

**NORTH SOUND MENTAL HEALTH ADMINISTRATION
BOARD OF DIRECTORS MEETING**

June 13, 2013
1:30 PM

AGENDA

Page #/Tab

1. **Call to Order; Introductions – Chair Gossett**
2. **Revisions to Agenda – Chair Gossett**
3. **Approval of Minutes–Motion #13-034**
 - **To review and approve the minutes May 9, 2013 11-22**
4. **Comments & Announcements from the Chair**
5. **Reports from Board Members**
6. **Comments from the Public**
7. **Report from the Advisory Board – Candy Trautman, Chair**
8. **Report from the Executive/Personnel Committee – Chair Gossett**
9. **Report from the Quality Management Oversight Committee – Rebecca Clark, Chair**
10. **Report from the Planning Committee – Anne Deacon, Chair**
11. **Report from the Executive Director – Joe Valentine, Executive Director..... Tab 1**
12. **Report from the Finance Officer – Bill Whitlock, Fiscal Officer Tab 2**
13. **Report from the Finance Committee – Ken Stark, Chair**
14. **Consent Agenda – Finance Committee Motion #13-035**

<p>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 action 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.</p>

To review and approve North Sound Mental Health Administration’s claims paid from May 1, 2013 through May 31, 2013 in the amount of \$4,487,279.87, payroll for the month of May in the amount of \$133,961.21 and associated employer paid benefits in the amount of \$64,385.25.

15. Action Items

The following contracts are being amended for the period of July 1, 2013, through September 30, 2013. The purpose of the amendment is to bridge the contacts through October 1, 2013 and to provide the proposed funds for the next biennium. Department of Social and Health Services (DSHS) will be amending NSMHA contracts in June to provide the funding to continue with the services identified in the following amendments.

Motion #13-019

Medicaid Contracts (PIHP)

NSMHA-BRIDGWAYS-MEDICAID-11-13, AMENDMENT 3, for the purpose of providing Medicaid funding to bridge the contract through September 30, 2013. The increase to funding provided through this amendment is \$266,673 for a maximum consideration of \$1,986,404.

NSMHA-CATHOLIC COMMUNITY SERVICES NW-MEDICAID-11-13 AMENDMENT 3 for the purpose of providing Medicaid funding to bridge the contract through September 30, 2013. The increase to funding provided through this amendment is \$578,070 for a maximum consideration of \$4,549,042.

NSMHA-COMPASS HEALTH-MEDICAID-11-13, AMENDMENT 5, for the purpose of providing Medicaid funding to bridge the contract through September 30, 2013. The increase to funding provided through this amendment is \$3,413,952 for a maximum consideration of \$29,063,091.

NSMHA-INTERFAITH-MEDICAID-11-13, AMENDMENT 4, for the purpose of providing Medicaid funding to bridge the contract through September 30, 2013. The increase to funding provided through this amendment is \$115,971 for a maximum consideration of \$814,108.

NSMHA-LAKE WHATCOM CENTER-MEDICAID-11-13, AMENDMENT 4, for the purpose of providing Medicaid funding to bridge the contract through September 30, 2013. The increase to funding provided through this amendment is \$439,905 for a maximum consideration of \$1,760,394.

NSMHA-SEA MAR-MEDICAID-11-13, AMENDMENT 3, for the purpose of providing Medicaid funding to bridge the contract through September 30, 2013. The increase to funding provided through this amendment is \$247,014 for a maximum consideration of \$1,973,422.

NSMHA-SNOHOMISH COUNTY-MEDICAID-11-13, AMENDMENT 4, for the purpose of providing Medicaid funding to bridge the contract through September 30, 2013. The increase to funding provided through this amendment is \$41,217 for a maximum consideration of \$325,362.21.

NSMHA-SUNRISE SERVICES-MEDICAID-11-13, AMENDMENT 4, for the purpose of providing Medicaid funding to bridge the contract through September 30, 2013. The increase to funding provided through this amendment is \$479,184 for a maximum consideration of \$3,539,036.

NSMHA-VOLUNTEERS of AMERICA-MEDICAID-11-13, AMENDMENT 1, for the purpose of providing Medicaid funding to bridge the contract through September 30, 2013. The increase to funding provided through this amendment is \$438,830.13 for a maximum consideration of \$3,510,641.13.

NSMHA-WHATCOM COUNSELING and PSYCHIATRIC CLINIC -MEDICAID-11-13, AMENDMENT 3, for the purpose of providing Medicaid funding to bridge the contract through September

30, 2013. The increase to funding provided through this amendment is \$678,600 for a maximum consideration of \$5,543,181.

Motion #13-020

State Mental Health Contracts (SMHC)

NSMHA-BRIDGWAYS-SMHC-11-13, AMENDMENT 2, for the purpose of providing State funding to bridge the contract through September 30, 2013. The increase to funding provided through this amendment is \$38,292 for a maximum consideration of \$306,336.

NSMHA-CATHOLIC COMMUNITY SERVICES NW-SMHC-11-13, AMENDMENT 2, for the purpose of providing State funding to bridge the contract through September 30, 2013. The increase to funding provided through this amendment is \$80,280 for a maximum consideration of \$642,240.

NSMHA-COMPASS HEALTH-SMHC-11-13, AMENDMENT 4, for the purpose of providing State funding to bridge the contract through September 30, 2013. The increase to funding provided through this amendment is \$1,090,221 for a maximum consideration of \$11,606,419.

NSMHA-INTERFAITH-SMHC-11-13, AMENDMENT 2, for the purpose of providing State funding to bridge the contract through September 30, 2013. The increase to funding provided through this amendment is \$9,963 for a maximum consideration of \$79,704.

NSMHA-LAKE WHATCOM CENTER-SMHC-11-13, AMENDMENT 2, for the purpose of providing State funding to bridge the contract through September 30, 2013. The increase to funding provided through this amendment is \$163,014 for a maximum consideration of \$1,801,548.

NSMHA-SEA MAR-SMHC-11-13, AMENDMENT 2, for the purpose of providing State funding to bridge the contract through September 30, 2013. The increase to funding provided through this amendment is \$160,380 for a maximum consideration of \$1,229,580.

NSMHA-SNOHOMISH COUNTY-SMHC-11-13, AMENDMENT 4, for the purpose of providing State funding to bridge the contract through September 30, 2013. The increase to funding provided through this amendment is \$539,817 for a maximum consideration of \$3,652,314.19.

NSMHA-SUNRISE SERVICES-SMHC-11-13, AMENDMENT 4, for the purpose of providing State funding to bridge the contract through September 30, 2013. The increase to funding provided through this amendment is \$222,690 for a maximum consideration of \$1,322,720.

NSMHA-VOLUNTEERS of AMERICA-SMHC-11-13, AMENDMENT 1, for the purpose of providing State funding to bridge the contract through September 30, 2013. The increase to funding provided through this amendment is \$83,586.84 for a maximum consideration of \$668,692.84.

NSMHA-WHACOM COUNSELING and PSYCHIATRIC CLINIC-SMHC-11-13, AMENDMENT 4, for the purpose of providing State funding to bridge the contract through September 30, 2013. The increase to funding provided through this amendment is \$341,385 for a maximum consideration of \$2,655,526.96.

Motion #13-021

Crisis Triage

NSMHA-COMPASS HEALTH-SNOHOMISH CRISIS TRIAGE-11-13, AMENDMENT 2, for the purpose of providing funding to bridge the contract through September 30, 2013. The increase to funding provided through this amendment is \$337,464.99 for a maximum consideration of \$2,902,499.92.

NSMHA-PIONEER HUMAN SERVICES- SKAGIT CRISIS CENTER-11-13, AMENDMENT 1, for the purpose of providing funding to bridge the contract through September 30, 2013. The increase to funding provided through this amendment is \$129,574.47 for a maximum consideration of \$1,038,035.76.

NSMHA-WHATCOM COUNSELING and PSYCHIATRIC CLINIC-WHATCOM CRISIS CENTER-11-13, AMENDMENT 2, for the purpose of providing funding to bridge the contract through September 30, 2013. The increase to funding provided through this amendment is \$154,618.23 for a maximum consideration of \$1,246,768.61.

Motion #13-022

Crisis Services for individuals with Developmental Disabilities

COMPASS HEALTH-DD CRISIS SERVICES-11-13, AMENDMENT 1, for the purpose of providing funding to bridge the contract through September 30, 2013. The increase to funding provided through this amendment is \$82,393.53 for a maximum consideration of \$741,541.53.

NSMHA-VOLUNTEERS of AMERICA-DD CRISIS SERVICES-11-13, AMENDMENT 1, for the purpose of providing funding to bridge the contract through September 30, 2013. The increase to funding provided through this amendment is \$2,505 for a maximum consideration of \$22,545.

Motion #13-023

Jail Transition Services

NSMHA-ISLAND COUNTY-JAIL TRANSITION SERVICES-11-13 AMENDMENT 2 for the purpose of providing funding to bridge the contract through September 30, 2013. The increase to funding provided through this amendment is \$20,811 for a maximum consideration of \$176,049.

NSMHA-SKAGIT COUNTY-JAIL TRANSITION SERVICES-11-13 AMENDMENT 2 for the purpose of providing funding to bridge the contract through September 30, 2013. The increase to funding provided through this amendment is \$22,500 for a maximum consideration of \$202,500.

NSMHA-SNOHOMISH COUNTY-JAIL TRANSITION SERVICES-11-13 AMENDMENT 2 for the purpose of providing funding to bridge the contract through September 30, 2013. The increase to funding provided through this amendment is \$98,955 for a maximum consideration of \$888,581.34.

NSMHA-WHATCOM COUNTY-JAIL TRANSITION SERVICES-11-13 AMENDMENT 2 for the purpose of providing funding to bridge the contract through September 30, 2013. The increase to funding provided through this amendment is \$33,654 for a maximum consideration of \$302,886.

