# NORTH SOUND MENTAL HEALTH ADMINISTRATION ADVISORY BOARD MEETING

# Agenda

# June 4, 2013 1:00 PM

1.	Call to Order - Introductions, Chair (2 min)			
2.	Revisions to the Agenda, Chair (1 Min)			
3.	Comments from the Public (5 min)			
4.	Ombuds Semi-Annual Report (5 min)	TAB 2		
5.	Approval of the May Meeting Minutes, Chair (1 min)	TAB 3		
6.	Executive/Finance Committee Report (10 min)			
7.	Standing Board of Directors Committee Reports (5 min)	TAB 4		
	<ul><li>a. Planning Committee</li><li>b. Quality Management Oversight Committee</li></ul>			
8.	Old Business (10 min) a. Tribal Conference Attendee Brief Reports b. Jail Transitions Reports c. Board Retreat			
9.	Executive Director Report (10 min)	TAB 5		
10.	Action Items Being Brought To The Board of Directors (5 min)	TAB 6		
	a. Action Items i. See Memorandum			
11.	New Business (3 min)  a. Office of Consumer Partnerships Video Conference			
12.	Comments from County Advisory Board Representatives (5 min)	TAB 7		
	<ul> <li>a. Island</li> <li>b. San Juan</li> <li>c. Skagit</li> <li>d. Snohomish</li> <li>e. Whatcom</li> </ul>			
13.	Other Business (3 min) a. Co-Occurring Disorders (COD) Conference Registration Info and registration form	TAB 8		
14.	Adjournment			

<u>NOTE:</u> The next Advisory Board meeting will be their annual retreat, **July 9, 2013**, in the Burlington Public Library.

# OMBUDS SNAPSHOT May 21, 2013

Just over a month and a half in this 6-month reporting period we have opened cases on <u>24</u> NSMHA clients—all adults but no seniors. Two of these 24 people were in hospital psychiatric wards and had Level 1 grievances specifically against the hospitals.

Four people (17% of these 24 clients) are non-Caucasian. Three are Latino and one is African American. There were 13 male and 11 female clients.

We've opened Level 1 grievances (formerly known as complaints") on <u>22</u> people. There were <u>30</u> Level 1 grievance occurrences: <u>12</u> in Consumer Rights; <u>5</u> in Physicians & Meds; <u>4</u> in Dignity & Respect; <u>3</u> in Emergency Services; <u>2</u> in Access; <u>2</u> in Participation-in-Treatment; <u>1</u> in Services Coordination/Intensity; and <u>1</u> in Housing.

There have been no Level 2 grievance cases (formerly known as RSN-level Grievance cases) so far this period.

There were **2** Appeal cases having to do with "Other Type" issues.

There are no new administrative hearings this period. We still have two previous hearing cases open.

#### **Other Report issues:**

#### Breakout of the four *Physicians & Medications* Level 1 grievances:

A person's prescriber ceased prescribing all the person's meds after the person self-stopped some of the meds.

A prescriber ceased prescribing a psycho-stimulant after the client allegedly tested positive for street drugs.

A person claims they are receiving meds that are wrong for them and have severe side effects.

A new client didn't wish to discuss the issue but will submit a letter explaining the complaint.

A client alleges that his clinician is holding up delivery of his meds.

#### Breakout of grievance and appeal resolutions:

Here is a breakout of grievance and appeal outcomes. 16 of the 24 client cases are still open and being worked. 6 were favorably closed out through conciliation and mediation. The 2 clients who dropped their complaints without further pursuit both had complaints against hospitals. One was discharged and wished to drop her complaint. The other feared retaliation. Our follow-up: we discussed how retaliation was strictly forbidden and we sent two release forms—one to the client and one to the client's case manager. We continued to provide the client answers to her questions and make referrals as necessary.

