



## **Advisory Board**

**September 11, 2012**

**Pre-meeting**

**12:15 - 1:00**

**Senior Services of Snohomish County**

**By**

**Kamilia Dunsky**

# NORTH SOUND MENTAL HEALTH ADMINISTRATION ADVISORY BOARD MEETING

## Agenda

September 11, 2012  
1:00 PM

1. Call to Order - Introductions, Chair
2. Revisions to the Agenda, Chair Tab 1
3. Comments from the Public
4. Approval of the August Meeting Minutes, Chair Tab 2
5. Executive Director Report
6. Monthly Committee Reports
  - a. Finance/Executive Committee
  - b. Planning Committee
  - c. Quality Management Oversight Committee (QMOC)
7. Old Business Tab 3
  - a. 2013 Request for Qualifications (RFQ)
    - i. Discussion Form for the DRAFT 2013 RFQ
    - ii. DRAFT 2013 RFQ document
    - iii. DRAFT 2013 RFQ Gantt Chart Timeline document
  - b. Revised By-Laws
8. Action Items Being Brought To The Board of Directors Tab 4
  - a. Consent Agenda
  - b. Action Items
  - c. Introduction Items
9. New Business
  - a. Systems of Care Institute (SOCI) Conference
  - b. Revision to Discussion Form
10. Comments from County Advisory Board Representatives
  - a. Island
  - b. San Juan
  - c. Skagit
  - d. Snohomish
  - e. Whatcom
11. Other Business
12. Adjournment

NOTE: The next Advisory Board meeting will be October 16, 2012, in the NSMHA Conference Room.

**North Sound Mental Health Administration (NSMHA)  
MENTAL HEALTH ADVISORY BOARD**

**August 14, 2012**

**1:00 – 3:00**

<b>Present:</b>	<b>Island:</b> <i>Candy Trautman</i> <b>Snohomish:</b> <i>CarolAnn Sullivan</i> <b>Whatcom:</b> <i>David Kincheloe, Russ Sapienza, Larry Richardson and Mark McDonald</i>
<b>Excused Absence:</b>	<b>Snohomish:</b> <i>Fred Plappert</i>
<b>Absent:</b>	<b>Skagit:</b> <i>Joan Lubbe</i>
<b>Staff:</b>	<i>Joe Valentine, Margaret Rojas and Rebecca Pate, recording</i>
<b>Guests:</b>	<i>Chuck Davis</i>

**MINUTES**

<b>TOPIC</b>	<b>DISCUSSION</b>	<b>ACTION</b>
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<b>CALL TO ORDER AND INTRODUCTIONS</b>		
Chair Trautman	Candy convened the meeting at 1:09 and introductions were made. Candy stated there was not a quorum at present but if one happens actions will take place later. Joe suggested for Counties located at a distance (i.e., San Juan) be able to attend via “Go to Meeting”. This will be discussed later.	Informational
<b>REVISIONS TO THE AGENDA</b>		
Chair Trautman	Candy asked for any revisions to the agenda. Candy added Strategic Planning under Regional Healthcare Alliance and David added proposal of Network of Care website.	Informational
<b>COMMENTS FROM THE PUBLIC</b>		
Chair Trautman	Candy asked for any comments from the public and no one was present.	Informational Motion carried
<b>OMBUDS SNAPSHOT (bi-monthly)</b>		
Chuck Davis	Chuck gave the Ombuds snapshot report which was included in the members manila folders.	Informational
<b>APPROVAL OF MINUTES</b>		
Chair Trautman	Candy asked for any revisions to the minutes and changes were made and with the arrival of CarolAnn Sullivan a quorum is present. Candy and Russ made revisions to the regular meeting minutes. Candy asked for a motion to approve the regular meeting minutes as amended. Mark made a motion to approve as amended, David seconded and motion carried.  Russ and David mentioned corrections for the retreat minutes. Russ made a motion to approve the retreat minutes as amended, CarolAnn seconded and motion carried.	Informational  Motion carried  Motion carried
<b>MONTHLY COMMITTEE REPORTS</b>		
	<b>Executive Director’s Report</b>	
Joe Valentine	<u><i>Regional Healthcare Alliance</i></u> Joe updated the Board on the decision of NSMHA to develop a “Regional Healthcare Alliance”. A draft charter was included in	Informational

the packet. When he was first hired the Board of Directors requested he create a Regional Healthcare Alliance that would provide a regional voice to the implementation of healthcare reform in the Region. What is being looked at is to create a Healthcare Alliance Taskforce bringing together law enforcement, mental health system, Chemical Dependency (CD) system, long-term care services and other public services that come into contact with and serve people suffering from mental illness or CD. He acknowledged the State is moving ahead contracting with Managed Care Organizations (MCO) to serve low income persons, which requires behavioral health services. As of July 1, there are five (5) MCOs serving “healthy options” individuals. They are supposed to coordinate with NSMHA and they are still talking with NSMHA. The State is going to be proposing to contract with MCOs to serve people on both Medicaid and Medicare (dual eligibles). There are three (3) counties in the state interested in the fully capitated plan, which means MCOs will be responsible for providing all the services, including mental health services. Funds would be moved from the Regional Support Networks (RSN) and Area Agency on Aging (AAA) budgets to the MCOs proportionate to the number of people enrolled in those plans. He stated our five (5) counties have some concerns because in this process the State would be contracting directly with MCOs with no avenue for local government, Advisory Boards, or local groups to voice concerns or provide input. This is the reason NSMHA’s Board of Directors is interested in creating the Regional Healthcare Alliance because this would bring stakeholders together in the region and the Alliance would start working on recommendations of how to coordinate care in this region. He mentioned NSMHA has contracted with Dale Jarvis, a consultant NSMHA has worked with in the past. NSMHA is planning to conduct a stakeholder forum in the fall to see if systems are interested in participating with NSMHA in this alliance that would work on strategies for coordinating mental health and behavioral health care. This could be used as a group to monitor how MCOs are doing (i.e., how well MCOs are doing what they are supposed to be doing) and give us a regional voice.

Health Home Network

The State is soliciting “letters of intent” for organizations who are interested in providing Health Home Services or being part of Health Home Networks (HHN). The State is pursuing two different strategies for providing services for: 1) high need dual eligibles and 2) fully capitated plan. The rest of the State will be funding Health Home Services (HHS). Extra funding would be given to HHSs to coordinate care between all the different services an individual receives. Joe mentioned the Board of Directors approved a letter being submitted by NSMHA regarding becoming a “HHN” in this region. In the fall, the State will be having forums to discuss HHN model and the only people invited will be

	<p>those that submitted a “letter of intent”. He added discussions have taken place between NSMHA and providers to see if they are willing to work with NSMHA as a HHN and all have expressed an interest in working with NSMHA as a HHN, as well as, counties, AAA and Northwest Regional Council. Discussion followed.</p> <p>Joe stated it is hoped with this model a reduction in emergency room services, institutionalization and outpatient care costs and somehow the Medicaid savings would come back to the states to be re-invested in other services. Discussion followed. At the next meeting, Joe will provide an update.</p> <p><u>Strategic Plan</u></p> <p>Joe stated an updated Strategic Plan for 2013-2016 needs to be done and the process began at the Advisory Board retreat. The Advisory Board and staff input was taken to the day long Leadership Team Retreat where they tried to put into seven (7) goals. He added under the goals strategies were put in about how to accomplish the goal. He reviewed and discussed the document with the members calling out areas of concern. He stated a strategic plan with seven (7) goals would be too large to handle. He said NSMHA is proposing keeping all seven (7) goals; however, they would be broken out into two categories (i.e., Priority One and Priority Two). The top three (3) goals would be chosen and three (3) specific strategies will be identified for each goal with each strategy drilled down to a specific work plan stating: 1) this will be done by this time, 2) this person will be responsible for how it will be measured, etc. He added the other four (4) goals would be incorporated into ongoing work so as time allows these would be worked on. He stated at the next meeting he wants the Advisory Board members to prioritize these goals, identify the top three (3) goals and look at strategies to see if there are any others they can think of to add to these top three (3) and prioritize realistically.</p>	<p>Joe provide update at next meeting</p>
	<p><b>Finance/Executive Committee</b></p>	
<p>Chair Trautman</p>	<p><u>Finance/Executive Committees</u></p> <p>Candy stated the revised By-Laws were reviewed during the Executive Committee and several additional changes were noted. She added the changes will be incorporated by Margaret with David’s help and brought back to the September meeting for approval. Candy stated a motion is being brought forward for full approval was for 7 scholarships for the Co-Occurring Disorders (COD) Conference. Some discussion followed. David made a friendly amendment to his original motion from Finance Committee to increase the scholarships from 7 to 10 based on rough numbers provided by Rebecca, Larry seconded and motion carried. Mark wants to attend and David is considering attending. Rebecca will send out email to Advisory Board and general public. David wants the Advisory Board to take a pro-active stance on</p>	<p>Informational</p> <p>Motion carried Send out email</p>

	people signed up to attend. Russ stated he has concerns about this. This will be followed up on by Joe and Margaret.	
	<b>Planning Committee</b>	
Chair Trautman	<p>The committee brief below is in members manila folders for their review.</p> <p><u>Planning Committee Charter</u> The charter was updated in 2011 to clarify a quorum and at the last meeting clarification on voting membership was called for. Lisa researched the charter and realized an outdated charter had been updated. She then updated the current board approved charter from 2006 to clarify both pieces and it was approved by committee.</p> <p><u>Budget Transfers</u> NSMHA does an analysis twice a year on fee for service funding with the goal of realigning unspent funds by county, agency and child/adult services. Some providers overspend their funds while others under spend and this allows those that overspend to utilize this funding. The recommended transfers for this period were reviewed and discussed and the transfer was approved by committee.</p> <p><u>Draft 2013 RFQ</u> There will be an RFQ for outpatient services released in October 2012 to include an E&amp;T in Skagit County, intensive outpatient for adults and older adults and outpatient and medication services. In San Juan County it will include intensive services for children/youth. It has been 6 years since the last outpatient RFQ and this will allow for new providers as well. The draft is out for feedback by the committee and will be brought back to the August Planning Meeting with feedback incorporated as appropriate and with approval would move forward to Advisory Board.</p>	Informational
	<b>Quality Management Oversight Committee (QMOC) Report</b>	
Chair Trautman	<p>The QMOC brief below is in members manila folder for their review.</p> <p><u>Special Populations Consults</u> Kurt A developed a list of specialist providers that may be contacted when a consult is needed. They are mental health professionals that have agreed to be contacted by agencies if needed.</p> <p><u>Clinical Forums</u> A recommendation came from the Ombuds in their last report to set up forums to address recurring clinical issues. Their recommendation was to consider forming a regional team to discuss common core issues of difficult to treat clients; those with problems of delusion, paranoia, and excessive anger for example. It was decided that Greg and Chuck will set up this first meeting with a discussion on the complaint and grievance process.</p>	Informational

	<p><u>Healthy Options Program (HOP)</u> HOP has five managed care organizations in our region and we have MOUs with them to guide our interactions with them and are also working on data sharing agreements. NSMHA was approached by United Healthcare to manage their mental health program; after research we have declined to do this.</p> <p><u>Critical Incident Program</u> There were changes to this program that started on July 1 and NSMHA is working on updating the policies and form to comply. Categories were added or combined and RSN reporting is more structured.</p> <p><u>General Contract Changes</u> Providers were updated about the contract amendments that went into effect on July 1, 2012; more updates will come in October and go into amendments at that time.</p> <p><u>Customer Satisfaction Survey</u> The survey conducted last year will be repeated in October with the hope of increasing the participation rate by 15% over the 45% rate of the initial survey last year.</p> <p><u>Utilization Review Results</u> The report for the 2012 review was discussed and NSMHA will be sending out remedial action letters to providers who fell below the 90% mark in 2012 and 2011 and/or 2010.</p>	
<b>OLD BUSINESS</b>		
Chair Trautman	Rebecca provided at list of attorneys that provide trust services for anyone interested.	Informational
<b>ACTION ITEMS BEING BROUGHT TO THE BOARD OF DIRECTORS</b>		
Joe Valentine	<p><b>INTRODUCTION ITEMS</b></p> <p><b>Mental Health Block Grant</b> The State has decided to continue the current MHBG contracts for an additional nine (9) months and is prorating the funding for the period of the amendment. The current contract funding does not carry over into the amendment cycle; all 10/1/11-9/30/12 billings must be to NSMHA by October 15, 2012, as is standard practice. NSMHA will reapply for MHBG funds in March of 2013 for a contract start date of July 1, 2013. Below are the contract amendments that will be brought before the Board for action at the September meeting:</p> <p>NSMHA-COMPASS HEALTH-MHBG-11-12 AMENDMENT 1 for the provision of amending the contract by an extension of nine (9) months for a new end date of June 30, 2013 and to amend the maximum consideration by an increase of \$113,787 for a new maximum consideration of \$265,503.</p>	Informational

