**1**	**1**		**3**	
23. Excel	**1**	**1**		**3**	
24. Project	**2**			**2**	
25. Power Point	**1**			**1**	
26. Managing Stress	**1**	**1**		**3**	
27. Utilization Management		**1**	**1**	**4**	
28. Valuing Diversity	**1**			**1**	
29. Other: (list as many as you wish)					

Accounting/IS

Area of Training	*Beneficial-1*	Very Beneficial-2	Greatly beneficial-3	Total Score	Rank
1. Finance and budgeting			1	3	3
2. Personnel Management	1			1	
3. Community/Program Planning (including needs assessment, setting goals and objectives)					
4. Program/system evaluation					
5. Methods for improving communication	2	1		4	1
6. Using the Internet					
7. Legislative/policy advocacy					
8. Overview of research design and methods		1		2	
9. Data analysis and utilization		1		2	
10. Survey design and implementation					
11. Statistics					
12. Quality improvement/assurance strategies					
13. Grant writing		1		2	
14. Regulatory (HIPAA, Balanced Budget Act, etc.)			1	3	2
15. Problem-solving Techniques		1		2	
16. Conflict Resolution					
17. Presentation Skills		**1**		**2**	
18. Negotiating Skills		**1**		**2**	
19. Basic Computer Orientation					
20. Outlook		**1**		**2**	
21. Word		**1**		**2**	
22. Access			**1**	**3**	**3**
23. Excel			**1**	**3**	**3**
24. Project			**1**	**3**	**3**
25. Power Point		**1**		**2**	
26. Managing Stress		**1**		**2**	
27. Utilization Management					
28. Valuing Diversity					
29. Other: (list as many as you wish)					
Alarm system					
Understanding why our #1 goal is to not					
make people angry					

Ombuds/QRT

Area of Training	*Beneficial-1*	Very Beneficial-2	Greatly beneficial-3	Total Score	Rank
1. Finance and budgeting					
2. Personnel Management					
3. Community/Program Planning (including needs assessment, setting goals and objectives)		2		4	
4. Program/system evaluation		2	2	10	1
5. Methods for improving communication		1	2	8	3
6. Using the Internet		2	1	7	
7. Legislative/policy advocacy	1	2	1	8	3
8. Overview of research design and methods	1	1	1	6	
9. Data analysis and utilization	1		1	4	
10. Survey design and implementation		1	2	7	
11. Statistics			3	9	2
12. Quality improvement/assurance strategies		2	2	10	1
13. Grant writing	3			3	
14. Regulatory (HIPAA, Balanced Budget Act, etc.)	2		1	5	
15. Problem-solving Techniques	1		2	7	
16. Conflict Resolution		**2**	**2**	**10**	**1**
72. Presentation Skills		**1**	**2**	**7**	
18. Negotiating Skills		**1**	**3**	**10**	**1**
19. Basic Computer Orientation		**1**		**2**	
20. Outlook		**1**	**2**	**7**	
21. Word	**1**	**1**	**2**	**8**	**3**
22. Access		**1**	**3**	**10**	**1**
23. Excel			**2**	**6**	
24. Project		**1**	**1**	**5**	
25. Power Point		**1**	**2**	**7**	
26. Managing Stress	**1**		**1**	**4**	
27. Utilization Management	**1**		**1**	**4**	
28. Valuing Diversity		**1**	**2**	**8**	**3**
29. Other: (list as many as you wish)					
Working with DD clients			**1**	**3**	
Psychotic medications		**1**		**2**	
General Disorders		**1**		**2**	
How to talk to the Mentally ill		**1**		**2**	
Contracts		**1**		**2**	
Special Populations info & needs			**1**	**3**	
How to work with Personality Disorders			**1**	**3**	

Support Staff

Area of Training	*Beneficial-1*	Very Beneficial-2	Greatly beneficial-3	Total Score	Rank
1. Finance and budgeting					
2. Personnel Management					
3. Community/Program Planning (including needs assessment, setting goals and objectives)					
4. Program/system evaluation					
5. Methods for improving communication			1	3	3
6. Using the Internet		1		2	
7. Legislative/policy advocacy					
8. Overview of research design and methods					
9. Data analysis and utilization			1	3	3
10. Survey design and implementation		1		2	
11. Statistics					
12. Quality improvement/assurance strategies					
13. Grant writing	1		1	4	2
14. Regulatory (HIPAA, Balanced Budget Act, etc.)	2			2	
15. Problem-solving Techniques	1			1	
16. Conflict Resolution					
17. Presentation Skills	**1**			**1**	
18. Negotiating Skills	**1**			**1**	
19. Basic Computer Orientation					
20. Outlook	**1**			**1**	
21. Word		**1**	**1**	**5**	**1**
22. Access		**1**	**1**	**5**	**1**
23. Excel					
24. Project					
25. Power Point		**1**	**1**	**5**	**1**
26. Managing Stress		**1**		**2**	
27. Utilization Management					
28. Valuing Diversity					
29. Other: (list as many as you wish)					