#### Changes in the RSN complaint & grievance system:

The Division of Behavioral Health & Recovery and the RSNs are finally working out the details of the new grievance, appeal and formal written notice process and NSMHA will be writing new operating instructions for them soon. We will brief you on the new instructions when they are complete. In this snapshot we have already changed "complaints" and "provider-level grievances" to "Level 1 Grievances" and "RSN-Level grievances" to "Level 2 Grievances." Under the new grievance rules, the timeline for grievances is 45 days, although RSNs can shorten it. Clients still have the right to skip Level 1 grievances and go straight to Level 2 although hopefully that won't happen often.

#### Consumer rights:

Consumer rights are now found in three different sources. Some are duplicates. The sources are: those in the community mental health program-WAC 388-865 0410; those found in the Medicaid Benefits Booklet; and those found in the new Chemical Dependency-WAC 388-877-0530.

These are the new, state-wide grievance definitions and resolutions:

Access: Concerns about ability to receive intake appointments, timeliness of referrals/appointments, or other issues with the intake or referral process. Inability to access services due to language barriers. Denials, terminations, suspensions, or reductions of services for Non-Medicaid clients. (A denial or termination of services for a Medicaid client is not a grievance, it is an Action and the RSN must provide a Notice of Action. Notices of Actions may then be appealed)

**Dignity and Respect**: Issues regarding courtesy, tone of voice, language or other treatment seen as disrespectful.

**Quality/Appropriateness**: Issues regarding poor quality treatment or treatment errors.

**Phone Calls Not Returned**: May involve calls made to multiple clinicians or supervisors.

**Service Intensity, Not available, or Coordination of Services**: Generally issues would be Actions, e.g. disagreement with treatment plan (except for Non-Medicaid clients). It includes problems with coordination between providers, peer support services, health care providers or others involved in the treatment plan.

**Participation in Treatment**: A grievance might be an individual's voice and viewpoint is not being included in treatment planning, a parent is dissatisfied with their level of participation or requested other supports are not involved in treatment planning.

**Physicians, ARNPs, and Medications**: Problems with communication or scheduling issues. Disagreement with medications is an Action for Medicaid clients and requires providing a Notice of Action. A person may also request a 2<sup>nd</sup> opinion.

**Financial and Administrative Services**: Generally deals with payees employed by the provider, or incorrect paperwork or billing issues. An individual may not file a grievance regarding eligibility for SSI or regarding private payees.

**Residential**: Issues with RSN-related services. These concern mental health treatment activities, noise or privacy. An individual may file a grievance on other issues including food, health or safety. These issues should be investigated by the RSN as well as referred to the Department of Health.

**Housing:** These would include issues involving effectiveness in assisting clients in this area.

**Transportation**: Issues relating to transportation that are RSN-related.

**Emergency Services**: These grievances always involve an additional category to clarify the nature of the problem. They generally relate to services the RSN provides, including crisis lines, E&T centers, hospital alternative programs or detainments. Grievances from RSN-enrolled clients regarding an authorized stay in a community hospital are also accepted. A person may file a grievance about a DMHP or detainment, although the resolution may be providing information and avenues for further recourse. RSNs should be informed of the number of grievances in detainments and note trends. Resolution of grievances regarding a community hospital

most often includes referring a person to the individual hospital grievance procedures. The RSN may decide an issue requires working with the hospital to improve services for RSN clients.

**Violation of Confidentiality**: Any information regarding a client that is inappropriately disclosed, including name, diagnosis, treatment or providers.

<u>Other Rights Violations</u>: Violation of any consumer rights not covered in other categories. These could include issues involving interpreters, cultural differences, or Advance Directives.

**Other**: A rarely used category for hard to categorize issues.

#### **Resolution Types**

**Information or Referral**: A person's wishes cannot be met by the RSN but the issue is ended by providing information or referrals. An example would be a person complaining about a rights violation it is decided there has been no violation of law. Information would be provided about privacy rules.

**Conciliation/Mediation**: A resolution agreed to mutually.

**Not Pursued**: Client requested to end grievance, discontinued participation in grievance process, moved away, was hospitalized, etc. A letter of resolution should be sent if possible, using discretion and sensitivity.