	<p>NSMHA-COMPASS HEALTH BAILEY PEER CENTER-MHBMG-11-12 AMENDMENT 1 for the provision of amending the contract by an extension of nine (9) months for a new end date of June 30, 2013 and to amend the maximum consideration by an increase of \$112,500 for a new maximum consideration of \$262,500.</p> <p>NSMHA-CONSUMER VOICES ARE BORN (CVAB)-MHBMG-11-12 AMENDMENT 1 for the provision of amending the contract by an extension of nine (9) months for a new end date of June 30, 2013 and to amend the maximum consideration by an increase of \$112,500 for a new maximum consideration of \$262,500.</p> <p>NSMHA-HOPE OPTIONS-MHBMG-11-12 AMENDMENT 2 for the provision of amending the contract by an extension of nine (9) months for a new end date of June 30, 2013 and to amend the maximum consideration by an increase of \$27,138 for a new maximum consideration of \$71,322.</p> <p>NSMHA-ISLAND COUNTY-MHBMG-11-12 AMENDMENT 2 for the provision of amending the contract by an extension of nine (9) months for a new end date of June 30, 2013 and to amend the maximum consideration by an increase of \$44,625 for a new maximum consideration of \$59,047.</p> <p>NSMHA-OPPORTUNITY COUNCIL ADULT-MHBMG-11-12 AMENDMENT 2 for the provision of amending the contract by an extension of nine (9) months for a new end date of June 30, 2013 and to amend the maximum consideration by an increase of \$35,175 for a new maximum consideration of \$84,325.</p> <p>NSMHA-OPPORTUNITY COUNCIL YOUTH-MHBMG-11-12 AMENDMENT 2 for the provision of amending the contract by an extension of nine (9) months for a new end date of June 30, 2013 and to amend the maximum consideration by an increase of \$35,175 for a new maximum consideration of \$83,125.</p> <p>NSMHA-SAN JUAN COUNTY-MHBMG-11-12 AMENDMENT 2 for the provision of amending the contract by an extension of nine (9) months for a new end date of June 30, 2013 and to amend the maximum consideration by an increase of \$21,750 for a new maximum consideration of \$38,750.</p> <p>NSMHA-SENIOR SERVICES-MHBMG-11-12 AMENDMENT 2 for the provision of amending the contract by an extension of nine (9) months for a new end date of June 30, 2013 and to amend the maximum consideration by an increase of \$30,750 for a new maximum consideration of \$82,194.</p>	
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NSMHA-SKAGIT COUNTY-MHBG-11-12 AMENDMENT 2 for the provision of amending the contract by an extension of nine (9) months for a new end date of June 30, 2013 and to amend the maximum consideration by an increase of \$39,413 for a new maximum consideration of \$98,963.

NSMHA-SNOHOMISH COUNTY-MHBG-11-12 AMENDMENT 1 for the provision of amending the contract by an extension of nine (9) months for a new end date of June 30, 2013 and to amend the maximum consideration by an increase of \$47,250 for a new maximum consideration of \$130,250.

NSMHA-SUN COMMUNITY-MHBG-11-12 AMENDMENT 1 for the provision of amending the contract by an extension of nine (9) months for a new end date of June 30, 2013 and to amend the maximum consideration by an increase of \$44,250 for a new maximum consideration of \$103,250.

NSMHA-TULALIP TRIBES-MHBG-11-12 AMENDMENT 1 for the provision of amending the contract by an extension of nine (9) months for a new end date of June 30, 2013 and to amend the maximum consideration by an increase of \$48,750 for a new maximum consideration of \$113,750.

NSMHA-WCPC RAINBOW RECOVERY-MHBG-11-12 AMENDMENT 2 for the provision of amending the contract by an extension of nine (9) months for a new end date of June 30, 2013 and to amend the maximum consideration by an increase of \$112,500 for a new maximum consideration of \$270,834.

**ACTION ITEMS**

**Motion #12-026**

To authorize NSMHA Executive Director Joe Valentine to submit a letter of intent to the Department of Social and Health Services and Washington State Health Care Authority, for the North Sound Mental Health Administration to become part of a qualified "Health Home Network" serving one or more counties within the North Sound Region.

**Motion #12-027**

To approve the following monthly budget transfers starting August 2012:

**Skagit County Children's Outpatient Services**

Increase Catholic Community Services Northwest by \$675 per month. Decrease Compass Health \$658 per month. Decrease Sea Mar Healthcare \$16 per month.

**Snohomish County Adult Outpatient Services**

Increase Bridgeways by \$5,921 per month. Increase Sunrise Services by \$13,220 per month. Decrease Compass Health \$15,783 per month. Decrease Sea Mar Healthcare \$3,357 per month.

**Snohomish County Intensive Adult Outpatient Services**

Increase Sunrise Services by \$1,834 per month. Decrease Compass Health \$662 per month. Decrease Bridgeways \$1,171 per month.

**Snohomish County Children's Outpatient Services**

Increase Catholic Community Services Northwest by \$870 per month. Decrease Compass Health \$817 per month. Decrease Sea Mar \$52 per month.

**Whatcom County Adult Outpatient Services**

Increase Lake Whatcom by \$7,647 per month. Increase Sea Mar by \$3,920 per month. Decrease Whatcom Counseling & Psychiatric Clinic \$10,931 per month. Decrease Interfaith Community Health Center \$634 per month.

**Whatcom County Children's Outpatient Services**

Increase Catholic Community Services Northwest \$2,774 per month. Decrease Sea Mar by \$226 per month. Decrease Whatcom Counseling & Psychiatric Clinic \$2,547 per month.

**PIHP contract amendments due to the above budget transfers**

To approve NSMHA-BRIDGEWAYS-MEDICAID-11-13 AMENDMENT 1 for the provision of a fee for service budget transfer increasing the maximum consideration by \$52,250 for a new maximum consideration of \$1,645,121.

To approve NSMHA-CATHOLIC COMMUNITY SERVICES NW (CCSNW)-MEDICAID-11-13 AMENDMENT 1 for the provision of a fee for service budget transfer increasing the maximum consideration by \$47,509 for a new maximum consideration of \$3,946,726.

To approve NSMHA-COMPASS HEALTH-MEDICAID-11-13 AMENDMENT 2 for the provision of a fee for service budget transfer decreasing the maximum consideration by \$197,120 for a new maximum consideration of \$24,220,032.

To approve NSMHA-INTERFAITH-MEDICAID-11-13 AMENDMENT 1 for the provision of a fee for service budget transfer decreasing the maximum consideration by \$6,974 for a new maximum consideration of \$650,137.

To approve NSMHA-LAKE WHATCOM CENTER-MEDICAID-11-13 AMENDMENT 1 for the provision of a fee for service budget transfer increasing the maximum consideration by \$83,017 for a new maximum consideration of \$1,869,600.

To approve NSMHA-SEA MAR-MEDICAID-11-13 AMENDMENT 1 for the provision of a fee for service budget transfer increasing the maximum consideration by \$2,959 for a new maximum consideration of \$1,726,408.

To approve NSMHA-SUNRISE-MEDICAID-11-13 AMENDMENT 1 for the provision of a fee for service budget transfer increasing the maximum consideration by \$165,594 for a new maximum consideration of \$3,089,802.

To approve NSMHA-WHATCOM COUNSELING & PSYCHIATRIC (WCPC)-MEDICAID-11-13 AMENDMENT 1 for the provision of a fee for service budget transfer decreasing the maximum consideration by \$148,258 for a new maximum consideration of \$4,890,251.

**PROPOSED ITEM**

Motion xxx

To authorize NSMHA Executive Director, Joe Valentine, to submit a letter of intent to the Department of Social and Health Services and Washington State Health Care Authority for the North Sound Mental Health Administration to become part of a qualified "Health Home Network" serving one or more counties within the North Sound Region.

Background:

On July 27, 2012 the Department of Social and Health Services [DSHS] and Washington State Health Care Authority [HCA] issued a letter soliciting Letters of Intent from organizations interested in becoming either a Health Home "Lead Entity" or participating in a Home Health Network to provide care coordination services [attached]. This solicitation is in preparation for the state's implementation of "Health Home Services" for high risk populations who are receiving both Medicare and Medicaid services. "Health Home Services" are designed to provide care coordination of primary health care and behavioral health care services to persons with one or more chronic conditions in order to better integrate services that will reduce the utilization of more expensive interventions. In order to be selected as a Health Home lead entity, organizations must already have a comprehensive network of health care services in place. However, organizations can also indicate interest in being a part of a Health Home network in which another organization acts as the lead entity.

NSHMA and its provider agencies already provide care coordination services to persons suffering from mental illness. Leveraging the capacity of this existing system would make the most efficient use of public resources in integrating primary health care and mental health services, particularly to persons suffering from the most acute forms of mental illness. The state will be holding regional forums on its Health Home proposal in September. However, these forums will be open only to those who submit Letters of Intent. By submitting a Letter of Intent, NSMHA can be included in future state planning for Health Homes and also be in a position to work with other organizations interested in building a Health Home Network in the North Sound

	<p>Region. Letters of intent are non-binding and do not commit organizations submitting them to any specific contractual or fiscal obligations.</p>	
<p><b>NEW BUSINESS</b></p>		
<p>Chair Trautman</p>	<p>Russ stated they arrived at the Statewide Consumer Conference and it was good and well attended. He stated Swil Kanim was a Keynote Speaker. They experienced some transportation issues but otherwise all went well.</p> <p>Add SOCI presentation to next month's agenda and carry forward the revisions to the discussion form.</p> <p><u>2013 Request for Qualifications (RFQ)</u>          Lisa was present to review and discuss the process for the RFQ. She stated this has been introduced to the Planning Committee and staff. It will be introduced to the Board of Directors at their September meeting. She mentioned a detailed timeline is included. She stated this RFQ was for outpatient and medication services, intensive outpatient for adults and older adults and Evaluation and Treatment facility. She announced a separate RFQ will be done for children's intensive outpatient and in a year Crisis Services will be done. She said the break out was done this way to ensure some stability within the system during all the changes. She requested any comments/feedback by <b>August 28<sup>th</sup></b> so comments and input could be incorporated by their September meeting. Joe affirmed this is a lot of information to shift through and what might be helpful would be to study specific qualifications prospective providers are asked to address (Section II) and on page 13 beginning with Sections 2.1 forward would be particular areas to pay close attention to and provide feedback.</p> <p><u>Marketing for Advisory Board Membership</u>          Joe stated this will be an ongoing discussion and he said he is scheduled to go to the two counties that are having the least participation. He stated if anyone has any comments/suggestions would be appreciated. Russ stated membership here has aided in his recovery and it helps channel funding. It was suggested contacting parenting groups, NAMI and other outside entities. It was mentioned to call out that lunch and transportation were covered. Conference and training scholarships available. You can be the voice for over ?? Medicaid peers. Larry suggested an internship for a person in communications to assist with the marketing. CarolAnn suggested attending the meetings for Council on Aging. Discussion followed.</p> <p><u>Network of Care Website</u>          David mentioned it and said all could read at their leisure. He stated it is a website with resources, message board and library among other things. He stated NSMHA is looking at redesigning</p>	<p>Informational</p> <p>Add SOCI to next agenda &amp; carry forward revision to discussion form</p> <p>Input back to NSMHA by August 28<sup>th</sup></p>

	<p>their website and this is why he brought this up. He mentioned this website functions as a portal to other avenues of resources. He stated this could be incorporated as a part of the NSMHA website. He said 11 states have adopted it. He said they would implement it for us and maintain it for NSMHA. He provided numbers for cost on the last page. He acknowledged Bruce is willing to give NSMHA this service for half the original cost. He said he needs approval to push this forward for acceptance. He stated Bruce is already coming to Washington and willing to give a presentation. Joe said he would be the individual to consult. He said it is worth consideration and willing to talk to David off line.</p>	
<b>COMMENTS FROM COUNTY ADVISORY BOARD REPRESENTATIVES</b>		
Island	Candy said she was not present and had nothing to report.	Informational
San Juan	<p>Barbara LaBrash submitted the following report:</p> <p>Working with providers on the housing plan for the funds balance which has been very challenging due to economy of scale issues and the need for more intensive supports with non-contiguous geography (i.e. islands not connected by roads and time involved to travel between islands via ferry.</p> <p>Struggling with and working with NSMHA and the other counties on the delegation of duties issue. NSMHA is the counties as defined by Interlocal Agreement. Changes in the state contract appear to be threatening our infrastructure. NSMHA and the counties are working hard together to find a workable solution.</p> <p>Feeling very discouraged about the potential loss of jail services funding if it no longer comes through the counties. For Island and San Juan Counties, this will have a direct impact on the oversight and coordination that has been necessary for the success of the program.</p> <p>We went through the approval process and designated a new DMHP for crisis services.</p> <p>We met with Peace Health and Compass Health Emergency Services Director to advocate and plan for utilization of the new Critical Access Hospital in Friday Harbor. They plan to start seeing patients in November. The secure room will not be as secure as we had hoped but will afford a higher level of supervision for people in crisis. We were informed it is not meant to be receiving area for mental health clients on Orcas or Lopez. We continue to advocate to get interested parties like Law Enforcement to the table to ensure that everyone understands and has clear expectations about the facility and process. This has been a major challenge. Another meeting is scheduled for late August.</p> <p>Met with NSMHA advisory board member Mary Ann Slabaugh to discuss recruitment of her replacement. She has been actively looking as have I. Our local advisory board has also been enlisted.</p>	Informational

Skagit	No representative present.	Informational
Snohomish	CarolAnn stated they had a presentation on the Triage Center.	Informational
Whatcom	Russ stated NAMI Whatcom had a picnic last Thursday at Whatcom Falls Park. They will be having the Peer-to-Peer Module beginning on September 4 <sup>th</sup> and occurring every Tuesday from 6-8 through November 20 <sup>th</sup> at St. Luke's Education Center.	Informational
<b>OTHER BUSINESS</b>		
Chair Trautman	Candy asked for any other business and nothing was mentioned.	Informational
<b>ADJOURNMENT</b>		
Chair Trautman	Russ made a motion to adjourn the meeting, Mark seconded and motion carried. The meeting was adjourned at 3:11 The next meeting will be September 11, 2012, in the NSMHA North Conference Room.	Informational Motion carried

# North Sound Mental Health Administration (NSMHA) Discussion Form for Advisory Board 09/11/2012

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**AGENDA ITEM:** Review of DRAFT 2013 Request for Qualifications (RFQ) for Mental Health Outpatient Services

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

**PRESENTER:** Lisa Grosso/Joe Valentine

**COMMITTEE ACTION:** **Action Item (X)** FYI & Discussion (X) FYI Only ( )

## **SIGNIFICANT POINTS OR EXECUTIVE SUMMARY:**

### **OBJECTIVE:**

To review, discuss and obtain recommendation and approval of the DRAFT 2013 RFQ from the Advisory Board to advance the DRAFT 2013 RFQ to the Board of Directors for consideration.

