



Advisory Board
Mobile Outreach Team (MOT)

12:00

By

Whatcom County MOT

&

Skagit County MOT

MEMORANDUM

DATE: February 1, 2012
TO: NSMHA Advisory Board
FROM: Chuck Benjamin, Executive Director
RE: Board of Director's Agenda Items

Please find for your review the following that will go before the NSMHA Board of Directors in February as an email poll vote:

Just as an FYI – Motion #11-126 that included NSMHA-SNOHOMISH COUNTY-PSC-12 this **contract only was cancelled** for \$136,764.00. Snohomish County informed NSMHA they do not need the funding. This funding will be transferred to Compass Health via a contract amendment

COUNTY:

Signed by Executive Director in December 2011

To approve WHATCOM COUNTY-NSMHA-INTERLOCAL AGREEMENT-11 AMENDMENT 1 for the provision of local funding for the Whatcom County Triage Center and the WCPC Rainbow Center. The term of this Amendment is January 1, 2012 through December 31, 2012. Consideration on this Amendment is \$411,156 for a maximum consideration on the Agreement of \$697,156.

STATE CONTRACT:

To approve NSMHA-WCPC-SMHC-11-13 AMENDMENT 1 for the provision of passing through the Whatcom County Rainbow Center funding to WCPC. The term of this Amendment is January 1, 2012 through December 31, 2012. Consideration on this Amendment is \$96,451 for a maximum consideration of \$7,356,633.96 on this Agreement.

CRISIS TRIAGE:

To approve NSMHA-WCPC-CRISIS TRIAGE-11-13 AMENDMENT 1 for the provision of passing through the Whatcom County Crisis Triage funding to WCPC. The term of the Amendment is January 1, 2012 through December 31, 2012. Consideration on this Amendment is \$ 314,705 for a maximum consideration of \$1,092,150.38 on this Agreement.

cc: Charles R. Benjamin
County Coordinators
NSMHA Management Team

NORTH SOUND MENTAL HEALTH ADMINISTRATION ADVISORY BOARD MEETING

Agenda

February 7, 2012
1:00 PM

1. Call to Order - Introductions, Chair – 5 minutes
2. Revisions to the Agenda, Chair – 5 minutes
3. Approval of the December 2011 Meeting Minutes, Chair – 5 minutes
4. Ombuds Report
5. Correspondence and Comments from the Chair – 5 minutes
6. New Business:
 - a. Poster/Poetry Judging-March 8th BOD meeting
 - b. Retirement Celebration- March 8th
7. Old Business
8. Monthly Committee Reports
 - a. Executive Director's Report – Chuck Benjamin – 5 minutes
 - b. Finance Committee – Fred Plappert – 5 minutes
 - c. Executive Committee/Agenda Committee – Candace Trautman – 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 April 3, 2012, in the NSMHA Conference Room.

**North Sound Mental Health Administration (NSMHA)
MENTAL HEALTH ADVISORY BOARD
December 6, 2011
1:00 – 3:00**

Present:	Island: <i>Candace Trautman</i> Skagit: <i>Mary Good, Susan Ramaglia and Jeannette Anderson</i> Snohomish: <i>Fred Plappert, Carolann Sullivan and Arthur Jackson</i> Whatcom: <i>Russ Sapienza, Mark McDonald and Larry Richardson</i>
Excused Absence:	San Juan: <i>Maryann Slabaugh</i> Skagit: <i>Joan Lubbe</i> Whatcom: <i>David Kincheloe and Hill Cummings</i>
Absent:	
Staff:	<i>Chuck Benjamin, Greg Long, Margaret Rojas and Rebecca Pate</i>
Guests:	<i>Chuck Davis, Kim Olander-Mayer, Rebecca Clark and Charlie Wend</i>

MINUTES

TOPIC	DISCUSSION	ACTION
CALL TO ORDER AND INTRODUCTIONS		
Chair Trautman	The Chair convened the meeting at 1:03 and introductions were made. The Chair welcomed Jeannette Anderson as the new member from Skagit County.	Informational
REVISIONS TO THE AGENDA		
Chair Trautman	The Chair asked for any revisions to the agenda and Margaret added Skagit Peer Center and Arthur added an announcement under new business.	Informational
APPROVAL OF MINUTES		
Chair Trautman	The Chair asked for any revisions to the October minutes. Fred made a motion to approve as written, Susan seconded and motion carried.	Informational Motion carried
OMBUDS REPORT		
Chuck Davis Kim Olander-Mayer	Chuck and Kim presented their snapshot report included in members manila folders.	Informational
COMMENTS AND CORRESPONDENCE FROM THE CHAIR		
Chair Trautman	Candy mentioned the call for presentations for the Behavioral Health Conference (BHC) due by December 9 th . She also mentioned a seminar for Addiction and Post Traumatic Stress Disorder (PTSD). Mark stated he would be interested in attending the seminar if reimbursement is approved. Susan made a motion to approve Mark's attendance in the training on Addiction and Post Traumatic Stress Disorder (PTSD), Russ seconded and discussion followed. The vote was called and motion carried. Candy mentioned the site visit to Bailey Center, Molina Medical Clinic, Triage Center and Outpatient Services. She asked Mark to give a brief presentation about the visit, which he did. Candy added Boone gave an excellent tour of the Triage Center. She	Informational Motion carried