**Other:** An RSN resolution decision without mutual agreement. Other hard to categorize resolutions.

(A Fair Hearing is not a resolution. The grievance resolution letter is sent with its explanation—that is the resolution. The filing of a Fair Hearing is a separate decision.)

## North Sound Mental Health Administration (NSMHA) MENTAL HEALTH ADVISORY BOARD May 5, 2013

1:00 - 3:00

Present:	Island: Candy Trautman			
	Snohomish: Fred Plappert, CarolAnn Sullivan and Megan Anderson			
	Whatcom: David Kincheloe, Larry Richardson, Russ Sapienza and Mark McDonald			
Excused Absence:	osence: San Juan: Peg LeBlanc			
	Snohomish: Jeff Ross			
Absent:	Skagit: Joan Lubbe			
Staff:	Joe Valentine, Margaret Rojas, Michael White, Tom Sun and Rebecca Pate			
Guests:	Josiah Anderson and Nancy Jones			

## MINUTES

TOPIC	DISCUSSION	ACTION
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CALL TO ORDE	R AND INTRODUCTIONS	
Chair Trautman	Candy convened the meeting at 1:00 and asked members to review guiding principles. Introductions were made and Michael introduced Tom Sun the new Developer/Programmer Analyst.	Informational
REVISIONS TO	THE AGENDA	
Chair Trautman	Candy asked for any revisions to the agenda and added under new business NAMI WA State Conference and under old business pre- meeting education.	Informational
COMMENTS FRO	OM THE PUBLIC	
Chair Trautman	Candy asked for any comments from the public and nothing was mentioned.	Informational Motion carried
APPROVAL OF M	IINUTES	
Chair Trautman	Candy asked for any revisions to the April minutes and a motion was made to approve as written, seconded and motion carried.	Informational Motion carried
EXECUTIVE/FI	NANCE COMMITTEE	
Fred Plappert	Fred gave the report for the committees. He stated expenditures were straight forward. Fred brought expenditures forward from committee to move forward to the Board of Directors for approval, seconded and motion carried.	Informational  Motion carried
STANDING BOA	RD OF DIRECTORS COMMITTEE REPORTS	
	Planning Committee	
	April meeting was cancelled so there is no report.	Informational
	Quality Management Oversight Committee (QMOC) Report	
	April meeting was cancelled so there is no report.	Informational
OLD BUSINESS		1
Chair Trautman	Candy asked David to provide an update on the retreat discussion from Executive Committee. David stated the upcoming retreat was discussed at the Executive Committee. He mentioned the following topics were mentioned for discussion at the retreat:	Informational
	<ul> <li>healthcare reform,</li> <li>certified peer counselor service delivery as part of core delivery of services,</li> </ul>	

- redesign crisis system,
- redesign children's mental health system,
- perhaps legislation that passes that might require action,
- By-Laws review/modifications and
- recruitment for representatives for the Board from counties

He stated he would like to approach it from a Peer/consumer/family/natural support perspective. David asked members to submit any ideas/suggestions for the retreat to him and he and Fred will work with Joe and Margaret to draft an agenda. Discussion followed.

Send retreat input to David

Behavioral Healthcare Conference was discussed. Early bird registration cut off is noon May 22<sup>nd</sup>.

Candy asked Russ for an update on Peer Counselor pre-meeting presentation. He stated he has not gotten anything definitively from the individuals he is making arrangements.

#### **EXECUTIVE DIRECTOR'S REPORT**

Joe Valentine

Joe stated he has numerous items to cover. He mentioned SB 5732 seeking to redesign public mental health system to establish better outcome measures, expand evidence-based practices and establish a stakeholder group to review the public mental health system that passed and is on the Governor's desk.. SB 5480 has also passed, which moves up date for expanded criteria for Involuntay Treatment Act (ITA) detentions. The impact of this Bill will increase ITA detentions, increase costs at several levels and/or increase hospitalizations. RSN's will be invited to submit suggestions for community based services that we think would be effective in helping divert people from the State hospital. He added the Program for Assertive Community Treatment (PACT) could be a possible diversion.