Quality Specialists

Area of Training	Beneficial-1	Very Beneficial-2	Greatly beneficial-3	Total Score	Rank
1. Finance and budgeting	1	1		3	
2. Personnel Management	1			1	
3. Community/Program Planning (including needs assessment, setting goals and objectives)	2	2	1	10	
4. Program/system evaluation	1	4	1	10	
5. Methods for improving communication	2	1	1	7	
6. Using the Internet	2			2	
7. Legislative/policy advocacy	1			1	
8. Overview of research design and methods	2	1	1	7	
9. Data analysis and utilization		4	2	11	3
10. Survey design and implementation	1	2	2	11	3
11. Statistics	3	1	1	8	
12. Quality improvement/assurance strategies		1	4	13	2
13. Grant writing	2		1	5	
14. Regulatory (HIPAA, Balanced Budget Act, etc.)		3		6	
15. Problem-solving Techniques		3		6	
16. Conflict Resolution		**1**	**1**	**5**	
17. Presentation Skills					
18. Negotiating Skills	**1**	**2**	**1**	**8**	
19. Basic Computer Orientation	**1**			**1**	
20. Outlook	**2**			**2**	
21. Word	**1**	**1**		**3**	
22. Access	**1**	**1**		**3**	
23. Excel	**3**			**3**	
24. Project	**2**		**1**	**5**	
25. Power Point	**2**		**1**	**5**	
26. Managing Stress			**3**	**9**	
27. Utilization Management	**1**	**1**	**4**	**15**	**1**
28. Valuing Diversity	**3**		**1**	**6**	
29. Other: (list as many as you wish)					
State of the art Substance abuse, criminal justice, evaluation of current Tx. Modalities-connected to outcomes/benefit					

NSRSN –All Staff

Area of Training	Beneficial-1	Very Beneficial-2	Greatly beneficial-3	Total Score	Rank
1. Finance and budgeting	3			3	
2. Personnel Management	4			4	
3. Community/Program Planning (including needs assessment, setting goals and objectives)	4			4	
4. Program/system evaluation	1	7	4	27	3
5. Methods for improving communication	2	4		10	
6. Using the Internet	3	3	1	9	
7. Legislative/policy advocacy	2	3	1	8	
8. Overview of research design and methods	4	3	3	19	
9. Data analysis and utilization	1	5	6	29	2
10. Survey design and implementation	2	6	6	32	1
11. Statistics	4	1	5	21	
12. Quality improvement/assurance strategies	0	4	7	29	2
13. Grant writing	7	2	3	20	
14. Regulatory (HIPAA, Balanced Budget Act, etc.)	5	4	3	22	
15. Problem-solving Techniques	3	4	3	20	
16. Conflict Resolution	**1**	**3**	**4**	**19**	
17. Presentation Skills	**2**	**3**	**2**	**14**	
18. Negotiating Skills	**2**	**6**	**4**	**22**	
19. Basic Computer Orientation	**2**	**1**		**3**	
20. Outlook	**4**	**2**	**2**	**14**	
21. Word	**3**	**4**	**3**	**20**	
22. Access	**2**	**4**	**5**	**25**	**4**
23. Excel	**4**	**1**	**3**	**15**	
24. Project	**4**	**1**	**3**	**15**	
25. Power Point	**4**	**2**	**3**	**17**	
26. Managing Stress	**2**	**3**	**4**	**20**	
27. Utilization Management	**2**	**2**	**6**	**24**	**5**
28. Valuing Diversity	**4**	**1**	**3**	**15**	
29. Other: (list as many as you wish)					

Department-Specific Training Planned for 2003:

NORTH SOUND REGIONAL SUPPORT NETWORK REGIONAL TRAINING PLAN 2003-2004

Draft 11-22-2002

Created by NSRSN Regional Training Committee
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Carole Kosturn-Compass
Tom Sebastian-Community Mental Health
Tom MacIntyre-Catholic Community Services
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Claudia D'Allegri-Sea Mar
Karen Kipling-Volunteers of America
Charles Albertson-NSRSN Advisory Board
Dan Bilson-NSRSN Advisory Board
Sharri Dempsey-NSRSN
Greg Long-NSRSN
Wendy Klamp-NSRSN

The Regional Training Committee appreciates the contributions and support of all agencies in the North Sound to develop this plan. We also would like to credit the University of California Los Angeles Medical Center for the format of the plan.

Background

19. Purpose

The purpose of the North Sound Regional Support Network Regional Training Plan is to provide an effective, efficient process that builds the requisite skills for optimum performance at all levels of staff. The ultimate purpose of the NSRSN Plan is to provide a learning environment that supports progressive learning and optimum performance in providing exemplary mental health services for consumers.

IV. Philosophy

- Education, training and development is an ongoing process rather than a single event, that occurs at any time or any place.
- Within the various organizations that provide services in the NSRSN each employee, together with their manager, is responsible for ongoing achievement of competencies and learning objectives.
- Each organization within the NSRSN will develop an annual training plan and is responsible for providing means for employees to develop their knowledge and skills. The annual training plan will be pertinent to each employee's position, improve quality of care and incorporate a recovery, strength-based system of care. The NSRSN, APN, Volunteers of America and Sea Mar will collaborate to design and implement a regional training plan that identifies core competencies and how to provide competency trainings that are cost-effective, efficient and of high quality.

20. Goal of the Education Plan

The goal of the NSRSN's Regional Training Plan is to

4) Ensure that employees are provided with an adequate orientation that validates qualifications and assures the employee's ability to perform job duties.
5) Provide an environment that supports continuous learning and individual optimum performance to achieve the organization's mission.
6) Assure the effective collection and aggregation of data such as needs assessments and evaluations to provide information for improvement of education processes and the performance of the process components.

21. Process

The leaders of each organization ***establish the organization's vision and mission.***

J. Leaders ***determine the process components*** necessary to support the vision, mission and NSRSN requirements.
K. Leaders ***define qualifications and job expectations*** of all staff and determine qualifications on hire as well as evaluate the initial and annual competency and performance of individual job expectations.
L. Leaders use a variety of ***needs assessment*** methods to determine the education needs of individuals, the department, and the organization.
M. Based on assessed education needs, leaders determine education and training systems that do not exist and ***develop programs*** to meet those needs.
N. Leaders ***facilitate development of programs and implement the education and training plans*** at the NSRSN, organizational, departmental, and individual level.

O. Leaders provide support in assessing existing education and training systems, and ***facilitate evaluation of the effectiveness*** of those systems.
P. ***Aggregate data*** is collected to determine the effectiveness of the education and training programs.
Q. Based on assessed effectiveness of education and training systems, ***modifications are made*** **to improve effectiveness**.

