North Sound Mental Health Administration

BOARD OF DIRECTORS MEETING
117 North 1st Street, Suite 8
Mt. Vernon, WA.
May 8, 2003
1:30 PM

Agenda

1. Call to Order; Introductions – Chair
2. Revisions to Agenda – Chair
3. Approval of April Minutes – Chair
4. Comments & Announcements from Chair
5. Reports from Board Members
6. Comments from Public
7. Report from Advisory Board – Janet Lutz-Smith, Chair
8. Report from Executive/Personnel Committee – Dave Gossett, Chair
9. Report from QMOC – Andy Byrne, Chair
10. Report from Planning Committee – Dave Gossett, Chair
11. Report from Executive Director – Chuck Benjamin, Executive Director
12. Report from Finance Officer – Bill Whitlock
13. Report from 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.

17. Action Items

Motion 03-022 To approve the NSMHA 2003-2004 7.01 Plan developed in compliance with the Department of Social and Health Services requirements.

Motion 03-023 To approve the NSMHA Quality Management 2002-2003 Integrated Report for the 2nd Biennial Quarter.

Motion 03-024 To approve the NSMHA Improving Mental Health Services for People with Mental Illnesses Coming into Contact with the Criminal Justice System.

Motion 03-025 To approve contract no. NSRSN-PCI-User-01 Amendment (5) between the North Sound Regional Support Network, dba North Sound Mental Health Administration (NSMHA) and PCI Network Solutions, Inc., a Washington Corporation (the "contractor") is hereby amended as follows:

The effective dates of this Agreement shall be extended through September 30, 2003. Maximum consideration of this amendment shall be $15,125.01 ($5,041.67 per month). Maximum consideration for the term of this Agreement shall not exceed $136,125.09.

18. Emergency Action Items

19. Introduction Items

20. Item for Discussion

21. Executive Session - Chair

22. Reconvene – Chair

23. Adjournment – Chair

NOTE: The next Board of Directors meeting is scheduled for Thursday, June 12, 2003 at the North Sound Mental Health Administration, Mount Vernon, WA at 1:30 p.m.

North Sound Mental Health Administration

BOARD OF DIRECTORS MEETING
117 North 1st Street, Suite 8
Mt. Vernon, WA.
April 24, 2003
1:30 PM

Minutes

Present:
Ward Nelson, Whatcom County Council
Maile Acoba, Skagit County Council
Ted Anderson, Skagit County Council
Andy Byrne, Designated Alternate for Whatcom County Executive
Dave Gossett, Snohomish County Council
Gayle Jones, Tulalip Tribes
Mary Good, NSMHA Advisory Board
Barbara LaBrash, San Juan County Council
Mike Shelton, Island County Commissioner
Janelle Sgrignoli, Snohomish County Council

NSMHA Staff Members:
Chuck Benjamin, Shirley Conger, Chuck Davis, Melissa DeCino, Wendy Klamp, Greg Long, Debra Russell, Michael White, Bill Whitlock

Guests:
Christine Austin, Dan Bilson, Ron Escarda, Larry Harris, Jess Jamieson, Jere LaFollette, Tom MacIntyre, Susan Ramaglia, Jane Relin, Michael Rubenstein, Darlyn Sullivan, Dean Wight

1. Call to Order; Introductions – Chair
Chair Nelson convened the meeting at 1:35. Introductions were made of all present.

2. Revisions to Agenda – Chair
None.

3. **Approval of March Minutes** – Chair
The following changes are to be made to the March 13, 2003 Board of Directors meeting minutes:

Under **Present**:

From: "Andy Byrne, Whatcom County Executive"

To: "Andy Byrne, **Designated Alternate**, Whatcom County Executive"

Under **Report from the QMOC** (first paragraph, last sentence)

From: **"**He stated that QMOC was formerly an arena for sharing information and reports, but the role has changed to ~~**set**~~ policies."

To: **"**He stated that QMOC was formerly an arena for sharing information and reports, but the role has changed to **recommend** policies."

4. Comments & Announcements from Chair
The 3rd Annual Tribal Conference will be held on May 1 & 2, 2003 at the Skagit Resort. It is anticipated that it will be well attended and a very successful event.

5. Reports from Board Members
Andy Byrne reported that progress is being made on the Whatcom triage program. He will provide more information as it becomes available.

Mike Shelton reported that construction of the new mental health center in Coupeville is progressing nicely.

6. Comments from Public
Guest, Susan Ramalia, reported that her son has been in system for two years and feels that he is not receiving appropriate/adequate treatment. Her concerns include recovery issues and up-to-date treatment to decrease the rate of relapse. Chuck Benjamin acknowledged her concerns and explained how the implementation of the proposed System Review will address issues that will have a positive affect related to her concerns.

7. **Report from Advisory Board** – Mary Good, Alternate Chair
There was no quorum at the meeting, therefore, recommendations to the Board of Directors could not be made. The Health Insurance Portability Accountability Act (HIPAA) was presented to the Advisory Board. The Advisory Board will be working on getting more representation for the meetings.

8. **Report from Executive/Personnel Committee** – Dave Gossett, Chair
Dave Gossett recommended that the System Review be approved. He also recommended approval of the Enhanced Inpatient Service Access Project Contract with Fairfax Hospital.

9. **Report from QMOC** – Andy Byrne, Chair
The System Review and Ombuds quarterly report were presented at the April 9, QMOC meeting. The NSMHA 2002-2003 Quality Management Plan Integrated Report for the 2nd Biennial Quarter has been completed and will be introduced to the Board of Directors today.

10. **Report from Planning Committee** – Dave Gossett, Chair
Dave Gossett provided a draft of the NSMHA "Improving Mental Health Services for People with Mental Illnesses Coming into Contact with the Criminal Justice System". This will be submitted as an introduction item today and will be taken to the May Board of Directors meeting for action.

A report on underserved populations will be introduced at the May Board of Directors meeting.

11. **Report from Executive Director** – Chuck Benjamin, Executive Director
Chuck Benjamin gave a follow-up PowerPoint presentation on the proposed NSMHA Public Mental Health System Review. The presentation outlined Phase I of the Integrated NSMHA

QA/QM Process. Dave Gossett thanked everyone for their time and efforts involved with creating and developing the System Review. Mr. Gossett also moved that the implementation plan be approved along with the System Review report. In addition, we are charging the Executive Director to move forward with Phase II that involves the other providers and stakeholders in the North Sound Region.