He stated regarding Healthcare Reform the State is setting up Health Home Networks (HHN) to provide care coordination services across the state. They will be soliciting applications for organizations that would like to be lead entities to set up a HHN in the North Sound Region, (the four northern counties). A meeting was held in Whatcom County on May 1st to provide information about the state application process and some health plans were present. He added the RSNs have concerns about the health plans setting up HHN without local involvement. As a result, the Regional Health Alliance (RHA) along with Whatcom County will cosponsor a meeting in Bellingham and all interested parties will be invited to this meeting. Applications will be sent out on May 10th for entities that want to set up HHN.

Joe mentioned the children's mental health community forums are almost completed and NSMHA has received some excellent input from the community and family members. He added one issue coming out of these forums is people do not know all the resources available.

Joe mentioned he was invited to participate in some panel community forums by Sno-Isle libraries regarding gun violence and individuals with mental illness. Rebecca will scan the invitation and send out to members. He mentioned the House and Senate budgets have assumed savings in State money. The State is trying to balance the budget; therefore,

Rebecca send out invitation

Informational

funding was taken from State fundsby about \$25 million assuming more Medicaid funding would be forthcoming. He stated our region utilizes more State funding for residential and other services. He said that under one formula the cuts are not regionally proportionate. He stated if this goes forward NSMHA will ask our Board of Directors to contact legislators regarding the impact. Discussion followed.

#### ACTION ITEMS BEING BROUGHT TO THE BOARD OF DIRECTORS

Joe Valentine

**Please Note**: Dollar amounts were not ready for the Advisory Board meeting; however, they should be present at the Board of Directors meeting May 9<sup>th</sup>.

Joe reviewed the following with the Board. He mentioned most are introductory and voted on in June. He acknowledged the Medicaid/SMHC contracts are bridge contracts to continue services until NSMHA knows what our budget will be. He added new contracts will be developed and sent out in October once funding is available.

#### **INTRODUCTION ITEMS**

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

#### Medicaid Contracts (PIHP)

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

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

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

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

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

Informational

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

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

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

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

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

#### State Mental Health Contracts (SMHC)

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

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

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

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

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

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

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

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

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

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

#### Crisis Triage

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

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

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

#### Crisis Services for individuals with Developmental Disabilities

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

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

#### Jail Transition Services

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

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

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

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

#### Program for Assertive Community Treatment (PACT)

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

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

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

Margaret reviewed the recommendations for the MHBG contracts with members. She thanked the individuals that participated in the review/recommendation process.

#### Mental Health Block Grant (MHBG)

#### **Island County**

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

#### San Juan County

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

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

#### **Skagit County**

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

#### **Snohomish County**

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

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

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

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

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

#### **Whatcom County**

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

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

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

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

#### **Tulalip Tribes**

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

# Skagit County Community Action Agency (SCCAA) Ombuds Contract

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

#### Wraparound

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

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

#### Professional Service Contract (PSC)

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

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

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

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

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

Joe reviewed the following action Items for recommendations/vote.

#### **ACTION ITEMS**

#### Professional Service Contract (PSC)

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

NSMHA-GBS NORTHWEST CONSULTING-PSC-13 for the provision of facilitating and consulting on the regional crisis redesign processes. The term of this agreement is May 15, 2013, through December 31, 2013. The maximum consideration on this agreement shall be up to \$25,000.

Megan expressed concerns with a survey conducted in the past by this agency. Joe acknowledged the former survey process was not done well in the past and will be done differently this time. He added meetings will also be conducted with communities for input. Megan requested NSMHA come back to the board with a plan and sample survey questions. Discussion followed.

Fred made a motion to approve consulting PSC contract, seconded and motion carried with two opposed. Joe stated a design plan and proposed survey questions will be developed and brought back to Board members.

Motion carried with two opposed

#### **IAIL TRANSITION SERVICES**

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

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

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

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

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

David made a motion to approve jail transition services, seconded and discussion followed. Vote was called. Motion carried with one abstention.