	<p>said they met two Peer Counselors that lead different groups and were very professional and knowledgeable. She stated Boone made it known the police are becoming more comfortable at bringing individuals to the Triage Center. Mark added they have a clothing center and shower available for use as needed.</p> <p>Candy stated she attended the stakeholder meeting yesterday and found it informative and some good ideas were voiced by attendees.</p>	
NEW BUSINESS		
<p>Chair Trautman</p>	<p>Margaret stated a committee reviewed the Requests for Proposals (RFP) for the Skagit County Peer Center. She said five proposals were received from Sunrise Services, Compass Health, Friendship House, Consumer Voices Are Born (CVAB) and Service Alternatives. She said the process was good but difficult and “Consumer Voices Are Born” was unanimously chosen. The selection committee will bring a recommendation to the Board of Directors to approve a contract with CVAB to provide peer services in Skagit County. She added food will no longer be served and some marketing will take place to let the changes be made known. Rebecca Clark said she agreed with no food because she would like to see emphasis on recovery. She mentioned Friendship House serves lunch and dinner and can be a resource for meals. Rebecca said “CVAB” will be serving people with mental illness and substance abuse issues. Susan mentioned some people that have quit going to the Peer Center will probably return with this new format. Chuck added the “Warm Line” will be a part of the changes. It was mentioned a new location will be located; however, the services will continue in the interim. Margaret mentioned “CVAB” is a Peer run and Peer driven organization. Charlie said the savings by not serving food opens up a lot of possibilities for venues to help with recovery, etc. Candy suggested this be a site visit later in 2012.</p> <p>Arthur mentioned time constraints have resulted in his missing several meetings, which he regrets. He submitted his resignation to the NSMHA Advisory Board. He said he will be Director of Education at a facility in Salem, Oregon, which will require additional travel. He stated it has been a pleasure and honor to work with everyone.</p>	<p>Informational</p> <p>Set up site visit for later in 2012 once up & running</p> <p>Arthur Jackson resigned from service on the Advisory Board</p>
OLD BUSINESS		
<p>Chair Trautman</p>	<p>The Nominating Committee submitted Mark McDonald and Fred Plappert for the position of Vice Chair. The Board accepted the recommendations. Larry made a motion to close nominations, Susan seconded and motion carried. Mark and Fred were asked to leave and the vote was taken. Mark was voted into the position and the Chair announced the selection.</p>	<p>Informational</p> <p>Motion carried Mark is the new Vice President</p>

MONTHLY COMMITTEE REPORTS		
	Executive Director's Report	
Chuck Benjamin	<p>Chuck said he gave the proposed 2012 NSMHA Operating Budget presentation earlier and that only leaves contracts going before the Board of Directors for approval. He mentioned the budget proposal was not included in the list of motions for action and he would add it to the list. He added NSMHA was going to issue a Request for Qualifications (RFQ) for outpatient services; however, providers and Advisory Board mentioned this was not the right time. He stated NSMHA is also gearing up for the next biennium budget. He said NSMHA is gearing up for the RFQ for outpatient services for consumers that are not high intensity. He mentioned Program for Assisted Community Living (PACT) and Evaluation & Treatment were also being considered as part of the RFQ process but NSMHA did not want to make that decision without bringing it before the Advisory Board.</p>	Informational
	Finance Committee	
Fred Plappert	<p>The committee recommends approval of expenditures by the full Board to move forward to the Board of Directors for approval. The full Board accepted the committee recommendation to move expenditures forward for approval by the Board of Directors.</p> <p>Fred previewed the proposed 2012 Advisory Board budget.</p> <p>The project proposals projected and reviewed by the Board:</p> <ul style="list-style-type: none"> • Project 1 – All Conferences \$13,972.00 • Project 2 – Board Development \$750.00 • Project 3 – Advisory Board Expenses \$13, 018 • Project 4 – Advisory Board Miscellaneous Expenses \$100.00 • Project 5 – Consumer Transportation \$750.00 <p>The recommendation for approval of the 2012 proposed budget was accepted by the full Board.</p>	<p>Informational</p> <p>Committee recommendation accepted</p> <p>Committee recommendation accepted</p>
	Executive/Agenda Committee	
Chair Trautman	Candy said there was no information to bring forward.	Informational
	Quality Management Oversight Committee (QMOC) Report	
	A report was not available at the meeting; however, Rebecca emailed the report to members to read on their own.	Informational
ITEMS BROUGHT TO THE BOARD OF DIRECTORS		
	Introduction and Action Items	
Chuck Benjamin	<p>County Administration – Motion #11-121</p> <p>To approve NSMHA-ISLAND COUNTY-ADMINISTRATION-12 for the provision of county participation on the coordination of and input regarding public mental health services within their county. The term of this agreement is January 1, 2012 through December 31, 2012 for a maximum consideration on the agreement is \$51,032</p>	Informational

