

Advisory Board
Pre-Meeting
September 6, 2011
12:30

2011 Utilization Reviews Brief

By

Charissa Westergard

**Brainstorming Ideas for Poster Contest
Theme**

NSMHA Poster Contest Themes	
2004	My Path to Recovery
2005	My Vision of Hope
2006	Reaching for Recovery
2007	Breaking the Barriers of Stigma

We are looking for Poster Contest theme suggestions. Above are some of the previous themes used in past years. Please think about it and be prepared to offer some suggestions at the pre-meeting after the UR brief.

Advisory Board

2011 Routine Utilization Review Summary

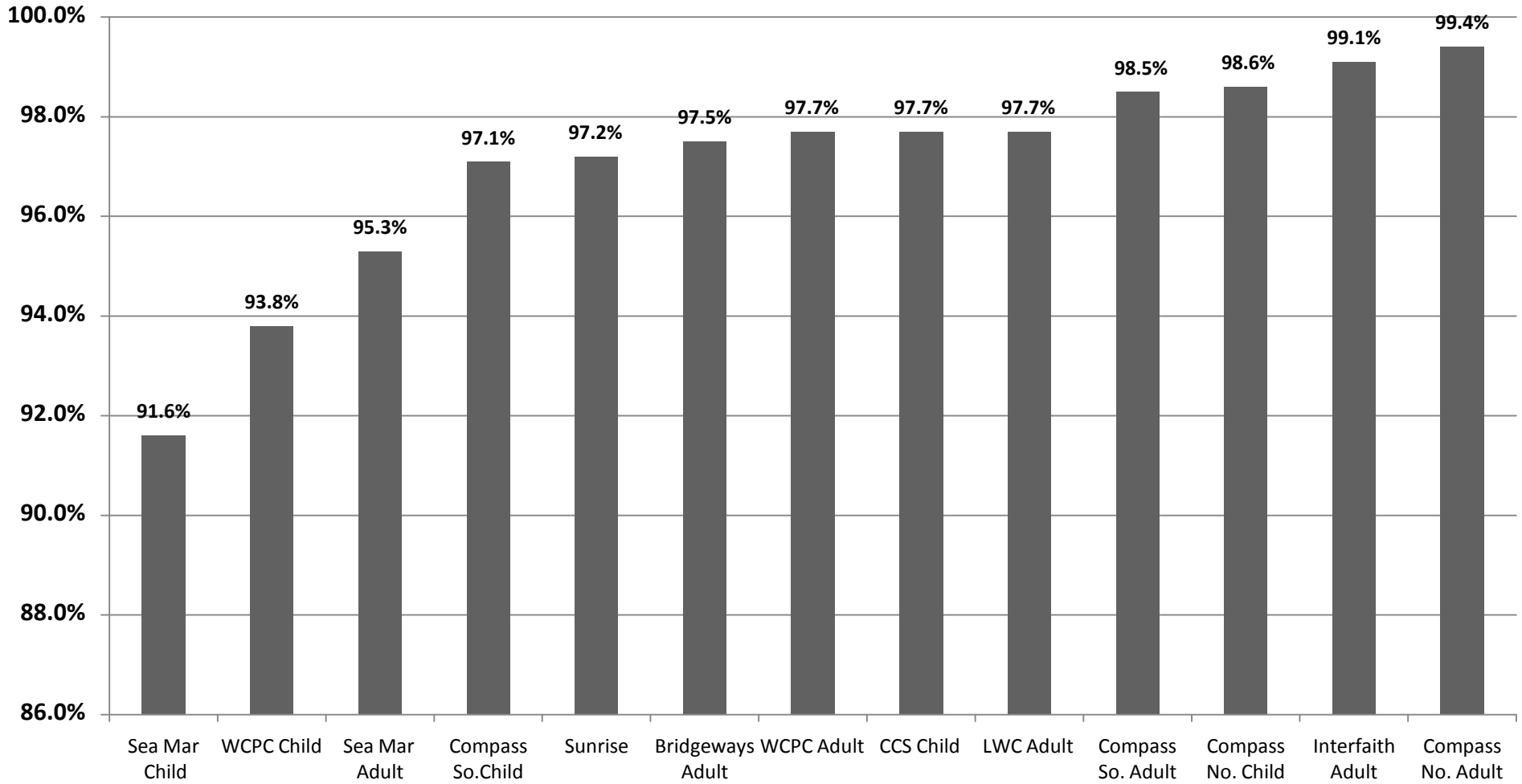
Every year NSMHA conducts a Routine Utilization Review (UR) at each contracted Community Mental Health Agency to ensure that individuals are receiving the right type of service and that service is being delivered appropriately. The primary areas for review are Intake Evaluation, Recovery/Resiliency Plans (also known as Individual Service Plans or Treatment Plans), Treatment Provision (e.g., documentation related to services delivered, progress toward goals), Risk and Crisis Planning, and Medication Services. A random sample of charts is selected at each agency for review.