12. **Report from Finance Officer** – Bill Whitlock
Bill Whitlock reported that revenues and expenditures are in line with budget.

13. **Quarterly Report from Ombuds** – Chuck Davis
Chuck Davis gave a PowerPoint presentation and provided handouts for the quarterly Ombuds complaint data report. The report was broken out by number of cases, source of cases, demographics, cultural/ethnic group and county. There was a total of 88 cases reported. There were no grievances for 1st quarter 2003. A copy of the full report is filed with minutes.

14. **Report from Finance Committee** – Mike Shelton
Recommendation was made to approve the entire Consent Agenda.

15. **HIPAA Compliance Report** – Wendy Klamp
Over 12,000 HIPAA compliant privacy notices have been mailed to consumers in the NSMHA system. Wendy Klamp has been taking calls from consumers and answering questions they have about the notices. NSMHA is now in compliance w/ HIPAA, and the Policies and Procedures can be accessed on the NSMHA website.

16. **Consent Agenda** – Chair
Motion 03-005 To approve 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.

Motion 03-014 To approve the North Sound Mental Health Administration Lead Quality Specialist be appointed NSMHA Privacy Officer and to introduce an update Lead Quality Specialist Job Description that has been modified to incorporate the required HIPAA Privacy Officer job responsibilities.

NSMHA Management Team recommends that the attached Lead Quality Specialist job description replaces the current Lead Quality Specialist Job Description.

Motion 03-015 To approve Business Associates Agreement, Contract No. NSMHA-INFOC-BA-03 between North Sound Mental Health Administration and InfoCare, Inc for storage of NSMHA off-site business records. This Agreement shall become effective May 1, 2003. It is estimated that the initial set-up costs shall not exceed $125 and the ongoing monthly costs to be approximately $38.75 per month.

NSMHA recommends moving our current storage to InfoCare, Inc. Not only will this service provide a more secure setting than our current storage unit and meet HIPAA requirements for storing Protected Health Information, but our monthly expense will go from $60 to an estimated $38.75. InfoCare, Inc. is knowledgeable about HIPAA requirements and understand the necessity to enter into a Business Associates Agreement with the NSMHA.

NSMHA records would be stored in a warehouse that serves other customers like St. Joseph Hospital and Whatcom County.

Motion 03-017 To review and approve NSMHA claims paid from February 1, 2003 to February 28, 2003, in the amount of $2,887,541.24. Total February payroll of $75,509.76 and associated benefits of $24,114.04.

Motion was made to approve the entire Consent agenda, seconded, all in favor, **Motion Carried**.

17. **Action Items**

Motion 03-013 To approve North Sound Mental Health Administration Health Information and Portability Accountability Act (HIPAA) Policy and Procedure Manual.

Lead Quality Specialist has been working with NSMHA Attorney to develop the NSMHA HIPAA Policy and Procedures Manual that will comply with HIPAA requirements. Attached is the list of Policies and Procedures that will be introduced to the Board in March. Currently these P & P's are in final draft and being reviewed by NSMHA Attorney.

It had been requested by the Advisory Board that the Washington Protection and Advocacy be given the opportunity to review the HIPAA Policies and Procedures. The reply from the Director Resource Advocacy Services was that this would be something that should be reviewed by our attorneys.

Motion to approve, seconded, all in favor, **Motion Carried**.

Motion 03-016 To approve the North Sound Mental Health Administration amend the agreement for legal services. NSMHA agrees to reimburse Attorney at a rate of $375.00 an hour for specialized health care legal services.

Motion to approve, seconded, all in favor, **Motion Carried**.

It was recommended to look into resources the County may have for future needs for legal services for cost effectiveness.

Motion to approve, seconded, all in favor, **Motion Carried**.

Motion 03-020 To approve the NSMHA System Review presented and distributed at the March 13, 2003 Board of Directors meeting, and the NSMHA Integrated Quality Management Process. The System Review draft is also available on the NSMHA website at www.nsrsn.org.

Motion to approve, seconded, all in favor, **Motion Carried**.

18. **Emergency Action Items**

Motion 03-018 To adopt the North Sound Mental Health Administration staff recommendation for utilizing FEMA settlement funding for Children's Services.

The NSMHA and APN Children's Service Providers have been working collaboratively to address present gaps in Children's Services and the potential impact of Fairfax Hospital discontinuing services to the Medicaid population. The biggest barrier deals with start-up funds to enhance Children's Services and to effectively divert Children's

hospitalizations. It is therefore our recommendation that the FEMA funds totaling $495,010 be sent to APN per our contract but that these monies be dedicated to enhancing Children's Services and diverting hospitalizations as determined by the joint NSMHA/APN Committee.

Motion to approve, seconded, all in favor, **Motion Carried**.

Chuck Benjamin explained that due to Fairfax Medicaid and Children's administration's budget shortfalls, proposal is being made to divert these funds from FEMA to help with a support plan. Although this would be a short-term solution, there are plans to work on improving services for the long-term. The Board of Directors requested an evaluation of how services are being provided be reported periodically.

Motion to approve, seconded, all in favor, **Motion Carried**.

Motion 03-019 To authorize the Executive Director to enter into contract #NSMHA-Fairfax-03 between NSMHA and Fairfax Hospital for enhanced access to services effective December 1, 2002 to June 30, 2003. Maximum consideration of this contract is $165,000.

Ron Escarda from Fairfax reiterated that funding has been cut dramatically and additional cuts are anticipated for next year. Fairfax is the largest mental health facility in the state and has the least re-imbursement through Medicaid. He will be going to MAA and MHD to address this and other issues.

Motion to approve, seconded, all in favor, **Motion Carried**.

Motion 03-021 To authorize Contract 0169-00339, Amendment 7 between DSHS Mental Health Division and the North Sound Mental Health Administration.

In Fiscal year 2002 (September 2001-June 2002), state funds for outpatient will be paid in the amount of $1,253,608 per month, beginning September 2001, not to exceed $12,536,080 for September 2001-June 2002. In June 2002, a one-time payment of $591,343 shall be made to the Contractor and in June 2003, ***a one-time payment of $173,341*** *shall be made to the Contractor. In Fiscal Year 2003, state funds for outpatient will be paid in the amount of $1,079,002 per month, plus the one time payment, not to exceed $13,121,363 for Fiscal Year 2003.*

Motion to approve, seconded, all in favor, **Motion Carried**.