Motion #13-024

Program for Assertive Community Treatment (PACT)

NSMHA-COMPASS HEALTH-SNOHOMISH PACT-11-13, AMENDMENT 3, for the purpose of providing funding to bridge the contract through September 30, 2013. The increase to funding provided through this amendment is \$358,605.24 for a maximum consideration of \$2,868,841.92.

NSMHA-COMPASS HEALTH-SKAGIT PACT-12-13, AMENDMENT 3, for the purpose of providing funding to bridge the contract through September 30, 2013. The increase to funding provided through this amendment is \$192,426 for a maximum consideration of \$1,539,387

NSMHA-LAKE WHATCOM CENTER-WHATCOM PACT-11-13, AMENDMENT 3, for the purpose of providing funding to bridge the contract through September 30, 2013. The increase to funding provided through this amendment is \$192,426 for a maximum consideration of \$1,539,387.

The MHBG contracts will extend over a two year period, with an amendment being offered in June 2014 allocating the federal grant for FFY 2015.

Motion #13-025

Mental Health Block Grant (MHBG)

Island County

NSMHA-ISLAND COUNTY-MHBG-13-15 for the provision of developing a homeless service center in Island County. The term of this agreement is July 1, 2013, through June 30, 2015, with an annual maximum consideration of \$160,000.

San Juan County

NSMHA-SAN JUAN COUNTY-MHBG-13-15 for the provision of court ordered treatment to Non-Medicaid individuals in San Juan County. The term of this agreement is July 1, 2013, through June 30, 2015, with an annual maximum consideration of \$30,000.

NSMHA-COMPASS HEALTH-MHBG-13-15 for the provision of mental health services to Non-Medicaid individuals in San Juan County. The term of this agreement is July 1, 2013, through June 30, 2015, with an annual maximum consideration of \$10,000.

Skagit County

NSMHA-CVAB REACH PEER CENTER-MHBG-13-15 for the provision of peer center services in Skagit County. The term of this agreement is July 1, 2013, through June 30, 2015, with an annual maximum consideration of \$181,665.

Snohomish County

NSMHA-EVERETT HOUSING AUTHORITY-MHBG-13-15 for the provision of housing stabilization services to older adults in Snohomish County. The term of this agreement is July 1, 2013, through June 30, 2015, with an annual maximum consideration of \$40,086.

NSMHA-SENIOR SERVICES-MHBG-13-15 for the provision of in home geriatric depression screening in Snohomish County. The term of this agreement is July 1, 2013, through June 30, 2015, with an annual maximum consideration of \$87,196.

NSMHA-SENIOR SERVICES-MHBG-13-15 for the provision of peer support services to older adults in Snohomish County. The term of this agreement is July 1, 2013, through June 30, 2015, with an annual maximum consideration of \$43,449.

NSMHA-COMPASS HEALTH-BAILEY PEER CENTER-13-15 for the provision of providing peer center services in Snohomish County. The term of this agreement is July 1, 2013, through June 30, 2015, with an annual maximum consideration of \$150,000.

NSMHA-SUNRISE SERVICES OUTREACH-MHBG-13-15 for the provision of outreach services to rural Snohomish County. The term of this agreement is July 1, 2013, through June 30, 2015, with an annual maximum consideration of \$108,658.

Whatcom County

NSMHA-OPPORTUNITY COUNCIL ADULT-MHBG-13-15 for the provision of adult housing support services in Whatcom County. The term of this agreement is July 1, 2013, through June 30, 2015, with an annual maximum consideration of \$52,348.

NSMHA-OPPORTUNITY COUNCIL YOUTH-MHBG-13-15 for the provision of youth housing support services in Whatcom County. The term of this agreement is July 1, 2013, through June 30, 2015, with an annual maximum consideration of \$52,348.

NSMHA-SUN COMMUNITY SERVICES-MHBG-13-15 for the provision of transitional housing services in Whatcom County. The term of this agreement is July 1, 2013, through June 30, 2015, with an annual maximum consideration of \$60,000.

NSMHA-WCPC RAINBOW RECOVERY CENTER-MHBG-13-15 for the provision of peer center services in Whatcom County. The term of this agreement is July 1, 2013, through June 30, 2015, with an annual maximum consideration of \$50,000.

Tulalip Tribes

NSMHA-TULALIP TRIBES YOUTH SERVICES-MHBG-13-15 for the provision of youth and family cultural activities. The term of this agreement is July 1, 2013, through June 30, 2015 with an annual maximum consideration of \$75,000.

Motion #13-026

Ombuds Contract

Community Action of Skagit County (CASC)

NSMHA-CASC-OMBUDS-11-13, AMENDMENT 2, for the purpose of providing funding to bridge the contract through September 30, 2013. The increase to funding provided through this amendment is \$37,860 for a maximum consideration of \$302,876.82.

The following contracts will be fully funded by NSMHA until the DBHR & DCFS contracts are received and executed. This will ensure the programs and services continue without disruption. NSMHA will withdraw its full funding when the DBHR & DCFS funding becomes available. This is a preemptive measure and will be implemented only if needed.

Motion #13-027

Wraparound

NSMHA-CATHOLIC COMMUNITY SERVICES NW-WRAPAROUND-11-13, AMENDMENT 2, for the purpose of providing funding to bridge the contract through September 30, 2013. The funding provided through this amendment is \$38,945 a month and the maximum consideration remains at \$4,038,837.

NSMHA-COMPASS HEALTH-WRAPAROUND-11-13, AMENDMENT 2, for the purpose of providing funding to bridge the contract through September 30, 2013. The funding provided through this amendment is \$39,957 a month and the maximum consideration remains at \$3,279,196.

Motion #13-028

Professional Service Contract (PSC)

The following contracts are being introduced as start-up contracts for our new providers and those providers entering into a new geographic area and/or service provision. The funding will be used to acquire facilities, hire personnel, build an IT/IS infrastructure and any other appropriate costs in developing their individual programs.

NSMHA-EDUCATIONAL SERVICE DISTRICT 189-PSC-13 for the provision of funding to develop the infrastructure needed to begin providing children's Medicaid covered services in Island, San Juan, Skagit and Whatcom counties. The term of this agreement is June 13, 2013, through December 31, 2013. The maximum consideration is \$138,590.

NSMHA-CENTER for HUMAN SERVICES-PSC-13 for the provision of funding to develop the infrastructure needed to begin providing children's Medicaid covered services in South Snohomish County. The term of this agreement is June 13, 2013, through December 31, 2013. The maximum consideration is \$129,936.

NSMHA-SUNRISE SERVICES-PSC-13 for the provision of funding to develop the infrastructure needed to begin providing adult Medicaid covered services in Island County. The term of this agreement is June 13, 2013, through December 31, 2013. Maximum consideration in this agreement is \$1,528,350 with a 89% Medicaid and an 11% state funds split.

NSMHA-SEA MAR-PSC-13 for the provision of funding to develop the infrastructure needed to begin providing intensive outpatient services in Snohomish County. The term of this agreement is June 13, 2013, through December 31, 2013. Maximum consideration is \$23,110.

The following contract is a continuation of Linda Keboe's consultation on the Dignity & Respect Campaign.

NSMHA-LINDA KEHOE-PSC-12-13 Amendment 1 for the provision of continuing the awareness campaign, consulting with providers on implementing their own campaigns, organizing the regional training by the National Campaign and begin planning for a regional conference highlighting Dignity & Respect. The funding for this Amendment is \$14,999 for a total maximum on this Agreement of \$24,999. The term of this Agreement expires on June 30, 2014.

The following is for the Youth Mental Health First Aid training hosted by Compass Health and conducted by the National Council for Behavioral Healthcare. NSMHA sponsored slots for regional providers to attend. To keep certification in this training, those sponsored by NSMHA will conduct 3 regional trainings per year to our communities.

NSMHA-COMPASS HEALTH-PSC-13 for the purpose of funding training slots for 20 individuals to attend the training. The term of this Agreement is June 3, 2013 through June 30, 2013 with a maximum consideration of \$19,550.

The following Contract was negotiated on May 29, 2013 between NSMHA and Compass Health. The submitted budget is currently being revised; the amount listed is an estimated total, however we do not anticipate a significant change in the amount listed.

The negotiation produced the following enhancements to the services being provided at the Mukilteo Evaluation and Treatment Center.

- *Inclusion of Peers*
- *Significant reduction in the use of restraints*
- *Coordinate care of individuals with high utilization*
- *Enhanced coordination with Snohomish County Court Liaison*
- *Evidence Based Practice Implementation, and*
- *Improved Discharge Planning*

Motion #13-029

Evaluation and Treatment Center

NSMHA-COMPASS HEALTH-E&T-13-15 for the provision of providing evaluation and treatment services at the Mukilteo Evaluation and Treatment Center. The term of this Agreement is July 1, 2013 through June 30, 2015. The estimated maximum consideration on this Agreement is \$5,645,736.

We have not received the following contracts from DBHR, nor do we know the exact funding allocations. We anticipate the arrival middle to late June. We request the Executive Director have authority to sign said contracts upon arrival, if there are any negative funding changes that would jeopardize ongoing services the Executive Director shall notify the Board of Directors prior to signing.

Motion #13-030

Division of Behavior Health and Recovery (DBHR) Contracts

DBHR-NSMHA-SMHC-11-13 AMENDMENT 4 for the provision of allocating state funding appropriated by the legislature for the biennium through the contract end date of December 31, 2013.

DBHR-NSMHA-MHBG-13-15 for the provision of Mental Health Block Grant funding of \$1,100,750 for Federal Fiscal Year (FFY) to serve Non-Medicaid and/or provide services that are not covered by Medicaid. The term of this Agreement is July 1, 2013 through June 30, 2015. A fiscal amendment for FFY 2015 will be offered on July 1, 2014.

DBHR-NSMHA-ROADS TO COMMUNITY LIVING-13-14 for the purpose of accessing federal grant funds to help individuals discharging from institutional settings reintegrate back into the community. There is no maximum consideration on this agreement and the term is July 1, 2013 through June 30, 2014.