In 2011, NSMHA conducted the Routine UR during January – March. Each standard is expected to be at a compliance rate of 90% or above. Standards below 90% are noted as deficient. For agency-specific results, please see the attached documents. Some notable points related to the review results:

- All agencies' aggregate scores on the Routine UR were above 90%
- Many of the standards noted to be below 90% are above 80%
- Regionally two standards were identified below 90%
 - If during intake the consumer reports having no PCP, a referral to a PCP was offered
 - If the individual is assessed as suffering from chronic physical pain, there is a plan to address that pain
 - Both scored at 84%, which is an improvement from the 2010 review results
- Not all standards apply to every chart, so the number used in calculating some standards is small

In 2010, NSMHA conducted a two-part UR process, which was completed in November. From this review, NSMHA placed agencies with deficient standards in remedial action. All of these providers have submitted Corrective Action Plans, which have been accepted. Due to the close proximity of the 2010 review to the 2011 review, NSMHA is not placing agencies in additional remedial action for 2011 results as we did not think the agencies had sufficient time to implement change. 2011 results have been provided to agencies and the expectation is that deficiencies noted in 2010 and 2011 will be improved by the 2012 review.

**OVERALL UTILIZATION REVIEW QUESTION COMPLIANCE RATE
JAN - MAR 2011
BY PROVIDER**



UR QUESTIONS SCORING LESS THAN 90% BY PROVIDER JAN - MAR 2011

	UR QUESTION	Regional	Sea Mar Child	Sunrise Adult	WCPC Child	Sea Mar Adult	WCPC Adult	Bridgeways Adult	Compass So. Adult	CCS Child	Compass So. Child	LWC Adult	Compass No. Child	Compass No. Adult	Interfaith Adult
1	The intake was provided by a mental health professional		85%												
2	The determination of eligibility is consistent with the NSMHA Clinical Eligibility & Care Standards (CECS)		82%												
5	If during intake the consumer reports having no PCP, a referral to a PCP was offered	84%	80%	71%	0%	80%	83%		70%			85%			
7	The intake is culturally relevant and contains a description of the individual's self-identified culture											88%			
8	The intake documents referral for provision of emergency/crisis services, consistent with WAC 388-865-0452, if indicated in the risk assessment.			0%											
9	The intake recommends a course of treatment		33%												
13	The chart contains a Recovery/Resiliency Plan (RRP)				89%										
14	An RRP was developed within 30 days of the first ongoing appointment		73%		76%	81%		84%							
15	Goals for treatment are based on identified needs		88%		80%	81%		84%	89%	81%	84%				
16	The RRP includes goals or objectives that are measurable and that allow the provider and individual to evaluate progress toward the individual's recovery goals				89%										
18	The RRP was developed collaboratively with the individual, or the individual's parent or other legal representative if applicable					85%									
19	The RRP includes roles of family members/natural supports in supporting/augmenting the resiliency/recovery goals included in the plan as requested by the individual			67%				83%	33%						81%
20	With the individual's consent, or their parent or other legal representative if applicable, the RRP includes coordination with any systems or organizations the individual identifies as being relevant to their treatment		71%		78%			67%			81%				
21	The treatment proposed/provided is consistent with NSMHA clinical guidelines (Note: In the absence of a NSMHA clinical guideline, generally accepted clinical practice for the individual's diagnosis)		80%		82%						86%				
23	The RRP is strength-based				88%		85%	85%			88%				
24	The RRP reflects each individual's unique cultural identity						89%								
25	If the individual is assessed as having drug/alcohol issues, there is an appropriate plan to address them								86%						
26	If the individual is assessed as suffering from chronic physical pain, there is a plan to address that pain	84%		89%		77%	80%	71%	88%					75%	
27	A CA/LOCUS has been done at the review date or when clinically indicated (NSMHA)				88%	88%				75%					