	<p>To approve NSMHA-SAN JUAN COUNTY- ADMINISTRATION -12 for the provision of county participation on the coordination of and input regarding public mental health services within their county. The term of this Agreement is January 1, 2012 through December 31, 2012 for a maximum consideration on the agreement is \$479,552</p> <p>To approve NSMHA-WHATCOM COUNTY- ADMINISTRATION -12 for the provision of county participation on the coordination of and input regarding public mental health services within their county. The term of this Agreement is January 1, 2012 through December 31, 2012 for a maximum consideration on the agreement is \$62,974</p> <p>To approve NSMHA-SKAGIT COUNTY- ADMINISTRATION -12 for the provision of county participation on the coordination of and input regarding public mental health services within their county. The term of this Agreement is January 1, 2012 through December 31, 2012 for a maximum consideration on the agreement is \$55,164</p> <p>To approve NSMHA- SAN JUAN-ADMINISTRATION-11 AMENDMENT 3 for the provision of reallocating jail service administration funding cut in April 2011. The term of this Agreement is January 1, 2011 through December 31, 2011. The increase in funding is \$2,307 for a new maximum consideration of \$50,223.</p> <p>GAU Amendments – Motion #11-122</p> <p>To approve NSMHA-Compass Health-GAU-09-10 Amendment 2 for the provision of extending the contract through December 31, 2012. Compass Health remains at 48 slots at \$200 per slot per month for a maximum consideration on this Agreement is \$115,200.</p> <p>To approve NSMHA-Interfaith-GAU-09-10 Amendment 2 for the provision of extending the contract through December 31, 2012. Interfaith remains at 15 slots at \$200 per slot per month for a maximum consideration on this Agreement is \$36,000.</p> <p>To approve NSMHA-Sea Mar-GAU-09-10 Amendment 2 for the provision of extending the contract through December 31, 2012. Sea Mar remains at 26 slots at \$200 per slot per month for maximum consideration on this Agreement is \$62,400.</p> <p>Professional Service Agreements – Motion #11-126</p> <p>To approve NSMHA-BROWN-PSC-12 for the provision of medical director services and consultation. The term of this agreement is January 1, 2012 through December 31, 2012 for a maximum consideration of \$36,000.</p> <p>To approve NSMHA-LWC-PSC-12 for the provision of janitorial services at the NSMHA offices. The term of this Agreement is January 1, 2012 through December 31, 2012 for the maximum consideration of \$14,098.</p> <p>To approve NSMHA-TURNER HR SERVICES-PSC-12 for the provision of Human Resource services and consultation. The term of this agreement is January 1, 2012 through December 31, 2012 for a maximum consideration of \$15,000.</p>	
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To approve NSMHA-SNOHOMISH COUNTY-PSC-12-13 for the provision of transferring funding from the County's Medicaid and State Contracts to a professional service contract for the maintenance of the Snohomish County Evaluation and Treatment Center. The term of the agreement is January 1, 2012 through September 30, 2013 for a maximum consideration of \$136,764 through June 30, 2013*.

State Contract

Motion #11-124

To approve NSMHA-SNOHOMISH COUNTY-SMHC-11-13 AMENDMENT 1 for the provision of removing the Evaluation and Treatment Center maintenance requirement and funding from this Agreement. This Amendment takes effect on January 1, 2012 through September 30, 2013. The reduction in funding to this Agreement is \$50,603.94 for a new maximum consideration of \$2,834,069.67 through June 30, 2013*.

Medicaid Contract

Motion #11-125

To approve NSMHA-SNOHOMISH COUNTY-MEDICAID-11-13 AMENDMENT 1 for the provision of removing the Evaluation and Treatment Center maintenance requirement and funding from this Agreement. This Amendment takes effect on January 1, 2012 through September 30, 2013. The reduction in funding to this Agreement is \$86,160.06 for a new maximum consideration of \$276,671.69 through June 30, 2013*.

Previously approved through an email poll by the Board

Motion #11-120

To approve NSMHA-COMPASS HOUSING-PSC-11-13 for the provision of transition housing for individuals returning to the community from Western State Hospital. The term of the Agreement is November 1, 2011 through September 30, 2013 for a maximum consideration of \$52, 190 through June 30, 2013*.

NSMHA 2012 Proposed Budget

Motion #11-115

To approve the Proposed 2012 NSMHA Operating Budget.

Increase Medicaid Revenue

Motion #11-123

To approve an Increase in Medicaid revenue by \$8,500,000. Increase in expenses, Agency/County/other services by \$8,500,000.

Chuck asked for a motion to recommend moving these forward to the Board of Directors for approval. Fred made a motion to recommend approval of the above motions to the Board of Directors, Mark seconded and discussion followed. The vote was called and motion carried.