DBHR-NSMHA-SKAGIT WRAPAROUND PILOT-13-14 for the purpose of continued funding for the pilot in Skagit County with Catholic Community Services. The term of this Agreement is July 1, 2013 through June 30, 2014.

Motion #13-031

Division of Child and Family Services (DCFS) Contract

DCFS-NSMHA-SKAGIT WRAPAROUND PILOT-13-14 for the purpose of continued funding for the pilot in Skagit County with Catholic Community Services. The term of this Agreement is July 1, 2013 through June 30, 2014.

DCFS-NSMHA-INTENSIVE WRAPAROUND-13-14 for the purpose of continued funding for intensive wraparound services with Catholic Community Services and Compass Health. The term of this agreement is July 1, 2013 through June 30, 2014.

Motion #13-032

Division of Developmental Disabilities (DDD) Contract

DDD-NSMHA-CRISIS SERVICES-13-15 for the provision of prevention and intervention of a mental health crisis for individuals with development disabilities. The term of this agreement is July 1, 2013 through June 30, 2015.

Motion #13-033

County Contracts

WHATCOM COUNTY-NSMHA-INTERLOCAL-13 AMENDMENT 3 for the purpose of increasing the funding by \$50,000 for a new maximum consideration of \$974,811 and a new end date of December 31, 2013. Funding is appropriated to the Whatcom Crisis and Rainbow Recovery Center.

SKAGIT COUNTY-NSMHA-WRAPAROUND-INTERLOCAL-13 for the purpose of funding to enhance the Skagit Wraparound Pilot. The county funding is used to provide services to Non-Medicaid children/youth/families eligible for Wraparound services. The term of this is Agreement is July 1, 2013 through June 30, 2014 with a maximum consideration of \$35,000.

16. Introduction Items

None

17. Discussion Items

17.1 6 Month Strategic Plan Progress Report Tab 3

The Executive Director will provide the Board with a Progress Report on the Priority Goals and Strategies in the NSMHA 2013-1016 Strategic Plan.

17.2 ITA Diversion Projects Tab 4

As reported in last month's Executive Director's report to the Board, legislation has been passed and signed by the Governor – HB 1777/SB 5480 – that would move up the date for the use of expanded criteria for

involuntary detentions from 2015 to July, 2014. As an alternative to opening up more state hospital beds, the bill includes a request for \$28 million for 3 additional Evaluation and Treatment facilities and to fund other community services that would either divert people from state hospitals or help transition them more quickly back into the community. DSHS will be setting up an application process for individual RSNs to submit proposals for this funding. NSMHA has solicited ideas for other community resources from the Planning Committee, County Coordinators, and other stakeholders. The Executive Director would like to share the ideas identified to date and provide the Board with an opportunity for input. The formal NSMHA application for funding would be brought back to the Board for approval once the formal application process begins.

18. Adjourn

Next Meeting: July 13, 2013

**NORTH SOUND MENTAL HEALTH ADMINISTRATION
BOARD OF DIRECTORS MEETING**

May 9, 2013

1:30 PM

MINUTES

Board Members Present:

Jamie Stephens, San Juan County Council member, NSMHA Board of Directors Acting Chair

Jill Johnson, Island County Commissioner

Ken Stark, designated alternate for Snohomish County Executive, Aaron Reardon

Anne Deacon, designated alternate for Whatcom County Council member, Kathy Kershner

Cassie Haines, designated alternate for Snohomish County Council member, Dave Gossett

Rebecca Clark, designated alternate for Skagit County Commissioner, Ken Dahlstedt

Candy Trautman, NSMHA Advisory Board Chair

Mark McDonald, NSMHA Advisory Board Vice-Chair

Staff Present:

Joe Valentine, Greg Long, Bill Whitlock, Michael White, Tom Sun, Annette Calder, Margaret Rojas

Guests:

Chuck Davis, Jackie Henderson, Megan Anderson

1. Call to Order; Introductions – Acting Chair, Jamie Stephens

Jamie Stephen opened the meeting and welcomed everyone and introductions were made.

2. Revisions to Agenda – Chair

None

3. Approval of Minutes

Chair Stephens asked if there were any changes to the minutes; there were none. Candy Trautman moved approval of the April 11, 2013 minutes, seconded by Ken Stark, all in favor, **motion carried, #13-015.**

4. Comments & Announcements from the Chair

Joe Valentine asked Michael White IS/IT Administrator to introduce new NSMHA Staff. Tom Sun, Programmer Analyst started May 1. Tom said it was great to be here.

Jamie Stephen noted New Board at San Juan County, back to 3 members (from 6).

5. Reports from Board Members

Mark McDonald announced Interfaith Community Health Clinic had an open house today.

6. Comments from the Public

Megan Anderson stated she wanted to address motions #13-016 and #13-017 when we get to that part of the agenda; Chair Stephens stated that was ok.

7. Ombuds Report

Chuck Davis provided a comprehensive overview and PowerPoint Presentation of the Ombuds report from October 2012-April 2013; copies attached to the May 9, 2013 meeting packet as part of the official record. Chuck was thanked for his report.

8. Report from the Advisory Board – Candy Trautman, Chair

Candy Trautman reported:

- Advisory Board met on May 7, 2013
- The Advisory Board met on May 7, 2013, and the following items were discussed/approved:
 - The April minutes were approved as written
 - The July 9th retreat agenda planning with possible topics – 1) healthcare reform, 2) Certified Peer Counselor service delivery, 3) core delivery of services, 4) redesign crisis system, 5) redesign children’s mental health system, 6) legislation that passes and might need action, 7) By-Laws review/modifications and 8) recruitment for representatives for the Advisory Board from regional counties.
 - WA Behavioral Healthcare Conference
- The following reports were given:
 - Executive Director
 - Introduction/Action Items going before the Board of Directors
 - Finance/Executive Committee
 - Expenditures to move forward to the Board of Directors for approval.
 - Planning Committee (canceled no brief)
 - Quality Management Oversight Committee (canceled no brief)
 - Individual County Representatives (briefs included in binders or reported out by reps)
 - The next meeting will be June 4, 2013 from 1:00- 3:00 in the NSMHA Conference room.

Candy was thanked for her report.

9. Report from the Executive/Personnel Committee

The Executive/Personnel Committee did not meet today.

10. Report from the Quality Management Oversight Committee

Rebecca Clark stated the QMOC did not meet last month.

11. Report from the Planning Committee

Anne Deacon stated the Planning Committee did not meet last month.

12. Report from the Executive Director

Joe Valentine directed the group to Tab 2 and reported:

Legislation

Several key pieces of mental health related legislation have been passed by both the House and Senate and sent to the Governor for signature. These include:

1. HB 1522/SB 5732: *Improving behavioral health services provided to adults in Washington State*. This bill establishes system wide outcome measures for behavioral health services and sets up a broad stakeholder steering committee to undertake a system-wide review of the public mental health system. It calls for DSHS to inventory the extent to which “Evidence Based Practices” are currently being used and to develop a plan to expand them. It also calls for the development of a plan for a “Tribal Centric Behavioral Health System” that will access for Medicaid eligible American Indians and Alaska Natives to behavioral health services.
2. HB 1777/SB 5480 *Accelerating changes to mental health involuntary commitment laws*. This is the legislation that would move up the date for use of expanded criteria for involuntary detentions from 2015 to July, 2014. The fiscal note assumes increased costs as a result of increased commitments. As an

alternative to opening up more state hospital beds, the bill includes a request for \$28 million for 3 additional Evaluation and Treatment facilities and to fund other community services that would either divert people from state hospitals or help transition them more quickly back into the community. DSHS will be setting up an application process for individual RSNs to submit proposals for this funding. We will be soliciting ideas from the Planning Committee and County Coordinators.

Regional Health Alliance

At its April 17 meeting, the RHA decided to tackle as its first project the issue of “psychiatric boarding” in community hospitals rather than Emergency Department Diversion projects. A number of the RHA members felt that there are already a number of local ED Diversion projects underway, and that the RHA’s involvement might be duplicative of these efforts.

A project design committee met yesterday, May 8, and began to develop a profile of what constitutes the boarding problem and some of the contributing factors. A NSMHA staff person has been researching the issue and has developed a briefing paper on psychiatric boarding that provides a national level perspective and some of the possible strategies to reduce boarding that have been identified. Much of the increase in “boarded” patients we’re seeing in this region is due to the increasing number of persons with dementia for whom no appropriate community placements are available. A meeting of the full RHA group will be scheduled in June. The project design committee will present its preliminary findings and we’ll be inviting representatives from the other hospitals in the region as well as someone from the DSHS Home and Community Services Division to attend and participate in the discussion.

Health Home Network

The State held an informational forum on May 1 in Bellingham regarding the application process for organizations interested in creating a “Home Health Network” to cover the North Sound region. The state will be issuing “Request for Applications” to solicit proposals from organizations interested in being a “Lead Entity” for a Health Home Network on May 10. As a follow up to the May 1 forum, the Regional Health Alliance will be co-hosting a meeting along with Whatcom County and the “Whatcom Alliance for Health Advancement” [WAHA] to invite potential Lead Entity applicants to come and discuss what their plans are and how they are proposing to work with local systems and organizations.

Children’s Behavioral Health Forums

The majority of NSMHA’s “Have Your Say” Children’s Behavioral Health Forums have now taken place, with forums having been held in Skagit; Snohomish (Everett, Monroe, Darrington); and Island Counties. Two remaining forums are scheduled: May 10th in San Juan county and June 3rd in Whatcom. We have had 132 registrations for the forums, with an average attendance of 20 people.

Some of the key themes that have emerged so far are: the need to improve access to services for children and families; better coordination between mental health services, schools, DSHS and other systems; and better marketing of services so that families know they are available and how to access them. A more detailed report is attached.