19. **Introduction Items**

Motion IN-004 To introduce the NSMHA 2003-2004 7.01 Plan developed in compliance with the Department of Social and Health Services requirements.

Motion to approve, seconded, all in favor, **Motion Carried**.

Motion IN-010 To introduce the NSMHA Quality Management 2002-2003 Integrated Report for the 2nd Biennial Quarter.

Motion to approve, seconded, all in favor, **Motion Carried**.

20. **Item for Discussion**

Raintree Questions & Answers

Darlyn Sullivan, Implementation Manager, Michael Rubenstein and Christine Austin from Raintree were present to address questions regarding the implementation of Raintree.

Darlyn reported that the deadline with Sound Data was met on Monday, April 21. The projected go live date for NSMHA is July 1, 2003. A plan is being developed to complete implementation. The structure of the database has been completed and the next step will be to move data at Sound Data into our system. Raintree is beefing up resources to get the system up and running. Even though the go live date is July 1, Sound Data has 45 days to transmit data. The reporting capabilities should meet our needs on system analysis. Training will start before the live date so end users will be comfortable with the program.

21. **Executive Session** - Chair

None.

22. **Reconvene** – Chair

None.

23. **Adjournment** – Chair

The meeting was adjourned at 3:10 p.m.

NOTE: The next Board of Directors meeting is scheduled for Thursday, May 8, 2003 at the North Sound Mental Health Administration, Mount Vernon, WA at 1:30 p.m.

MEMORANDUM

DATE: April 29, 2003

TO: NSMHA Advisory Board

FROM: Charles R. Benjamin
Executive Director

RE: May 8, 2003 NSMHA 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 May 8, 2003 NSMHA Board Meeting.

CONSENT AGENDA

ACTION ITEMS

1. To approve the NSMHA 2003-2004 7.01 Plan developed in compliance with the Department of Social and Health Services requirements.

2. To approve the NSMHA Quality Management 2002-2003 Integrated Report for the 2nd Biennial Quarter.

3. To approve the NSMHA Improving Mental Health Services for People with Mental Illnesses Coming into Contact with the Criminal Justice System.

4. To approve contract no. NSRSN-PCI-User-01 Amendment (5) between the North Sound Regional Support Network, dba North Sound Mental Health Administration (NSMHA) and PCI Network Solutions, Inc., a Washington Corporation (the "contractor") is hereby amended as follows:

The effective dates of this Agreement shall be extended through September 30, 2003. Maximum consideration of this amendment shall be $15,125.01 ($5,041.67 per month). Maximum consideration for the term of this Agreement shall not exceed $136,125.09.

EMERGENCY ACTION ITEMS

ITEMS NOT YET REVIEWED BY THE ADVISORY BOARD

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

cc: NSMHA Board of Directors
County Coordinators
NSMHA Management Team

NORTH SOUND MENTAL HEALTH ADMINISTRATION
NSMHA Board of Directors Approval Form

TO: NSMHA Board of Directors
FROM: Charles R. Benjamin, Executive Director
DATE: May 8, 2003

Action Requested:	The NSHMA Board is asked to approve **Motion # 03-022**
Approval Date:	May 8, 2003
Source of Request:	Chuck Benjamin, Executive Director
Motion:	To recommend the NSMHA 2003-2004 7.01 Plan Developed in Compliance with the Department of Social and Health Services requirements.

Executive Recommendations: XXXX **Approve** _____**No Recommendation**
_____ Further Review Required

_____
Executive Director (Signature)

NORTH SOUND MENTAL HEALTH ADMINISTRATION
NSMHA Board of Directors Approval Form

TO: NSMHA Board of Directors
FROM: Charles R. Benjamin, Executive Director
DATE: May 8, 2003

Action Requested: The NSHMA Board is asked to approve **Motion # 03-023**

Approval Date: May 8, 2003

Source of Request: Chuck Benjamin, Executive Director

Motion: To approve the NSMHA Quality Management 2002-2003 Integrated Report for the 2nd Biennial Quarter.

Executive Recommendations: XXXX **Approve** _____**No Recommendation**
_____ Further Review Required

_____
Executive Director (Signature)

NORTH SOUND MENTAL HEALTH ADMINISTRATION
NSMHA Board of Directors Approval Form

TO: NSMHA Board of Directors
FROM: Charles R. Benjamin, Executive Director
DATE: May 8, 2003

Action Requested: The NSHMA Board is asked to approve **Motion # 03-024**

Approval Date: May 8, 2003

Source of Request: Chuck Benjamin, Executive Director

Motion: To approve the NSMHA Improving Mental Health Services for People with Mental Illnesses Coming into Contact with the Criminal Justice System.

Executive Recommendations: XXXX **Approve** _____**No Recommendation**
_____ Further Review Required

_____
Executive Director (Signature)

DRAFT

NORTH SOUND

MENTAL HEALTH ADMINISTRATION

Improving Mental Health Services for People with Mental Illnesses Coming into Contact with the Criminal Justice System

Improving Mental Health Services For People with Mental Illnesses
Coming into Contact with the Criminal Justice System

Executive Summary

People with mental illnesses are falling through the social safety net and landing in the criminal justice system at an alarming rate in the United States. In the North Sound Region and across the nation there are more people with mental illnesses in jails or prison than in inpatient psychiatric units. While there are a few extremely dangerous individuals with mental illnesses who can only be served in highly structured systems, many of these individuals in our jails are there because they displayed serious psychiatric symptoms such as hallucinations, delusions, or paralyzing depression in public. Effective mental health services have not been available to these individuals. Better serving people with mental illnesses in the criminal justice system populations is especially challenging in a time of major state budget deficits and reduced funding for all types of human services.

As part of the NSMHA's 2001-2003 Strategic Plan, a 32 person workgroup comprised of representatives from the police, prosecutors, jails, corrections, juvenile detentions, Juvenile Rehabilitation Administration along with mental health consumers and advocates met five times over five months to develop the recommendations for the NSMHA Board of Directors on how to improve services for people with mental illness who become involved with the criminal justice system. The recently released national *Consensus Project on Criminal Justice and Mental Health* was closely reviewed.