V. Process Components

10. The Regional Training Committee– The function of this committee is to bring forth regional education needs determined from trending of individual needs, assessment of organizational needs and inclusion of all mandated training requirements. This group functions in an advisory capacity to make recommendations regarding education and training program needs and effectiveness and is comprised of representatives across the NSRSN system. The purpose of this group is to:
    e) Identify, evaluate the effectiveness of existing education and training programs and to recommend improvements to those programs.
    f) To achieve economies of scale by identifying opportunities for sharing of programs and resources to meet identified education and training needs.
    g) To work together to develop, recommend and implement new education and training programs.
    h) To develop delivery and communication strategies for assuring effective utilization of education and training programs.

11. Education Needs Assessment – individual, departmental, organizational needs are assessed on a variety of levels within the organization and with a broad range of methods such as (including but not an exclusive list):
    Formal surveys
    Focus groups
    Interviews
    Performance Improvement data
    Risk Management Data
    Committee participation such as Environment of Care, Safety and Quality Management
    Aggregate Performance Management Data
    Chart/file reviews
    Utilization of information systems
    Observation
    Self-Assessment/evaluation

12. Organizational and Departmental Orientation activities provide initial job training and information including an assessment of a new employee's qualifications, knowledge, and competency.

13. Education and Training programs such as Management Development programs, clinical continuing education and information systems training are designed to maintain or improve staff competency.

14. Coaching, Preceptor & Mentoring, and Cross Training programs provide the employee with individualized, self paced information required to achieve new knowledge and competency or to improve the current level of performance.

15. Performance Management and Evaluation methods provide the employee with specific feedback regarding their actual performance. Additionally, performance management and evaluation methods provide the opportunity for the employee and the evaluator to develop remedial or ongoing education goals and objectives. Performance management and evaluation provides a broad view of education and development needs and opportunities.

16. Competency Assessment is an annual process to objectively validate the employee's current level of competency in performing cognitive and psychomotor skills in the performance of their job duties.

17. Evaluation Methods provide data for the organization regarding the effectiveness of the process components of the education program.

18. Aggregate Data Collection from evaluation methods and performance improvement activities is used to identify those areas and process components that need further refinement/improvement to achieve the purpose of the education plan.

VI. Evaluation

Evaluation is a systematic collection and analysis of data needed to make decisions regarding the effectiveness and improve the quality of the education program. Evaluation will be conducted with a variety of methods to:

6. determine the effectiveness of programs for participants
7. document program objectives have been met
8. provide information about service delivery that will be useful to program directors/instructors
9. assure the desired behavior changes are occurring as a result of the education program
10. measure the impact of the education program on the organization.

The *process, outcome and impact* of the education plan and programs will be evaluated through four levels. The attached grid demonstrates evaluation levels and methods.

Level I is a *process* measure of the participant's opinion of the program, their own participation and learning.

Level II is both a *process and an outcome* measure of the participant's achievements of the behavioral objectives of the program.

Level III is an *outcome* measure of the behavior change as a result of the program.

Level IV is an *impact* measure of the effect a behavior change of a group of learners has on the organization's products and processes.

Responsibility for evaluation: All members of the organization are responsible for evaluation of their own learning and performance. Staff members are expected to keep their manager informed of their on going continuing education needs to achieve the goals of the plan.

Process evaluation (Levels I and II) are the responsibility of the program director/instructor. Data from process evaluation will be collected, aggregated and used to improve the instructional methods and teaching environment to maximize learning.

Outcome evaluation (Levels II and III) are the responsibility of the program director/instructor. Data from outcome evaluation will be collected, aggregated and used to document effectiveness, document competency and validate the transfer of knowledge to performance. Aggregated outcome data will be presented to the Regional Training Committee for use in making decisions about education needs and programs effectiveness.

Impact evaluation (Level IV) is the responsibility of the program director/instructor and Regional Training Committee. Impact data will be used to identify the need for further investigation of education needs, to assure program effectiveness, and to justify costs.

EVALUATION METHODS

Evaluation Levels	Asks the following	Examples of Methods	Appropriate level of evaluation for:
Level I : Participant Opinion	What's your opinion?	Participant evaluation	All programs
Level II: Participant Learning	What do you know?	Post Tests Return Demonstration Competency Testing Observation	Certification programs Competency Training Programs Compliance Programs
Level III: Participant Behavior	What do you do differently as a result of learning?	Competency Testing Observation PI Study results Chart/Documentation Reviews	Skill based training (i.e. restraint management) Unit Inservice Compliance Training
Level IV: Organizational Impact	What has changed or improved as a result of training?	Trend reports (e.g. decrease in medication errors) PI Studies Financial reports HR Management Aggregate Data Risk Management Data	Organizational training programs (e.g. customer service) Compliance Training Customer Service Survey Climate Surveys

Regional Training Plan for 2003-2004

The regional training plan is comprised of a matrix that identifies cross-system and agency specific core competencies and training approaches with related curriculum type, methods for validation, time frames, frequency and references to the source for the training requirement. The plan is developed to span a two year period in order to accommodate the extensive volume of training that is provided in our system.

R. TRAINING REQUIREMENTS PER WAC, RCW

WAC 388-865-0150 Definitions

Mental Health Specialist:

For children: 1) A minimum of 100 actual hours of special training in child development and treatment of seriously disturbed children and youth and their families; and 2) the equivalent of one year of full-time experience in the treatment of seriously emotionally disturbed children and youth and their families under the supervision of a child mental health specialist.

Geriatric: 1) A minimum of 100 actual yours of specialized training devoted to the mental health problems and treatment of persons sixty years of age or older; and 2) the equivalent of one year of full-time experience in the treatment of persons sixty years of age or older, under the supervision of a geriatric mental health specialist.