	UR QUESTION	Regional	Sea Mar Child	Sunrise Adult	WCPC Child	Sea Mar Adult	WCPC Adult	Bridgeways Adult	Compass So. Adult	CCS Child	Compass So. Child	LWC Adult	Compass No. Child	Compass No. Adult	Interfaith Adult
31	There is sufficient evidence to support the most recent diagnoses, including provisional diagnoses, identified in the clinical record		70%	87%											
38	The clinical record reflects intensity and frequency of interventions that correspond with the individual's needs and severity of symptoms and vary over time as appropriate											89%	86%		
40	If the individual has repeated cancellations and/or "No Shows" or has not engaged, there is evidence that the intensity of the efforts to re-engage the individual were congruent with the individual's identified need/risk		75%		69%		86%			80%			77%		
42	When required (LOC 4 and up), requested or clinically indicated, a crisis plan exists		67%		75%	78%	83%			83%					
43	The crisis plan includes early warning signs of decompensation (NSMHA)			89%											
44	The crisis plan clearly defines a process by which to contact formal and/or informal supports including how to connect the consumer/family directly to the Contractor's emergency crisis intervention services (NSMHA)			82%		80%									
46	The crisis plan focuses on family/others health and safety (NSMHA)					67%									
47	The crisis plan includes individual's roles, directives, and responsibilities (NSMHA)			89%											
49	The crisis plan includes proactive and progressive measures to divert or prevent crisis (NSMHA)			80%								89%			
51	Referral for medication evaluation is provided when clinically indicated		50%							82%					
54	The clinical record contains an informed consent to medications form, which includes possible side effects to the type of medication prescribed, in a language that is understandable to the individual		67%	87%			80%	86%						82%	
58	The clinical record inclusively contains the medications effects, interactions (if any), and the side effects (if any) that staff observe or the side effects (if any) the individual reports						89%								
60	There is evidence of communication between the prescribers of the delineated psychiatric & non-psychiatric medications		50%												

Below 90% regionally

MEMORANDUM

DATE: September 1, 2011
TO: NSMHA Advisory Board
FROM: Chuck Benjamin, Executive Director
RE: September 28, 2011, Board of Director's Agenda

The following will be going before the Board of Directors for approval:

DSHS-DBHR

To approve the Executive Director's authority to sign the following contracts when delivered to NSMHA for signature.

DSHS-DBHR-NSMHA-MEDICAID-11-13 for the provision of funding for Medicaid covered mental health services in the North Sound Region. The term of this Agreement is October 1, 2011 through September 30, 2013 with DBHR offering an amendment July 1, 2013 for the purpose of enabling legislation and appropriating funding through September 30, 2013. This is a Fee for Service contract.

DSHS-DBHR-NSMHA-SMHC-11-13 for the provision of funding for state covered mental health services in the North Sound Region. The term of this Agreement is October 1, 2011 through September 30, 2013 with DBHR offering an amendment July 1, 2013 for the purpose of enabling legislation and appropriating funding through September 30, 2013. The maximum funding on this Agreement is \$36,544,842.

DSHS-DBHR-NSMHA-MHBG-11-12 for the provision of Mental Health Block Grant funding for one fiscal year. This funding is providing services that are not allowed under Medicaid or services not available to Medicaid enrollees. The term of this Agreement is October 1, 2011 through September 30, 2012. The maximum consideration on this Agreement is \$1,100,750.

DSHS-DBHR-NSMHA-PATH-11-13 for the provision of Projects for Assistance in Transition from Homelessness (PATH) in Snohomish County services provided by Compass Health. The term of this Agreement is October 1, 2011 through September 30, 2013. The maximum funding on this Agreement is \$138,820.

DSHS-DBHR-NSMHA-PATH-11-13 for the provision of Projects for Assistance in Transition from Homelessness (PATH) in Whatcom County services provided by Whatcom Counseling & Psychiatric Clinic. The term of this Agreement is October 1, 2011 through September 30, 2013. The maximum funding on this Agreement is \$45,453

To approve **DSHS-DBHR-NSMHA-ROADS TO COMMUNITY LIVING-11-13** for the provision of providing intensive services to individuals exiting institutional settings and need additional supports. The population served is an age range of 21 years of age and younger and individuals 65 years old and older. The maximum consideration on this Agreement is \$. The term of this Agreement is October 1, 2011 through September 30, 2013 with NSMHA offering an amendment July 1, 2013 for the purpose of enabling legislation and appropriating funding through September 30, 2013.

To approve the Executive Director's authority to sign the following provider contracts when the DSHS-DBHR Contracts are delivered to NSMHA for signature. The Executive Director shall have the delegated authority to adjust the allocation of funding to comply with the current funding formulas.

MEDICAID

To approve **NSMHA-BRIDGWAYS-MEDICAID-11-13** for the provision of allocating biennial Medicaid funding for mental health services in the provider's catchment area. The estimated maximum consideration on this Agreement is \$. The term of this Agreement is October 1, 2011 through September 30, 2013 with NSMHA offering an amendment July 1, 2013 for the purpose of enabling legislation and appropriating funding through September 30, 2013.