COMMENTS FROM COUNTY ADVISORY BOARD MEMBERS		
Island	<p>Candy said they met on Monday and had a report from Michael Baird the new director for the County Substance Abuse Treatment Program. She said an example was given on how their 1/10 funds are utilized to support the County. She acknowledged the 1/10 funds that support school-based programs have been able to provide counseling to individuals traumatized by a recent accident. She added 1/10 programs are also looking at more ways to provide services for substance abuse since alcohol was involved in this accident.</p>	Informational
San Juan	<p>Barbara LaBrash submitted the following report:</p> <p>The Governors proposed supplemental budget summary went to elected officials Nov 23rd.</p> <ul style="list-style-type: none"> • Developmental disabilities: 15 % reduction to employment and day programs - Rashi Gupta is working on a survey to poll counties re: potential impacts to be out next week; eliminates state-only employment and day services; closes Rainier School; reforms DD waivers. • <u>Chemical dependency (CD)</u>: proposes block granting drug and alcohol state grant-in-aid funds to counties for greater flexibility but don't know what that means (slated to save \$3.5 million); "minimized" reductions to CD treatment services; reduces funding for inpatient and residential CD; eliminates Disability Lifeline and ADATSA while expanding CD treatment for disabled adults; eliminates liquor taxes 7/1/2012. • <u>Mental health</u>: reduces Medicaid payments to RSNs; reduces non-Medicaid funding; closes beds at Western State Hospital; consolidates RSNs to no more than 6; closes dementia and traumatic brain injury wards at WSH. • The Governor's proposed budget eliminates funding for Community Mobilization. <p>Special legislative session started Nov 28th and we are monitoring the situation and participating in advocacy activities.</p>	Informational
Skagit	<p>Susan said the only issue to present was the new contract for the Peer Center, which was previously mentioned.</p>	Informational
Snohomish	<p>Fred gave the following report:</p> <ul style="list-style-type: none"> • Snohomish County Human Services Department and NAMI co-sponsored a Housing Forum. A Housing Resource list of providers, programs, and contact names and phone numbers was distributed. • The County's 2012 Budget was passed by the County Council. It included \$100,000 of 1/10 of 1% Sales Tax funding for a pilot Mental Health Court. This money will 	Informational

	<p>fund a part-time Prosecutor and part-time Mental Health Court liaison/screener. The pilot is scheduled to start April 1, 2012 in District Court and have a maximum of 20 participants.</p> <ul style="list-style-type: none"> • Two Sales Tax funded programs will not be renewed for contracting in 2012: The Youth Outpatient Services contract with LKI and the Project Pride Program with Sunrise Services. • A Request for Interest (RFI) will be issued in early 2012 for the Mental Health Court Liaison services. • A Request for Proposals (RFP) will be issued in early 2012 for Youth Outpatient Services. 	
<p>Whatcom</p>	<p>We held a meeting September 12th and Anne reported the revenue forecast is due and more cuts are expected. A handout was distributed regarding consideration of methadone treatment for opiate addiction impact this is having in Whatcom County. Northwest Health Services presented a letter of intent to the State regarding methadone treatment and program. If the State establishes need, a treatment facility/institution could gain approval to provide services. Once approved the county must decide if it wants to contribute funds to support the program. If the county decides to provide funding, it could save approximately \$190,000 per year in state Medicaid transportation costs. The County has a Request for Proposal (RFP) out for a suboxone tapering “plus” program, which will be funded by sales tax dollars. A pilot program for approximately 23 months and outcome reports will be required from providers. Joe Fuller provided a handout for school behavioral health services since March 2010. Nearly 1,000 families were engaged in services between March 2010 and June 2011. Margaret Rojas reported Mental Health (MH) and Wraparound trainings are being offered. MH provider training will occur October 13-14, 2011 and January 9-10, 2012. Approximately 150-200 people attended the Recovery Day celebration and it is hoped to build upon this event for next year.</p> <p>A meeting was held November 14th. No specific details were available for the budget; however, a handout was provided regarding the proposed budget cuts. The proposed cuts will have a huge impact on the community through various avenues (i.e., chemical dependency treatment and disability lifeline). We hope legislators will seriously look at HB 2048 to remove the sunset and/or continue 2060 funding. Joe Fuller provided prevention update. An opiate treatment pilot program to increase access to addiction treatment will be implemented in Whatcom County. A NSMHA report was provided in the packet and the Dignity & Respect web page was mentioned and all were encouraged to sign the pledge.</p>	<p>Informational</p>

	NAMI Whatcom County will be having a potluck on December 15 th from 7-9 p.m. at St. Luke's Educational Center along with a membership drive.	
COMMENTS FROM THE PUBLIC		
Chair Trautman	The Chair asked for any comments from the public and nothing was mentioned.	Informational
OTHER BUSINESS		
Chair Trautman	<p>Rebecca Clark and Charlie Wend were present to give Mary Good an award for her years of service on the local Skagit County Mental Health Advisory Board.</p> <p>Chuck Benjamin and Candace Trautman also gave Mary an award from the NSMHA Advisory Board for her service.</p> <p>Mark made a motion for the Advisory Board to cover mileage reimbursement and lunch for day trip to Olympia via carpool for Martin Luther King Day. Jeannette said she would be interested in going. Chuck said the important thing to do would be to go down with the same message. He said consumers/advocates going down have more of an impact than RSN personnel. Discussion followed. The vote was called and motion carried.</p>	Informational
ADJOURNMENT		
Chair Trautman	<p>Mary made a motion to adjourn the meeting, Jeannette seconded and motion carried. The meeting was adjourned at 2:40 and the next meeting will be February 7, 2012.</p> <p>The meeting schedule for 2012 is as follows so please mark your calendars:</p> <ul style="list-style-type: none"> • February 7 • April 3 • June 5 • August 7 • October 16 (to accommodate Co-Occurring Conference) • December 4 (annual holiday potluck) 	Informational

OMBUDS SNAPSHOT February 1, 2012

In the first four months of our 6-month reporting period we have opened cases on 59 clients. There is 1 child and 1 senior.