Ethnic minorities: A mental health professional who has demonstrated cultural competence attained through major commitment, ongoing training, experience and/or specialization in serving ethnic minorities, including evidence of one year of service specializing in serving the ethnic minority group under the supervision of an ethnic minority mental health specialist; and

(c) Evidence of support from the ethnic minority community attesting to the person's commitment to that community; **or**

(d) A minimum of 100 actual hours of specialized training devoted to ethnic minority issues and treatment of ethnic minority consumers.

Note: "Ethnic minority" or "racial/ethnic groups" are defined as any of the following:

(e) African American;

(f) An American Indian or Alaskan native, which includes:

(5) A person who is a member or considered to be a member of a federally recognized tribe;
(6) A person determined eligible to by the secretary of the interior and
(7) An Eskimo, Aleut, or other Alaskan native;
(8) A Canadian Indian, meaning a person of a treaty tribe, Metis community, or non-status Indian community from Canada

(g) Asian/Pacific Island; or

(h) Hispanic

Disability: A mental health professional with special expertise in working with an identified disability group. For purposes of this section only, "disabled" means an individual with a disability other than a mental illness, including developmental disability, serious physical handicap, or sensory impairment.

If the consumer is deaf, the specialist must be a mental health professional with knowledge about the deaf culture and psychosocial problems faced by people who are deaf; and ability to communicate fluently in the preferred language system of the consumer.

The specialist for consumers with developmental disabilities must be a mental health professional who has at least one year's experience with people with developmental disabilities or is a developmental disabilities professional.

WAC 388-865-0250 Ombuds services

The regional support network must maintain an ombuds service that…….receives training and adheres to confidentiality consistent with this chapter and chapter 71.05, 71.24, and 70.02 RCW.

Note: This WAC only applies to persons serving in the role of Ombuds

WAC 388-865-0260 Mental health professionals and specialists

The regional support network must …… develop a training program using in-service training or outside resources to assist service providers to acquire necessary skills and experience to service the needs of the consumer population.

If there are more than 500 members of an ethnic minority population within the regional support network, the regional support network must:

(c) Develop a specialized training program for staff members of licensed service providers to become qualified specialists; or

(d) contract or establish a working relationship with the required specialists to

(iii) Provide all or part of the treatment services for these populations; or
(iv) Supervise or provide consultation to staff members providing treatment services to these populations.

WAC 388-865-0282 Quality Review Teams

The regional support network must assure that quality review teams…….receive training and adhere to confidentiality standards

Note: This WAC only applies to persons who are serving as members of a quality review team.

WAC 388-865-0405 Community Support Service Providers, competency requirements for staff

An individualized annual training plan must be implemented for each direct service staff person and supervisor in the skills he or she needs for their job description and the population they serve.

Note: This WAC also applies to agencies that provide only crisis telephone services.

WAC 388-865-0530 Competency requirements for staff, certification requirements, inpatient evaluation and treatment facilities

An individualized annual training plan must be implemented for each direct service staff person and supervisor in the skills he or she needs for their job description and the population they serve. Such training must include at least:

(d) Least restrictive alternative options available in the community and how to access them;
(e) Methods of patient care;
(f) Management of assaultive and self-destructive behavior; and
The requirements of chapters 71.05 and 71.34 RCW, this chapter, and protocols developed by the mental health division.

II. Training Requirements per NSRSN CONTRACT

APN and Sea Mar

All direct service staff shall have competency trainings as determined by the NSRSN-Regional training plan. The plan shall address:

a. Customer service and consumer satisfaction utilizing consumers and family members whenever possible.

b. Contractual requirements to assure knowledge of contract elements pertinent to their position by April 20, 2002.

c. Crisis management pertinent to their position.

d. De-escalating and handling of "out-of-control children" for all staff working with children. This training shall cover how to use these acute incidents for positive change for the child and family.

e. Cultural, Tribal, and disability sensitivity.

f. Case manager core competencies to assure uniform and quality case management throughout the region.

g. Individualized and tailored service plans.

h. Benefits of utilizing natural supports and community capacity building.

i. Best practices in clinical services to GLBT, hearing impaired, ethnic minority, developmentally disabled, etc.

j. Trauma-based illnesses and effective treatments.

k. Clinical risk assessment and risk management.

l. Co-occurring Disorder/Mentally Ill Chemical Abuse training for all direct service staff. All staff shall have additional specialized COD/MICA assessment training. Training shall encompass a minimum of 15 hours over the next 2 years.

m. **Community-based cross system training. How to effectively work with cross-systems and what services cross-systems provide within each community (i.e., DASA, DDD, criminal justice, DCFS, etc.).**

CONTRACTOR shall provide training to staff **and** the community relevant to provision of crisis response services. This training shall include:

a. How staff develops meaningful and effective Individual Crisis Plans and Alerts.

b. How staff access and effectively utilize flex funds for crisis response staff.

c. Community-based cross system training and protocol implementation. How to effectively work with cross- systems and what services cross-systems provide within each community (i.e., DCFS, HCS, DDD, DASA, etc.).

d. Access & Triage training and education within each local community. This training shall be accomplished in partnership with VOA.

e. Integrated Crisis Response Standards of Care Training for all CONTRACTOR Crisis Response staff. The goal of this training shall be to develop and implement consistency of Standards of Care throughout the NSRSN service area.

f. Co-occurring Disorder/Mentally Ill Chemical Abuse training for all direct service staff. All staff shall have additional specialized COD/MICA assessment training. Training shall encompass a minimum of 15 hours over the next 2 years.

g. Consumer and family issues and perspectives on crisis services.