This workgroup developed twenty-four (24) recommendations as outlined in the concluding section of this report. The group members selected the following seven (7) recommendations as their highest priorities. These recommendations represent the current best thinking of this workgroup and are not altered due to the current Washington State Budget financial crisis. The NSMHA Planning Committee recommends there be regular meetings at the county level between mental health and law enforcement/criminal justice staffs. The NSMHA and counties' human service departments should focus on the actions outlined below:

- Establish diversion programs and mental health courts with staff trained and specialized in serving people with mental illnesses.

Action: Promote and work with the each of the five North Sound Counties to establish diversion programs and/or special mental health courts by January 1, 2005.

- Training is needed for law enforcement officers/corrections officers across the North Sound Region to better understand and interact with people with mental illnesses.

Action: Support the development of one or more CIT type trainings for law enforcement officers by July 1, 2004.

- Mental Health providers should designate a single liaison person to coordinate services and resolve problems with adults and another person to coordinate with juvenile criminal justice organizations.

Action: NSMHA to conduct planning meeting to develop best way to provide this type individualized liaison service by October 1, 2003.

- Establish two or more triage and diversion programs to minimize people with mental illnesses becoming involved with the criminal/justice system and support them receiving needed treatment.

Action: NSMHA will support efforts to establish Triage Center in Whatcom County as a model for the Region. Review status of triage centers by December 31, 2004.

- Promote evidenced-based, integrated co-occurring disorder (mental illness and substance abuse) treatment for juveniles and adults.

Action: Refer to Regional Co-Occurring Disorder Committee to study existing programs/services and establish protocols or guidelines for co-occurring disorder services by December 31, 2004.

- Training is needed for prosecutors, public defenders, and judges on mental illness and the mental health system in handling people with mental illnesses.

Action: NSMHA will work with each county to develop training for prosecutors, public defenders, and judges on mental health and periodic ongoing meetings by July 1, 2004.

- More housing is needed for people with mental illnesses coming out of jails and prisons.

Action: NSMHA will convene a Housing and Homelessness Regional Committee at least semi-annually starting in June 2003 to focus on continuing the development of low cost housing for people with mental illnesses.

TABLE OF CONTENTS

Introduction

The North Sound Regional Support Network is responsible for the contract for and oversight of public community mental health services for Island, San Juan, Skagit, Snohomish and Whatcom Counties. As part of the NSMHA's Strategic Plan 2001-2003, the NSMHA committed to studying the provision of mental health services to individual with mental illness that were coming into contact with the criminal justice system.

The NSMHA's commitment to study this problem parallels efforts around the nation. This year the Council of State Governments released a study titled ***Criminal Justice/Mental Health Consensus Project***, which is a study, by over 100 national experts of this problem. The Consensus Project study makes 46 recommendations to policy makers. The workgroup reviewed and built upon this report.

The NSMHA's Criminal Justice/Mental Health Workgroup was comprised of 32 people and met five times. The following people participated:

Maile Acoba, Skagit County Human Svcs
Valerie Adkins, NAMI Whatcom
Thad Allen, Department of Corrections
Brian Barney, Department of Corrections
Chuck Benjamin, NSMHA
Ken Bergsma, Mt. Vernon Police
Jack Bilsborough, NSMHA Advisory Board
Dan Bilson, NSMHA Advisory Board
Melinda Bouldin, NSMHA
Annette Calder, NSMHA
Jill Dace, Snohomish County Human Svcs
Alberta Finley, NSMHA Advisory Board
Roger Griffen, NAMI Skagit
Preston Hess, Snohomish County ITA
Dwight Hinton, NSMHA Advisory Board
Margie Holloway, Juvenile Courts
Dick Jones, DASA Region 3 Administrator
David Kludt, Compass Health
Greg Long, NSMHA
Joan Lubbe, NSMHA Advisory Board
Pamela Marker, JRA
Barbara McFadden, Compass Health
Joyce Pearson, WCPC/Whatcom Co. Jail
Gary Ramey, WCPC
Tom Richardson, NAMI Whatcom
Kim Schuster, Whatcom Public Defenders Off.
Dan Slattery, Skagit County Corrections
Colleen St. Clair, Snohomish Prosecuting Atty
Jim Teverbaugh, Snohomish Co Human Svcs
Charlie Wend, Department of Corrections
Greg White, Snohomish County Corrections
Gary Williams, NSMHA/Whatcom County

The NSMHA greatly appreciates the expertise, guidance and donated time of these individuals to develop this report and recommendations.

Background

Over the last forty years, a major shift in nature of the provision of mental health treatment has occurred. With the development of more effective psychoactive medications in the 1950s, a major change started in the 1960s in which individuals were released from state mental hospitals and returned to live in communities. State mental hospitals across the United States housed 559,900 people in 1955; in 1999 this number had dropped to 80,000 people. State mental hospital utilization has gone through another round of reductions in the 1990s with the development of new anti-depressants and atypical anti-psychotic medications. In 1992, there were over 200 individuals from the North Sound Region living at Western State Hospital; in July of 2002 our Region reached a recent low of 74 individuals.

Many individuals with mental illnesses have succeeded in the transition from institutional care to stable, satisfying community living close to loved ones and friends. Community mental health services have grown in sophistication to serve them effectively. Mental health services now include the traditional outpatient counseling, psychiatric evaluations plus a wide array of services including case management, housing, residential living, and employment management. Data on the numbers of people successfully living in communities as they recover from mental illness is difficult to find. Their successful recoveries leads to their living invisibly in our communities mixing with friends and neighbors like any other citizen.

However, many individuals being discharged from hospitals or developing mental illnesses are not able to wade through the complex application processes to qualify for publicly funded mental health services or they may not meet eligibility criteria for public funding. Plus, many individuals with mental illnesses are too disabled, delusional, fearful, or unresponsive to counseling or psychiatric medications. Intensive and flexible services all to often have not been available to support some individuals with serious and persistent mental illnesses. Many of these individuals become homeless or involved with the criminal justice system when they are not successfully engaged in ongoing community mental health services upon discharged from the hospital.

Data on Adults with Mental Illness and the Criminal Justice System in the North Sound Region

National estimates are that 36% of inmates in jails and prisons have some type of behavioral health disorder. This includes chemical dependency problems and adjustment disorders. After an extensive review of research, the current Mental Health Division's workgroup on the prevalence of serious mental illness is likely to adopt the figure of 14.6% of people in jails and prisons have serious mental illnesses.