TeleBehavioral Health Training and Technical Assistance Grant

NSMHA had joined with Peace Health on a grant application to SAMHSA for training and technical assistance on how to use tele-health technology in behavioral health services. SAMHSA decided not to award the full grant due to a limited number of applicants but is going ahead and providing web-based training that any of our providers can sign up for as well as some limited technical assistance. We are working with Peace Health, San Juan County, to get the word out to our providers as well as support regional planning on how to

better use tele-health technology. Some of our providers are already looking at ways of using video link-ups to access psychiatric consultations and prescriber services for the more remote rural areas.

Gun Violence Panels

I will be participating in two community panels sponsored by Sno-Isle libraries on Gun Violence. The first panel will be tonight in Stanwood and the second one next Thursday night, May 16, in Mukilteo. Some of the key points I will be making is that research shows that persons with mental illness are no more likely to commit gun violence than persons in the general population. Other factors such as dropping out of school, family violence, involvement with the juvenile justice system, etc., are much higher predictors. However, I will be using my remarks to talk about the importance of early detection and treatment of children showing early signs of mental illness.

Personnel Updates

IT Developer Programmer

We have successfully hired a developer/programmer for the new IS position we created – Tom Sun. Tom has an impressive background in development and web-based programs and will be working on enhancements to our own data system as well as supporting the development of interfaces with other systems to support care coordination. Tom's experience with web development will also be useful when we begin to upgrade the interface of our own public web site.

Care Coordination Quality Specialist

The 2013 NSMHA budget included approval to create a new Quality Specialist position to support care coordination and the interface with Health Plans and other organizations. This position was funded to begin July 1. We are currently putting together a proposed job description and will begin the marketing and recruitment process. We will bring the finalized job description to the June 13 Board Executive/Personnel Committee for approval.

LEGISLATIVE BUDGETS

The most significant impacts on RSNs from the proposed Senate and House Budgets are the reductions in state funding based on assumptions of increased Medicaid revenue from the expansion of Medicaid eligibility in 2014. Both the Senate and House use what are considered by most as overly optimistic assumptions about the number of newly eligible adults that will actually sign up for Medicaid. The Senate assumes a 72% “uptake” and the House a 78% uptake over the next two years. The state Health Care Authority by contrast assumes only 50% of new eligibles will sign up over the next 4 years.

What's the impact of these assumptions? Both the House and Senate Budgets reduced state funding for mental health services assuming that increased Medicaid revenue will replace it. The Senate Budget uses a reduction of \$25.3 million and the House \$30.9 million.

There are several serious problems with both these proposals:

- Several critical services such as Crisis Services and Residential Treatment Services depend heavily on state funding. Just because a previously non-Medicaid person becomes Medicaid, does not mean we can now use Medicaid dollars to pay for the state share of these services.
- The reductions would be made to our budget beginning immediately in January, 2014, ahead of the time we would see any savings from increased Medicaid revenues from conversion of persons to Medicaid. This would lead to serious gaps in state funding.

The House Budget proposal is the most problematic since it also specifies methods for allocating the reduction across RSNs that would disproportionately impact the North Sound.

The House is considering using a formula applying the assumed savings based on the percentage of each RSN's state funds being spent on Medicaid "reimbursable" services. Since North Sound spends a higher percentage of its state funds on outpatient services to non-Medicaid persons than other RSNs, the cut to North Sound would be higher. Specifically, one of the options being considered by the House would reduce the North Sound's state funding by 20.7%. This would lead to a net loss of about \$5.2 million in state funding over the next two years [see attached spreadsheet]. King County by contrast would only see an 8.4% reduction under Option 2.

A cut of this magnitude would not only reduce most of the money we have available for outpatient services but would "lock in" a disproportionate funding base going forward into the future. This would severely restrict our ability to make some of the improvements and enhancements we had planned to Crisis Services and Housing Support Services.

Any cut in state funding will require careful planning on NSMHA's part on how to allocate the cut. At the same time, we are continuing to pursue strategies to increase the share of allowable costs that can be billed to Medicaid. If the proposed House Budget formula goes forward, we may need help from the Board to express our concerns to local legislative representatives.

Question and answers took place and Joe was thanked for his report.

13. Report from the Finance Officer

Bill Whitlock directed the group to Tab 3 and reported:

- This is the April 2013 financial report. The FBG (Federal Block Grant) has a negative variance of \$106,818; and PATH (Projects for Assistance in Transition from Homelessness) has a negative variance of \$ 2,751 these are timing variances. The Jail service revenue has a negative variance of \$7,307; this is a permanent variance. The interest revenue has a negative variance of \$ 9,042 this is also a permanent variance.
- On the expense side we have negative variances in the Repair and Maintenance of \$4,191 and negative variances in the Agency/Provider/County services of \$275,702. These are probably timing variances. Overall we are \$777,211 under budget for 2013.
- We are asking for a budget amendment for the county jail contracts. The state had a change in policy requiring jail services to be done by a CMHA certified Mental Healthcare Agency. Some counties are not able to spend all of their jail service fund allocations therefore we are transferring them to the counties that are able to spend them.

Bill was thanked for his report.

14. Report from the Finance Committee – Ken Stark, Chair

Ken Stark reported the committee met today and reviewed payroll and all claims before the Board and are recommending approval of motion #13-016, seconded by Cassie Haines, all in favor, **motion carried, #13-016.**

15. Consent Agenda – Finance Committee Motion #13-016

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 action 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.

To review and approve North Sound Mental Health Administration's claims paid from April 1, 2013 through April 30, 2013 in the amount of \$5,001,280.16. Payroll for the month of April in the amount of \$124,432.61 and associated employer paid benefits in the amount of \$66,615.04.

16. Action Items

Motion #13-017

Professional Service Contract (PSC)

The consulting contract is to facilitate and develop the processes and outcomes of stakeholder input into the redesign of the North Sound Integrated Crisis Response Services system.

NSMHA-GBS NORTHWEST CONSULTING-PSC-13 for the provision of facilitating and consulting on the regional crisis redesign processes. The term of this agreement is May 15, 2013 through December 31, 2013. The maximum consideration on this agreement shall be up to \$24,999.

Megan Anderson addressed the Board stating she is on the NSMHA Advisory Board and the mother of a consumer. She said that she opposed this motion because there is no other option for a different provider and there is very little information given other than the short paragraph above.

Joe provided an explanation for motion #13-017, noting NSMHA will meet with the DMHPs in person, will do an online survey and distribute broadly and thirdly will approach law enforcement, hospitals, etc. The consultant will be used to design and administer the survey. NSMHA will also ask the designers assistance in structuring questions. Staff met to discuss this and are working to be sure that the survey is consumer friendly. Joe said he made a commitment to the advisory board to provide them with an opportunity to have input into the survey questions.

Ken Stark made a friendly amendment to the motion to read, "up to \$24,999" seconded by Cassie Haines. Chair Stephens called for the vote and 7 voted in favor of the friendly amendment.

Ken Stark moved approval of amended motion #13-017, seconded by Anne Deacon, all in favor, **motion carried, #13-017.**

Motion #13-018

JAIL TRANSITION SERVICES

The following amendments are being presented to transfer funding to facilitate drawing down all jail transition service funding. Island and Skagit counties are unable to spend their funding by June 30, 2013 which requires a transfer of funding to Snohomish and Whatcom counties.

NSMHA-ISLAND COUNTY-JAIL TRANSITION SERVICES-11-13 AMENDMENT 1 for the purpose of decreasing the funding for this agreement by \$43,000 for a maximum consideration of \$91,427.00.

NSMHA-SKAGIT COUNTY-JAIL TRANSITION SERVICES-11-13 AMENDMENT 1 for the purpose of decreasing the funding for this agreement by \$27,000 for a maximum consideration of \$130,500.

NSMHA-SNOHOMISH COUNTY-JAIL TRANSITION SERVICES-11-13 AMENDMENT 1 for the purpose of increasing funding to this agreement by \$15,000 for a maximum consideration of \$706,679.97.

NSMHA-WHATCOM COUNTY-JAIL TRANSITION SERVICES-11-13 AMENDMENT 1 for the purpose of increasing funding to this agreement by \$55,000 for a maximum consideration of \$290,578.

Megan Anderson said that she is not in favor of this motion unless the clients in jail are going to receive help in knowing about and receive services from the program.

Joe provided an explanation for motion #13-018, noting that midyear the state changed the rules and said a CMHA had to provide the services. Ken Stark moved approval, seconded by Anne Deacon, all in favor, **motion carried, #13-018.**

17. Introduction Items

Joe provided an overview of all the introduction items for the Board, noting that many of these are bridge amendments and that they do not have dollar amounts listed yet as we do not have those figures at this time.

The following contracts are being amended for the period of July 1, 2013 through September 30, 2013. The purpose of the amendment is to bridge the contacts through October 1, 2013 and to provide the proposed funds for the next biennium. Department of Social and Health Services (DSHS) will be amending NSMHA contracts in June to provide the funding to continue with the services identified in the following amendments.

Motion #13-019

Medicaid Contracts (PIHP)

NSMHA-BRIDGWAYS-MEDICAID-11-13 AMENDMENT 3 for the purpose of providing Medicaid funding to bridge the contract through September 30, 2013. The increase to funding provided through this amendment is \$ for a maximum consideration of \$.

NSMHA-CATHOLIC COMMUNITY SERVICES NW-MEDICAID-11-13 AMENDMENT 3 for the purpose of providing Medicaid funding to bridge the contract through September 30, 2013. The increase to funding provided through this amendment is \$ for a maximum consideration of \$.

NSMHA-COMPASS HEALTH-MEDICAID-11-13 AMENDMENT 5 for the purpose of providing Medicaid funding to bridge the contract through September 30, 2013. The increase to funding provided through this amendment is \$ for a maximum consideration of \$.

NSMHA-INTERFAITH-MEDICAID-11-13 AMENDMENT 4 for the purpose of providing Medicaid funding to bridge the contract through September 30, 2013. The increase to funding provided through this amendment is \$ for a maximum consideration of \$.