### **BACKGROUND:**

1. 02/2011 At the Planning Committee in February 18, 2011 NSMHA announced intention to pursue an RFQ for Outpatient Services.
  - a. The North Sound Region went through a major clinical redesign and RFQ process to shift to the fee-for-service model and introduce high intensity services for both children and adults and Fidelity Supported Employment in 2006 and 2007.
  - b. The new system will have been operational for five years in June 2012.
2. 05/2011 A plan and timeline was developed for this major process to be completed with a new 5 year contract targeted for October 1, 2012. This information was shared at the Integrated Provider meeting of May 13, 2011. The Providers at this meeting expressed concern over conducting an RFQ in current time of budget reductions and change.
3. 05/2011 The Planning Committee was briefed on May 17, 2011 and a decision was made to recommend a delay in the RFQ of 9 months, later approved by the Advisory Board and motion approved by the Board of Directors June 9, 2011. The RFQ timeline was adjusted by 9 months for a new 5 year contract targeted for July 1, 2013.
4. Business case for RFQ:
  - a. The Planning Committee agreed over 2 years ago that NSMHA would re-RFQ Outpatient Services, at a minimum, every five years to ensure choice for consumers.
  - b. Several Providers not currently on contract have inquired about becoming Providers within the North Sound Region's public mental health system, including one Provider that has a child psychiatrist. Current Providers have expressed interest in expansion of services.
  - c. There are new requirements in Healthcare Reform with key drivers of evidence based practices and federal and state move towards integration of medical and behavioral healthcare, to name a few.
  - d. The DRAFT 2013 RFQ is for Mental Health Outpatient Services:
    - i. Outpatient and Medication Services for all ages and fee for service intensive services for Children/Youth in San Juan County only (Contract Start: 10/01/2013)
    - ii. Intensive Outpatient (IOP) for Adults/Older Adults (Contract Start: 10/01/2013)
    - iii. Evaluation & Treatment (E&T) (Contract Start: 07/01/2013)
5. 06/2012 Integrated Provider Meeting Update on June 18, 2012 - NSMHA 2013 RFQ
  - a. Projected Timeline for DRAFT 2013 RFQ, modified following feedback from the Providers to include:
    - i. 3 full calendars months for applications
    - ii. 1 month earlier contract award announcement (04/8 vice 05/14/2013)
    - iii. Contract start for Outpatient and Medication Services and IOP Adults/Older Adults is 10/1/2013 (vice 07/1/2013) to afford 5 full months for transition planning
6. Current DRAFT 2013 RFQ Timeline:
  - a. SEPTEMBER 2012
    - i. 09/11 Review, discussion and recommendation of Advisory Board
    - ii. 09/13 Status update to Board of Directors

# North Sound Mental Health Administration (NSMHA) Discussion Form for Advisory Board 09/11/2012

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- b. OCTOBER 2012
  - i. 10/11 Review, discussion and recommendation of Board of Directors
  - ii. 10/30 Release of RFQ released to the public
- c. NOVEMBER 2012
  - i. 11/09 Non-Mandatory Bidders Conference
  - ii. 11/23 Due date for questions regarding Application and/or selection process
  - iii. 11/28 Due date for Letter of Interest form
- d. DECEMBER 2012
  - i. 12/12 Target date for release of Responses to Questions
- e. FEBRUARY 2013
  - i. 02/01 Due date for Complete RFQ Applications
- f. APRIL 2013
  - i. 04/08 Target date to announce Contract Awards
- g. JULY 2013
  - i. 07/01/2013 New E&T Contract begins
- h. OCTOBER 2013
  - i. 10/01 New Outpatient and Medication and Intensive Outpatient Service Contracts begin

## **PREVIOUS ACTION(S) TAKEN:**

- 1. JUNE 2012
  - a. 06/26 Announced to County Coordinators at their meeting – COMPLETED
- 2. JULY 2012
  - a. 07/13 Distributed in Planning Committee packet for review/edit and comment feedback during the period 07/13-08/03/2012 - COMPLETED
  - b. 07/20 Introduction to Planning Committee – COMPLETED
  - c. 07/24 Introduction to County Coordinators – COMPLETED
- 3. AUGUST 2012
  - a. 08/07 Distributed in Advisory Board packet for review/edit and comment feedback during the period 08/14-08/28/2012 - COMPLETED
  - b. 08/09 Announcement in the Executive Director Report to the Board of Directors - COMPLETED
  - c. 08/14 Introduction to Advisory Board - COMPLETED
  - d. 08/17 Review/Discussion and Recommendation at Planning Committee – COMPLETED – APPROVED TO MOVE FORWARD
  - e. 08/28 Status update provided to County Coordinators – COMPLETED
- 4. SEPTEMBER 2012
  - a. 09/11 Review/Discussion and Recommendation at Advisory Board - **PENDING**

## **CONCLUSIONS/ACTION REQUESTED:**

Approval of the DRAFT 2013 RFQ from the Advisory Board to advance the document to the Board of Directors for consideration at their 09/13/2012 meeting.

Recommend the DRAFT 2013 RFQ move forward on the timeline as outlined above, with introduction to each Committee/Board in one month, followed by discussion and recommendation in the following month, with recommended changes addressed prior to moving to the next level.

## **FISCAL IMPACT:**

No change to the current modified fee-for-service; new contract to ensure choice for consumers

## **ATTACHMENTS:**

DRAFT 2013 RFQ  
DRAFT 2013 RFQ Gantt Chart Timeline

**Memo To:** Interested Community Mental Health Agencies  
**From:** Joe Valentine  
Executive Director  
North Sound Mental Health Administration  
**Date:** October 30, 2012  
**Subject:** Request for Qualifications (RFQ)

The North Sound Mental Health Administration (NSMHA) is seeking applications from licensed Community Mental Health Agencies to serve NSMHA enrollees and individuals in the five-county region that includes Snohomish, Skagit, Island, San Juan, and Whatcom Counties. We are seeking service providers for:

- Outpatient and Medication Services
- Intensive Outpatient Services Adults and Older Adults
- Evaluation & Treatment (E&T) Center

If you are interested in being a provider of one or more categories of services in one or more of these counties, you are invited to study the enclosed packet and complete the required forms.

The NSMHA will be holding a non-mandatory *Bidders' Conference* on **Friday, November 9, 2012 from 10:00 a.m. to 12:00 p.m.** (noon) at the NSMHA offices, 117 N. 1st Street, Suite 8, Mt. Vernon, WA. If your agency is interested in submitting an application, you must return the enclosed *Letter of Interest* form by close of business (5 p.m.) **Wednesday, November 28, 2012**. If these forms are not submitted you will not be eligible to submit an application. However, returning these forms does not commit you to completing a full application. *Questions* regarding this process or the application must be received in writing by NSMHA by **Friday, November 23, 2012**. *Answers* to all questions will be mailed to all applicants on or around **Wednesday, December 12, 2012**.

Four copies of the completed and signed *Application Form* must be received by NSMHA at 117 N. 1st Street, Suite 8, Mt. Vernon, WA 98273-2858 by close of business (5 p.m.) **Friday, February 1, 2013**. Postmarks are not acceptable. Email or fax will not be accepted.

NSMHA will award multiple contracts and will select only a sufficient number of providers to meet the projected NSMHA service needs. Applicant agencies will be evaluated by an Evaluation Team that will score the Application. The NSMHA management will recommend finalists to the Board of Directors based on the Evaluation Team's findings. Awards will be announced on **Monday, April 8, 2013**. Appeals of the selection decision must be made within one week of notification to the NSMHA Board of Directors. Provider selected must be prepared to provide services for the Evaluation and Treatment Center (E&T) beginning **Monday, July 1, 2013**. Providers selected must be prepared to provide services for the Outpatient and Medication and Intensive Outpatient (IOP) services for Adults/Older Adults beginning **Tuesday, October 1, 2013**.

NSMHA reserves the right to: reject any and all Applications; extend the Application submission date; amend the RFQ; and waive any irregularities or informalities in any Applications. NSMHA shall be the sole judge of the merits of each Application.

## IMPORTANT DATES

- October 30, 2012:** RFQ released to the public
- November 9, 2012:** Non-Mandatory Bidders Conference
- November 23, 2012:** Due date for questions regarding Application and/or selection process
- November 28, 2012:** Due date for Letter of Interest form
- December 12, 2012:** Target date for release of Responses to Questions
- February 1, 2013:** Due date for completed RFQ Applications
- April 8, 2013:** Target date to announce Contract Awards
- July 1, 2013:** Contract start date for Evaluation and Treatment (E&T) Center
- October 1, 2013:** Contract start date for Outpatient and Medication Services and Intensive Outpatient (IOP) for Adults and Older Adults

## SECTIONS OF THIS REQUEST FOR QUALIFICATIONS PACKET:

- I. Letter of Interest Form
- II. Overview and Instructions
- III. Request for Qualifications Response Form
- IV. Budget Instructions and Budget Forms
- V. NSMHA Clinical Design
- VI. NSMHA Finance and Contracting Design
- VII. Sample NSMHA Provider Contract

**Section I: LETTER OF INTEREST FORM**

*Please type or print all information. Return the completed and signed form to the NSMHA office at 117 N. 1st Street, Suite 8, Mt. Vernon, WA 98273-2858. Letter of Interest Form **must be received by NSMHA by November 28, 2012**. Faxed, E-mail, late or incomplete forms will not be accepted.*

**IDENTIFYING INFORMATION**

Agency Name: \_\_\_\_\_  
 Director's Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Street or Box #: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 E-Mail Address: \_\_\_\_\_

**After reviewing the entire packet**, place an "X" in each section of the following grid that corresponds to the Sub-Region, County and Service Area you are interested in serving:

Sub-Region	1				2			3
	Snohomish County				Skagit County	Island County	San Juan County	Whatcom County
County/Service Area	N. County	Everett	S. County	E. County	County-wide	Whidbey I.	Camano I.	County-wide
• Outpatient and Medication Services								
• Intensive Outpatient Services – Adults/Older Adults								
• Evaluation & Treatment Center								

Signature below indicates an interest in becoming a Community Mental Health Agency (CMHA) for the North Sound Mental Health Administration (NSMHA). I understand that signing this letter does not bind me to submission of a full application. All information submitted in this letter of intent is true to the best of my knowledge and belief. I fully understand that any significant misstatement in or omission from this application may constitute cause for denial of participation with the NSMHA.

\_\_\_\_\_  
**Name and Title (print or type)**

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**Signature** **Date**

## Section II: OVERVIEW AND INSTRUCTIONS

### North Sound Mental Health Administration's History and Structure

#### History of NSMHA

The NSMHA began operations on January 1, 1991. The NSMHA, formerly the North Sound Regional Support Network (NSRSN), was formed by an interlocal agreement between Island, San Juan, Skagit, Snohomish and Whatcom counties that define the geographic service area of the North Sound Region. NSMHA contracts with the Division of Behavioral Health and Recovery (DBHR) of the State of Washington to provide public mental health services for these five counties (North Sound Region). NSMHA is governed by a Board of Directors comprised of elected officials or their designated alternates, the Chair and Vice-Chair of the Regional Advisory Board, and representatives of the 8 Tribal sovereign nations within the North Sound Region. According to the terms of the Interlocal Agreement, Board of Director votes are divided as follows:

• Snohomish County – 4	• Island – 1
• Whatcom County – 2	• San Juan – 1
• Skagit County – 1	• Tribes – 1

In 1991, the NSMHA took over from the five counties contracts with 16 mental health providers to provide services. Services were paid on a fee for service and block contract basis at that time. Then, NSMHA developed a tier system of payment based on the severity of a person's mental illness. In 1997, the NSMHA issued a Request for Proposals (RFP) to provide capitated, managed care mental health services for all Medicaid eligible people across the North Sound Region, plus carve-outs for specialty services, including crisis line and some Involuntary Treatment Act (ITA) services, as well as, services to Hispanics and Native Americans.

A major need at this point in the history of NSMHA was to create a public mental health system that integrated outpatient, inpatient and crisis services. The Request for Proposal (RFP) issued by NSMHA sought mental health provider agencies that could deliver innovative, effective mental health services, be accountable to the public and demonstrate the ability to coordinate with other social service agencies.