To approve **NSMHA-CATHOLIC COMMUNITY SERVICES-MEDICAID-11-13** for the provision of allocating biennial Medicaid funding for mental health services in the provider's catchment area. The estimated maximum consideration on this Agreement is \$. The term of this Agreement is October 1, 2011 through September 30, 2013 with NSMHA offering an amendment July 1, 2013 for the purpose of enabling legislation and appropriating funding through September 30, 2013.

To approve **NSMHA-COMPASS HEALTH-MEDICAID-11-13** for the provision of allocating biennial Medicaid funding for mental health services in the provider's catchment area. The estimated maximum consideration on this Agreement is \$. The term of this Agreement is October 1, 2011 through September 30, 2013 with NSMHA offering an amendment July 1, 2013 for the purpose of enabling legislation and appropriating funding through September 30, 2013.

To approve **NSMHA-INTERFAITH COMMUNITY CLINIC-MEDICAID-11-13** for the provision of allocating biennial Medicaid funding for mental health services in the provider's catchment area. The estimated maximum consideration on this Agreement is \$. The term of this Agreement is October 1, 2011 through September 30, 2013 with NSMHA offering an amendment July 1, 2013 for the purpose of enabling legislation and appropriating funding through September 30, 2013.

To approve **NSMHA-LAKE WHATCOM-MEDICAID-11-13** for the provision of allocating biennial Medicaid funding for mental health services in the provider's catchment area. The estimated maximum consideration on this Agreement is \$. The term of this Agreement is October 1, 2011 through September 30, 2013 with NSMHA offering an amendment July 1, 2013 for the purpose of enabling legislation and appropriating funding through September 30, 2013.

To approve **NSMHA-SEA MAR-MEDICAID-11-13** for the provision of allocating biennial Medicaid funding for mental health services in the provider's catchment area. The estimated maximum consideration on this Agreement is \$. The term of this Agreement is October 1, 2011 through September 30, 2013 with NSMHA offering an amendment July 1, 2013 for the purpose of enabling legislation and appropriating funding through September 30, 2013.

To approve **NSMHA-SNOHOMISH COUNTY-MEDICAID-11-13** for the provision of allocating biennial Medicaid funding for mental health services in the provider's catchment area. The estimated maximum consideration on this Agreement is \$. The term of this Agreement is October 1, 2011 through September 30, 2013 with NSMHA offering an amendment July 1, 2013 for the purpose of enabling legislation and appropriating funding through September 30, 2013.

To approve **NSMHA-SUNRISE SERVICES-MEDICAID-11-13** for the provision of allocating biennial Medicaid funding for mental health services in the provider's catchment area. The estimated maximum consideration on this Agreement is \$. The term of this Agreement is October 1, 2011 through September 30, 2013 with NSMHA offering an amendment July 1, 2013 for the purpose of enabling legislation and appropriating funding through September 30, 2013.

To approve **NSMHA-VOLUNTEERS OF AMERICA-MEDICAID-11-13** for the provision of allocating biennial Medicaid funding for mental health services in the provider's catchment area. The estimated maximum consideration on this Agreement is \$. The term of this Agreement is October 1, 2011 through September 30, 2013 with NSMHA offering an amendment July 1, 2013 for the purpose of enabling legislation and appropriating funding through September 30, 2013.

To approve **NSMHA-WHATCOM COUNSELING & PSYCHIATRIC CLINIC-MEDICAID-11-13** for the provision of allocating biennial Medicaid funding for mental health services in the provider's catchment area. The estimated maximum consideration on this Agreement is \$. The term of this Agreement is October 1, 2011 through September 30, 2013 with NSMHA offering an amendment July 1, 2013 for the purpose of enabling legislation and appropriating funding through September 30, 2013.

SMHC

To approve **NSMHA-BRIDGWAYS-SMHC-11-13** for the provision of allocating biennial state funding for mental health services in the provider's catchment area. The maximum consideration on this Agreement is \$. The term of this Agreement is October 1, 2011 through September 30, 2013 with NSMHA offering an amendment July 1, 2013 for the purpose of enabling legislation and appropriating funding through September 30, 2013.

To approve **NSMHA-CATHOLIC COMMUNITY SERVICES-SMHC-11-13** for the provision of allocating biennial state funding for mental health services in the provider's catchment area. The maximum consideration on this Agreement is \$. The term of this Agreement is October 1, 2011 through September 30, 2013 with NSMHA offering an amendment July 1, 2013 for the purpose of enabling legislation and appropriating funding through September 30, 2013.