Volunteers of America

"The CONTRACTOR must ensure that all staff are qualified for the position they hold and have at a minimum the education, experience and skills to perform their job requirements, per WAC 388-865. In addition, each direct service staff, including case managers, supervisors, MHP, MHS, CDMHP, therapists, psychiatrists, etc., must implement an annual training plan that is pertinent to their position, improves quality of care and incorporates a recovery, strength-based system of care."

Cross-system core competencies-All Staff in NSRSN

Title	Training Method	How Validated (as pertinent to job description and position)	Time Frame	Frequency	Reference	Priority	Source of Training Material
The Recovery Model Includes utilizing natural supports/community capacity building/stigma reduction	Self-study Module	Post-test	Orientation	Agency-specific per training plan	NSRSN Contract	Mandatory	NSRSN Recovery Committee
Confidentiality/Ethics/HIPAA/Mandatory reporting/dual relationships/fraud and abuse	Review of policies and procedures	Written documentation or post test	Orientation	Annual update	HIPAA, WAC	Mandatory	Agency
Cultural /Disability/Special Populations Sensitivity	Self-study module	Post-test	Orientation	Agency-specific per training plan	NSRSN Contract	Mandatory	
Consumer Rights/Respect and Dignity/Relationships/Perspectives/Complaints and Grievances	Review of agency policies and procedures	Written documentation or post test	Orientation	Agency-specific per training plan	NSRSN Contract	Mandatory	Agency
Blood borne Pathogens/Infection Control	Agency-specific per training plan	Post-test	Orientation	Agency-specific per training plan	Agency-specific per training plan	Mandatory	Agency
Patient Safety/Critical Incident Reporting	Review of agency policies and procedures	Written documentation or post test	Orientation	Agency-specific per training plan	NSRSN Contract	Mandatory	Agency
The NSRSN System/Organizational Chart	Review of agency policies and procedures	Written documentation or post test	Orientation	Agency-specific per training plan	NSRSN Contract	Mandatory	Agency
Customer Service & Consumer Satisfaction	Review of agency policies and procedures	Written documentation or post test	Orientation	Agency-specific per training plan	NSRSN Contract	Mandatory	Agency
Contract Language pertinent to position	Agency-specific per training plan	Supervision documentation	Within first year of employment	Agency-specific per training plan	NSRSN Contract	Mandatory	Agency
Workplace Violence/ De-escalation/Crisis/Risk Management	Agency-specific per training plan	Demonstration or post-test	Orientation	Agency-specific per training plan	NSRSN Contract	Mandatory	Agency
MHD Outcomes System	Self-study module	Demonstration, written documentation or Post-test	Orientation	Agency-specific per training plan	MHD	Mandatory	MHD/Telesage

Cross-system core competencies-all direct services/clinical staff in NSRSN

Title	Training Method	How Validated	Time Frame	Frequency	Reference	Priority	Source of Training Material
Clinical Risk Assessment	Agency-specific per training plan	Agency-specific per training plan	Clinical Orientation	Agency-specific per training plan	NSRSN Contract	Mandatory	Agency
Community-Based Cross System Collaboration (pertinent to job title)	Agency-specific per training plan	Agency-specific per training plan	Clinical Orientation	Agency-specific per training plan	NSRSN Contract	Mandatory	Agency
Treatment Planning and Documentation	Agency-specific per training plan	Agency-specific per training plan	Clinical Orientation	Agency-specific per training plan	NSRSN Contract	Mandatory	Agency

Co-occurring Disorders	Agency-specific per training plan	Agency-specific per training plan	15 hours over the next two years	Once, completed within two years of start date or two year period for current employees	NSRSN Contract	Mandatory	Agency
PTSD Screening and Treatment of Trauma-based Illnesses	Agency-specific per training plan	Agency-specific per training plan	Second year of employment	Agency	NSRSN Contract	Mandatory	Agency
Tribal	Agency-specific per training plan	Agency-specific per training plan	Second year of employment	Agency	NSRSN Contract	Mandatory	Agency
Behavior Management for Children	Agency-specific per training plan	Agency-specific per training plan	Within first year of employment	Agency	NSRSN Contract	Mandatory	Agency
Case Management	Agency-specific per training plan	Agency-specific per training plan	Within first year of employment	Agency	NSRSN Contract	Mandatory	Agency
Use of Flex Funds	Agency-specific per training plan	Agency-specific per training plan	Within first year of employment	Agency	NSRSN Contract	Mandatory	Agency
Access and Triage	Agency-specific per training plan	Agency-specific per training plan	Within first year of employment	Agency	NSRSN Contract	Mandatory	Agency
ICRS Standards and Protocols including consumer and family issues and perspectives	Agency-specific per training plan	Agency-specific per training plan	Within first year of employment	Agency	NSRSN Contract	Mandatory	Agency
De-escalation (Child-specific) pertinent to position	Agency-specific per training plan	Agency-specific per training plan	Within first year of employment	Agency	NSRSN Contract	Mandatory	Agency
Use of Natural Supports and Community-Capacity Building	Agency-specific per training plan	Agency-specific per training plan	Clinical Orientation	Agency	NSRSN Contract	Mandatory	Agency
Best Practices in Treatment of GLBT pertinent to position	Agency-specific per training plan	Agency-specific per training plan	Second year of employment	Agency	NSRSN Contract	Mandatory	Agency
Best Practices in Treatment of Hearing Impaired pertinent to position	Agency-specific per training plan	Agency-specific per training plan	Second year of employment	Agency	NSRSN Contract	Mandatory	Agency
Best Practices in Treatment of Ethnic Minorities pertinent to position	Agency-specific per training plan	Agency-specific per training plan	Second year of employment	Agency	NSRSN Contract	Mandatory	Agency
Best Practices in Treatment of Developmentally Disabled pertinent to position	Agency-specific per training plan	Agency-specific per training plan	Second year of employment	Agency	NSRSN Contract	Mandatory	Agency