There is a fairly good ratio (25%) of non-Caucasians. Ethnicity: 46 Caucasians; 2 African American; 5 Latino; 4 American Indian/Alaskan Natives; and 2 Asian American/Pacific Islanders.

We've opened complaints on 59 people. There are 121 complaint occurrences: 24 in Consumer Rights; 18 in Physicians & Meds; 10 in Services Coordination/Intensity; 9 in Access; 10 in Dignity & Respect; 7 in Housing; 5 in Emergency Services; 9 in Financial services; 10 in Participation in Treatment; 4 in Unreturned phone calls; 2 in Violation of Confidentiality; 0 in Other Type; 11 in Quality Appropriateness; 0 in Access to Inpatient; 0 in Transportation and 4 in Residential.

We've initiated only 3 provider-level grievance cases with 9 occurrences--1 in Consumer Rights; 2 in Access; 2 in Physicians & Meds; 1 in Dignity & Respect; 1 in Financial services; 1 in Housing; 1 in Quality Appropriateness.

There were 3 RSN complaint cases with 12 occurrences--2 in Consumer Rights; 3 in Dignity & Respect; 2 in Physicians & Meds; 1 in Access; 1 in Services Coordination/Intensity; 2 in Housing; and 1 in Unreturned phone calls.

There have been 5 RSN Grievance cases with 18 occurrences: 4 in Physicians & Meds, 5 in Dignity & Respect, 1 in Access, 2 in Consumer Rights, 2 in Housing, 2 in Services Coordination/Intensity, and 2 in Unreturned phone calls.

There was 1 Appeal case with 2 occurrences--1 in Services Coordination/Intensity and 1 in Access to Inpatient .

There are no new administrative hearings. One was heard January 31st.

Quality Review Team report:

- Several times a family member with a durable power of attorney has considered their document sufficient in legality and coverage to mandate that the community mental health program deal with them rather than with the person with mental illness who signed it. While we understand that every situation is different and powers of attorney take effect under varying conditions, we wish NSMHA would send guidance to providers about powers of attorney...whether they should be notarized, what legal options they offer, revocation procedures and so on. If there are standardized power of attorney forms, we should probably get comfortable with them.

- Ombuds is focusing attention on our clients who suffer from addiction. Painkiller & Opioids overdoses are now the leading cause of accidental death in Washington – higher than traffic accidents and weapons incidents. Ombuds has had a number of clients die of overdose in the past. We request that the entire community mental health program keep a sharp eye out for persons liable to overdose and persons seeking these types of meds.

- Ombuds will do its best to represent and advocate for its clients while behavioral and physical healthcare slowly integrate, simultaneously along with implementation of the Patient Protection and Affordable Care Act (ACA). We are at the beginning of a new era and we hope to assist our clients as they embark upon it.

- Skagit Valley Hospital called about a senior gentleman experiencing Dementia, who is under ITA. Northwest Hospital Gero-psyc Ward (in King County) won't accept him. They say they're full and must give King County clients priority. Northwest also won't take clients on a 72-hour hold – they must be on at least a 14-day ITA. Skagit Valley Hospital said the clients have just languished because there is no Gero-psyc patient option for geriatric clients in the North Sound. This happened about 6 times in 2011. In dealing with this issue and speaking to Greg and LTC Ombuds, here is what we are now discussing with hospitals and family members of dementia clients in ITA: first, the hospital with the problem needs to be aggressive about sending Dementia patients back to their facilities, including contacting Residential Care Services (RCS) if they suspect dumping. The local Long Term Care Ombudsman can help also. With a signed consent from the guardian, they can go to the former facility, inspect records and provide information to the RCS if they find a problem. Second, there is the possibility, as with all ITA patients, that if the clients don't stabilize they can send them to WSH. Third, a public announcement has been made that Providence Hospital in Everett is attempting to open a 25-to-30 bed involuntary treatment unit. And fourth, treatment providers should consider calling Home & Community Services for an evaluation for the older adult Expanded Community Services (ECS) program—it may provide more funding for their care. As it is, Medicare tends to eventually cease payments. This problem is likely to worsen if Western State Hospital closes two Dementia wards.

- To keep clients' treatment options open we recommend that everyone review the NSMHA website listing of who provides what services throughout the region.

- There are some difficult to treat clients with considerable problems, who are delusional, have behavior problems, paranoid, refusing meds and using street drugs. One of the providers suggested forming a region-wide "A" team to discuss these clients' issues and eventually develop practices that prove effective for these folks. We brought the idea up to NSMHA staff. While they weren't too fond of a joint-agency team discussing individual clients (for confidentially reasons), they were open to having a team discuss core issues. NSMHA may introduce this to QMOC and tie in the concepts of using motivational interviewing and peer counselors.