Data from the county jails suggest that between 1,500 and 2,000 inmates in county jails in the North Sound Region in 2001 had mental illnesses. These are very rough estimates for this data is collected for clinical services and not for research. There are no clearly defined definitions of mental illness that staffs in the jails are using to determine who is mentally ill.

The NSMHA's Management Information System significantly undercounts the number of consumers who have contact with the mental health system. This system indicates that 903 consumers were delivered 2,104 sessions in jail settings. This does not include any of the mental health services provided by the jail mental health staff in the Snohomish County Jail for these mental health professionals are not part of the community mental health system. However, Whatcom County, which comprises roughly 20% of the population of the Region, is the only county which has a jail outreach worker reporting contacts into the MIS System. She and other mental health staff in Whatcom County served 563 consumers connected with the legal system.

Access to Mental Health Services for People in the Criminal Justice System

All providers across the North Sound Region serve people with mental illnesses before, during and after they come into the contact with the criminal justice system. The Snohomish County Jail has 3 FTE Mental Health Professionals working with inmates in their facility; a full time jail liaison mental health profession is employed

by the community mental health center in Whatcom County and works in the jail on a daily basis; Skagit County contracts with a forensic mental health specialist to do assessments and coordinate referrals; and a specific mental health professional has been identified to assess for mental illness and coordinate care in the Island County Jail. San Juan County does not have a jail so people needing incarceration are sent to the Island County Jail.

Providers of the Associated Provider Network are participating in the Dangerous Mentally Ill Offender program developed by the Mental Health Division and Department of Corrections of the State of Washington to serve the most severely mentally ill individuals coming out of the state prison system. Under this program, the providers conduct assessments and develop specialized treatment plans for these individuals prior to discharge. Intensive support services are provided under the oversight of community teams. Under this program, providers receive an additional $10,000/year per person to provide enhanced treatment services to these individuals. As of January 1, 2003, 21 individuals are receiving services under this program.

The Peer Outreach Program to the jail in Whatcom County is an innovative approach to connecting people with mental illness in the jail to ongoing mental health services and the Rainbow Center. At the advice and recommendation of jail mental health liaison, peer counselors go in teams of two, usually and man and a woman, to meet with the identified individuals in the jail. They provide them with emotional support and encourage them to seek follow-up mental health treatment and other services including coming to the Rainbow Center for peer support. At the time of discharge, they provide them with a "care package" of toiletries, coupons for food, etc.

The first specialized housing for people with serious mental illnesses and recently released from jail or prison is being developed in Whatcom County. A portion of an apartment house owned by Whatcom Counseling and Psychiatric Clinic is being set aside to prove resides for these mentally ill offenders.

NSMHA Jail Service Coordination Selective Review

NSMHA has just completed a jail service coordination review covering both children and adults who are already enrolled in the public mental health system. Sixty clinical charts were reviewed at providers in Skagit, Snohomish, and Whatcom Counties. The study found consumers were contacted promptly in jails when their case managers/counselors were aware that they were in jail. The study also found that these consumers were seen within 5 days after their discharge from jail. A major concern identified in the study was that crisis plans and treatment plans were not adjusted or re-strategized before or after these jail episodes in for these consumers. This study does not address the large number of people with mental illnesses in jails that are not eligible for public mental health services or never apply for services.

Barriers to People Involved in the Criminal Justice System to Receiving Mental Health Services

Major barriers to accessing services include the funding structure of community mental health services and the lack of affordable housing. Outside of crisis services, the community mental health system is almost entirely funded to serve people on Medicaid. A person with a mental illness, even if they are coming out of jail or prison, may not be eligible for Medicaid, especially if they have some history of working. Sometimes it may take months or even years of appeals for an individual to qualify for Medicaid. Thus, the mental health system frequently does not have the resources to provide the intensive array of services needed to stabilize these individuals coming out of the criminal justice system.

Individuals with mental illnesses coming out of the jails or prisons frequently lack the resources to obtain housing at market rates. Landlords may refuse to rent to a person who does not have a good recent rental history. The psychiatric and social problems of these individuals are much less likely to be successfully managed if they do not have stable and decent housing. They also are ineligible for many federal housing

support programs because of their convictions. If they have a history of violence, they cannot be placed in licensed residential settings for the regulations governing these facilities limit placements to assure the safety of other residents. Individual or small, shared housing/apartment arrangements with intensive case management seem to be the best options available.

Service Improvement Options

The service improvement options discussed below arise from the recommendations from the Council of State Governments released a study titled Criminal Justice/Mental Health Consensus Project and the discussions of the workgroup.

Improving the Initial Contact Between People with Mental Illnesses and Law Enforcement

Law enforcement officers view handling people with mental illness as time consuming and unpredictable. The majority of incidents are minor nuisance incidents, and frustrating. Frequently, it draws them away from their primary public safety responsibilities for frustratingly long periods of time. Since law enforcement officers are typically the first emergency responders to crises, training for law enforcement officers about mental illnesses and how best to communicate with people with mental illnesses is a major initiative around the country.

High profile incidents across the nation including Seattle and Olympia have created interest in training programs for police. Police agencies around the country are looking at a variety of training programs from a few hours to a full weeks training. All Seattle police officers are required to attend a mandatory eight-hour block of instruction to develop adequate competency when encountering citizens with mental illness. The highly regarded Crisis Intervention Training (CIT) program developed in Memphis, Tennessee has spread to Portland, Seattle, Olympia, and Shelton as well as many other towns and cities around the nation. It involves 40 hours of initial training for officers on mental illness, signs and symptoms of mental illness, psychiatric medications, de-escalation techniques, stigma and communicating with mentally ill people and their families plus yearly on-going training. A major limitation to this program is the time and cost to police departments of officers going through this training.

Improving communications between dispatchers and police officers is another area for potential refinement. Dispatchers need to be provided with questions that help determine whether mental illness is a contributing factor to the call for service. They also need to determine whether co-occurring disorders such as substance abuse or developmentally disabilities are contributing factors. Finally, dispatchers need have tools to be able to determine whether a situation may involve violence or weapons.

Triage Centers

Triage Centers are short-term assessment centers designed to assess and refer individuals with any type of individual or social problem to appropriate ongoing services. These programs are highly appealing to law enforcement organizations because they allow the people to get professional assistance while law enforcement offices can return quickly to the public safety and they do not have to be processed into jail. Triage programs also may divert people from expensive emergency room services. King, Pierce, Grays Harbor, and Yakima Counties have developed these programs in Washington State and they are being developed around the nation. The cost of operating one of these facilities is estimated to be between $1,500,000-$2,500,000/year.