This Request for Qualifications (RFQ) represents a stage in contracting and funding of mental health services. This contracting and funding model is driven by changes in Center for Medicaid and Medicare Services (CMS) funding policies. CMS has moved away from capitated managed care funding systems to an actuarially-sound fee for service rate determination system. Using a fee for service model provides more consumers the ability to access mental health services and the intensity of services will increase with the severity of individual's illness. This system is intended to continue the opportunity for choice to individuals in service providers.

**The Mission of NSMHA is the *VISION OF HOPE AND PATHS TO RECOVERY*:**

“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, measureable 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 youth, 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 for those with multiple needs, achieved through collaboration and partnerships with other systems and organizations.

The following table summarizes the three services to be included in this RFQ. Budgets are based on projections from actual usage in FY2011 and are subject to change based on additional revenue information and the results of this RFQ process.

RFQ Section and Service Title	Projected Annual Budget	Estimated Number of Clients	Estimated Number of Service Units	Unit of Service Measure
1. Outpatient and Medication Services all ages and Intensive Services for Children/Youth in San Juan County	\$21,015,472	15,746	156,832	Client Hours
2. Intensive Outpatient Services Adults/Older Adults	\$2,897,670	385	21,470	Client Hours
3. Evaluation & Treatment Center	BID	16 Beds/Day	16 Beds/Day	Per Diem

## INSTRUCTIONS

Please read the entire RFQ packet first and follow directions.

Proposals must be clearly typewritten, single-spaced, on 8.5" x 11" paper and typed double sided. Do not use a type font smaller than 12 point. You may use the Microsoft Word version of this RFQ as the template for completing your Application.

If you choose to not use the Microsoft Word version of this RFQ to complete your Application, your responses must restate each question or use the same numbering and lettering sequence as in the RFQ. In either case, responses and supporting documentation must be in the same sequence as the RFQ.

Please make all written responses clear, specific and brief. Quality not quantity counts.

Applicant agencies must complete:

Section 1: Identifying Information,

Section 5: Other Information,

Section 6: Current Mental Health Individuals Served,

Section 7: Testimony of Agreement, Accuracy and Signature,

Service referenced in the table above (1 through 3) that you are applying for in this RFQ,

Section IV: Budget Instructions and Budget Forms if you are applying to provide services in the North Sound Region for the E&T only

Four copies of the completed and signed *Application Form* must be received by NSMHA at 117 N. 1st Street, Suite 8, Mt. Vernon, WA 98273-2858 by close of business (5 p.m.) **February 1, 2013**. Postmarks are not acceptable. Email or fax will not be accepted.

## SCORING AND SELECTION PROCESS

NSMHA will award multiple contracts and will select only a sufficient number of providers to meet the projected NSMHA service needs. If more capacity is identified for a given service than the projected need, the application scoring process will be used to prioritize awards; higher scoring Applications for that service will receive a greater proportion of the award.

Applicant agencies will be evaluated by an Evaluation Team that will score the Application. The NSMHA management will recommend finalists to the Board of Directors based on the Evaluation Team's findings. Provider selected for the Evaluation and Treatment (E&T) Center must be prepared to provide services beginning **July 1, 2013**. Providers selected for Outpatient and Medication services and Intensive Outpatient (IOP) services for Adults/Older Adults must be prepared to provide services beginning **October 1, 2013**.

Each item in Sections 1 – 7 has either a Scoring Weight, shown at the left of the item or an N/S that means Not Scored. Each item that is scored will receive a score of 0, 1, 2, 3, or 4. This score will be multiplied by the weight for that item to arrive at the total scored points for the item. For example, if an item has a weight of 10 and an evaluator assigns a score of 3, that item for that evaluator will be given a total score of 30 points.

Each evaluator shall independently assign a score to each item based on the written proposals. Scores will then be summed for all members of the Evaluation Team for each section of the Application.

The scoring process will use the following scoring method:

- 4 points – Applicant exhibits extensive experience and capacity to address the needs and achieve the outcomes described by the item.
- 3 points – Applicant exhibits strong experience and capacity to address the needs and achieve the outcomes described by the item.
- 2 points – Applicant exhibits only partial experience and capacity to address the needs and achieve the outcomes described by the item.
- 1 point – Applicant exhibits limited experience and capacity to address the needs and achieve the outcomes described by the item.
- 0 points – Applicant exhibits no experience or capacity to address the needs and achieve the outcomes described by the item.

Providers that can demonstrate strengths in the following areas of special emphasis will receive additional consideration in scoring:

1. Employment of Peer Counselor/Specialists as part of the service continuum
2. Offer employment services such as a Supported Employment services, job clubs, or counseling from vocational specialists,
  - a. In lieu of offering such services, agencies will be given additional consideration if they provide a plan of how they will increase the rate of employment amongst the adults they serve to 15% by the end of this contract.

- Sections with Budget Forms will have the Budget Scores added to the Total Scores. Budget scores will be computed as a percentage of the least expensive budget.

The matrix below illustrates how scores will be compiled for each Application. Each of the three service areas will include the points for that area plus the points recorded in Section 1: Identifying Information and Section 5: Other Information.

	Outpatient and Medication	Intensive Outpatient (IOP) Adult/Older Adult	E & T Center
1. Identifying Information		X	X
2. Outpatient and Medication Services	X		
3. Intensive Outpatient Services Adults/Older Adults		X	
4. Evaluation & Treatment Center			
5. Other Information	X	X	X

NSMHA reserves the right to: reject any and all Applications; extend the Application submission date; amend the RFQ; and waive any irregularities or informalities in any Applications. NSMHA shall be the sole judge of the merits of each Application.

### APPEALS

Applicants may appeal only deviations from laws, rules, regulations, or procedures. Disagreement with the scoring by evaluators may not be appealed.

The following procedure applies to Applicants who wish to appeal a disqualification of Application or award of contract:

- All appeals must be in writing and physically received by the NSMHA Executive Director no later than 4:00 p.m. on the fifth (5th) working day after the postmarked notice of intent to award or disqualification.

Address appeals to:

Joe Valentine  
 Executive Director  
 North Sound Mental Health Administration  
 117 N. 1st Street, Suite 8  
 Mt. Vernon, WA 98273-2858

- Appeals must specify the grounds for the appeal including the specific citation of law, rule, regulation, or procedure upon which the protest is based. The judgment used in scoring by individual evaluators is not grounds for appeal.
- Appeals not filed within the time specified in paragraph 1, above, or which fail to cite the specific law, rule, regulation, or procedure upon which the appeal is based shall be dismissed.

### Section III: REQUEST FOR QUALIFICATIONS RESPONSE FORM

#### 1. IDENTIFYING INFORMATION

- N/S 1.1 Agency Name: \_\_\_\_\_
- N/S 1.2 Director's Name: \_\_\_\_\_
- 1.3 Contact Person for this RFQ: \_\_\_\_\_  
Contact Person's Phone #: \_\_\_\_\_
- N/S Contact Person's Fax #: \_\_\_\_\_  
Contact Person's Email Address: \_\_\_\_\_
- 1.4 Address: \_\_\_\_\_
- N/S City: \_\_\_\_\_  
State: \_\_\_\_\_
- N/S 1.5 Tax ID #: \_\_\_\_\_
- N/S 1.6 Type of Organization (check one): Non-Profit: ; Governmental: ;  
For Profit Corporation: ; Partnership: ; Sole Proprietorship:   
Other:  (Please explain): \_\_\_\_\_
- 1.7 What is your status as a Licensed Community Mental Health Agency?  
Are Currently Licensed:  Yes  No; Will have license prior to 10/1/2013:  
 Yes  No
- N/S 1.8 If YES, specify your certification(s): \_\_\_\_\_
- 1.9 Is your organization a Federally Qualified Health Clinic (FQHC)  Yes  No
- 10 1.10 Number of years providing Mental Health Services to Medicaid and/or Indigent  
points Individuals: \_\_\_\_\_
- N/S 1.11 Submit a copy of your most recent independent financial audit.
- N/S 1.12 Submit a copy of any accrediting organization (e.g., JCAHO, CARF) reports  
that have been completed in the last 24 months for your Community Mental  
Health Agency (CMHA) or any part thereof.
- 1.13 Mark the Services that you are applying for in this RFQ:  
Outpatient/Medication Services
- N/S Intensive Outpatient Services (Except of Skagit County Wraparound Pilot) –  
Children/Youth/Adults/Older Adults   
Evaluation & Treatment Center

**2. OUTPATIENT AND MEDICATION SERVICES (Including fee for service intensive services for Children/Youth in San Juan County Only) (Complete only if applying to provide this service)**

During the clinical design process it was estimated that approximately 4,700 children and 9,000 adults/older adults will be Level of Care Utilization System (LOCUS) Levels 1–3. In addition, 300 children and 756 adults will be LOCUS Level 4 and not served through the Intensive Outpatient Service Program. The services in this section are for these cohorts and will be contracted on a modified Fee for Service basis up to a billing cap for each contracted CMHA. This includes fee for service for intensive services for Children/Youth in San Juan County only. For this section in FY2012, we have projected a \$21,015,472 annual budget for serving 15,746 clients with 156,832 hours of service.

**Projected Outpatient/Medication Cases: Cases by Level by County - FY 2013**

	Island	San Juan	Skagit	Snohomish	Whatcom	other/ unknown	Total
<b>Children (0-17) Medicaid (includes Partial Year Enrollees)</b>							
L1: Low Hrs: 0-10	129	20	503	1,840	498	86	3,076
L2: Med Hrs: 11-30	80	9	189	810	286	37	1,411
L3: Med-Hi Hrs: 31-60+	4	6	23	92	30	2	157
Total Cases	240	46	781	3,127	932	146	5,272
<b>Children (0-17) Non-Medicaid</b>							
L1: Low Hrs: 0-10	19	2	50	189	50	21	331
L2: Med Hrs: 11-30	13		20	98	26	17	174
L3: Med-Hi Hrs: 31-60+	1		1	21	2	3	28
Total Cases	42	2	79	359	96	45	623
<b>All Children</b>	<b>282</b>	<b>48</b>	<b>860</b>	<b>3,486</b>	<b>1,028</b>	<b>191</b>	<b>5,895</b>
<b>Adults (18+) Medicaid (includes Partial Year Enrollees)</b>							
L1: Low Hrs: 0-10	201	21	667	2,319	927	133	4,268
L2: Med Hrs: 11-30	161	36	412	1,068	549	63	2,289
L3: Med-Hi Hrs: 31-60+	30	17	110	225	120	9	511
Total Cases	427	80	1,279	4,238	1,774	240	8,038
<b>Adults (18+) Non-Medicaid</b>							
L1: Low Hrs: 0-10	57	4	89	627	172	49	998
L2: Med Hrs: 11-30	32	4	43	263	86	30	458
L3: Med-Hi Hrs: 31-60+	10	1	13	62	13		108
Total Cases	111	13	160	1,092	340	97	1,813
<b>All Adults</b>	<b>538</b>	<b>93</b>	<b>1,439</b>	<b>5,330</b>	<b>2,114</b>	<b>337</b>	<b>9,851</b>
<b>All Clients, All Ages Medicaid, All Ages</b>	<b>820</b>	<b>141</b>	<b>2,299</b>	<b>8,816</b>	<b>3,142</b>	<b>528</b>	<b>15,746</b>
<b>Non-Medicaid, All Ages</b>	<b>667</b>	<b>126</b>	<b>2,060</b>	<b>7,365</b>	<b>2,706</b>	<b>386</b>	<b>13,310</b>
<b>All Clients, All Payors</b>	<b>153</b>	<b>15</b>	<b>239</b>	<b>1,451</b>	<b>436</b>	<b>142</b>	<b>2,436</b>
<b>All Clients, All Payors</b>	<b>820</b>	<b>141</b>	<b>2,299</b>	<b>8,816</b>	<b>3,142</b>	<b>528</b>	<b>15,746</b>

2.1 Enter the Current Staff Full Time Equivalent (FTE) Capacity to provide these Services by Service Area for each Clinician Type:  
N/S

Sub-Region	1				2			3	
	Snohomish County				Skagit County	Island County		San Juan County	Whatcom County
County/Service Area/Clinician Type	N. County	Everett	S. County	E. County	County-wide	Whidbey I.	Camano I.	County-wide	County-wide
a. Psychiatric Medical Staff (Psychiatrists, Psychiatric Nurse Practitioners)									
b. Registered Nurses/Licensed Practical Nurses									
c. Psychologists and Masters Level Clinicians									
d. Agency Affiliated Counselors (below Masters Degree)									
e. Certified Peer Support Staff									
f. Other (Describe)									
Total Clinical FTEs									

2.2 Enter any Additional Staff Full Time Equivalent (FTE) Capacity that could be available by October 1, 2013, to Provide this Service by Service Area for each Clinician Type in the first graph, and in the second, indicate those that are bi-lingual.