- There is an ethical problem that has plagued Ombuds since there first was an Ombuds. It has become worse lately. And that is, our duty is to advocate for clients, help them make complaints, and assist them in achieving the resolutions they desire. The ethical problem is, sometimes their complaint and desire is clearly and plainly not in their best interest...for example, the client with Schizophrenia who wishes to stop talking meds. We try to offer them the best guidance we can but it is most often rejected and they accuse us of working against them rather than for them. This remains a problem for Ombuds.

- The Advisory Board requested that we present on NSMHA complaint, grievance, appeal and administrative hearing processes. In our last snapshot we discussed the Complaint process. Today we will describe the "Provider-level Grievance" process. When a client has been through the complaint process and a satisfactory resolution wasn't reached, the client may choose to elevate the issue to a "Provider-level" grievance. While not technically a "grievance" through formal community mental health program eyes, (some RSNs don't even have a provider grievance process), NSMHA still offers the process in order to allow the provider agency the opportunity to resolve the issue. A Provider-level grievance is a higher level way to express dissatisfaction than a complaint. The client has the opportunity to meet with heads of their provider agency and personally voice their issue. Clients can bring just about anyone they want to the meeting. Clients may review their records and have copies made at a cost. Ombuds can obtain the records at no charge, but can't give them to the client under current HIPAA policies. Once the Provider-level grievance process has begun, they may elevate the issue to an RSN-level grievance at any time, although we encourage them to work one process at a time. We encourage that for several reasons; the foremost being that their case becomes stronger and more developed with each stage and helps us at the next stage. Provider grievance time frames are similar to complaints in that the issue should be resolved within about 30 days. Upon conclusion of the provider grievance process the client is sent a written response that includes a summary of the grievance and the meeting, efforts taken to resolve the issue,

the right to pursue an RSN-level grievance (and for previously authorized services to continue or be reinstated during the grievance process at client request), and the procedures to take if the client has concerns about retaliation. Most of our more serious issues get resolved through the Provider-level grievance process.

And here's how the Ombuds process itself works. If a client requests a Provider-level grievance, we both fax and send a letter to the provider agency advising of the Provider-level grievance. We coordinate with, and send copies of all paperwork to the client in order to keep them actively involved in the process. We keep on developing and strengthening the client's electronic and hard-copy Ombuds files. Ombuds conducts research to support the case and coordinates a meeting with both the provider and client. We attend the meeting, present our research and represent the client as much as they need representing. Many clients are fully able to make a convincing presentation on their own. For a Provider-level grievance we may or may not submit a written presentation to the provider agency, depending on how complicated the case is and whether we suspect it will proceed to an RSN-level grievance. Once the meeting has been held, we await the provider's ruling. When it comes, we send the client a closing letter, advising them that if they aren't happy with the response, they have the right to submit an RSN-level grievance. We will discuss RSN-level grievances next time.

QMOC Brief – Meeting of January 25, 2012

- Under Old Business:
 - Feedback from agency staff received on the availability of the crisis triage beds in Snohomish and Skagit Counties showed that there is an issue with Skagit County too often being full to take referrals. NSMHA will be reviewing this issue further.

- Under Quality Topics:
 - Diana gave a report on the three regional performance measures; these are required by the State and chosen to develop quality improvement in the region in specific areas.
 - Detention Diversion Rate – was developed to monitor and improve on diverting consumers from inpatient stays with other less restrictive options. The goal of 78% diversion was nearly met in this measure.
 - Crisis Stabilization Utilization – was developed to increase the utilization of these beds as they had been under utilized in the past. The goal of 80% was not met and NSMHA is working to resolve the way data is captured since the change to a triage model occurred during this period.
 - Co-Occurring Identification Rate – was developed to improve on identifying those with a substance abuse problem to better treat individuals. Our goal was 17% identification which is low and NSMHA will now broaden the criteria beyond dependence to include abuse which will identify more individuals to better treat them.

 - Training on Psychiatric Advanced Directives has been offered by Novartis pharmaceuticals so that we are able to get more consumers to complete them. Novartis will be invited to a future Advisory Board pre-meeting for this presentation.

 - The new peer center in Skagit County, the Skagit Valley REACH Center (Recovery, Empowerment, Advocacy, Community, Hope) will open on February 6, 2012 and is being run by the consumer run organization, Consumer Voices are Born.

 - The 2011 EQRO (External Quality Review Organization) Audit Report has been received by NSMHA and it was largely positive with a couple of items requiring a corrective action on the part of NSMHA.
 - We must monitor and track requests for translation or interpreter services.
 - We must have a policy for all providers which confirm that seclusion and restraints are not used. Currently we have the policy that applies only to the E&T around this issue.

 - A Special Population chart review was done in October 2011 and provider agencies missed the goal of 80% of the population getting the services required. Providers will be put under corrective action if they did not meet the goal; though NSMHA understands that specialists are difficult to locate. NSMHA will develop a resource list of special population consultants to assist providers as they work toward improving to the goal.