NSMHA-LAKE WHATCOM CENTER-MEDICAID-11-13 AMENDMENT 4 for the purpose of providing Medicaid funding to bridge the contract through September 30, 2013. The increase to funding provided through this amendment is \$ for a maximum consideration of \$.

NSMHA-SEA MAR-MEDICAID-11-13 AMENDMENT 3 for the purpose of providing Medicaid funding to bridge the contract through September 30, 2013. The increase to funding provided through this amendment is \$ for a maximum consideration of \$.

NSMHA-SNOHOMISH COUNTY-MEDICAID-11-13 AMENDMENT 4 for the purpose of providing Medicaid funding to bridge the contract through September 30, 2013. The increase to funding provided through this amendment is \$ for a maximum consideration of \$.

NSMHA-SUNRISE SERVICES-MEDICAID-11-13 AMENDMENT 4 for the purpose of providing Medicaid funding to bridge the contract through September 30, 2013. The increase to funding provided through this amendment is \$ for a maximum consideration of \$.

NSMHA-VOLUNTEERS of AMERICA-MEDICAID-11-13 AMENDMENT 1 for the purpose of providing Medicaid funding to bridge the contract through September 30, 2013. The increase to funding provided through this amendment is \$ for a maximum consideration of \$.

NSMHA-WHATCOM COUNSELING and PSYCHIATRIC CLINIC -MEDICAID-11-13 AMENDMENT 3 for the purpose of providing Medicaid funding to bridge the contract through September 30, 2013. The increase to funding provided through this amendment is \$ for a maximum consideration of \$.

Motion #13-020

State Mental Health Contracts (SMHC)

NSMHA-BRIDGWAYS-SMHC-11-13 AMENDMENT 2 for the purpose of providing State funding to bridge the contract through September 30, 2013. The increase to funding provided through this amendment is \$ for a maximum consideration of \$.

NSMHA-CATHOLIC COMMUNITY SERVICES NW-SMHC-11-13 AMENDMENT 2 for the purpose of providing State funding to bridge the contract through September 30, 2013. The increase to funding provided through this amendment is \$ for a maximum consideration of \$.

NSMHA-COMPASS HEALTH-SMHC-11-13 AMENDMENT 4 for the purpose of providing State funding to bridge the contract through September 30, 2013. The increase to funding provided through this amendment is \$ for a maximum consideration of \$.

NSMHA-INTERFAITH-SMHC-11-13 AMENDMENT 2 for the purpose of providing State funding to bridge the contract through September 30, 2013. The increase to funding provided through this amendment is \$ for a maximum consideration of \$.

NSMHA-LAKE WHATCOM CENTER-SMHC-11-13 AMENDMENT 2 for the purpose of providing State funding to bridge the contract through September 30, 2013. The increase to funding provided through this amendment is \$ for a maximum consideration of \$.

NSMHA-SEA MAR-SMHC-11-13 AMENDMENT 2 for the purpose of providing State funding to bridge the contract through September 30, 2013. The increase to funding provided through this amendment is \$ for a maximum consideration of \$.

NSMHA-SNOHOMISH COUNTY-SMHC-11-13 AMENDMENT 4 for the purpose of providing State funding to bridge the contract through September 30, 2013. The increase to funding provided through this amendment is \$ for a maximum consideration of \$.

NSMHA-SUNRISE SERVICES-SMHC-11-13 AMENDMENT 4 for the purpose of providing State funding to bridge the contract through September 30, 2013. The increase to funding provided through this amendment is \$ for a maximum consideration of \$.

NSMHA-VOLUNTEERS of AMERICA-SMHC-11-13 AMENDMENT 1 for the purpose of providing State funding to bridge the contract through September 30, 2013. The increase to funding provided through this amendment is \$ for a maximum consideration of \$.

NSMHA-WHACOM COUNSELING and PSYCHIATRIC CLINIC-SMHC-11-13 AMENDMENT 4 for the purpose of providing State funding to bridge the contract through September 30, 2013. The increase to funding provided through this amendment is \$ for a maximum consideration of \$.

Motion # 13-021

Crisis Triage

NSMHA-COMPASS HEALTH-SNOHOMISH CRISIS TRIAGE-11-13 AMENDMENT 2 for the purpose of providing funding to bridge the contract through September 30, 2013. The increase to funding provided through this amendment is \$ for a maximum consideration of \$.

NSMHA-PIONEER HUMAN SERVICES- SKAGIT CRISIS CENTER-11-13 AMENDMENT 1 for the purpose of providing funding to bridge the contract through September 30, 2013. The increase to funding provided through this amendment is \$ for a maximum consideration of \$.

NSMHA-WHATCOM COUNSELING and PSYCHIATRIC CLINIC-WHATCOM CRISIS CENTER-11-13 AMENDMENT 2 for the purpose of providing funding to bridge the contract through September 30, 2013. The increase to funding provided through this amendment is \$ for a maximum consideration of \$.

Motion # 13-022

Crisis Services for individuals with Developmental Disabilities

NSMHA-COMPASS HEALTH-DD CRISIS SERVICES-11-13 AMENDMENT 1 for the purpose of providing funding to bridge the contract through September 30, 2013. The increase to funding provided through this amendment is \$ for a maximum consideration of \$.

NSMHA-VOLUNTEERS of AMERICA-DD CRISIS SERVICES-11-13 AMENDMENT 1 for the purpose of providing funding to bridge the contract through September 30, 2013. The increase to funding provided through this amendment is \$ for a maximum consideration of \$.

Motion #13-023

Jail Transition Services

NSMHA-ISLAND COUNTY-JAIL TRANSITION SERVICES-11-13 AMENDMENT 2 for the purpose of providing funding to bridge the contract through September 30, 2013. The increase to funding provided through this amendment is \$ for a maximum consideration of \$.

NSMHA-SKAGIT COUNTY-JAIL TRANSITION SERVICES-11-13 AMENDMENT 2 for the purpose of providing funding to bridge the contract through September 30, 2013. The increase to funding provided through this amendment is \$ for a maximum consideration of \$.

NSMHA-SNOHOMISH COUNTY-JAIL TRANSITION SERVICES-11-13 AMENDMENT 2 for the purpose of providing funding to bridge the contract through September 30, 2013. The increase to funding provided through this amendment is \$ for a maximum consideration of \$.

NSMHA-WHATCOM COUNTY-JAIL TRANSITION SERVICES-11-13 AMENDMENT 2 for the purpose of providing funding to bridge the contract through September 30, 2013. The increase to funding provided through this amendment is \$ for a maximum consideration of \$.

Motion #13-024

Program for Assertive Community Treatment (PACT)

NSMHA-COMPASS HEALTH-SNOHOMISH PACT-11-13 AMENDMENT 3 for the purpose of providing funding to bridge the contract through September 30, 2013. The increase to funding provided through this amendment is \$ for a maximum consideration of \$.

NSMHA-COMPASS HEALTH-SKAGIT PACT-11-13 AMENDMENT 3 for the purpose of providing funding to bridge the contract through September 30, 2013. The increase to funding provided through this amendment is \$ for a maximum consideration of \$.

NSMHA-LAKE WHATCOM CENTER-WHATCOM PACT-11-13 AMENDMENT 3 for the purpose of providing funding to bridge the contract through September 30, 2013. The increase to funding provided through this amendment is \$ for a maximum consideration of \$.

Motion #13-025

Mental Health Block Grant (MHBG)

Margaret Rojas provided an overview of the MHBG contracts that NSMHA is recommending for approval. Margaret noted that these projects were chosen with the individual County priorities taken into consideration. Jackie Henderson addressed the group about the Island County Homeless Service Center. Jill Johnson said that she thinks this was a great process and wanted to publicly thank Snohomish County as the County contributes part of its share to the other counties to make this regional approach work. Jill said that she really appreciates that and wanted to publicly thank Snohomish County for this collaborative approach.

Island County

NSMHA-ISLAND COUNTY-MHBG-13-15 for the provision of developing a homeless service center in Island County. The term of this agreement is July 1, 2013 through June 30, 2015 with a maximum consideration of \$320,000.

San Juan County

NSMHA-SAN JUAN COUNTY-MHBG-13-15 for the provision of court ordered treatment to Non-Medicaid individuals in San Juan County. The term of this agreement is July 1, 2013 through June 30, 2015 with a maximum consideration of \$60,000.

NSMHA-COMPASS HEALTH-MHBG-13-15 for the provision of mental health services to Non-Medicaid individuals in San Juan County. The term of this agreement is July 1, 2013 through June 30, 2015 with a maximum consideration of \$20,000.

Skagit County

NSMHA-CVAB REACH PEER CENTER-MHBG-13-15 for the provision of peer center services in Skagit County. The term of this agreement is July 1, 2013 through June 30, 2015 with a maximum consideration of \$363,330.

Snohomish County

NSMHA-EVERETT HOUSING AUTHORITY-MHBG-13-15 for the provision of housing stabilization services to older adults in Snohomish County. The term of this agreement is July 1, 2013 through June 30, 2015 with a maximum consideration of \$80,172.

NSMHA-SENIOR SERVICES-MHBG-13-15 for the provision of in home geriatric depression screening in Snohomish County. The term of this agreement is July 1, 2013 through June 30, 2015 with a maximum consideration of \$174,392.

NSMHA-SENIOR SERVICES-MHBG-13-15 for the provision of peer support services to older adults in Snohomish County. The term of this agreement is July 1, 2013 through June 30, 2015 with a maximum consideration of \$86,898.

NSMHA-COMPASS HEALTH-BAILEY PEER CENTER-13-15 for the provision of providing peer center services in Snohomish County. The term of this agreement is July 1, 2013 through June 30, 2015 with a maximum consideration of \$300,000.