Sub-Region*	1				2			3	
County/Service Area/Clinician Type	Snohomish County				Skagit County	Island County	San Juan** County	Whatcom County	
	N. County	Everett	S. County	E. County	W. County	Whidbey I.	Camano I.	County-wide	County-wide
a. Psychiatric Medical Staff (Psychiatrists, Psychiatric Nurse Practitioners, Psychiatric Physician Assistants-Certified)									
b. Registered Nurses/Licensed Practical Nurses									
c. Psychologists and Masters Level Clinicians									
d. Agency Affiliated Counselors (below Masters Degree)									
e. Certified Peer Support Staff									
f. Other (Describe)									
Total Clinical FTEs									

Sub-Region*	1			2				3	4
County/ Service Area/ Bi-Lingual Type	Snohomish County			Skagit County		Island County	San Juan** County	Whatcom County	Language(s)
	N. County	Everett	S. County	E. County	W. County	Whidbey I.	Camano I.	County- wide	County- wide
a. Psychiatric Medical Staff (Psychiatrists, Psychiatric Nurse Practitioners, Psychiatric Physician Assistants-Certified)									
b. Registered Nurses/Licensed Practical Nurses									
c. Psychologists and Masters Level Clinicians									
d. Agency Affiliated Counselors (below Masters Degree)									
e. Certified Peer Support Staff									
f. Other (Describe)									
Total Clinical FTEs									

**NOTES:**

\*NSMHA will enter into discussion with the Counties and successful bidder for creative solutions to address service needs in areas that are geographically isolated.

\*\* For San Juan County, the successful bidder needs to be prepared to provide 24 hour crisis service under the contract, which is planned for RFQ in 2014.

- 2.3 Describe the capabilities of current staff to facilitate the process of collaboration between the individual, their family/natural supports, and service providers that results in timely and coordinated access to medically necessary, cost-effective services that promote recovery and resiliency as defined by the identified core competencies (see attached). Indicate how this capacity was determined. Also describe how your agency will ensure that these capabilities are sustained.
- 2.4 Demonstrate how psychiatric rehabilitation is a core component of your services delivered to individuals with severe and persistent mental health issues and how they ensure staff providing psychiatric rehabilitation are competent in utilizing intervention strategies to assist individuals in meeting their goals (See Attachment XX).
- 10 points 2.5 Describe how your agency will ensure that individuals are able to receive an appointment within the required timelines (3 business days from the request for service for an expedited intake, 14 calendar days from the request for service for a routine intake, 7 calendar days for an outpatient appointment following discharge from inpatient psychiatric care, 28 calendar days for the first routine outpatient appointment following the request for service)

Special consideration in scoring will be given to agencies that are able to demonstrate current utilization of or a concrete plan of implementation for (including a timeline for implementation) an open access or same day access to care model.

- 2.6 Provide specific examples of how you work with individuals to develop recovery oriented goals and plans related to this category of services. Describe your agency's efforts and ability with regard to:
- 2.6.1 Your experience and expertise in utilizing collaborative documentation practices/efforts (see attachment xx for more information on Collaborative Documentation).
- 2.7 Describe your experience and ability to manage care for individuals with severe mental illness who have intensive needs that often result in acute care hospitalization, evaluation and treatment facility admission or residential placements; due to the acuity of a severe mental illness or serious emotional disturbance. How do you intend to manage the risk and provide services in the community? In this description, indicate how individuals that need services beyond what you believe you can provide (i.e., specialized services or a more intensive level of care) will be identified and how you will ensure that their needs are met (i.e., transfer of care to another network provider, coordinated care with another network provider, subcontract with specialized provider). Also, identify what service limitations your agency has. Please also indicate your ability to provide on-site consultation and discharge planning for individuals in 24-hour facilities. Make sure to address these needs for Children/Youth/Adults/Older Adults.
- 30 points
- 2.8 Describe your ability to assess and manage the psychiatric medication needs and to integrate medication services with other components of an individual's recovery plan. In particular, describe your process and ability to manage emergency medication requests, both as they arise and in the crisis plan. Please specify how you monitor and manage the health status of individuals receiving atypical antipsychotic medications (i.e. weight, blood pressure, diabetes, lipids).
- 30 points
- 2.9 Describe your experience and ability to work within the LOCUS system including proper assessment, level of care assignment and providing appropriate levels of services. Also describe your ability to develop methods for individuals to step down in level of care or to end an episode of care to allow capacity for new persons to be served.
- 20 points
- 2.10 It will be a NSMHA contract expectation that CMHAs (with a release of information (ROI)) will notify Primary Care Providers (PCPs) when individuals are admitted into RSN-funded services and medications are initially prescribed or subsequently changed by the CMHA prescriber. Describe your practice model/protocols for integrating care between mental health and primary care/medical services, including psychiatric consultation for primary care providers, protocols for determining when medication services would be provided by PCPs and when medication services would be provided by Psychiatry (for initial requests, as well as, step down from specialty mental health services).
- 20 points
- 2.11 Describe your experience and ability to implement evidence-based practices (EBPs), working with partners in other systems to develop a shared approach to implementation. Please specify the EBPs currently available in your agency and those EBPs you will commit to implementing in the next contract period, in particular: Motivational Interviewing, Illness (Wellness) Management and Recovery, Functional Family Therapy, Fidelity Supported Employment, Dialectical Behavior Therapy,

Integrated Dual Disorder Treatment (IDDT), Trauma Focused Cognitive Behavioral Therapy and one or more of the Adult evidence-based trauma informed care treatments.

10 points 2.12 Describe your experience and ability to assure cultural and linguistic competence for individuals served at your agency (See Attachment XX).

10 points 2.13 Describe how you have integrated certified peer counselors into your agency. What positions are held by peers within your agency? What specific plans do you have for adding certified peer counselors in the future?

N/S

Sub-Region	1				2			3
	Snohomish County				Skagit County	Island County	San Juan County	Whatcom County
County/Service Area/Age Group	N. County	Everett	S. County	E. County	County-wide	Whidbey I.	Camano I.	County-wide
Transition Age Adults (18-20)								
Adults (21-59)								
Older Adults (60+)								

2.14 Describe your experience and ability to implement and increase employment services for youth in transition and adults, working with partners in other systems (i.e., DVR) to develop a shared approach to implementation. See Attachment XX regarding expectations pertaining to increasing employment services.

2.15 Describe your agency’s capacity and ability to provide trauma-informed care. A contract expectation will be for all providers to conduct a trauma-informed care assessment of your agency and plan for improvement. NSMHA will expect all contractors to conduct trauma informed care assessments and improvement plans if needed for each of their programs during the first six months of the contract. NSMHA will provide a trauma informed checklist for the assessment based on national tools.

2.16 NSMHA expects that all child/family serving agencies adhere to Systems of Care (SOC) Values and Philosophy. Describe your agency’s understanding of and plans to implement SOC by addressing each of the following core values: Family Driven; Youth Guided; Cultural and Linguistic Competence (please expand on 2.9 above addressing this value in the context of SOC philosophy); Individualized and Community Based; and Evidenced Based (please expand on 2.8 above addressing this value in the context of SOC philosophy).

**3. INTENSIVE OUTPATIENT SERVICES –ADULTS/OLDER ADULTS (Complete only if applying to provide this service)**

The RFQ responses will serve as the basis for allocating the slot capacity for Intensive Outpatient Services.

The services in this section will be contracted on a modified Fee for Service basis up to a billing cap for each contracted CMHA. For Sections 3 in FY2011 we have projected a \$2,897,670 annual service budget for serving 385 clients with 21,470 hours of service.

The clients with LOCUS 4 and above are the primary target of this program but it is estimated that 43% of the clients will be below LOCUS 4.

### Intensive Outpatient Services: Cases by County - FY 2013

Cases	Island	San Juan	Skagit	Snohomish	Whatcom	other/ unknown	Total
<b>Adults (18+)</b>							
Medicaid	10		60	151	93	10	324
Non-Medicaid	4		8	35	12	2	61
Total Cases	14		68	186	105	12	385

N/S 3.1 Enter the Current Intensive Outpatient Services Slot Capacity (Total): \_\_\_\_\_

Sub-Region	1				2			3	
	Snohomish County				Skagit County	Island County		San Juan County	Whatcom County
County/Service Area	N. County	Everett	S. County	E. County	County-wide	Whidbey I.	Camano I.	County-wide	County-wide
Slots by Service Area									

N/S 3.2 Enter any Additional Intensive Outpatient Services Slot Capacity that could be available by October 1, 2013 (Total): \_\_\_\_\_

Sub-Region	1				2			3	
	Snohomish County				Skagit County	Island County		San Juan County	Whatcom County
County/Service Area	N. County	Everett	S. County	E. County	County-wide	Whidbey I.	Camano I.	County-wide	County-wide
Slots by Service Area									

N/S 3.2.1 Describe the capabilities of current staff to facilitate the process of collaboration between the individual, their family/natural supports and service providers that results in timely and coordinated access to medically necessary, cost-effective services that promote recovery and resiliency as defined by the identified core competencies (See Attachment XX). Indicate how this capacity was determined. Also describe how your agency will ensure that these capabilities are sustained.

3.2.2 Demonstrate how psychiatric rehabilitation is a core component of your services delivered to individuals with severe and persistent mental health issues and how they ensure staff providing psychiatric rehabilitation are competent in utilizing intervention strategies to assist individuals in meeting their goals (See Attachment XX).

20  
points

3.2.3 Describe how your agency will ensure that individuals are able to receive an appointment within the required timelines (3 business days from the request for service for an expedited intake, 14 calendar days from the request for service for a routine intake, 7 calendar days for an outpatient appointment following discharge from inpatient psychiatric care, 28 calendar days for the first routine outpatient appointment following the request for service)

Special consideration in scoring will be given to agencies that are able to demonstrate current utilization of or a concrete plan of implementation for (including a timeline for implementation) an open access or same day access to care model

3.3 Provide specific examples of how you work with individuals to develop recovery oriented goals and plans related to this category of services.

3.3.1 Describe your experience and expertise in utilizing collaborative documentation practices/efforts (see Attachment XX for more information on Collaborative Documentation).

30  
points

3.4 Describe your experience and ability to manage care for individuals with severe mental illness who have intensive needs that often result in acute care hospitalization, evaluation and treatment facility admission, or residential placements; due to the acuity of a severe mental illness how do you intend to manage that risk and provide services in the community? In this description, indicate how individuals that need services beyond what you believe you can provide (i.e., specialized services or a more intensive level of care) will be identified and how you will ensure that their needs are met (i.e., transfer of care to another network provider, coordinated care with another network provider, subcontract with specialized provider). Also, identify what service limitations your agency has. Please also indicate your ability to provide on-site consultation and discharge planning for individuals in 24-hour facilities. (See Attachment XX)

30  
points

3.5 Describe your ability to assess and manage psychiatric medication needs and the integration of medication services with other components of an individual's recovery plan. Please specify how you monitor and manage the health status of individuals receiving atypical antipsychotic medications (i.e., weight, blood pressure, diabetes, lipids).

30  
points

3.6 Describe your experience and ability to work within the Level of Care Utilization System (LOCUS) Children's LOCUS (CALOCUS) system, including proper assessment, level of care assignment and providing appropriate levels of services. Also, describe your ability to develop methods for individuals to step down in level of care or to end an episode of care, to allow capacity for new persons to be served.

20  
points

3.7 Describe your experience and ability to implement evidence-based practices (EBPs), working with partners in other systems to develop a shared approach to implementation. Please specify the EBPs currently available in your agency and those EBPs you will commit to implementing in the next contract period, in particular: Motivational Interviewing, Illness (Wellness) Management and Recovery, Functional Family Therapy, Fidelity Supported Employment, Dialectical Behavior Therapy, Integrated Dual Disorder Treatment (IDDT), Trauma Focused Cognitive Behavioral Therapy and one or more of the Adult evidence-based trauma informed care treatments.

- 10 points 3.8 Describe your experience and ability to assure cultural and linguistic competence for individuals who are served at your agency (See Attachment XX).
- 10 points 3.9 Describe how you have integrated certified peer counselors into your agency. What specific plans do you have for adding certified peer counselors in the future?
- N/S 3.10 Place an “X” in each section of the following grid that corresponds to the Age Group and County you are interested in serving with Intensive Outpatient Psychiatric & Mental Health Services.

Sub-Region	1				2			3	
	Snohomish County				Skagit County	Island County		San Juan County	Whatcom County
County/Service Area/Age Group					County-wide	Whidbey I.	Camano I.	County-wide	County-wide
Transition Age (18-20)									
Adults (21-59)									
Older Adults (60+)									

- 3.11 Describe your experience and ability to implement and increase employment services for youth in transition and adults, working with partners in other systems (i.e., DVR) to develop a shared approach to implementation. See Attachment XX regarding expectations pertaining to increasing employment services.
- 3.12 Describe your agency’s capacity and ability to provide trauma-informed care. A contract expectation will be for all providers to conduct a trauma-informed care assessment of your agency and plan for improvement. NSMHA will expect all contractors to conduct trauma informed care assessments and improvement plans if needed for each of their programs during the first six months of the contract. NSMHA will provide a trauma informed checklist for the assessment based on national tools.

**Intensive Outpatient Services: Cases by County - FY 2013**

Cases	Island	San Juan	Skagit	Snohomish	Whatcom	other/ unknown	Total
<b>Adults (18+)</b>							
Medicaid	10		60	151	93	10	324
Non-Medicaid	4		8	35	12	2	61
Total Cases	14		68	186	105	12	385

Please reference CALOCUS definitions for Level 3 & 4 when answering the question below:

- 3.13 In addition to answering 2.13, please describe your agency’s ability to meet the needs of children/youth assessed at CALOCUS Level 3 & 4 by responding to each of the following categories from an SOC foundation: CLINICAL SERVICES; SUPPORT SERVICES; CRISIS STABILIZATION AND PREVENTION SERVICES; CARE ENVIRONMENT.
- 3.14 Describe your agency’s experience providing care in rural and remote communities.