NAMI National Convention
June 27-30, 2012
Sheraton Seattle Hotel

Registration		Lodging	Meals		Transportation
Consumer	185	King/Double	Breakfast	10.00	
Others	235	145/night + tax	Lunch	15.00	
Day Rate	100	3 nights	Dinner	31.00	
		480	100-120 for full conf		

Convention at a Glance			
WEDNESDAY, JUNE 27	THURSDAY, JUNE 28	FRIDAY, JUNE 29	SATURDAY, JUNE 30
DAYTIME: Leadership Council Meetings Leadership Institute General Session AFTERNOON: Orientation for First Time Attendees EVENING:	DAYTIME: Education Institute and Workshops Estate Planning Seminar Mental Health on the Campaign Trail Opening Plenary EVENING: State Caucuses	DAYTIME: Symposia Workshops Research updates Special Interest Networking Meetings EVENING: Special Research Presentation	DAYTIME: Research Plenary NAMI Business Meeting Symposia Workshops EVENING: Closing Night Party



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The 2012 NAMI National Convention will be held at the Seattle Sheraton Hotel, June 27-30.

The Sheraton is located in the heart of Seattle, an area rich with restaurants, shopping, attractions, and the world famous Pike Place Market.

Our 2012 convention theme, **Think, Learn and Live: Wellness, Resiliency and Recovery**, highlights this year's focus on developing effective programs and resources to increase resiliency and advance recovery.

[Click here](#) for additional program information.

Please make sure to visit each tab for important information on hotel, travel, FAQs, program, exhibits, workshop proposal and more! More information will be posted as it becomes available! For questions, please email us at convention@nami.org



	Full Registration Rates (includes closing night party ticket)		Deadline
	Member	Non-Member	
Early Bird	\$210	\$260	3/1/12
Advance Reg.	\$235	\$285	5/31/12
After June 1	\$250	\$310	After 6/1/12
Consumer	\$150	\$185	5/31/12
Consumer (After June 1)	\$160	\$195	After 6/1/12

	Day Registration Rates (does NOT include closing night party ticket)		Deadline
	Member	Non-Member	
Day rate	\$100	\$125	N/A
Consumer Day rate	\$60	\$75	N/A

	Closing Night Party Ticket (ONLY for day registrant and guests)		Deadline
	Member	Non-Member	
Day Registrant	\$45	\$45	N/A
Guest	\$45	\$45	N/A

Important Dates	
Workshop applications open	10-18-2011
Registration opens	11-15-2011
Workshop applications Due	12-01-2011
Workshop decisions made	02-01-2012
Workshop presenter registration due	03-15-2012

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Convention Headquarters Hotel

Sheraton Seattle Hotel
1400 6th Avenue,
Seattle, WA 98101
Phone: (206) 621-9000

Group Rates

King	\$145
Double/Double	\$145
Triple/Quad Occupancy	\$155/\$166
Executive Level Single/Double	\$179

The NAMI group rates are available until **May 1, 2012** only!

Make your reservation early!

Make a Hotel Reservation

Sheraton/NAMI 2012 Hotel Reservation

Or call Sheraton Reservations at 888-627-7056 and tell the reservation agent you are attending the NAMI Convention.

Travel

Airfare:

Please check back in January 2012 for negotiated discounted air travel

Transportation to/from Sheraton

Cab ride: \$40-45 one way (20 min)

Train: \$2.75 one way (45 min)

Sound Transit Trip Planner for Travel by Train from the Airport.

A block of 10 rooms has been reserved.



National Alliance on Mental Illness
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 (800) 950-NAMI; info@nami.org
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Program

Our 2012 convention theme, **Think, Learn and Live: Wellness, Resiliency and Recovery**, highlights this year’s focus on developing effective programs and resources to increase resiliency and advance recovery.

Our 2012 National Convention program will feature:

- Top-notch researchers and clinicians providing information and tools to increase resiliency and advance recovery.
- People living with mental illness and their families providing their own important perspectives.
- Presenters that are diverse in perspective and demographics to best connect with diverse audiences.
- The country’s keenest minds and savviest policymakers offering strategies and tactics to effectively advocate for changing the mental health system in our nation.
- Abundant networking opportunities so we can learn from each other about how we can improve the lives of all people living with mental illness and their families
- Inspiration, innovation, and an exhilarating four days in one of America’s most beautiful city.

Convention at a Glance			
WEDNESDAY, JUNE 27	THURSDAY, JUNE 28	FRIDAY, JUNE 29	SATURDAY, JUNE 30
<p>DAYTIME: Leadership Council Meetings Leadership Institute General Session</p> <p>AFTERNOON: Orientation for First Time Attendees</p> <p>EVENING: Film Festival</p> <p><i>(Pre-convention day for Leadership Training Sessions)</i></p>	<p>DAYTIME: Education Institute and Workshops Estate Planning Seminar Mental Health on the Campaign Trail Opening Plenary</p> <p>EVENING: State Caucuses Celebrating NAMI and the Arts</p>	<p>DAYTIME: Symposia Workshops Research updates Special Interest Networking Meetings</p> <p>EVENING: Special Research Presentation</p>	<p>DAYTIME: Research Plenary NAMI Business Meeting Symposia Workshops</p> <p>EVENING: Closing Night Party</p>

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Information for first time attendees

What does my registration fee include?