NSMHA-SUNRISE SERVICES OUTREACH-MHBMG-13-15 for the provision of outreach services to rural Snohomish County. The term of this agreement is July 1, 2013 through June 30, 2015 with a maximum consideration of \$217,316.

Whatcom County

NSMHA-OPPORTUNITY COUNCIL ADULT-MHBMG-13-15 for the provision of adult housing support services in Whatcom County. The term of this agreement is July 1, 2013 through June 30, 2015 with a maximum consideration of \$104,696.

NSMHA-OPPORTUNITY COUNCIL YOUTH-MHBMG-13-15 for the provision of youth housing support services in Whatcom County. The term of this agreement is July 1, 2013 through June 30, 2015 with a maximum consideration of \$104,696.

NSMHA-SUN COMMUNITY SERVICES-MHBMG-13-15 for the provision of transitional housing services in Whatcom County. The term of this agreement is July 1, 2013 through June 30, 2015 with a maximum consideration of \$120,000.

NSMHA-WCPC RAINBOW RECOVERY CENTER-MHBMG-13-15 for the provision of peer center services in Whatcom County. The term of this agreement is July 1, 2013 through June 30, 2015 with a maximum consideration of \$100,000.

Tulalip Tribes

NSMHA-TULALIP TRIBES YOUTH SERVICES-MHBMG-13-15 for the provision of youth and family cultural activities. The term of this agreement is July 1, 2013 through June 30, 2015 with a maximum consideration of \$150,000.

Motion #13-026

Skagit County Community Action Agency (SCCAA) Ombuds Contract

NSMHA-SCCAA-OMBUDS-11-13 AMENDMENT 2 for the purpose of providing funding to bridge the contract through September 30, 2013. The increase to funding provided through this amendment is \$ for a maximum consideration of \$.

Motion #13-027

Wraparound

NSMHA-CATHOLIC COMMUNITY SERVICES NW-WRAPAROUND-11-13 AMENDMENT 2 for the purpose of providing funding to bridge the contract through September 30, 2013. The increase to funding provided through this amendment is \$ for a maximum consideration of \$.

NSMHA-COMPASS HEALTH-WRAPAROUND-11-13 AMENDMENT 2 for the purpose of providing funding to bridge the contract through September 30, 2013. The increase to funding provided through this amendment is \$ for a maximum consideration of \$.

Motion #13-028

Professional Service Contract (PSC)

The following contracts are being introduced as start-up contracts for our new providers and those providers entering into a new geographic area and/or service provision. The funding will be used to acquire facilities, hire personnel, build an IT/IS infrastructure and any other appropriate costs in developing their individual programs.

NSMHA-EDUCATIONAL SERVICE DISTRICT 189-PSC-13 for the provision of funding to develop the infrastructure needed to begin providing children’s Medicaid covered services in Island, San Juan, Skagit and Whatcom counties. The term of this agreement is June 13, 2013 through December 31, 2013. The maximum consideration is \$.

NSMHA-CENTER for HUMAN SERVICES-PSC-13 for the provision of funding to develop the infrastructure needed to begin providing children’s Medicaid covered services in South Snohomish County. The term of this agreement is June 13, 2013 through December 31, 2013. The maximum consideration is \$.

NSMHA-SUNRISE SERVICES-PSC-13 for the provision of funding to develop the infrastructure needed to begin providing adult Medicaid covered services in Island County. The term of this agreement is June 13, 2013 through December 31, 2013. The maximum consideration is \$.

NSMHA-SEA MAR-PSC-13 for the provision of funding to develop the infrastructure needed to begin providing intensive outpatient services in Snohomish County. The term of this agreement is June 13, 2013 through December 31, 2013. The maximum consideration is \$.

18. Discussion Items

18.1 State Budget

Both the House and Senate Budget proposals include cuts to state funding for RSN services as a result of assumed savings from the expansion of Medicaid eligibility in 2014. The Executive Director will brief the Board on some of the possible negative impacts from these proposals.

19. Adjourn

Next Meeting: June 13, 2013

NSMHA Executive Directors Report:

June 13, 2013

Legislation and Budget

The House version of the Budget was released on June 5 and still included some of the assumptions about Medicaid expansion and corresponding disproportionate reductions in state funding that we were concerned about. A letter expressing the concerns of the NSMHA Board was signed by Chair Gossett on June 7 and forwarded to all members of the legislative delegation for our five counties [copy attached]. The Senate budget was released on June 7 and we're still trying to get updated information on what the impact would be on mental health services.

Health Home Networks

NSMHA will be co-sponsoring a meeting with WAHA on June 18 in Bellingham for all organizations interested in applying to create a "Home Health Network" in the North Sound region. The purpose of the meeting is to encourage organizations interested in applying to be a "Lead Entity" to discuss their plans for coordinating with existing systems and agencies in the North Sound region.

NSMHA is also actively working with the Northwest Regional Council [NWRC] to support their application to create a publicly administered Home Health Network.

Regional Health Alliance

At its June 18 meeting, the Regional Health Alliance will review a proposal developed by a RHA "project design committee" for reducing the "boarding" of person in a psychiatric crisis in community hospitals. This is the project that the RHA had decided to take on as its first regional effort.

Children's Mental Health Redesign Update

All of the "*HAVE YOUR SAY CAFÉS*" are now complete. Over 300 people participated in the on-line survey and forums. The next steps are:

- Conduct a Prescriber Survey to get a better understanding of our network prescribers' knowledge of and/or readiness for the children's mental health redesign initiative.
- Analyze Survey and Forum Data – Estimated completion mid-June.
- Summarize Data – Estimated completion end of July.
- Complete Logic Model – Estimate end of September 2013.
- Release RFQ - Estimate release Dec. 2013 - Jan 2014; with services starting July 1, 2014.

Update of NSMHA Privacy Policies

NSMHA has been working for two years to update its *Privacy Policies* and *Business Associates Agreements*. This was necessary with the implementation of the federal High Tech ACT.

NSMHA contracted with Ken Kagan, a health care attorney of the Seattle law firm Carney Badley Spellman, PS. NSMHA's Privacy Policies had not been update since April of 2003.

NSMHA's Privacy Policies are comprised of 52 policies, procedures, and forms. Our goal was to simplify them as much as possible given the complexity of federal requirements.

Some of the impacts of these changes are:

- NSMHA can exchange information more easily with DSHS agencies. NSMHA can exchange confidential information with DSHS agencies, if it informs the DSHS agency that this is confidential information and they must handle it in accordance with their HIPAA confidential policies.
- NSMHA will need to keep more detailed records accounting for its release of information.

These new policies will be posted on NSMHA website as soon as possible.

New NSMHA Compliance Hotline

NSMHA now has a direct extension and voicemail for our Compliance Hotline: 360.416.7013 x 617, Direct line: 360.419.5617 or Toll Free: 800.684.3555 x 617.

When next you visit our NSMHA Website you will notice a whistle shaped "Report Fraud" hot button that has been placed on the home page in the top, left corner for ease in locating the NSMHA Compliance information and contacts page [See attached].

Voicemails to the Compliance Officer extension x 617 and E-mails to compliance_officer@nsmha.org are automatically re-directed to the Compliance Officer for action.

Health Care Changing Workforce Panel

I participated in a panel discussion at a half day conference sponsored by the *Northwest Alliance for Health Care Skills* on June 5 on the changing needs and challenges for the health care and behavioral health care workforce. It provided me with an opportunity to connect with professionals in the health care workforce development field and discuss strategies for the recruitment and training of the future health care/behavioral health care workforce.

North Sound Mental Health Administration

Regional Support Network for Island, San Juan, Skagit, Snohomish, and Whatcom Counties

Improving the mental health and well being of individuals and families in our communities

117 North First Street, Suite 8 • Mount Vernon, WA 98273 • 360.416.7013

800.684.3555 • Fax 360.416.7017 • TTY 360.419.9008 • Email nsmha@nsmha.org • Web Site <http://nsmha.org>

June 6, 2013

Senator Barbara Bailey; Senator Maralyn Chase; Senator Doug Ericksen; Senator Nick Harper; Senator Steve Hobbs; Senator Rosemary McAuliffe; Senator Kirk Pearson; Senator Kevin Ranker; Senator Paull Shin;

Representative Vincent Buys ; Representative Hans Dunshee; Representative Dave Hayes; Representative Mike Hope; Representative Ruth Kagi; Representative Dan Kristiansen; Representative Marko Liias; Representative Kristine Lytton, Representative John McCoy; Representative Dawn Morrell; Representative Jeff Morris; Representative Luis Moscoso ; Representative Jason Overstreet ; Representative Mary Helen Roberts; Representative Mike Sells, Representative Elizabeth Scott; Representative Norma Smith; Representative Cindy Ryu; Representative Derek Stanford

The North Sound Regional Support Network Board of Directors [also known as the North Sound Mental Health Administration] would like to express its critical concerns regarding the proposed adjustments in state funding support for the mental health services administered by the Regional Support Networks [RSNs].

It is our understanding that both the House and Senate budget proposals assume that the expansion of persons eligible for Medicaid funding will free up millions of dollars in state expenditures for mental health services. Consequently, legislative budget proposals would adjust state funding levels by reducing approximately \$23-25 million dollars in the allocations provided to the RSNs. These proposed funding adjustments are based on the assumption that 72-78% of the persons newly eligible for Medicaid will immediately sign up. Most of the state's own health and economic forecasters feel that these assumptions are far too optimistic and are not borne out by the slower take-up rates that have been experienced in the expansions of other benefit programs. In addition, unlike cash benefit programs, there is no immediate incentive for someone to sign up for Medicaid unless they are experiencing an immediate health crisis.

A second concern is that not all of the costs of mental health services can in fact be billed to Medicaid, regardless of whether or not someone is authorized for Medicaid coverage. This includes Crisis Services and Involuntary Detention Services – which are provided to all persons regardless of Medicaid status – and a portion of residential and treatment facility costs such as “room and board” costs.