#### **4. EVALUATION AND TREATMENT (E&T) CENTER (Complete only if applying to provide this service)**

North Sound Mental Health Administration is seeking a licensed qualified provider to implement a 16 bed unit for residents 18 years and above from any place in the North Sound Region who is experiencing a severe mental health crisis who would otherwise meet hospital admission criteria.

This provider will need to provide the staffing and organizational supports needed to run this locked program at the facility located in Mukilteo purchased by NSMHA and now owned by Snohomish County.

These services will be provided in an environment using a trauma informed care approach designed to support safety and confidentiality for individuals 18 years and older who pose an actual or imminent danger to self, others, or property due to a mental illness. This provider will be able to demonstrate a universal principle and commitment to nonviolence and the creation of a trauma informed culture. NSMHA will expect all contractors to conduct trauma informed care assessments and improvement plans if needed for each of their programs during the first six months of the contract. NSMHA will provide a trauma informed checklist for the assessment based on national tools.

To be effective, by law (RCWs 71.05, 71.24, ACs 388-865, 246-227 248-25) the E & T must have the capability to provide these services and support elements:

- a. A 24 hour per day, 7 days per week, 365 days per year including all legal holidays, 16 bed unit
- b. Evaluation, treatment and recovery support provided by or under the direction of licensed psychiatrists, nurses and other Mental Health Professionals, as well as, Certified Peer Support staff and discharge planners.
- c. Provide staffing sufficient to assure the safety of all individuals at the E & T, including individuals placed at the facility and staff 24 hours a day. This includes the capacity to admit new individuals 24 hours a day.
- d. Provide medication assessment, stabilization and management during the period of commitment.
- e. All Involuntary Treatment Act (ITA) RCW 71.05 (72 hour detention and/or 14 day commitment, 90 Most Restricted, and single bed certification) services to include coordination with Designated Mental Health Professionals, prosecutors, all court proceedings and coordination with Western State Hospital.
- f. Discharge planning involving the individual, family and significant others to ensure coordination, continuity of care and services and provide adequate follow up support (per contract) in making the transition from crisis to wellness.
- g. Meet Washington State Licensing and certification standards for operating an E & T.
- h. Ensure services will meet the requirements delineated in WAC 388-865, and WAC 246-337, or its successors, and be based on the best and promising practices of recovery published by the Substance Abuse and Mental Health Services Administration (SAMHSA.)

- i. Utilize a recovery oriented model of care and team approach that focuses on individual's personal needs, as well as, strengths, talents and capabilities that can be utilized to achieve wellness post discharge.
- j. Support, training and supervision of Peer Support and paraprofessional staff.
- k. Directly provide all medically necessary rehabilitation services.
- l. Arrange, provide and manage transportation on discharge or transfer to another facility. Provider is responsible for payment of transportation on discharge.
- m. Per WAC 246-337 and WAC 388-865, must meet the insurance, staffing and program requirements of a state licensed E&T as outlined in the sample contract, Attachment III.

Providers submitting responses to this inquiry will be expected to document their capacity for effectively delivering services and demonstrate their willingness to do so in a collaborative community environment providing services for residents of the North Sound Region while applying the values espoused by the North Sound Mental Health Administration.

Providers making application to establish an E&T must propose to operate using the existing E&T facility located in Mukilteo, and owned by Snohomish County.

The services in this section will be contracted on a Capacity Funded basis with 1/12<sup>th</sup> monthly payments for each contracted CMHA. For this section in FY2012 we have projected a \$2,803,644 annual budget for the regional E&T.

4.1 Enter the Current E&T Bed Capacity (Total): 16

**5. OTHER INFORMATION**

- 10 points 5.1 **Recovery and Resilience:** Describe your agency's philosophical belief of Recovery and Resilience for children with serious emotional disturbance and adults with mental illness and how your daily operations reflect this belief.
- 10 points 5.2 **Integration with Community Services:** List three health and human services organizations your organization collaborates with on a regular basis regarding client services. Attach name and phone number for contact person in each organization.
- 10 points 5.3 **Quality Improvement:** Attach a copy of your current Quality Improvement Plan and a copy of a recent Quality Improvement Progress/Status Report.
- 20 points 5.4 **Staffing Ratios:** List the following number of Full Time Equivalent (FTE) staff that work in your mental health program, by staff type:  
 Service Delivery Staff FTEs: \_\_\_\_\_  
 Direct Service Support Staff FTEs: \_\_\_\_\_  
 Administrative and Supervisory Staff FTEs: \_\_\_\_\_
- 10 points 5.5 **Administrative Overhead Percentage:** What is the Mental Health Administrative Overhead Cost calculated as a Percentage of your Total Mental Health Budget? \_\_\_\_\_

5.6 **Staff Retention:** What is your agency's turnover rate for Clinical Staff and Supervisors for the period of July 1, 2011 through June 30, 2012? Turnover rate should be measured by: (adding the number of employees who resigned during this time period and the number of employees who were discharged) and dividing this sum by the (total number of employees who were on the payroll for that time period).

- a. Number of Employees who Resigned: \_\_\_\_\_
- b. Number of Employees who were Discharged: \_\_\_\_\_
- c. Total Employees Leaving Employment: \_\_\_\_\_
- d. Total Employees on the Payroll for the Year: \_\_\_\_\_
- e. Turnover Rate: \_\_\_\_\_(c. divided by d.)

5.7 **Lawsuits:** Have you been involved in any lawsuits in the last 24 months? \_\_\_\_\_

If YES submit a description of each lawsuit, the current status and the outcome, if a resolution has occurred.

5.8 **Complaints:** Have any complaints involving your organization been filed with any licensing agencies (i.e., Department of Social and Health Services (DSHS), Department of Health (DOH) in the last 24 months? \_\_\_\_\_

If YES, submit a description of each complaint, the current status, and the outcome, if a resolution has occurred.

**6. CURRENT Individuals being SERVED**

List the number of mental health individuals served in the last year by your organization, by age group and payment source:

N/S	Age Group	Medicaid	Non-Medicaid	Total
	Children (0-17)			
Transition Age (18-20)				
Adults (21-59)				
Older Adults (60+)				
Total, All Ages				

**7. TESTIMONY OF AGREEMENT, ACCURACY AND SIGNATURE**

I have reviewed the sample contract and am prepared to fulfill all the requirements. All information submitted in this application is true to my best knowledge and belief. I fully understand that any significant misstatement in or omission from this application may constitute cause for denial of participation with the NSMHA. I certify that this is signed by an individual authorized to make decisions for the organization.

\_\_\_\_\_  
NAME AND TITLE (print or type)

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

## Section IV: BUDGET INSTRUCTIONS AND BUDGET FORMS

Please complete the budget forms if you are proposing to provide services in the following Section:

### 5. Evaluation & Treatment Center

The Applicant should complete the budget forms using the supplied Excel-based Service Budget spreadsheets. Printouts of these forms should become part of your Proposal.

**Direct Service and Supervisory Staff, Part A:** Please enter the following information in this section:

Position Title: Enter the position title(s) for the direct service and clinical supervisory staff being proposed for the service.

Comments (Optional): Enter explanatory comments for positions that are not self-explanatory.

Full Time Equivalents (FTEs): Enter the number of FTEs for each position.

**Direct Service and Supervisory Staff, Part B:** Please enter the following information in this section:

Position Title: Re-enter the position title(s) from Part A.

Average Annual Salary per FTE: Enter the average annual salary per FTEs for each proposed position.

Benefits & Payroll Taxes %: Enter the average fringe benefits and payroll tax rates, as a percentage of salaries, for each position.

Average Compensation per FTE (COMPUTED): *These figures are computed by the Excel spreadsheet using the following formula: Average Annual Salary per FTE x (1 + Benefits & Payroll Taxes %).*

Annual Compensation (COMPUTED): *These figures are computed by the Excel spreadsheet using the following formula: Position FTEs from Section 3 x Average Compensation per FTE.*

**Other Expenses:** Please enter the following information in this section:

**Other Direct Service Expense – Percent of Total Compensation:** This item contains the non-salary/benefits/payroll taxes for the cost center providing the services. Expenses included in this section should be consistent with the program costs listed in your audited financial statements, Statement of Functional Expenses. Enter the amount as a percentage of total compensation.

**Other Direct Service Expense – Amount (COMPUTED):** *These figures are computed by the Excel spreadsheet using the following formula: Total Compensation x Other Direct Service %.*

**Administrative Expense - Percent of Total Compensation:**

This item contains the administrative and fundraising costs allocated to the direct services. Expenses included in this section should be consistent with the administrative and fundraising costs listed in your audited financial statements, Statement of Functional Expenses. Enter the amount as a percentage of total compensation.

**Administrative Expense – Amount (COMPUTED):** *These figures are computed by the Excel spreadsheet using the following formula: Total Compensation x Administrative Expense %.*

Note: Budget for Mukilteo facility rental, maintenance and taxes of \$5,974.92 a month or \$71,699.04 per year is a requirement of this contract. This is a rental agreement with monthly payments to Snohomish County. This cost should be added to the annual budget proposal.

**Total Cost, Cost Offset, Cost per Slot:** Please enter the following information in this section:

**Proposed Slots (COMPUTED):** *Pulled down from the first part of the budget template.*

**Total Expenses (COMPUTED):** *Sum of Compensation and Other Expenses.*

**Costs covered by other Funding Sources:** If a portion of the direct service and administrative costs will be funded by other funding sources, enter the dollar amount that will be covered by those other funding source(s).

**Net Cost to NSMHA (COMPUTED):** *Total Cost minus Cost covered by Other Funding Sources.*

**Total Cost per Slot (COMPUTED):** *Total direct service and administrative costs divided by the number of slots.*

**Net Cost per Slot (COMPUTED):** *Net Cost to NSMHA divided by the number of slots.*

**2: ATTACHMENT I: NSMHA CLINICAL DESIGN**

(See Attached)

**ATTACHMENT II: NSMHA FINANCE AND CONTRACTING DESIGN**

(See Attached)

**ATTACHMENT III: SAMPLE NSMHA PROVIDER MEDICAID & STATE  
CONTRACT**

(See Attached)

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## ATTACHMENT XX CORE COMPETENCIES

Core Competencies (adapted from the Case Management Society of America's Standards of Practice for Case Management and the American Case Management Association's Standards of Practice)

- Demonstrates care based on the principles of Recovery and Resiliency;
- Demonstrates cultural competence, which includes awareness and respect of diversity; consideration of cultural competence is expanded beyond ethnicity to include such things as family of origin, socioeconomic status, language, gender, housing status, family roles, religion, education, geography, trauma, addictive behavior, general life style, etc.
- Assesses the individual's health and psychosocial needs and collaboratively develops a Recovery & Resiliency Plan with the individual and family/natural supports;
- Facilitates communication and collaboration with the individual, family/natural supports and other members of the healthcare team (including providers outside the CMHA, such as, primary care providers) to minimize fragmentation in services, increase adherence to care plan, achievement of desired outcomes;
- Educates the individual, family/natural supports and other systems about treatment options, community resources, etc. in order to ensure timely and informed decisions and to promote individual/family's self-advocacy/determination;
- Ensures cost effective utilization of medically necessary services;
- Engages in ongoing professional development to improve knowledge of community resources, relevant rules and regulations, best practices, standards of care and clinical practice trends and treatment.

## ATTACHMENT XX PSYCHIATRIC REHABILITATION

Psychiatric Rehabilitation Intervention Strategies (taken from the US Psychiatric Rehabilitation Association Certification Exam Blueprint):

- Use outreach techniques, including telephone, mail and personal visits in order to engage individuals
  - Teach communication skills to individuals to help them achieve their goals;
  - Teach individuals problem-solving skills;
  - Develop relapse prevention strategies for mental and physical health and co-occurring disorders;
  - Utilize group formats to engage individuals in a wide range of activities;
  - De-escalate crises experienced by individuals in order to avoid negative outcomes;
  - Modify environments of individuals to initiate and sustain the recovery process;
  - Use motivational enhancement and readiness development strategies to initiate and sustain the recovery process;
  - Encourage individuals to continue fulfillment of desired roles.

## ATTACHMENT XX COLLABORTIVE DOCUMENTATION

Collaborative documentation is a process in which clinicians and clients collaborate in the documentation of Assessments, Recovery Plans and ongoing treatment planning.

Collaborative documentation can help improve client engagement and involvement. It can also help focus clinical work on change and positive outcomes.

Providers who can demonstrate strengths in the area of collaborative documentation, as evidenced by such items as;

- Progress notes signed by the client;
- Progress notes indicating the client selected what was the most useful/helpful part of the counseling session for them and that their selection was recorded in the Progress note by the therapist;
- Recovery plans that include client-selected goals/objectives;
- Assessments that include direct quotes from the client regarding what they want/need out of treatment.