Motion carried with one abstention

NEW BUSINESS		
Chair Trautman	The Board discussed the Co-Occurring Disorders Conference. Decisions for these conferences will be postponed until the June meeting.	Informational
COMMENTS FR	OM COUNTY ADVISORY BOARD REPRESENTATIVES	
Island	Candy stated they met and are moving ahead with child's mental health issues. She stated she developed a summary and will refine and send to Rebecca for distribution and inclusion in the minutes.	Informational
	Observation of Rural Strategies in Island County's Mental Health Programs – Summary	
	Rural counties need grass-roots programs tailored to meet their community mental health needs. The recent recession, preparation for national health care reform, and the .1% mental health tax initiative provided Island County with impetus for a total re-examine of the delivery of publically funded mental health services. I joined the Island County Advisory Board in May of 2006 and participated in the .1% Tax Force Committee. It brought together a very diverse set of professionals, concerned charities and social advocates, and the legal and justice system. We convened in 2012 to reevaluate, reprioritize, and plan for expansion of these programs and the creation of new ones.	
	The School-Based Mental Health Program was one of the first created by the .1% money. It places licensed mental health care professionals into the schools and offers services that some children, parents, and families would not seek or would not follow through if they had to travel very far. Most of Island County is rural. Whidbey Island has a few small cities with some medical and mental health services, but Camano Island is all rural. However, all rural areas do have schools. This grassroots approach to creating a programs in local communities means that each one is somewhat unique. They vary with the geography, the needs of the children in that community, the counselor's relationship with the teaching staff, and the community services available.	
	In 2012 the Tax Force Reevaluation Committee decided to expand the school program and start an Early Childhood Mental Health Program. This one isn't located in the schools, but rather small groups are created within many different community settings. The emphasis is the same: a proactive outreach into the community where the people are rather than making the people come to the program. When a tragedy occurs within the community, such as the death of a child by accident or suicide, the School Based Mental Health Counselors are available to provide trauma crisis counseling. This provides a big impact for the whole community from their taxes that go to public mental health services.	
	From my advocacy perspective, I see the School Based program as a lynch pin for further reorganization and expansion in Island County and perhaps this is a valid model for other rural areas. Other Island County programs that dovetail include: Counseling Connections Program that helps link adults/families to services; Vulnerable Adult Senior program that connects elderly who frequently call 911; CIT for first responders; Recovery House (substance abuse and addiction services) that works with the School Based programs and with the Navy to bring drug and	

	T	,
	alcohol education and support groups into the schools. The recent Children's Mental Health Forum in Coupeville drew professionals from a broad swath of agencies. They also concluded that expansion of the School-Based program deserves a very high priority. Pragmatic reform based on what works is key to redesigning mental health services in rural and geographically distant areas. Start with the schools and the local community. Work with them instead of imposing urban/suburban models onto rural settings.	
San Juan	No report submitted.	Informational
Skagit	Report included in packet for members review.	Informational
Snohomish	Nancy mentioned Jeff Ross is a Snohomish County Sheriff's Deputy and has put these meetings on his calendar for the future but he had a conflict today. She added one other additional person's application, Jennifer Yuen, a psychiatric nurse, is working through the appointment process. She added sales tax advisory board is looking at 2014 budget to decide direction to go. Some program expansions were approved at their last meeting particularly with services provided by Catholic Community Services within the schools. They also agreed to expand a program with Senior Services for an Informational Referral Services Line.  Megan added the Program for Assertive Community Treatment (PACT) program has openings and she expressed concerns about individuals being denied access due to lack of Medicaid once released from the program. She mentioned the advisory group that addresses concerns has never met the required oversight standards. She also added written denials were not received by some of the individuals being denied, which is supposed to be a requirement.	Informational
Whatcom	Report included in packet for members review.	Informational
	Russ mentioned Interfaith is having open house 220 Unity Street from 7:30 – 8:30 am on May 9th. He added monthly NAMI health ed forum will be Thursday, May 9th at St. Luke's Education Center from 7-9 pm, 3333 Squallicum Parkway. On May 13th from 12 – 1:30 the newly developed integrated advisory board will hold their first meeting. The Rainbow Recovery Center will have a fundraiser with comedian Paula Poundstone on May 18th beginning at 8 pm at Mt. Baker Theather in Bellingham.	
	Mark mentioned he went to the REACH Center and attended some training by Beth Gould. He also attended one at Skagit College on Saturday sponsored by NAMI.	
	David mentioned he attended a development workshop for providers regarding hiring and/or working with certified peer counsolers.	
OTHER BUSINES	S	T
Chair Trautman	Candy shared a document by Marie Jubie regarding individuals involved with the jails. She also passed around a "Thank You" from Pat Morris for our Site Visit.	Informational
ADJOURNMENT		
Chair Trautman	Candy adjourned the meeting at 3:00. The next meeting will be <b>June 4</b> , <b>2013</b> , in the NSMHA conference room from $1:00 - 3:00$ .	Informational
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#### NORTH SOUND MENTAL HEALTH ADMINISTRATION