To approve **NSMHA-COMPASS HEALTH-SMHC- 11-13** for the provision of allocating biennial state funding for mental health services in the provider's catchment area. The maximum consideration on this Agreement is \$. The term of this Agreement is October 1, 2011 through September 30, 2013 with NSMHA offering an amendment July 1, 2013 for the purpose of enabling legislation and appropriating funding through September 30, 2013.

To approve **NSMHA-INTERFAITH COMMUNITY CLINIC-SMHC-11-13** for the provision of allocating biennial state funding for mental health services in the provider's catchment area. The maximum consideration on this Agreement is \$. The term of this Agreement is October 1, 2011 through September 30, 2013 with NSMHA offering an amendment July 1, 2013 for the purpose of enabling legislation and appropriating funding through September 30, 2013.

To approve **NSMHA-LAKE WHATCOM-SMHC-11-13** for the provision of allocating biennial state funding for mental health services in the provider's catchment area. The maximum consideration on this Agreement is \$. The term of this Agreement is October 1, 2011 through September 30, 2013 with NSMHA offering an amendment July 1, 2013 for the purpose of enabling legislation and appropriating funding through September 30, 2013.

To approve **NSMHA-SEA MAR-SMHC-11-13** for the provision of allocating biennial state funding for mental health services in the provider's catchment area. The maximum consideration on this Agreement is \$. The term of this Agreement is October 1, 2011 through September 30, 2013 with NSMHA offering an amendment July 1, 2013 for the purpose of enabling legislation and appropriating funding through September 30, 2013.

To approve **NSMHA-SNOHOMISH COUNTY-SMHC-11-13** for the provision of allocating biennial state funding for mental health services in the provider's catchment area. The maximum consideration on this Agreement is \$. The term of this Agreement is October 1, 2011 through September 30, 2013 with NSMHA offering an amendment July 1, 2013 for the purpose of enabling legislation and appropriating funding through September 30, 2013.

To approve **NSMHA-SUNRISE SERVICES-SMHC-11-13** for the provision of allocating biennial state funding for mental health services in the provider's catchment area. The maximum consideration on this Agreement is \$. The term of this Agreement is October 1, 2011 through September 30, 2013 with NSMHA offering an amendment July 1, 2013 for the purpose of enabling legislation and appropriating funding through September 30, 2013.

To approve **NSMHA-VOLUNTEERS OF AMERICA-SMHC-11-13** for the provision of allocating biennial state funding for mental health services in the provider's catchment area. The maximum consideration on this Agreement is \$. The term of this Agreement is October 1, 2011 through September 30, 2013 with NSMHA offering an amendment July 1, 2013 for the purpose of enabling legislation and appropriating funding through September 30, 2013.

To approve **NSMHA-WHATCOM COUNSELING & PSYCHIATRIC CLINIC-SMHC-11-13** for the provision of allocating biennial state funding for mental health services in the provider's catchment area. The maximum consideration on this Agreement is \$. The term of this Agreement is October 1, 2011 through September 30, 2013 with NSMHA offering an amendment July 1, 2013 for the purpose of enabling legislation and appropriating funding through September 30, 2013.

CRISIS CENTERS/TRIAGE

To approve **NSMHA-PIONEER HUMAN SERVICES-SKAGIT CRISIS CENTER-11-13** for the provision of allocating biennial Medicaid and State funding for mental health crisis stabilization services in the provider's catchment area. The maximum consideration on this Agreement is \$. The term of this Agreement is October 1, 2011 through September 30, 2013 with NSMHA offering an amendment July 1, 2013 for the purpose of enabling legislation and appropriating funding through September 30, 2013.

To approve **NSMHA-COMPASS HEALTH-SNOHOMISH TRIAGE-11-13** for the provision of allocating biennial Medicaid and State funding for mental health crisis stabilization services in the provider's catchment area. The maximum consideration on this Agreement is \$. The term of this Agreement is October 1, 2011 through September 30, 2013 with NSMHA offering an amendment July 1, 2013 for the purpose of enabling legislation and appropriating funding through September 30, 2013.

To approve **NSMHA-WHATCOM COUNSELING & PSYCHIATRIC CLINIC-WHATCOM TRIAGE-11-13** for the provision of allocating biennial Medicaid and State funding for mental health crisis stabilization services in the provider's catchment area. The maximum consideration on this Agreement is \$. The term of this Agreement is October 1, 2011 through September 30, 2013 with NSMHA offering an amendment July 1, 2013 for the purpose of enabling legislation and appropriating funding through September 30, 2013.