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## ATTACHMENT XX CULTURAL AND LINGUISTIC COMPETENCE

For the bullet points below, responses should be judged/scored in the following descending order, highest score to lowest:

- A description of how things are currently assured/provided, noting references to appropriate WACs/RFCs. *Higher priorities should be given to those potential providers who can demonstrate knowledge of the standards under which we will judge them.*
- A description of how things are currently assured/provided, without noting references to appropriate WACs/RFCs.
- A coherent plan as to how things are currently assured/provided, noting references to appropriate WACs/RFCs. *Higher priorities should be given to those potential providers who can demonstrate knowledge of the standards under which we will judge them.*
- A coherent plan as to how things are currently assured/provided, without noting references to appropriate WACs/RFCs.
- Points should be given to applicants who can describe:
  - how they currently assure **cultural competence** (consideration of cultural competence is expanded beyond ethnicity to include such things as family of origin, socioeconomic status, language, gender, housing status, family roles, religion, education, geography, trauma, addictive behavior, general life style, etc.), or
  - what their plan is to assure it
- Points should be given to applicants who can describe:
  - how they currently provide **interpreter & translation** services, or
  - what their plan is to provide it

For Mental Health Professionals (MHP) Specialists, responses should be judged/scored in the following descending order, highest score to lowest:

1. The provider's application describes the existence of MHPs who can serve all underserved groups (indicated in the highlighted sections, above) internally, with on-site employees;
2. The provider's application describes the existence of MHPs who can serve all underserved groups (indicated in the highlighted sections, above) with on-site employees, or with external contracted MHP Consultants;
3. The provider's application describes the existence of MHPs who can serve all underserved groups (indicated in the highlighted sections, above) with external contracted MHP Consultants, only;
4. The provider's application describes a plan for the existence of MHPs who can serve all underserved groups (indicated in the highlighted sections, above) with on-site employees, &/or with external contracted MH Specialist Consultants;

## ATTACHMENT XX: EMPLOYMENT SERVICES

Employment promotes stability, recovery and gives people the opportunity to choose how, where and with whom they spend their lives. Employment should always be a point of discussion between case managers and the people they serve.

EMPLOYMENT SERVICES PLAN: Contractors will develop and implement a plan to make employment a priority at their agencies in order to reach a rate of 15% employment amongst the adults they serve. Plans should include:

- Any training the agency will offer to staff that will increase the staff's ability to help consumers think about and make decisions around employment;
- Any plans to hire or retain employment specialists;
- Any agreements with other agencies to provide employment services;
- Plans to coordinate referrals and services with the Washington State Division of Vocational Rehabilitation;
- Participation with other contractors and NSMHA in the development of region-wide initiatives to support contractors as they strive to increase employment amongst the people they serve.

Additional consideration in scoring proposals will be given to those proposals that are founded on evidence-based, supported employment practices as described by the Substance Abuse and Mental Health Services Administration (SAMHSA).

Additional consideration in scoring proposals will be given to those proposals that include initiatives to help young adults transition directly from school into work.

## ATTACHMENT XX SAMHSA AND RECOVERY BASED SYSTEM OF CARE GUIDELINES

SAMHSA GUIDING PRINCIPLES relevant to the services provided at the E and T SAMHSA definition of Recovery: A process of change whereby individual work to improve their own health and wellness and to live a meaningful life in a community of their choice while striving to achieve their full potential

Guiding principles:

- There are many pathways to recovery
- Recovery is person-centered
- Recovery is holistic
- Recovery is supported by peers and allies
- Supported by addressing trauma
- Culturally based and influenced
- Supported through relationships
- Involves individual, family and community strengths and responsibility
- Based on respect
- Emerges from hope

Elements of recovery-oriented systems of care and services:

- Person-centered
- Inclusive of family and other ally involvement
- Individualized and comprehensive services across the lifespan
- Systems anchored in the community
- Continuity of care
- Partnership-consultant relationship relationships
- Strength-based
- Culturally responsive
- Responsiveness to personal belief systems
- Commitment to peer recovery support services
- Inclusion of voices and experiences of recovering individuals and their families
- Integrated services
- System-wide education and training
- Ongoing monitoring and outreach
- Outcomes driven
- Research based
- Adequately and flexibly financed

# NSMHA SYSTEMS OPERATIONS TEAM

## Plan of Action and Milestones – Phase 1 Development to Release 2013 RFQ for Community Mental Health Services

Tuesday, September 04, 2012

ID	Task Name	Start	Finish	Duration	Q1 12			Q2 12			Q3 12			Q4 12			Q1 13				
					Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		
1	Open Review of Draft 2013 RFQ by Staff	1/9/2012	2/6/2012	21d	■																
2	Draft List of Services for RFQ	2/1/2012	5/15/2012	75d	■																
3	Assignment of Groups to Review Draft RFQ	5/16/2012	6/29/2012	33d	■																
4	Schedule Room for Bidder's Conference	6/5/2012	6/5/2012	1d																	
5	Re-Announcement of RFQ and MH Services at Integrated Provider meeting	6/18/2012	6/18/2012	1d																	
6	Announcement, Introduction & Reviews of RFQ by County Coordinators, Planning Committee and Advisory Board	7/2/2012	9/11/2012	52d	■																
7	Prepare and Approval of RFQ by BOD for Release	9/6/2012	10/11/2012	26d	■																
8	RFQ Administrative Review, Finalize, Distribute	10/12/2012	10/29/2012	12d	■																
9	Release RFQ	10/30/2012	2/1/2013	69d	■																

# NSMHA SYSTEMS OPERATIONS TEAM

## Plan of Action and Milestones – Phase 2 Release to Contract

### 2013 RFQ for Community Mental Health Services

Tuesday, September 04, 2012

ID	Task Name	Start	Finish	Duration	Q4 12		Q1 13			Q2 13			Q3 13			Q4 13		
					Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	
1	RFQ Bidder's Conference	11/9/2012	11/9/2012	1d														
2	Questions from Bidders Due	11/23/2012	11/23/2012	1d														
3	Letter of Interest from Bidders Due	11/28/2012	11/28/2012	1d														
4	Response to Bidders Questions	12/12/2012	12/12/2012	1d														
5	RFQs Applications Due at NSMHA	10/30/2012	2/1/2013	69d	█													
6	Internal Review of RFQ Applications for Completeness	2/4/2013	2/8/2013	5d	█													
7	Scoring Team Evaluations	2/11/2013	2/15/2013	5d	█													
8	RFQ Results Reviewed at LT	2/19/2013	2/19/2013	1d														
9	RFQ Results presented to Planning Committee	2/22/2013	2/22/2013	1d														
10	RFQ Results presented to Advisory Board	3/5/2013	3/5/2013	1d														
11	RFQ Results presented to Board of Directors	3/14/2013	3/14/2013	1d														
12	RFQ Contract Negotiation/Preparation	3/15/2013	4/5/2013	16d	█													
13	NSMHA Announces Contract Awards	4/8/2013	4/8/2013	1d														
14	Transition Planning for Contract Changes (As needed)	4/9/2013	9/30/2013	125d	█													
15	New Contract Begins-Evaluation & Treatment (E&T Center)	7/1/2013	7/1/2013	1d														
16	New Contracts Begin-Outpatient Medication & Intensive Outpatient (IOP), Adults/Older Adults	10/1/2013	10/1/2013	1d														

# ADVISORY BOARD BY LAWS

## ARTICLE I: PURPOSE

The purpose of the North Sound Mental Health Administration (NSMHA) Advisory Board is to provide independent advice to the North Sound Mental Health Administration Board of Directors and provide independent feedback to local jurisdictions and service providers.

Additionally, it is the purpose of the Advisory Board to advocate for the people we serve in the community, at the local Advisory Board, at the State Legislature and in Congress. It is our objective to promote the mission of NSMHA, *“Improving the mental health and wellbeing of the individuals and families in our communities”*. The North Sound Mental Health Administration Advisory Board is established in compliance with the **Interlocal Agreement Establishing A Mental Health Regional Support Network for Island, San Juan, Skagit, Snohomish and Whatcom Counties** executed in October 1989, and in compliance with the provisions of RCW, chapter 71.05, 71.24, 71.34, and applicable federal laws and regulations.

## ARTICLE II: DUTIES

The duties of the North Sound Mental Health Administration Advisory Board shall be:

1. To provide oversight activities in order to advise the North Sound Mental Health Administration Board of Directors concerning the planning, delivery and evaluation of those mental health services which promote recovery and resilience and are the responsibility of the North Sound Mental Health Administration.
2. To provide a medium for public testimony regarding mental health concerns which are the responsibility of the North Sound Mental Health Administration. The Advisory Board will cover the cost of transportation to enable consumers to appear to give testimony.
3. To review and provide comment on all North Sound Mental Health Administration Strategic Plans, Quality Assurance Plans, and service delivery plans and budgets, which relate to mental health services before such plans and budgets are acted on by the North Sound Mental Health Administration Board of Directors.
4. To ensure the needs of all consumers within the region are met (including, but not limited to, the needs of people with special needs, the elderly, the disabled, children/youth, Native Americans, Gay, Lesbian, Bisexual, and Transgender (GLBT) individuals, and individuals who are low income), within the plans established by the North Sound Mental Health Administration Board of Directors.

5. To conduct site visits of North Sound Mental Health Administration service providers, special interest groups, Department of Social and Health Services (DSHS) agencies, private sector service providers, hospitals, and community programs. Site visits are designed to provide North Sound Mental Health Advisory Board members with first-hand information to provide informed recommendations to the North Sound Mental Health Administration Board of Directors.
6. To assist the North Sound Mental Health Administration with dissemination of information to the public who reside within the five (5) counties of the North Sound Mental Health Administration.
7. To perform such other duties as the North Sound Mental Health Administration Board of Directors, Department of Social and Health Services, and/or Mental Health Division may require.

**ARTICLE III: MEMBERSHIP**

1. The North Sound Mental Health Administration Advisory Board shall consist of twenty-one (21) members representing the five counties that make up the region, and three (3) regional Tribal members, as follows:
 

Island County	(3)	Three
San Juan County	(2)	Two
Skagit County	(3)	Three
Snohomish County	(8)	Eight
Whatcom County	(5)	Five
Tribes	(3)	Three
2. Each representative from each county shall have one vote. The three (3) regional tribal representatives shall share one vote.
3. Length of term and rotation of membership shall be determined by the code of each individual county which is party to the North Sound Mental Health Administration.
4. At least one (1) member from each county will be a voting member on that county's local Mental Health Advisory Board.
5. Fifty-one percent (51%) (WAC 388-865-0222 (2)), of the North Sound Mental Health Administration Advisory Board membership will be comprised of people who are consumers, family and foster-family members, or caregivers, including youths, older adults, or people with a disability, and/or parents of children who are emotionally disturbed, with at least one (1) representative from each county being a consumer. A representative from law enforcement shall be a member of the board.

6. The Mental Health Advisory Board will be representative of the demographic character of the region and of the ethnicity and broader cultural aspects of consumers being served.

#### ARTICLE IV: APPOINTMENT

1. Representatives of each county which is party to the North Sound Mental Health Administration Advisory Board shall be appointed according to each county's officially stipulated method of appointment.

#### ARTICLE V: OFFICERS

1. Officers of the North Sound Mental Health Administration Advisory Board shall include a Chair and a Vice-Chair. The Vice-Chair shall assume the office of Chair at the end of the Chair's term/s.
2. Term of office shall be for one (1) two (2)-year term, with the opportunity for re-nomination to serve one (1) additional year, for a maximum of three (3) consecutive years per person.
3. A slate of candidates shall be presented annually by the Nominating Committee at the November Advisory Board meeting. Elections, with nominations from the floor, shall occur at each December meeting. Officers shall assume duties beginning with the January meeting of the following year.

## ARTICLE VI: COMMITTEES

1. Standing committees of the North Sound Mental Health Administration Advisory Board shall be:
  - a. Executive-Finance, and
  - b. Nominating.
2. The Executive-Finance Committee shall consist of the Chair, Vice-Chair, Chair Emeritus of the Advisory Board, and other members-at-large (not to exceed two), appointed by the Chair. Efforts will be made to ensure that at least one member of the Executive-Finance Committee has experience and/or understanding of financial management.
3. The Executive-Finance Committee shall convene to hear pressing matters of business which may arise during the interval between regularly scheduled Advisory Board meetings. The committee will review and make recommendations regarding all Advisory Board fiscal expenditures. Any decision made by the Executive Committee shall be subject to the ratification of the full Board at its next regularly scheduled meeting. The Executive-Finance Committee shall review the by-laws once each calendar year for the purpose of amending them if necessary.
4. Members of the Nominating Committee shall be appointed by the Chair.
5. The Chair may establish and appoint members to Ad-Hoc Committees, as the need arises.
6. Committee appointments to the NSMHA Board of Directors Standing Committees shall be made by the Chair each January at the regular meeting of the NSMHA Advisory Board. The two standing committees are (a) Planning and (b) Quality Management Oversight. Membership appointments for each standing committee shall be in accordance with the respective standing committee charter.

## ARTICLE VII: MEETINGS

1. The North Sound Mental Health Administration Advisory Board shall meet at least ten (10) times each year at a date and time mutually agreeable to the members of that Board. Any regularly scheduled meeting may be canceled at the discretion of the Chair.
2. Special meetings may be called by the Chair, as needed, and/or as requested by a minimum of one (1) member from each of three (3) of the five (5) counties which are party to the North Sound Mental Health Administration, by contacting the Chair. Special meetings

shall be called within five (5) working days of the request, following notice of at least forty-eight (48) hours to all members of the Advisory Board.

3. Digital Conferencing, by phone or any other technological means will be granted twice to each member during a single calendar year. Exceptions may be granted by the Chair.
4. Committee meetings shall be held at the discretion of the Committee Chair.
5. *Robert's Rules of Order* shall govern all proceedings of the North Sound Mental Health Administration Advisory Board and committees, insofar as the *Rules* do not conflict with, or are not inconsistent with, the provision of these By-Laws.
6. The Board shall comply with the State of Washington Open Meetings Act (RCW 42.30).