Diversion Programs

Some prosecutors and public defenders offices have hired social service professionals to assist with diverting people with mental illness from the legal system early in the legal processes. Defense counsel, including public defenders, and prosecutors often lack knowledge needed to identify the mental health status of their clients as early as possible. Thus, the need for training on identifying mental illnesses as well as the current availability of quality mental health services is needed for public defenders and prosecutors so they can consider the

option of diversion. This creates an opportunity for consultation between the community mental health system and the legal system.

Individuals with mental illnesses should have access to diversion programs when appropriate. Many counties have developed diversion programs for specific classes of offenders for they need specialized plans and supports to successful completed diversion programs. Staffs in these programs need training in mental health to screen, develop and monitor suitable diversion plans for these individuals taking into account their psychiatric disorders. Clermont County, a county in southwestern Ohio of 177,977 people reports a $1,618,764 cost savings from March 2000 through December of 2002 from their post-conviction mental health jail diversion program.

Mental Health Courts

Drug Courts have been highly successful around the nation and in Washington State. A number of jurisdictions following the example of Broward County, Florida have developed mental health courts. King County here in Washington State has operated a mental health court for several years. Mental health courts have judges, prosecutors, public defenders, probation officers and specialized staff who have all been trained and are highly familiar with mental illness and the capabilities as well as limitations of mental health treatment. Defendants have to agree to go into these specialized courts. Mental health courts serve individuals who are in-custody or living in the community. There is close coordination between the mental court staff and the service providers supporting the consumer in successfully complying with their court ordered requirements. In Snohomish County, a task force is actively studying diversion programs and mental health courts currently. Cost-effectiveness studies are currently being conducted in Florida and King County, WA, but to the best of our knowledge the reports are not released yet. A small explorative study in Reno, Nevada was conducted which showed a 50% reduction in the number of days spent by consumers in their mental health court in comparison to the previous year.

Jails

Jails across the nation and within our region are severely overcrowded and some are facing legal actions for these conditions. Sheriffs from Los Angles County to Skagit County are openly stating that they house more people with mental illnesses than any other facility in their counties. The special attention and services needed to serve people with mental illnesses in the jails is a major concern, frustration, and cost to jail officials. Jail staffs feel that people with mental illnesses frequently deteriorate under the stress of the jail environment. Jail staffs are well aware of the potential for suicide or violence when people with mental illnesses are subjected to the stresses of jail. Major problems confronting the jails include the high cost of psychiatric medication, difficulties getting people in jail either hospitalized voluntarily or involuntarily committed.

Community Corrections

For over a decade in the State of Washington, most individuals aside from sex offenders were released from prison with very limited supervision. Due to recent changes in laws, progressively more individuals will be released from prison with some community supervision. Major challenges facing community corrections officers in working with people with mental illnesses leaving prisons include coordinating discharge plans with mental health providers and finding affordable and appropriate housing. The Dangerous Mentally Ill Offender Program is a model, which has overcome many of these barriers because the level of collaboration and involvement of both community corrections and mental health staff is very high. However, this is possible because the program has additional specialized funding which also for a much higher level services including professional time.

A specific issue identified in this workgroup would be to assure the immediate availability of Medicaid to eligible individuals being released from prison. This means the applications for Medicaid needs to be submitted while the person is still in prison.

Advocacy

Since many people with mental illnesses are involved in the criminal justice system and mental health services for these people have always been under funded, new coalitions are forming. In Florida, an advocacy group comprised of sheriffs, judges and other people from the criminal justice system called *Partners in Crisis* formed several years ago. It has been very successful in lobbying for better funding for mental health services so fewer people end up in the criminal justice system. A *Partners in Crisis* group has formed in the State of Washington and its co-chairs are Sheriff Dave Reichart of King County, Sheriff Mark Sterk of Spokane County, and Judge Randal Fritzler. The group's short-term goal is to preserve current levels of mental health funding in light of the massive state budget deficits. *Partners in Crisis* of Washington has also testified in favor of parity of insurance coverage for mental health treatment and the carving-out of mental health medications from any drug formulary policy for publicly funded health care. The long-range plan is to develop Partner in Crisis groups in each county or region.

Children and the Criminal Justice and Mental Health Systems

Children coming into contact with the criminal justice system face similar issues as adults in the criminal justice system. Challenges to providing services to these youth cited nationally include:

- Inadequate screening and assessment
- Confusion across the multiple service systems regarding who is responsible for providing services to these youth
- Lack of training, staffing and programs necessary to deliver specialized mental health services to children coming into contact with the juvenile justice system.
- Lack of funding and clear funding streams to support services
- Limited research on the effectiveness of treatment models.

However, across the North Sound Region specialized services have been created in the past few years to improve services to youth coming into contact with the criminal justice system. In Snohomish County, Compass Health, the Juvenile Court/Detention Center, and Snohomish County Human Services are funding a mental health professional to provide services at the juvenile detention center. Specialized staffs have been hired to conduct evaluations at the juvenile detention centers in Whatcom County and Skagit County. Crisis outreach services are required and cannot be declined by the 24-hour crisis response/CDMHP staff across the Region. Snohomish County has a specialized children's crisis response team. A special Children's Mental Health Specialist has been hired in Skagit County. Whatcom Counseling and Psychiatric Clinic has added a Children's Specialist to its emergency services/CDMHP Team.

Data on Children with Mental Illness and the Criminal Justice System

Approximately, 100,000 youth are detained in correctional facilities across the nation each year. Rates of emotional disturbance among youth in correctional facilities are estimated at 60-70 % according to the Children's Defense Fund. It is also estimated that 75% of youth in the juvenile system have conduct disorders and more that half have co-occurring disabilities. It is safe to estimate at least 20% of youth in the juvenile justice system have more serious emotional disorders (SED) while this number is estimated to be between 6-8% in the general population.