JAIL SERVICES

To approve **NSMHA-ISLAND COUNTY-JAIL SERVICES-11-13** for the provision of allocating biennial State funding for mental health jail transition services in Island and San Juan County. The maximum consideration on this Agreement is \$. The term of this Agreement is October 1, 2011 through September 30, 2013 with NSMHA offering an amendment July 1, 2013 for the purpose of enabling legislation and appropriating funding through September 30, 2013.

To approve **NSMHA-SKAGIT COUNTY-JAIL SERVICES-11-13** for the provision of allocating biennial State funding for mental health jail transition services in Skagit County. The maximum consideration on this Agreement is \$. The term of this Agreement is October 1, 2011 through September 30, 2013 with NSMHA offering an amendment July 1, 2013 for the purpose of enabling legislation and appropriating funding through September 30, 2013.

To approve **NSMHA-SNOHOMISH COUNTY-JAIL SERVICES-11-13** for the provision of allocating biennial State funding for mental health jail transition services in Snohomish County. The maximum consideration on this Agreement is \$. The term of this Agreement is October 1, 2011 through September 30, 2013 with NSMHA offering an amendment July 1, 2013 for the purpose of enabling legislation and appropriating funding through September 30, 2013.

To approve **NSMHA-WHATCOM COUNTY-JAIL SERVICES-11-13** for the provision of allocating biennial State funding for mental health jail transition services in Whatcom County. The maximum consideration on this Agreement is \$. The term of this Agreement is October 1, 2011 through September 30, 2013 with NSMHA offering an amendment July 1, 2013 for the purpose of enabling legislation and appropriating funding through September 30, 2013.

PROGRAM FOR ASSERTIVE COMMUNITY TREATMENT (PACT)

To approve **NSMHA-COMPASS HEALTH-PACT-11-13** for the provision of PACT services in Snohomish County for up to 100 individuals. The maximum consideration on this Agreement is \$. The term of this Agreement is October 1, 2011 through September 30, 2013 with NSMHA offering an amendment July 1, 2013 for the purpose of enabling legislation and appropriating funding through September 30, 2013.

To approve **NSMHA-LAKE WHATCOM CENTER-PACT-11-13** for the provision of PACT services in Whatcom County for up to 50 individuals. The maximum consideration on this Agreement is \$. The term of this Agreement is October 1, 2011 through September 30, 2013 with NSMHA offering an amendment July 1, 2013 for the purpose of enabling legislation and appropriating funding through September 30, 2013.

MENTAL HEALTH BLOCK GRANT

To approve **NSMHA-SENIOR SERVICES of SNOHOMISH COUNTY-FBG-11-12** for the provision of geriatric screening and short term mental health intervention to older adults in Snohomish County. The term of the Agreement is October 1, 2011 through September 30, 2012. The maximum consideration on this Agreement is \$41,000.

To approve **NSMHA-EVERETT HOUSING AUTHORITY HOPE OPTIONS-FBG-11-12** for the provision of stabilizing housing and short term mental health intervention to older adults and adults at risk of homelessness in Snohomish County. The term of the Agreement is October 1, 2011 through September 30, 2012. The maximum consideration on this Agreement is \$36,184.

To approve **NSMHA-SAN JUAN COUNTY COMMUNITY SERVICES-FBG-11-12** for the provision of District Court Mental Health Treatment Options for individuals without the ability to pay. The term of this Agreement is October 1, 2011 through September 30, 2012. The maximum consideration on this Agreement is \$29,000.

To approve **NSMHA-ISLAND COUNTY HUMAN SERVICES-FBG-11-12** for the provision of Mobile Outreach services to individuals in Island County that do not meet the threshold for NSMHA funded crisis services. The term of this Agreement is October 1, 2011 through September 30, 2012. The maximum consideration on this Agreement is \$59,500.

To approve **NSMHA-SKAGIT COUNTY HUMAN SERVICES-FBG-11-12** for the provision of an Outreach-Intervention Specialist to work with the homeless population in Skagit County. The term of the Agreement is October 1, 2011 through September 30, 2012. The maximum consideration of this Agreement is \$52,550.

To approve **NSMHA-OPPORTUNITY COUNCIL ADULT HOMELESS PROJECT-FBG-11-12** for the provision of a case management position for people with mental illness who were homeless and are applying for and securing housing in Whatcom County. The term of the Agreement is October 1, 2011 through September 30, 2012. The maximum consideration of this Agreement is \$46,900.

To approve **NSMHA-OPPORTUNITY COUNCIL YOUTH HOMELESS PROJECT-FBG-11-12** for the provision of a case management position for people with mental illness who were homeless and are applying for and securing housing in Whatcom County. The term of the Agreement is October 1, 2011 through September 30, 2012. The maximum consideration of this Agreement is \$46,900.