#### ARTICLE VIII: QUORUM

1. The presence of at least fifty percent (50%) of the appointed representatives and at least three (3) of the five (5) counties which are party to the North Sound Mental Health Administration, shall constitute a quorum.
2. The Executive Committee quorum shall consist of a simple majority of the Executive Committee members.
3. Members of the Advisory Board attending via Digital Conferencing, by phone or any other technological means, shall be counted as present in determining the constitution of a quorum.

#### ARTICLE IX: RESIGNATION/TERMINATION

1. Following the absence of an Advisory Board member, a member of the Advisory Board's Executive-Finance Committee will contact that absentee member to ascertain their continued status on the Advisory Board.
2. After three (3) consecutive unexcused absences, or five (5) nonconsecutive unexcused absences per calendar year, the Chair, when possible, will request that the absent member be excused from the Board and that another person from the same county be appointed by the county authority as a representative to the NSMHA Advisory Board.

## MEMORANDUM

DATE: September 6, 2012

TO: NSMHA Advisory Board

FROM: Joe Valentine, Executive Director

RE: September 13, 2012, Board of Director's Agenda

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Please find for your review the following that will go before the NSMHA Board of Directors at the September 13, 2012, meeting:

### **INTRODUCTION ITEMS**

Release an RFQ to select providers for NSMHA funded Outpatient, Medication and Intensive Outpatient Services. The RFQ will be released by October 30, 2012 and the new contracts will begin October 1, 2013.

Adopt the 2013-2016 NSMHA Strategic Plan which includes 7 goals divided into 2 categories: Priority A and Priority B. Priority A will include 3 of the goals and for each of the Priority A goals 3 strategies and a specific work plan will be implemented and regular progress reports made to the Board,

### **ACTION ITEMS:**

#### **MENTAL HEALTH BLOCK GRANT (MHBG)**

DSHS-DBHR-NSMHA-MHBG-11-12 AMENDMENT 1 for the provision of extending the current Mental Health Block Grant Agreement by nine (9) months for a new end date of June 30, 2012. The consideration for this Agreement is increased by \$825,563 for a new maximum consideration of \$1,926,313.

NSMHA-COMPASS HEALTH-MHBG-11-12 AMENDMENT 1 for the provision of amending the contract by an extension of nine (9) months for a new end date of June 30, 2013 and to amend the maximum consideration by an increase of \$113,787 for a new maximum consideration of \$265,503.

NSMHA-COMPASS HEALTH BAILEY PEER CENTER-MHBG-11-12 AMENDMENT 1 for the provision of amending the contract by an extension of nine (9) months for a new end date of June 30, 2013 and to amend the maximum consideration by an increase of \$112,500 for a new maximum consideration of \$262,500.

NSMHA-CONSUMER VOICES ARE BORN (CVAB)-MHBG-11-12 AMENDMENT 1 for the provision of amending the contract by an extension of nine (9) months for a new end date of June 30, 2013 and to amend the maximum consideration by an increase of \$112,500 for a new maximum consideration of \$262,500.

NSMHA-HOPE OPTIONS-MHBG-11-12 AMENDMENT 2 for the provision of amending the contract by an extension of nine (9) months for a new end date of June 30, 2013 and to amend the maximum consideration by an increase of \$27,138 for a new maximum consideration of \$71,322.

NSMHA-ISLAND COUNTY-MHBG-11-12 AMENDMENT 2 for the provision of amending the contract by an extension of nine (9) months for a new end date of June 30, 2013 and to amend the maximum consideration by an increase of \$44,625 for a new maximum consideration of \$59,047.

NSMHA-OPPORTUNITY COUNCIL ADULT-MHBG-11-12 AMENDMENT 2 for the provision of amending the contract by an extension of nine (9) months for a new end date of June 30, 2013 and to amend the maximum consideration by an increase of \$35,175 for a new maximum consideration of \$84,325.

NSMHA-OPPORTUNITY COUNCIL YOUTH-MHBG-11-12 AMENDMENT 2 for the provision of amending the contract by an extension of nine (9) months for a new end date of June 30, 2013 and to amend the maximum consideration by an increase of \$35,175 for a new maximum consideration of \$83,125.

NSMHA-SAN JUAN COUNTY-MHBG-11-12 AMENDMENT 2 for the provision of amending the contract by an extension of nine (9) months for a new end date of June 30, 2013 and to amend the maximum consideration by an increase of \$21,750 for a new maximum consideration of \$38,750.

NSMHA-SENIOR SERVICES-MHBG-11-12 AMENDMENT 2 for the provision of amending the contract by an extension of nine (9) months for a new end date of June 30, 2013 and to amend the maximum consideration by an increase of \$30,750 for a new maximum consideration of \$82,194.

NSMHA-SKAGIT COUNTY-MHBG-11-12 AMENDMENT 2 for the provision of amending the contract by an extension of nine (9) months for a new end date of June 30, 2013 and to amend the maximum consideration by an increase of \$39,413 for a new maximum consideration of \$98,963.

NSMHA-SNOHOMISH COUNTY-MHBG-11-12 AMENDMENT 1 for the provision of amending the contract by an extension of nine (9) months for a new end date of June 30, 2013 and to amend the maximum consideration by an increase of \$47,250 for a new maximum consideration of \$130,250.

NSMHA-SUN COMMUNITY-MHBG-11-12 AMENDMENT 1 for the provision of amending the contract by an extension of nine (9) months for a new end date of June 30, 2013 and to amend the maximum consideration by an increase of \$44,250 for a new maximum consideration of \$103,250.

NSMHA-TULALIP TRIBES-MHBG-11-12 AMENDMENT 1 for the provision of amending the contract by an extension of nine (9) months for a new end date of June 30, 2013 and to amend the maximum consideration by an increase of \$48,750 for a new maximum consideration of \$113,750.

NSMHA-WCPC RAINBOW RECOVERY-MHBG-11-12 AMENDMENT 2 for the provision of amending the contract by an extension of nine (9) months for a new end date of June 30, 2013 and to amend the maximum consideration by an increase of \$112,500 for a new maximum consideration of \$270,834.

#### **PREPAID INPATIENT HEALTH PLAN (PIHP/MEDICAID)**

DSHS-DBHR-NSMHA-PIHP-11-13 AMENDMENT 3 for the provision of technical and substantive changes to the requirements in the contract. Review of new contract terms is underway and we are anticipating it will have an impact on service providers and counties. The term of the agreement and the funding allocation remain the same.

NSMHA-BRIDGWAYS-MEDICAID-11-13 AMENDMENT 2 for the provision of amending the budget to include the approved NSMHA fee schedule and any requirements of the provider based on the NSMHA PIHP amendment with DSHS. The term of the agreement remains the same, ending on September 30, 2013. The maximum consideration is increased by \$74,610 for a new maximum consideration of \$1,719,731.

NSMHA-CCSNW-MEDICAID-11-13 AMENDMENT 2 for the provision of amending the budget to include the approved NSMHA fee schedule and any requirements of the provider based on the NSMHA PIHP amendment with DSHS. The term of the agreement remains the same, ending on September 30, 2013. The maximum consideration is increased by \$24,246 for a new maximum consideration of \$3,970,972.

NSMHA-COMPASS HEALTH-MEDICAID-11-13 AMENDMENT 3 for the provision of amending the budget to include the approved NSMHA fee schedule and any requirements of the provider based on the NSMHA PIHP amendment with DSHS. The term of the agreement remains the same, ending on September 30, 2013. There is no change to the maximum consideration.

NSMHA-INTERFAITH-MEDICAID-11-13 AMENDMENT 2 for the provision of amending the budget to include the approved NSMHA fee schedule and any requirements of the provider based on the NSMHA PIHP amendment with DSHS. The term of the agreement remains the same, ending on September 30, 2013. There is no change to the maximum consideration.

NSMHA-LAKE WHATCOM CENTER-MEDICAID-11-13 AMENDMENT 2 for the provision of amending the budget to include the approved NSMHA fee schedule and any requirements of the provider based on the NSMHA PIHP amendment with DSHS. The term of the agreement remains the same, ending on September 30, 2013. The maximum consideration is increased by \$31,608 for a new maximum consideration of \$1,901,208.

NSMHA-SEA MAR-MEDICAID-11-13 AMENDMENT 2 for the provision of amending the budget to include the approved NSMHA fee schedule and any requirements of the provider based on the NSMHA PIHP amendment with DSHS. The term of the agreement remains the same, ending on September 30, 2013. There is no change to the maximum consideration.

NSMHA-SUNRISE SERVICES-MEDICAID-11-13 AMENDMENT 2 for the provision of amending the budget to include the approved NSMHA fee schedule and any requirements of the provider based on the NSMHA PIHP amendment with DSHS. The term of the agreement remains the same, ending on September 30, 2013. There is no change to the maximum consideration.

NSMHA-WHATCOM COUNSELING & PSYCHIATRIC-MEDICAID-11-13 AMENDMENT 2 for the provision of amending the budget to include the approved NSMHA fee schedule and any requirements of the provider based on the NSMHA PIHP amendment with DSHS. The term of the agreement remains the same, ending on September 30, 2013. The maximum consideration is increased by \$67,941 for a new maximum consideration of \$4,958,192.

**STATE MENTAL HEALTH CONTRACT (SMHC)**

NSMHA-BRIDGWAYS-SMHC-11-13 AMENDMENT 1 for the provision of amending the budget to include the approved NSMHA fee schedule. The term of the agreement remains the same, ending on September 30, 2013. There is no change to the maximum consideration.

NSMHA-CCSNW-SMHC-11-13 AMENDMENT 1 for the provision of amending the budget to include the approved NSMHA fee schedule. The term of the agreement remains the same, ending on September 30, 2013. There is no change to the maximum consideration.

NSMHA-COMPASS HEALTH-SMHC-11-13 AMENDMENT 2 for the provision of amending the budget to include the approved NSMHA fee schedule. The term of the agreement remains the same, ending on September 30, 2013. There is no change to the maximum consideration.

NSMHA-INTERFAITH-SMHC-11-13 AMENDMENT 1 for the provision of amending the budget to include the approved NSMHA fee schedule. The term of the agreement remains the same, ending on September 30, 2013. There is no change to the maximum consideration.

NSMHA-LAKE WHATCOM CENTER-SMHC-11-13 AMENDMENT 1 for the provision of amending the budget to include the approved NSMHA fee schedule. The term of the agreement remains the same, ending on September 30, 2013. There is no change to the maximum consideration.

NSMHA-SEA MAR-SMHC-11-13 AMENDMENT 1 for the provision of amending the budget to include the approved NSMHA fee schedule. The term of the agreement remains the same, ending on September 30, 2013. There is no change to the maximum consideration.

NSMHA-SUNRISE-SMHC-11-13 AMENDMENT 2 for the provision of amending the budget to include the approved NSMHA fee schedule. The term of the agreement remains the same, ending on September 30, 2013. The maximum consideration is increased by \$30,798 for a new maximum consideration of \$981,302.

NSMHA-WHATCOM COUNSELING & PSYCHIATRIC-SMHC-11-13 AMENDMENT 2 for the provision of amending the budget to include the approved NSMHA fee schedule. The term of the agreement remains the same, ending on September 30, 2013. There is no change to the maximum consideration.

**PROGRAM OF ASSERTIVE COMMUNITY TREATMENT (PACT)**

**NSMHA-COMPASS HEALTH-PACT-12-13** for the provision of a half PACT team (50 participants) in Skagit County. The term of this Agreement is October 1, 2012 through September 30, 2013 for a maximum consideration of \$577,264.

**PROJECT for ASSISTANCE in TRANSITION FROM HOMELESSNESS (PATH)**

DSHS-DBHR-NSMHA-COMPASS HEALTH PATH-12-14 for the provision of PATH services in Snohomish County. The term of this Agreement is October 1, 2012 through June 30, 2012 for a maximum consideration of \$138, 820.

DSHS-DBHR-NSMHA-WHATCOM COUNSELING & PYSCHAITRIC-PATH-12-14 for the provision of PATH services in Whatcom County. The term of this Agreement is October 1, 2012 through June 30, 2012 for a maximum consideration of \$45,452.

NSMHA-COMPASS HEALTH PATH-12-14 for the provision of PATH services in Snohomish County. The term of this Agreement is October 1, 2012 through June 30, 2012 for a maximum consideration of \$138, 820.

NSMHA-WCPC PATH-12-14 for the provision of PATH services in Whatcom County. The term of this Agreement is October 1, 2012 through June 30, 2012 for a maximum consideration of \$45,452.

**TRIBAL**

**Background:** The State contract has historically required RSNs to formally invite regional Tribes to join the Advisory Board membership. NSMHA has made invitation inquiries, however the Tribes never expressed an interest in a seat on the Advisory Board. However, they did request seats on the Board of Directors, which resulted in adding three Tribal seats to the Board of Directors with one (1) shared vote. Most recently, the Tribes have indicated an interest in a seat on the Advisory Board and have made a formal request for said seat. The Advisory Board discussed the request at their July meeting and has made the following recommendation in form of a motion:

To approve the NSMHA Advisory Board recommendation of inviting three (3) Tribal representatives to the Advisory Board Membership with one (1) shared vote.

cc: Joe Valentine, Executive Director  
County Coordinators  
NSRSN Management Team