Consequently, critical state support will be reduced to RSNs at the same time that the number of persons who may be seeking Medicaid treatment as a result of their newly eligible status will increase. The impact of these state funding reductions will be compounded by the need to serve the increased number of person receiving Involuntary Treatment services as a result of the change in Involuntary Detention Criteria scheduled to take place in July, 2014. This may create a “Perfect Storm” crisis in state

funding support for the mentally ill precisely at the time when public pressures to improve the treatment of persons who need intensive treatment have increased.

A final concern of the North Sound counties is that the formula being proposed in the House Budget proposal would distribute the reductions in state funding on a disproportionate basis. Rather than allocating state funds based on population size, this formula makes assumptions about the "Medicaid take up rate" in each of the regions. These assumed "savings" are combined with assumed savings in Medicaid reimbursable services. This leads to reductions in state funding that are proportionately larger than the share of population for the North Sound RSN and several other RSNs. King County by contrast, would have a smaller proportionate reduction than its share of the population. Distributing state funding on any basis other than population will lead to serious inequities in state funding support between counties going into the future.

We urge you to seriously review the assumptions being used to reduce state funding support for RSN administered mental health services.

If you have any questions, or would like more information, feel free to contact the North Sound Mental Health Administration Executive Director, Joe Valentine, at (360) 416-7013 or at joe_valentine@nsmha.org.

Sincerely,



David Gossett
Snohomish County Council person, NSMHA Board of Directors

cc: NSMHA Board of Directors
NSMHA Advisory Board
Chris Imhoff, Director, DSHS Division of Behavioral Health and Recovery

http://nsmha.org/default.aspx

North Sound Mental Health Administration

Improving the mental health and well being of individuals and families in our communities
A Regional Support Network for Island, San Juan, Skagit, Snohomish & Whatcom Counties.

Home | Calendar | Trainings | Contracts | Policies |

REPORT FRAUD

Today's Meetings

8:30 AM **ADSA/AAA/RSN**
NSMHA North Conference Room
117 N. 1st St., Ste. 8, Mount Vernon
(360) 416-7013 - Contact: Rebecca Pate

NSMHA Mission Statement

Improving the mental health and well being of individuals and families in our communities.

NSMHA's Vision and Core Values:

1. We encourage ourselves, our partners and our providers to deliver services with dignity and respect.
2. We support individuals on their paths towards recovery by encouraging all people to achieve their full potential and quality of life in a community of their choosing.
3. We honor the voice and choice of all individuals to direct their lives.
4. We encourage the provision of services that are designed in collaboration with the individual, are community-based, culturally sensitive, clinically appropriate, built on strengths and provide the array of supports needed for a person to achieve the highest possible quality of life.
5. We ensure that services are accessible and locally available 24 hours a day, 7 days per week.
6. Our person-centered, coordinated system of service delivery is based on community assessment, measurable outcomes and systematic program evaluation and is accountable to our community.
7. We reduce barriers to services and provide a safety net for our most vulnerable citizens.
8. We provide age-appropriate services that address the special needs of youths, adults, older adults and families that are informed by research, evidence-based practice guidelines and nationally recognized standards of care.
9. We ensure individuals have access to a continuum of services - employment and housing, including integrated services.

Boards
Brochures
Clinical Guidelines
Committees
Crisis System Review
Data Dictionary
Dignity & Respect
Forms
Fraud & Abuse
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North Sound Mental Health Administration June 12th, 2013 Board Meeting Financial Notes

- This is the May 2013 financial report. The FBG (Federal Block Grant) has a negative variance of \$14,633; and the DDD (Division of Developmental Disabilities) crisis contract has a negative variance of \$ 29,921; these are timing variances. The Jail Services revenue has a negative variance of \$7,307; this is a permanent variance.
- The expenses negative variances in the operating leases of \$1,234, Repair and Maintenance of \$4,463 and negative variances in the Agency/Provider/County services of \$78,078. We think these are timing variances. Overall we are \$1,963,857 under budget for 2013. Compared to 2012, Medicaid revenue has increased \$1 million, agency/county and other services expense increased by \$2.2 million and inpatient costs are lower by \$2 million.
- We filed the annual financial report in May; copies are available.

**NORTH SOUND MENTAL HEALTH ADMINISTRATION
PRELIMINARY REVENUE AND EXPENSE STATEMENT for May 2013 ***

<u>REVENUES</u>	2013 Budget	YTD 2013 Budget	YTD 2013 Actual	Variance Favorable (Unfavorable)	2012 Budget	YTD 2012 Budget	YTD 2012 Actual	Variance Favorable (Unfavorable)
Intergovernmental Revenues								
Federal Block	\$ 1,100,750	\$ 458,646	\$ 444,013	\$ (14,633)	\$ 1,100,750	\$ 458,646	\$ 399,709	\$ (58,937)
PATH	138,820	57,842	59,909	2,067	179,791	74,913	66,917	(7,996)
DDD	359,055	149,606	119,685	(29,921)	359,055	149,606	89,764	(59,842)
Local	0	0	555,864	555,864	0	0	107,259	107,259
ECS	187,500	78,125	78,125	-	187,500	78,125	78,125	-
PALS	1,154,328	480,970	480,970	-	1,154,327	480,970	480,970	0
PACT	347,496	144,790	144,790	-	0	0	144,790	144,790
Jail Services	746,208	310,920	303,613	(7,307)	0	0	310,920	310,920
State Funds	18,907,347	7,878,061	8,089,991	211,930	19,557,964	8,149,152	8,100,769	(48,383)
Medicaid	44,500,000	18,541,667	19,623,189	1,081,522	41,240,667	17,183,611	18,622,284	1,438,673
Total Intergovernmental Revenues	67,441,504	28,100,627	29,900,149	1,799,522	63,780,054	26,575,023	28,401,507	1,826,485
Misc. Revenue	20,000	8,333	9,045	712	20,000	8,333	14,733	6,400
Interest Revenues	50,000	20,833	26,457	5,624	50,000	20,833	14,538	(6,295)
TOTAL REVENUES	\$67,511,504	\$ 28,129,793	\$ 29,935,651	\$ 1,805,858	\$63,850,054	\$26,604,189	\$ 28,430,778	\$ 1,826,589
<u>EXPENDITURES</u>								
Regular Salaries	\$ 1,644,248	\$ 685,103	\$ 632,816	\$ 52,287	\$ 1,512,358	\$ 630,149	\$ 599,474	\$ 30,675
Personnel Benefits	915,152	381,313	316,966	64,347	780,161	325,067	289,892	35,175
Office, Operating Supplies	41,550	17,313	10,439	6,874	42,746	17,811	10,594	7,217
Small Tools	20,784	8,660	4,514	4,146	20,784	8,660	1,140	7,520
Professional Services	272,250	113,438	55,198	58,240	297,431	123,930	35,351	88,579
Communications	55,800	23,250	11,502	11,748	51,100	21,292	11,436	9,856
Travel	56,740	23,642	16,281	7,361	55,612	23,172	21,228	1,944
Advertising	6,000	2,500	1,070	1,430	6,000	2,500	1,571	929
Operating Rentals & Leases	151,900	63,292	64,526	(1,234)	145,110	60,463	61,001	(539)
Insurance	32,000	13,333		13,333	29,000	12,083		12,083
Utilities	8,000	3,333	2,693	640	7,500	3,125	2,703	422
Repairs & Maintenance	20,600	8,583	13,046	(4,463)	19,915	8,298	10,227	(1,929)
Miscellaneous	45,500	18,958	9,597	9,361	30,500	12,708	6,526	6,182
Machinery & Equipment				-				-
Subtotal - Administration	3,270,524	1,362,718	1,138,648	224,070	2,998,217	1,249,257	1,051,143	198,114
Agency/County/other Services	53,240,980	22,183,742	22,261,820	(78,078)	49,851,837	20,771,599	19,967,057	804,542
Inpatient Payments	11,000,000	4,583,333	2,765,468	1,817,865	11,000,000	4,583,333	4,810,544	(227,211)
TOTAL EXPENDITURES	\$67,511,504	\$ 28,129,793	\$ 26,165,936	\$ 1,963,857	\$63,850,054	\$26,604,189	\$ 25,828,744	\$ 775,445
Excess of Revenues Over (Under) Expenditure.				\$ 3,769,715			\$ 2,602,034	