Snohomish County Juvenile Court has started keeping specific data on the mental health status of children in Juvenile Detention. Based on a sample of 1,1946 children from January through September 2002, the following is known:

- 52% of the children have spoken to someone regarding mental health issues at sometime in the past

- 13.4% of the children have been psychiatrically hospitalized
- The most common diagnoses are: (Children may have multiple diagnoses)
  - ADHD 28%
  - Depression/Bi-Polar 20%
  - D/A Abuse 15.9%
  - Eating Disorder 4%
  - Psychosis/Schizophrenia <1%
  - Other 1%
- 19% have tried to kill themselves at sometime in the past
  -13.9% have tried more than once
- 21% of the youth identify that someone in their family has a mental health problem

Service Improvement Options for Children Entering the Juvenile Justice System

At the national level, the Office of Juvenile Justice and Delinquency suggests the following children's juvenile justice system improvements:

Collaboration

In working with children, cross-system collaboration maybe even more important than with adults and is the basis of all solutions. Collaborative efforts around the nation include coordinated strategic planning, multi-agency budget submissions, implementation of comprehensive screening and assessment centers, cross training of staff and team approaches to assessment and case management.

Mental Health Screening

One of the major obstacles in recognizing and treating youth with mental disorders entering the juvenile justice system is the lack of screening and assessment. Screening should occur at a child's earliest contact with the justice system and be available at each stage in the criminal justice process. All youth should be briefly screened for mental health and substance abuse problems and when appropriate referred on for a thorough assessment. Juvenile Detention Centers in our region are developing and improving screening capabilities over the last few years.

Diversion

Whenever possible and appropriate, youth with serious mental illnesses should be diverted from the justice system. Diverting appropriate youth from the juvenile justice system can assure they get and follow through with appropriate treatment as well as reduce the number of youth entering this system. Effective diversion services require partnerships between the courts, probation officers, treatment providers and other services systems.

Effective Community-Based Alternatives

Many of the traditional mental health interventions have proven to be ineffective with children involved with the legal system. Effective community-based treatment alternatives should be used whenever possible to prevent or divert youth from entering or returning to the juvenile justice system. Four community-based alternatives that arose in the group's discussions and in the literature with evidence-based effectiveness are: Dialectical Behavioral Therapy (DBT), Multi-Systemic Therapy (MST), Functional Family Therapy and Wraparound Services.

DBT is a cognitive-behavioral treatment developed by Marsha Linnehan, PhD at the University of Washington aimed at teaching people to regulate their emotions so they don't engage in destructive behavior. Originally, it was developed for treating people with borderline personality disorders. This treatment is now

being used with youth in juvenile detention and corrections facilities in our Region and around the state. DBT Treatment is available across the region for adults. The NSMHA in coordination with provider agencies will be offering training this spring aimed at developing these services for staff serving youth across the Region.

MST is a highly intensive, short-term (average of 60 hours of service over less than four months) family preservation treatment. MST aims to change the real world functioning of youth by changing their natural settings-home, school, and neighborhood. Clinical staffs have caseloads of six and have frequent, often daily, contact with youth and their families. Studies around the country are demonstrating that this type of treatment is more effective than incarceration, inpatient psychiatric treatment, and traditional outpatient therapy in preventing future criminal behavior. The average cost of treatment was $3,500 per youth, which compares favorably with inpatient care or institutional placement.

Functional Family Therapy (FFT) is a highly structured, family-based prevention and intervention program that has been applied successfully to serve high-risk youth and families. Researchers developed the model at the University of Utah in 1969 and it has been improved over the last 30 years. FFT us a short-term interventions averaging 8-12 session for mild cases and up to 30 hours of direct service for more difficult cases over approximately three months. The ability to replicate FFT with fidelity has been achieved through a specific training model, a sophisticated and uniform client assessment, a program specific monitoring system (FFT-CCS), outcome accountability and supervision. In Clark County, Washington, the costs of this treatment model were between $700 and a $1,000 per family in the late 1990s. This program is being used in over 50 sites around the country including JRA in this state.

Wraparound Services is a highly individualized, strength-based treatment model for youth and their families that pools funding from child welfare, juvenile justice and mental health. Key components of this model are the child and family team, care coordination, a mobile crisis team and a wide array of provider services. Care Coordinators in this model have caseloads of 1:8. In Milwaukee, which operates the model program in the nation, the youth and family develop a unique plan to resolve their family's issues selecting from over 30 different formal services and many informal interventions. Costs for this program were started around $5,000/month, but have now dropped to $3,300 a month, as the program is fully operational.

Overall Recommendations

These recommendations represent the current best thinking of this workgroup and recent national studies. The recommendations are not altered due to the current financial crisis. Some recommendations may not be possible to implement at this time due to the serious budget deficits facing the Washington State Government and counties.

Collaboration and Coordination

- NSMHA should coordinate at least semi-annual meetings with law enforcement and criminal justice organizations to coordinate services and resolve problems. *The numerous challenges in serving people with mental illness who are involved with the criminal justice system make ongoing meetings essential in coordinating efforts to resolve these issues. Plus, professionals across the multiple systems serving these individuals were very energetic in their involvement in this work group and expressed a desire to have follow-up meetings.*
- County Mental Health Coordinators should coordinate regular meetings at the county level with criminal justice organizations. *Many of the criminal justice issues are more <u>effectively</u> addressed at the county level. Many of the counties within the North Sound Region are already pursuing special criminal justice and mental health initiatives. Regularly scheduled meetings would assure coordination of services and care.*

- Each Mental Health Provider should designate a single liaison person to coordinate services and resolve problems with adult criminal justice organizations. Another liaison person is needed with juvenile criminal justice organizations. *This recommendation is designed to reduce communication problems and better coordinate services across these complex services.*
-

Action: NSMHA to conduct planning meeting to develop best way to provide this type individualized liaison service by October 1, 20.

- Improve coordination of care when people are entering and being released from the criminal justice system.

--Coordinate services with 911 so dispatchers have skills in identifying if mental illness maybe a contributing factor to an incident and police can have the maximum information possible going into an incident. *This is a recommendation that comes up repeatedly in the national literature on improving services for people with mentally illness who are coming into contact with the police. This recommendation is designed to assure the safety of consumers and law enforcement officers in crisis situations.*

--Investigate the possibility of voluntary advance information release so police can be better informed how to respond to incidents with specific individuals. *This is an innovative use of advanced directives to assure better outcomes for consumers and greater safety for consumers and law enforcement officers. This is being experimented with around the country.*

--Investigate and advocate for the release of people with major mental illnesses to occur weekdays during business hours before 2 PM directly to a support person or a service provider. The problem of late night release from jails has been identified as a major concern by homeless shelters for it puts their other consumers and staff at risk. Coordinated referrals need to be encouraged.