To approve **NSMHA-SNOHOMISH COUNTY HUMAN SERVICES-FBG-11-12** for the provision of short term case management for those ineligible for other mental health services in Snohomish County. The term of the Agreement is October 1, 2011 through September 30, 2012. The maximum consideration of this Agreement is \$63,000.

To approve **NSMHA-SUN COMMUNITY-FBG-11-12** for the provision of urgent transitional housing for people with mental illness in Whatcom County. The term of the Agreement is October 1, 2011 through September 30, 2012. The maximum consideration of this Agreement is \$59,000.

To approve **NSMHA-SUNRISE SERVICES-PEER CONNECTIONS CENTER-FBG-11-12** for the provision of center operations that is peer driven and provides peer run services. The term of this Agreement is October 1, 2011 through September 30, 2012. The maximum consideration for this Agreement is \$150,000.

To approve **NSMHA-COMPASS HEALTH-FBG-11-12** for the provision of transitional mental health services for those ineligible for other mental health services in Snohomish and Skagit Counties. The term of the Agreement is October 1, 2011 through September 30, 2012. The maximum consideration of this Agreement is \$151,716.

To approve **NSMHA-TULALIP TRIBES-FBG-11-12** for the provision of outreach and engagement to Tribal members, adult and youth at risk, by providing traditional healing, ceremonies and opportunities for growth in Tribal culture. The term of the Agreement is October 1, 2011 through September 30, 2012. The maximum consideration of this Agreement is \$65,000.

To approve **NSMHA-COMPASS HEALTH-PEER BAILEY CENTER-FBG-11-12** for the provision of center operations that is peer driven and provides peer run services. The term of this Agreement is October 1, 2011 through September 30, 2012. The maximum consideration for this Agreement is \$150,000.

To approve **NSMHA-WHATCOM COUNSELING & PSYCHIATRIC-RAINBOW PEER CENTER-FBG-11-12** for the provision of center operations that is peer driven and provides peer run services. The term of this Agreement is October 1, 2011 through September 30, 2012. The maximum consideration for this Agreement is \$150,000.

PATH

NSMHA-COMPASS HEALTH-PATH-11-13 for the provision of Projects for Assistance in Transition from Homelessness (PATH) in Snohomish County services provided by Compass Health. The term of this Agreement is October 1, 2011 through September 30, 2013. The maximum funding on this Agreement is \$138,820.

NSMHA-WCPC-PATH-11-13 for the provision of Projects for Assistance in Transition from Homelessness (PATH) in Whatcom County services provided by Whatcom Counseling & Psychiatric Clinic. The term of this Agreement is October 1, 2011 through September 30, 2013. The maximum funding on this Agreement is \$45,453

WRAPAROUND

To approve the **NSMHA-CATHOLIC COMMUNITY SERVICES-INTENSIVE WRAPAROUND-11-13** for the provision of intensive wraparound services in Skagit County. The term of this Agreement is October 1, 2011 through September 30, 2013. The maximum consideration on this Agreement is \$.

To approve the **NSMHA-COMPASS HEALTH-INTENSIVE WRAPAROUND-11-13** for the provision of providing intensive wraparound services in Island County. The term of this Agreement is October 1, 2011 through September 30, 2011. The maximum consideration on this Agreement is \$.

PLACEHOLDER FOR INTESIVE WRAPAROUND IN SNOHOMISH & WHATCOM

OMBUDS

To approve **NSMHA-SKAGIT COMMUNITY ACTION-OMBUDS-11-13** for the provision of allocating biennial State funding for mental health regional Ombuds services. The maximum consideration on this Agreement is \$. The term of this Agreement is October 1, 2011 through September 30, 2013 with NSMHA offering an amendment July 1, 2013 for the purpose of enabling legislation and appropriating funding through September 30, 2013.

cc: Charles R. Benjamin
County Coordinators
NSMHA Leadership Team

NORTH SOUND MENTAL HEALTH ADMINISTRATION ADVISORY BOARD MEETING

Agenda

September 6, 2011

1:00 PM

1. Call to Order - Introductions, Chair – 5 minutes
2. Revisions to the Agenda, Chair – 5 minutes
3. Approval of the August 2011 Retreat Summary, Chair – 5 minutes
4. Ombuds Report
5. Correspondence and Comments from the Chair – 5 minutes
6. New Business:
 - a. Brainstorming ideas for Poster Contest
7. Old Business:
 - a.
8. Monthly Committee Reports
 - a. Executive Director's Report – Chuck Benjamin – 5 minutes
 - b. Finance Committee – 5 minutes
 - c. Executive Committee/Agenda Committee – 5 minutes
 - d. QMOC Report – 5 minutes
9. Items To Be Brought Forward To The Board of Directors – Chuck Benjamin, Executive Director
 - a. Consent Agenda
 - b. Action Items
 - c. Introduction Items
10. Comments from County Advisory Board Representatives – 15 minutes
 - a. Island
 - b. San Juan
 - c. Skagit
 - d. Snohomish
 - e. Whatcom
11. Comments from Public – 5 minutes
12. Other Business
13. Adjournment

NOTE: The next Advisory Board meeting will be October 18, 2011, in the NSMHA Conference Room.