Agency-specific core competencies: (Volunteers of America)

Job Title	Competency	Training Method	How Validated	Time Frame	Frequency	Reference	Priority
Crisis	Crisis theory and crisis	Self-study	Post-test	orientation	once	AAS	High

Line Clinicians	management					certification manual	
Crisis Line	Basic Suicidology, risk assessment	Self-study	Post Test	orientation	Recommended yearly	AAS	High
Clinicians	Victimology Including risk of assaulting others, workplace violence	Self-study	Post-test	orientation	once	AAS	High
Crisis Line	Legal/Ethical Issues, including HIPAA, confidentiality, mandatory reporting, fraud and abuse	Self-study	Post-test	orientation	Recommended yearly	AAS	High
Clinicians	Community Resources	Self-study	Post-test	orientation	As needed	AAS	High
Crisis Line	Program Policies and procedures	Self-study/trainer	Post-test	orientation	Recommended yearly	NSRSN contract	High
Clinicians	ICRS Policies and Protocols, including cross-system collaboration, use of flex funds	Self-study/trainer	Post-test	orientation	Recommended every 2 years	NSRSN contract	High
Crisis Line	Involuntary Treatment	Self-study	Post-test	1st year	once	AAS	High
Clinicians	Psychiatric Diagnoses And Intervention Strategies, including co-occuring disorders and PTSD	Self-study	Post-test	1st year	once	AAS	High
Crisis Line	Psychotropic Medications	Self-study	Post-test	1st year	once	AAS	High
Clinicians	Raintree/MIS, including documentation	Trainer	Training checklist	orientation	once	NSRSN contract	High
Crisis Line	On the job training	Trainer	Training checklist/ observation	orientation	once	NSRSN contract	High
Clinicians	Customer Service	Inservice	Post-test/observation	1st year	Offered yearly	NSRSN contract	High
Crisis Line	APN Access	Trainer	Training checklist	orientation	once	NSRSN contract	High
Clinicians	Consumer and Advocates, Use of natural Supports	Inservice/self-study	None	Recommended in 1st year	Offered yearly	NSRSN contract	High
Crisis Line	Behavior management and de-escalation of children	Self-study	Post-test	1st year	Once	NSRSN contract	High
Clinicians	Recovery Model	Self-study	Post-test	orientation	once	NSRSN contract	High
Crisis Line	Consumer rights	Self-study	Checklist	Orientation	Once	NSRSN contract	High
Clinicians	NSRSN Overview/chart/ VOA contract Cultural Diversity	Self-study Self-study	Checklist Post test	Orientation 1st year	Once Once	NSRSN contract NSRSN contract	High High

Agency-specific core competencies: (Sea Mar Community Health Centers/ Behavioral Health)

Job Title	Competency	Training Method	How Validated	Time Frame	Frequency	Reference	Priority
Receptionist I	Competency Protocol job-specific	Agency - specific per training plan	New Hire Orientation, Competency Tests, Quality Improvement (QI) system	90 day probation, periodic testing throughout the year according to QI calendar, annual staff evaluation	Agency – specific per training & competency protocol plans	NSRSN Contract, Job Descriptions, Competency Protocols, Quality Improvement system, JCAHO standards, DASA Manual, & MH Manual,Sea Mar Policies & Procedures	Mandatory
Receptionist II	Competency job-specific	Agency - specific per training plan	Same as above	Same as above	Same as above	Same as above	Mandatory
Billing Specialist I	Competency job-specific	Agency - specific per training plan	Same as above	Same as above	Same as above	Same as above	Mandatory
Billing Specialist II	Competency job-specific	Agency - specific per training plan	Same as above	Same as above	Same as above	Same as above	Mandatory
Billing Specialist II	Competency job-specific	Agency - specific per training plan	Same as above	Same as above	Same as above	Same as above	Mandatory
Billing Specialist III	Competency job-specific	Agency - specific per training plan	Same as above	Same as above	Same as above	Same as above	Mandatory
Case Manager I	Competency job-specific	Agency - specific per training plan	Same as above	Same as above	Same as above	Same as above	Mandatory
Case Manager II	Competency job-specific	Agency - specific per training plan	Same as above	Same as above	Same as above	Same as above	Mandatory
Child Care Worker/SA Program	Competency job-specific	Agency - specific per training plan	Same as above	Same as above	Same as above	Same as above	Mandatory
Counselor Trainee/ SA Program	Competency job-specific	Agency - specific per training plan	Same as above Intern Hours of Supervision	Same as above	Same as above	Same as above	Mandatory
CDP I	Competency job-specific	Agency - specific per training plan	Same as above	Same as above	Same as above	Same as above	Mandatory
CDP II	Competency job-specific	Agency - specific per training plan	Same as above	Same as above	Same as above	Same as above	Mandatory
CDP III	Competency job-specific	Agency - specific per	Same as above	Same as above	Same as above	Same as above	Mandatory

		training plan					
Mental Health Therapist I	Competency job-specific	Agency - specific per training plan	Same as above	Same as above	Same as above	Same as above	Mandatory
Mental Health Therapist II	Competency job-specific	Agency - specific per training plan	Same as above	Same as above	Same as above	Same as above	Mandatory
MH Therapist III	Competency job-specific	Agency - specific per training plan	Same as above	Same as above	Same as above	Same as above	Mandatory
Behavioral Health Program Manager	Competency job-specific	Agency - specific per training plan	Same as above	Same as above	Same as above	Same as above	Mandatory

Agency-specific core competencies: (Snohomish County Mental Health/ ITA)