- Coordinate services and policies between jails and CDMHPs so people with mental illnesses who are so acutely ill they are dangerous to themselves and others can be involuntarily committed to receive necessary treatment. *Jail officials in multiple counties are concerned about acutely mentally ill people who are uncooperative not being detained because the jail environment prevents them from being dangerous to themselves or others. CDMHP supervisors believe that this is a training issue for CDMHPs. CDMHPs and jail staff <u>need</u> to better coordinate this interface between systems.*
    - Assure that adults being discharged from jails can be seamlessly engaged in outpatient mental health services including arrange benefit coordination so people apply for and become Medicaid eligible so they can receive it upon release from prison. *The frequent gap in service that occurs for people with mental illnesses being release from prison is a long-standing system problem. This benefit coordination occurs for people being released from the state mental hospitals and needs to occur for people being released from prison. Gaps in medical services places individuals at risk of re-offending or being hospitalized.*

--Peer outreach models to mentally ill consumers is an additional approach to engaging and connecting individuals in with ongoing mental health service after their release.

- Assure that youth being discharged from juvenile justice institutions can be seamlessly engaged in outpatient mental health services. *This has been an issue of concern for staff at the Juvenile Rehabilitation Administration (JRA) for several years. New protocols and policies are currently being developed between the NSMHA and JRA.*

Training

- Training is needed for law enforcement officers across the North Sound Region to better understand and interact with people with mental illnesses. *Advocates recommended the development of a workgroup to promote the CIT Model of law enforcement training as the "best practice" model of officer training. It has been adopted by many jurisdictions because it has demonstrated and documented effectiveness. Law enforcement agencies in our region and around the state are interested in this intensive training. However, many agencies believe they cannot afford the cost of 40 hours of training on this*

issue for large numbers of officers. The workgroup needs to develop realistic approaches to this budgetary concern.

Action: Support the development of one or more CIT type trainings for law enforcement officers by July 1, 2004

- Training is needed for prosecutors, public defenders, and judges on mental illness and the mental health system so they can make informed decisions in handling the people with mental illness that come into contact with their systems. *Prosecutors, public defenders, and judges need to know the capabilities and limitations of the mental health treatment system. (Eligibility, Need for releases, etc.)*

Action: NSMHA will work with each county to develop training for prosecutors, public defenders, and judges on mental health and periodic ongoing meetings by July 1, 2004.

- Training is needed for mental health professionals on policies and practices in the criminal justice system.

Mental Health Programming

- Assure capacity to do mental health evaluations, consultations, and referrals in all jails and juvenile detention centers. *This service is available in varying ways in the major jails across the region. Jail officials value this and want more of these types of services.*
- Establish two or more triage/diversion programs to minimize people with mental illnesses becoming involved with the criminal/justice system and supporting them receiving needed treatment.

Action: NSMHA will support efforts to establish Triage Center in Whatcom County as a model for the Region. Review status of triage centers by December 31, 2004.

- Establish diversion programs and mental health courts with staff trained and specialized in serving people with mental illnesses.

Action: Promote and work with the each of the five North Sound Counties to establish diversion programs and/or special mental health courts by January 1, 2005.

- Promote evidenced-based mental health programming including:
  --Integrated co-occurring disorder treatment,

Action: Refer to Regional Co-Occurring Disorder Committee to study existing programs/services and establish protocols or guidelines for co-occurring disorder services by December 31, 2004.

  --Enhanced Case Management (meeting ACT standards),
  --Dialectical Behavioral Therapy for youth

Action: NSMHA is conducting training for children's mental health staff and allied systems staff in May 2003.

  --Wraparound Services for children and/or Multi-Systemic Therapy

- Housing for people coming into contact with the criminal justice system, as funding is available.

Advocacy

- Advocacy needs to occur to assure quality mental health programs are available to divert people from the crowded and expensive jails and prisons. *Partners in Crisis is a new organization committed to mobilizing people from the criminal/justice system to lobby for improved mental health services. Advocacy is needed from consumers, advocates for these needed and expensive programs.*
- Advocacy for more housing is needed for people with mental illnesses coming out of jails and prisons. *Housing of people coming out of the criminal justice system is controversial for many people are uncomfortable with having people with this type of background moving into their neighborhoods.*

Action: NSMHA will convene a Housing and Homelessness Regional Committee at least semi-annually starting in June 2003 to focus on continuing the development of low cost housing for people with mental illnesses.

NORTH SOUND MENTAL HEALTH ADMINISTRATION
NSMHA Board of Directors Approval Form

TO: NSMHA Board of Directors
FROM: Charles R. Benjamin, Executive Director
DATE: May 8, 2003

Action Requested: The NSHMA Board is asked to approve **Motion # 03-025**

Approval Date: May 8, 2003

Source of Request: Chuck Benjamin, Executive Director

Motion: To approve contract no. NSRSN-PCI-User-01 Amendment (5) between the North Sound Regional Support Network, dba North Sound Mental Health Administration (NSMHA) and PCI Network Solutions, Inc., a Washington Corporation (the "contractor") is hereby amended as follows:

The effective dates of this Agreement shall be extended through September 30, 2003. Maximum consideration of this amendment shall be $15,125.01 ($5,041.67 per month). Maximum consideration for the term of this Agreement shall not exceed $136,125.09.

Executive Recommendations: XXXX **Approve** _____**No Recommendation**
_____ Further Review Required

_____
Executive Director (Signature)

NORTH SOUND REGIONAL SUPPORT NETWORK
CONTRACT AMENDMENT

CONTRACT NO. NSRSN-PCI-User-01
Amendment (5)

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

The effective dates of this Agreement shall be extended through September 30, 2003.

Maximum consideration of this amendment shall be $15,125.01 ($5,041.67 per month).

Maximum consideration for the term of this Agreement shall not exceed $136,125.09.

ALL TERMS AND CONDITIONS OF PERFORMANCE OUTLINED IN CONTRACT NO. NSRSN-PCI-User-01 THROUGH AMENDMENT FIVE (5) ARE INCORPORATED BY REFERENCE AS THOUGH FULLY SET FORTH HERE IN.

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

NORTH SOUND MENTAL HEALTH ADMINISTRATION	PCI NETWORK SOLUTIONS, INC.
_____	_____
Charles R. Benjamin, Executive Director Date	Craig Bellusci, President Date