The registration fee includes all registration materials, attendance at all meeting sessions and events, and the Closing Night Party on Saturday June 30. The registration fee does NOT include transportation, lodging, food, or incidental expenses. You must make your hotel and travel arrangements -- and pay for them -- yourself.

What if I register now, but then I am unable to attend? Can I transfer a registration to someone else?

Yes, you can transfer your registration to another person. You must inform us of the transfer in writing no later than June 1, 2012.

When should I plan on arriving in Seattle?

The convention begins on Wednesday, June 27 and end on Saturday evening, June 30. Visit the program page at www.nami.org/convention. It will help you plan your stay at the convention.

Where should I stay?

The NAMI 2012 Convention is being held at the Sheraton Seattle Hotel, located at 1400 6th Avenue. NAMI has negotiated special rates for attendees at the Sheraton for \$145 per night (plus tax) for a double or single room. In order to get the special rate, you must make your reservation by May 20th.

What airport should I fly into?

Seattle–Tacoma International Airport (also known as "**Sea-Tac Airport**") is the most convenient hotel for convention attendees. The airport is the primary hub for Alaska Airlines, whose headquarters is located near the airport, and its regional subsidiary Horizon Air.

When can I register on-site at the convention?

All convention attendees can pick up their name badge and registration materials at the NAMI Registration Desk, located on the second floor of the Sheraton Seattle hotel. NAMI's Registration Desk will open beginning at 8:00 am on Wednesday, June 27.

What kinds of things happen during the convention?

The convention features plenary sessions offering the latest information from some of the sharpest policy and scientific thinkers in the country, learning tracks on such topics as putting consumers and families in the driver's seat of the mental health system, Ask the experts sessions, and dozens of workshops from the NAMI grassroots.

How do I decide what sessions to attend?

Review the program schedule and plan your schedule so that you can attend the sessions most important to you. Be sure to schedule breaks and other rest periods for yourself. The Convention Orientation session is a valuable resource for those attending our convention for the first time. It is scheduled for Wednesday evening, June 27. The full convention program will be released at the convention, but you can receive regular program updates by visiting www.nami.org/convention.

What is a "plenary"?

Plenary sessions are major sessions of general interest designed for the entire convention attendance. They are held when no other events or sessions are scheduled.

What is the Leadership Institute? Can I attend?

The NAMI Leadership Institute offers leadership and organizational development opportunities to assist NAMI state organizations and local affiliates in meeting the NAMI mission. Any convention attendee in a leadership role of a local or state affiliate is encouraged to attend (including staff, board member, and active volunteer).

Leadership Institute sessions will be held on Wednesday, June 27.

What if I can't go to a session I'm interested in?

You can purchase CD recordings of almost all of the sessions held at convention.

Where can I get session recordings at the convention?

A recording company records nearly all sessions at the convention. A CD order form is included in the registration packet and are also available at the CD sales desk at the convention.

What should I wear at the convention?

Casual clothes are appropriate. There are no formal events but some attendees like to dress up for the Closing Night Party on scheduled for Saturday evening. We highly recommend that you wear comfortable walking shoes. Meeting rooms tend to be chilly during the first sessions of the morning so be certain to bring a sweater or a jacket.

Can I bring a guest with me to the party?

Additional tickets for the Closing Night Party can be purchased at the NAMI Registration Desk for \$45.00.

Is there time for sightseeing during convention or is the schedule full?

If you arrive in Seattle on Tuesday you will have time to sightsee on Tuesday afternoon and Wednesday morning.

Who are my state leaders and how can I meet them?

Most states will be holding meetings during the convention. It is an excellent time to meet your state leadership. The final schedule of state meetings will be listed in the program book.

I am looking for a member of my affiliate, how can I reach them?

A message board will be located in the hotel. Messages for convention attendees can be posted here. The message board also lists last-minute changes in room assignments, state caucuses, and other special meetings.

What are the elections being held? Can I vote?

Elections are held to determine which nominees will sit on the NAMI National Board of Directors. Only credentialed NAMI affiliate representatives can vote for the Board as well as on any pending resolutions or bylaw changes. Voting will take place on Friday, June 29.

SAVE THE DATE!!
MAY 23, 2012
TRIBAL MENTAL HEALTH
CONFERENCE

**TRIBAL NEEDS AND
HEALTHCARE REFORM**

12th Annual Conference
Presented by the North Sound Mental Health
Administration and the North Sound Tribes
At the Skagit Resort in Bow, WA

EARLY BIRD RATE WILL BE \$80.00

UNTIL MARCH 15, 2012

REGULAR REGISTRATION \$100

Visit our Website for more details as they become available

[HTTP://NSMHA.ORG/TRIBAL/DEFAULT.HTM](http://NSMHA.ORG/TRIBAL/DEFAULT.HTM)