Job Title	Competency	Training Method	How Validated	Time Frame	Frequency	Reference
Designated Mental Health Professional	State-wide CDMHP protocols	Self-study/ Trainer	Written documentation or post-test	Orientation	Every 3 years	State-wide protocols RCW 71.05 RCW 71.34
Designated Mental Health Professional	Assessment of dangerousness	Self-study	Written documentation or post-test	Orientation	Yearly	NSRSN Contract
Designated Mental Health Professional	Court evaluation and testimony	Self-study/ Observation	Written documentation or post-test	1st 6 months	Every 2 years	NSRSN Contract RCW 71.05 RCW 71.34
Designated Mental Health Professional	Court processes	Self-study/ Consultation	Written documentation or post-test	1st 6 months	Every 2 years	NSRSN Contract RCW 71.05 RCW 71.34
Designated Mental Health Professional	Adolescent ITA issues	Self-study/ Trainer	Written documentation or post-test	1st year	Every 2 years	NSRSN Contract RCW 71.34
Designated Mental Health Professional	Manifestations of mental illness in adolescents	Self-study/ Consultation	Written documentation or post-test	1st year	Every 3 years	NSRSN Contract
Designated Mental Health Professional	Older adults/ evaluation and consent issues	Self-study/ Consultation	Written documentation or post-test	1st year	Every 3 years	NSRSN Contract RCW 71.05
Designated Mental Health Professional	Non-emergency detention process	Self-study	Written documentation or post-test	Orientation	Every 2 years	NSRSN Contract RCW 71.05
Designated Mental Health Professional	NSRSN contract	Self-study/ Trainer	Written documentation or post-test	Orientation	As needed, every 2 years	NSRSN Contract
Designated Mental Health Professional	Program Policies and procedures	Self-study/ Trainer	Written documentation or post-test	Orientation	Annual update	NSRSN contract RCW 71.05 RCW 71.34
Designated Mental Health Professional	Physiological issues in assessment	Self-study/ Trainer	Written documentation or post-test	1st year	Once	NSRSN Contract
Designated Mental Health Professional	Raintree/ MIS, including documentation	Trainer	Training checklist	Orientation	Annual update	NSRSN contract
Senior Secretary	Raintree/ MIS	Trainer	Training checklist	Orientation	Annual update	NSRSN contract
Senior Secretary	Competency job-specific	Trainer/ Observation	Training checklist	Orientation	Annual update	NSRSN contract
Senior Secretary	Court processes	Self-study/ Consultation	Written documentation or post-test	Orientation	Annual update	NSRSN Contract RCW 71.05 RCW 71.34

Agency-specific core competencies: (Compass Health)

Job Title	Competency	Training Method	How Validated	Time Frame	Frequency	Reference
Residential Staff	Red Cross CPR	Certified Trainer	Demonstration, post-test	Annually	2x/year	WAC Required
	Red Cross First Aid	Certified Trainer	Demonstration, post-test	1 x every 3 years	2 x year	Wac Required
	Fundamentals of Caregiving	Approved Trainer	State approved test	Within 120 days of hire	As needed	WAC Required
	Mental Health Specialty for Boarding Homes	Approved Trainer	State approved test	Within 120 days of hire	As needed	Wac Required
	CPI (Crisis Prevention)	Certified Trainer	Demonstration, post-test	Initial certification; then renewed every 2 years	4 x year	Compass required for all staff & representative sup each site.
Outpatient Clinical Staff	Red Cross CPR	Certified Trainer	Demonstration, post-test	Annually	2x year	Compass required for rep staff at each site
	Red Cross First Aid	Certified Trainer	Demonstration, post-test	1x every 3 years	2x year	Compass required for rep staff at each site

	CPI (Crisis Prevention)	Certified Trainer	Demonstration, post-test	Initial certification; then renewed every 2 years	4x year	Compass required for all staff & representative sup each site
FORWARD	Behavior Management for Children	Reading material w/attached sign off sheet	Sign off sheet acknowledging receipt & clear understanding	Within 1 year of hire (prefer within 6 mos)	As needed	BRS contract (DCFS)
	Children Administrative Behavior Mgmt Guidelines	Reading material w/attached sign off sheet	Sign off sheet acknowledging receipt & clear understanding	Within 1 year of hire (prefer within 6 mos)	As needed	BRS Contract (DCFS)
	Positive Behavior Supports	Trainings in community and part of SECURE cert and recert training	Secure Certificate or Certificate from community training	Within 1 year of hire (prefer within 6 mos)	Covered in SECURE recert	BRS Contract (DCFS)
	Indian Child Welfare Act	DCFS sponsored training	Certificate documenting attendance	Within 1 year of hire (prefer within 6 mos)	As needed	BRS Contract (DCFS)
CHAP (FORWARD) and KIT	Making a CPS Referral	CA Videotape	Sign off sheet acknowledging viewing & clear understanding	Within 14 days of hire	As needed	BRS Contract, CHAP cor contract (DCFS contracts
	SECURE	Certified trainer	Trainer signed proof of attendance for all parts of training as well as Certificate	Within 1 year of hire (prefer within 6 mos)	Recert annually	