* THIS IS AN UNAUDITED STATEMENT

3 Year Plan Strategic Plan Dashboard

Strategy	Status	Percent Complete
Goal #1: Adapt the organizational structure of NSMHA to play a vital role in the regional implementation of Health Care Reform		56%
1.1 Facilitate the development of a North Sound Regional Health Alliance (RHA). Plan and implement	<ul style="list-style-type: none"> RHA formed. Concept for first project developed. 	75%
1.2 Participate in the development of a Home Health Network	<ul style="list-style-type: none"> The RHA is collaborating with the Whatcom Alliance for Health Advancement to host a meeting for organizations interested in collaborating on a home health network. NSHMA is supporting the application of the Northwest Regional Council as two members of the RHA in forming one of the regional Home Health Networks. 	50%
1.3 Build the NSMHA information technology infrastructure to support our role as an active participant in Health Care Reform initiatives.	<ul style="list-style-type: none"> A new developer/programmer position has been filled. Draft data share agreements have been developed with 3 of the health plans. A data share agreement with Snohomish County Human Services has been signed and cross-system data sharing is taking place. Access to the state PRISM data base for NSHMA staff has been obtained and NSMHA is exploring purchasing access to the state Emergency Department Information Exchange (EDIE) data base to support data sharing with hospital emergency departments. Streamlining data processing focused around authorizations and payments Data share pilot with Compass Health related to inpatient transitions to –Wide impact the Core State-Wide 7-Day Hospital Discharge Performance Measure 	75%
1.4 Fund a pilot to increase care coordination to an identified population of high cost/high utilizers who have been assessed as suffering from mental illness.	<ul style="list-style-type: none"> NSMHA is participating in Regional Health Alliance efforts to enter into collaborative efforts with Hospitals and others focusing on high risk/high utilizers. Recruitment is underway to fill the new NSMHA Quality Specialist position to support cross system care coordination efforts. 	25%
Goal #2: Develop innovative strategies to ensure all eligible individuals have equal access to quality behavioral health services.		50%
2.1 Expand the use of Evidence Based Practices (EBPs) and the level of cultural competence in NSMHA services through training and contract requirements.	<ul style="list-style-type: none"> Requirements to describe and expand the use of Evidence Based Practices are being incorporated into the new Outpatient Services and E&T Contracts. Planning of implementation of expanded Children’s Intensive Mental Health Services “with wrap-around” is well underway, and a series of community forums to gather input have been completed. NSMHA is working with Quality Management Oversight Committee (QMOC) to identify and prioritize the EBPs to support in the North Sound Region NSMHA is currently evaluating on-line learning management systems to increase access to training on cultural competency and EBPs. NSHMA partnered with North Sound Tribes in hosting the 13th Annual Tribal Mental Health conference. Five programs are getting a year of consultation in the EBP of Illness Management and Recovery (IMR) NSMHA and Compass Health partnered to sponsor Youth Mental Health First Aid training in June 2013 	50%
2.2 Increase the availability of services in all geographic areas of the region.	<ul style="list-style-type: none"> NSMHA has partnered with Peace Health-San Juan County to make Substance Abuse & Mental Health Services Administration (SAMHSA) training and technical assistance on the use of tele-health technology for behavioral health services available to all NSMHA contracted agencies. NSHMA is adding new outpatient providers to its provider network which will include increasing services to increase the availability of services in Island and San Juan counties. NSHMA has added a requirement to the new outpatient services contracts to work with NSMHA and county coordinators to identify new strategies to increase access to services in the more remote rural areas of the region. A major redesign of the Crisis Services system has been initiated. NSMHA funded Mental Health Block Grant project Grant (MHBG) by Sunrise services to increase services in East Snohomish County to Youth and Older Adults as a priority population. 	50%
2.3 Support the sustainability of recovery-oriented services	<ul style="list-style-type: none"> NSMHA is developing a plan on how to use new Medicaid billing codes to support the sustainability of supported employment services in the future. NSMHA is continuing to sponsor “Illness Management and Recovery (IMR)” training. NSHMA will be arranging for consultation on how to incorporate recovery principles into the Evaluation and Treatment (E&T) and Triage Centers NSMHA provided one-time money to increase housing support services in all five counties A significant of the Mental Health Block Grant dollars are going to the five counties to support increases to housing support services 	50%
Goal #3: Lead the North Sound Region in the development and promotion of peer support and consumer involvement initiatives		28%
3.1 Increase the number of peers employed in our system	<ul style="list-style-type: none"> Requirements to increase the number of peers employed by contractors have been added to the new E&T and Outpatient Services Contracts. NSMHA is funding additional training in October to increase the number of certified Peer Counselors in the region. 	25%
3.2 Build a regional peer network and training plan to support consumer	<ul style="list-style-type: none"> Consultant contract being developed. Will be on the agenda for the July Advisory Board retreat. 	10%
3.3 Promote youth and family involvement at all levels of the system.	<ul style="list-style-type: none"> Children’s “Have Your Say” forums have been held in every county to solicit youth and family input into the design of the next phase of Children’s Intensive Mental Health services. 	50%
Goal #4: Increase the capacity and skills of the public mental health system workforce.		20%
4.1 Develop strategies to increase the size of the mental health services workforce in preparation for Medicaid expansion.	<ul style="list-style-type: none"> The fee for service rates will be increased for outpatient services in October 2013 to support the ability of agencies to pay higher wages. NSMHA is developing a plan to provide payment to provider agencies more quickly to encourage expansion of the size of the workforce and correspondingly the expansion of services and thereby, penetration. 	25%
4.2 Increase the availability of clinicians in remote geographic areas.	<ul style="list-style-type: none"> New providers have been added to serve remote areas. NSMHA is partnering with Peace Health to provide access to training and technical assistance on the use of “tele-behavioral health” technology. 	25%
4.3 Support training to increase the skills of the workforce n serving persons with more complex conditions.	<ul style="list-style-type: none"> NSHMA is evaluating on-line training vendors and is developing a plan to purchase a “Learning Management System” that will allow clinicians to access additional training using web technology. 	10%
4.4 Review and update the NSHMA Training module on Cultural Competency.	<ul style="list-style-type: none"> Consultation in Illness Management and Recovery (IMR EBP) is being conducted to better serve individuals with severe/complex conditions 	0%

not started 0%
 begun 7%
 in progress 15%

AGENDA ITEM: Expansion of Involuntary Commitment Act (ITA)

REVIEW PROCESS: Planning Committee () Advisory Board () **Board of Directors (x)**

PRESENTER: Greg Long/Joe Valentine

COMMITTEE ACTION: Action Item () FYI & Discussion (x) FYI Only ()

OBJECTIVE:

To inform the Board of Directors of the accelerated implementation of the ITA Expansion Law
To solicit ideas on possible diversion options of people from inpatient care or expedited discharge from inpatient care options to assure adequate inpatient capacity.

BACKGROUND:

Involuntary treatment detention laws and processes are different in every state. Washington's ITA Law was written to be protective of the civil rights of people with mental illnesses because of concerns about past abuses. The threshold in Washington State has been high for committing someone to a hospital against their will. Designated Mental Health Professionals (DMHPs) have had great independence to assure this protection. Due to concerns about public safety and people with serious and obvious mental illnesses refusing to seek treatment voluntarily, the law is tightened. This will lead to more commitments.

The Washington Institute for Public Policy estimated that between 853 and 2,716 additional psychiatric admissions may occur as a result of these changes. Washington Institutes goes on to project between 42 and 168 additional E & T or community hospital beds would be needed. They also estimated an additional 6 to 25 inpatient beds would be needed at the State hospital. The wide range between these numbers is partially a reflection of the difficulty in estimating the actual impact of this law. The North Sound Region currently has approximately 70 beds for adults in the North Sound Region. Providence Hospital is planning on opening a 30 bed psychiatric unit operated by Fairfax Hospital in Everett in late 2013.

SIGNIFICANT POINTS OR EXECUTIVE SUMMARY:

The legislature passed a law during the 2010 Legislative Session to broaden the interpretation of the ITA Commitment Criteria. The legislature in light the recent violent incidents in Washington State, Connecticut and Colorado has seen fit to expedite the implementation of the new law so it will start July 1, 2014. The law expands the commitment criteria to the following changes:

- A DMHP who conducts an evaluation for imminent likelihood of serious harm or imminent danger because of being gravely disabled under RCW 71.05.153 (Emergent Detentions) must also evaluate the person under RCW 71.05.150 (Detention of persons with mental disorders for evaluation and treatment-Procedure) for likelihood of serious harm or grave disability that does not meet the imminent standard for emergency detention.
- The fact that a mental disorder within the definitions of RCW 71.05.020 is caused by an underlying medical condition does not provide a reason to withhold detention.
- A designated mental health professional (DMHP) shall take serious consideration of observation and opinions by examining physicians in determining whether detention is appropriate. An examining physician who disagrees with a determination may submit a declaration as to why detention is appropriate and state whether the physician is willing to testify in court. A DMHP who receives a declaration and does not initiate detention must write a written response as to why the person has not been detained.

NORTH SOUND MENTAL HEALTH ADMINISTRATION

Board of Directors

June 13, 2013

The State estimates this will cost \$28,000,000 per year and some funding for diversion options are being proposed. The Division of Behavioral Health and Recovery (DBHR) will be inviting proposals for E &Ts and other community programs which might mitigate the impact of increased number of involuntary commitments. The following types of programs have been proposed by the Washington Institute for Public Policy and DBHR: PACT, Peer Support/Peer Bridger, Mobile Crisis Outreach/Stabilization Teams, Crisis Triage Centers, Evaluation and Treatment Centers, Illness Management and Recovery, Integrated Dual Disorder Treatment and funding to pay the increased ITA Ancillary and Judicial Costs.

PREVIOUS ACTION(S) TAKEN:

NSMHA has implemented a number of strategies targeted at reducing inpatient utilization including:

- Developing three Programs for Assertive Community Treatment (PACT), Integrated Dual Disorder Treatment (IDDT) and Intensive Outpatient Treatment (IOP) Teams.
- Development of Illness Management and Recovery Programs (IMR is a SAMHSA evidence-based practice.)
- Developing Triage Centers
- Using LOCUS to have a uniform system for evaluating treatment
- Increased oversight of the Involuntary Investigation Process in our 5 counties.

NSMHA closed an E & T in 2009. It did not seem to have a dramatic effect on increasing community hospitalizations. The Sedro Wooley E & T was expensive to operate, difficult to staff and distance from most the population in the Region.

Input has been solicited from the County Coordinators and the Planning Committee and reviewed with the Advisory Board . The two ideas listed below seem to be getting the most interest.

CONCLUSIONS/ACTION REQUESTED:

NSMHA is currently thinking of proposing the following options:

- Develop program to serve older adults who are difficult to place from hospitals due to their behaviors and medical needs
- Increased funding to triage centers to increase their capacity to handle more referrals and/or persons in need of more complex medical assessment

NSMHA welcomes additional ideas.

NSMHA may need to make tentative proposals to the State with very quickly.

FISCAL IMPACT:

Uncertain. The additional number of people who will be involuntarily committed is difficult to predict. Some additional funding is likely to be available, but how that is allocated between RSNs is uncertain.

ATTACHMENTS:

None

If you are interested in further details on this issue, the Washington State Institute for Public Policy released a 26 page study titled "Inpatient Psychiatric Capacity in Washington State: Assessing Future Needs and Impacts (Part Two) on this topic in October 2011. Sections three and four are very appropriate. A few copies will be available at the Planning Committee Meeting, if you are interested.