DRAFT-Advisory Board 2011 Retreat Summary

Agenda Item	Summary	Action
Chair Candy's Welcome	Members were asked to chose a color and describe what the color represents for them	n/a
Robert's Rules of Order-Chuck	Chuck reviewed the basics of motions, rules of order and the limited use of Robert's Rules for the AB usage	Larry Richardson is the "informal" parliamentarian for the AB - when needed
Why did you want to be on the Regional Advisory Board? What would like to accomplish?-Candy	<p>Members stated the following reasons/motives:</p> <ul style="list-style-type: none"> • Integration of MH and Primary Care with a single portal, wherever that may be; • recognizing system discrepancies and using personal experiences to make a difference; • Continue advocacy work; • Reciprocal exchange of ideas with the County & NSMHA; • Became involved with help from a friend, for self-help and to advocate for Elder Adults and those with Developmental Disabilities; • Because of family history; • NAMI • Peer involvement; • Through grievance process, wanted to be proactive, to realize a "deep ecology"; • Improve Mental Health awareness & help in the schools; • Consumer as an advocate, bringing information to others; • Advocacy for marginalized population and breaking stigma barriers; 	The diversity of motivation represented is vast and compelling to the avocation of the Advisory Board as a whole

DRAFT-Advisory Board 2011 Retreat Summary

	<ul style="list-style-type: none"> Lack of personal diagnosis in healthcare system; 	
Finance Committee Meeting/Lunch	June and July Financial Statements were discussed	Motion was made and seconded Motion passed
	Co-occurring Conference	Candy made the motion to send 10 consumers to Co-Occurring disorders conference- Discussion ensued-Motion was seconded with the Chair abstaining, Motion passed.
	2012 Advisory Board Budget	Open discussions about budget process Finance Committee will complete work on budget in time for December Business meeting for approval.
What is an Active Board?- Margaret	<ul style="list-style-type: none"> Is a conduit Suggests initiatives Participates in activities and on subcommittees Sustains personal well-being Engages in active and positive exchanges of information Is well informed to bring information back to county boards Conveys concerns to public officials- with personal contact Is aware of services and gaps thereof Communicates with other organizations such as NAMI 	
How do we as an Active Board make our work more meaningful?	<ul style="list-style-type: none"> Communicates with other RSN Boards across the State Brings information from our community to NSMHA 	NSMHA will solicit information from other RSNs as to the feasibility of networking with the RSN Advisory Boards

DRAFT-Advisory Board 2011 Retreat Summary

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| ⊗ Determining what the Advisory Board wants reported and in what format | Develop a communication format for disseminating information to and from the Board. Using journalistic model, of the who, what, where, why and how. |
| ⊗ Using the media to communicate to the community-provide a strategy, such as: blog, website, newsletter, facebook, twitter, video links, "what's new" and using "Go to Meeting" | The Dignity & Respect webpage will be live 10/1/11. Board member David K will work with NSMHA to conceive a real time blog/twitter feed to keep information from becoming stale and stagnate |
| ⊗ County reports, what do we want to report and how | NSMHA will work with the Board to develop a process |
| ⊗ Mentoring for new board members/committee members | NSMHA will discuss with Board about this process, ask for volunteers or part of the Chair's role, etc. |
| ⊗ Political coordinator | |
| ⊗ Advisory Board act as Peer liaison | NSMHA will invite peers from the provider network to informally talk to the Board about success and challenges in working in the Mental Health System |
| ⊗ Advisory Board communications- no acronyms, using "normal" language, simple and brief, repetitive and relevant | |
| ⊗ Develop a model for-meaningful communications | Using the journalistic model of communication and determining what is meaningful. Further discussion needed by the Board. |
| ⊗ Orientation should continue through service on Board | |

DRAFT-Advisory Board 2011 Retreat Summary

Site Visits-Margaret

Advisory Board needs to know what is available before making a determination. Additionally, NSMHA needs to map out what services are where.

Need to define a process, NSMHA will provide a map of services and work with the Advisory Board to develop a process and schedule.