NSRSN-specific core competencies

Job Title	Competency	Training Method	How Validated	Time Frame	Frequency	Priority
All	History of NSRSN	Self-study	Post-test	Orientation	Once	Mandatory
All	NSRSN Consumer Confidentiality Policy	Read policy	Acknowledgement of review	Orientation	Annually	Mandatory
All	NSRSN HIPAA policies	Read policy, Training programs annually	Acknowledgement of review and Post-test	Orientation	Annually	Mandatory
All	Critical Incident policy	Read policy	Acknowledgement of review	Orientation	Annually	Mandatory
All staff located in NSRSN office	Building Security and Safety	Demonstration	Demonstration	Orientation	Once	Mandatory
All staff located in NSRSN office	Disaster Plan and Telephone tree	Read policy	Acknowledgement of review	Orientation	Annually	Mandatory
Contracts Compliance/Fiscal/ Accounting Specialist	BARS	Self-study	Supervision	Orientation	Once	Mandatory
Contracts Compliance/Fiscal/ Accounting Specialist	Contract monitoring	Review of contracts	Supervision	Orientation	Once	Mandatory
Contracts Compliance/Fiscal/ Accounting Specialist	Administrative Financial review of providers	Self-study	Supervision	Orientation	Once	Mandatory
Contracts Compliance/Fiscal/ Accounting Specialist/Inpatient Managed Care Specialist	Inpatient claims, billing, and reimbursement	Policy and procedure	Acknowledgement of review	Orientation	Once	Mandatory
Quality Specialists	Contractual Requirements	Review of contracts	Supervision	Orientation	At orientation and when revised	Mandatory
Quality Specialists	Quality Assurance/Improvement	Self-study	Post-test	Orientation	Once	Mandatory
Quality Specialists	Data analysis	Self-study	Post-test	Orientation	Once	Mandatory
Quality Specialists	Audit methodology (Selective, Focus, concurrent, Administrative)	Policy and procedure, audit manual	Acknowledgement of review	Orientation	At orientation and when tools or methods are revised	Mandatory
Quality Specialists	Medicaid Personal Care	Self-study	Supervision	Orientation	Once	Mandatory
Quality Specialists	CLIP	Individual training by supervisor	Demonstration	Orientation	Once	Mandatory
Quality Specialists	CHAP	Individual training by supervisor	Demonstration	Orientation	Once	Mandatory
Quality Specialists	Western State protocols, utilization management plan	Review of documentation	Supervision	Orientation	Once	Mandatory
Quality Specialists	NSRSN Standards of Care	Self-study	Acknowledgement of review	Orientation	At orientation and as revised	Mandatory
	HCS Protocols			Orientation	Once	Mandatory
	CDMHP Protocols		Acknowledgement of review	Orientation	At orientation and as revised	Mandatory
Ombuds/QRT	Consumer Grievance Process	Ombuds/QRT Manual review	Acknowledgement of review	Orientation	Once	Mandatory
Ombuds/QRT	NSRSN Complaint and Grievance Policy	Read policy	Acknowledgement of review	Orientation	Once	Mandatory
Ombuds/QRT	NSRSN Functional Independence Policy	Read policy	Acknowledgement of review	Orientation	Once	Mandatory
Ombuds/QRT	WAC 388-865-0250	Review WAC	Acknowledgement of review	Orientation	Once	Mandatory
Ombuds/QRT	WAC 388-865-0282	Review WAC	Acknowledgement	Orientation	Once	Mandatory

Job Title	Competency	Training Method	How Validated	Time Frame	Frequency	Priority
			of review			
Ombuds/QRT	NSRSN Anti-Retaliation Policy	Read policy	Acknowledgement of review	Orientation	Once	Mandatory
Ombuds/QRT	Ombuds/QRT Code of Ethics policy	Read policy	Acknowledgement of review	Orientation	Once	Mandatory
Ombuds/QRT	Ombuds/QRT Personal Safety Policy	Read policy	Acknowledgement of review	Orientation	Once	Mandatory
Ombuds/QRT				Orientation	Once	Mandatory
QRT	Survey Methodology	Self-study	Supervision	Orientation	Once	Mandatory
Support Staff	Microsoft Word	Self-study	Demonstration	Orientation	Once	Mandatory
Support Staff	Microsoft Excel	Self-study	Demonstration	Orientation	Once	Mandatory
Support Staff	Microsoft Outlook	Self-study	Demonstration	Orientation	Once	Mandatory
Support Staff	Telephone Skills/Call routing	Individual training by supervisor	Demonstration	Orientation	Once	Mandatory
Support Staff	Operation of standard office equipment	Individual training by supervisor	Demonstration	Orientation	Once	Mandatory
Support Staff-secretary/receptionist	Data entry	Individual training by supervisor	Demonstration	Orientation	Once	Mandatory
Support Staff-secretary/receptionist	Database maintenance	Individual training by supervisor	Demonstration	Orientation	Once	Mandatory
Support Staff-secretary/receptionist	Access	Self-study	Demonstration	Orientation	Once	Mandatory
Support Staff-secretary/receptionist	Microsoft Excel Level 1 & 2	Self-study	Demonstration	Orientation	Once	Mandatory
Support Staff-secretary/receptionist	Microsoft Outlook	Self-study	Demonstration	Orientation	Once	Mandatory
Administrative Secretary	Transcription	Self-study	Demonstration	Orientation	Once	Mandatory
Administrative Secretary	Desktop Publishing	Self-study	Demonstration	Orientation	Once	Mandatory
Administrative Secretary	Database Development and Maintenance	Self-study	Demonstration	Orientation	Once	Mandatory
Administrative Secretary	Project Maintenance	Self-study	Demonstration	Orientation	Once	Mandatory
Administrative Secretary	Multimedia Presentation Preparation	Self-study	Demonstration	Orientation	Once	Mandatory
Support Staff	Critical Incident Processing	Individual Training by supervisor	Demonstration	Orientation	Once	Mandatory
Tribal Liaison	7.01 Plan	Self-Study	Acknowledgement of review	Orientation	Once	Mandatory
	Tribal Contracts	Self-Study	Acknowledgement of review	Orientation	Once	Mandatory
OCA	MHAB	Self-study	Acknowledgement of review	Orientation	Once	Mandatory

ACCESS, COMMUNICATION, AND RESOURCE ISSUES

The Regional Training Committee is continuing to convert didactic education programs to on-line and self study wherever feasible. Managers will be trained to identify individual education needs, develop individualized education goals and objectives and plan staffing appropriately to accommodate the employee's attendance at a program.

Improving the communication of education programs that are available will also positively impact access. An NSRSN education website is being planned that will provide information regarding educational opportunities across the entire system.