## PLANNING COMMITTEE May 17, 2013

**AGENDA ITEM:** Expansion of Involuntary Commitment Act (ITA)

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

**PRESENTER:** Greg Long/Joe Valentine

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

#### **OBJECTIVE:**

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

#### **BACKGROUND:**

Involuntary treatment detention laws and processes are different in every state. Washington's ITA Law was written to be protective of the civil rights of people with mental illnesses because of concerns about past abuses. The threshold in Washington State has been high for committing someone to a hospital against their will. Designated Mental Health Professionals (DMHPs0 have had great independence to assure this protection. Due to concerns about public safety and people with serious and obvious mental illnesses refusing to seek treatment voluntarily, the law is tightened. This will lead to more commitments.

The Washington Institute for Public Policy estimated that between853 and 2,716 additional psychiatric admissions may occur as a result of these changes. Washington Institutes goes on to project between 42 and 168 additional E &T or community hospital beds would be needed. They also estimated an additional 6 to 25 inpatient beds would be needed at the State hospital. The wide range between these numbers is partially a reflection of the difficulty in estimating the actual impact of this law. The North Sound Region currently has approximately 70 beds for adults in the North Sound Region. Providence Hospital is planning on opening a 30 bed psychiatric unit operated by Fairfax Hospital in Everett in late 2013.

#### SIGNIFICANT POINTS OR EXECUTIVE SUMMARY:

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

- A DMHP who conducts an evaluation for imminent likelihood of serious harm or imminent danger because of being gravely disabled under RCW 71.05.153 (Emergent Detentions) must also evaluate the person under RCW 71.05.150 (Detention of persons with mental disorders for evaluation and treatment-Procedure) for likelihood of serious harm or grave disability that does not meet the imminent standard for emergency detention.
- The fact that a mental disorder within the definitions of RCW 71I.05.020 is caused by an underlying medical condition does not provide a reason to withhold detention.
- A designated mental health professional (DMHP) shall take serious consideration of observation and
  opinions by examining physicians in determining whether detention is appropriate. An examining
  physician who disagrees with a determination may submit a declaration as to why detention is
  appropriate and state whether the physician is willing to testify in court. A DMHP who receives a
  declaration and does not initiate detention must write a written response as to why the person has not
  been detained.

## NORTH SOUND MENTAL HEALTH ADMINISTRATION

# PLANNING COMMITTEE May 17, 2013

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

#### PREVIOUS ACTION(S) TAKEN:

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

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

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

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

#### **CONCLUSIONS/ACTION REQUESTED:**

NSMHA is currently thinking of proposing the following options:

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

NSMHA welcomes additional ideas.

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

#### FISCAL IMPACT:

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

#### ATTACHMENTS:

None

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

#### **REVISED MEMORANDUM**

DATE: June 4, 2013

TO: NSMHA Advisory Board

FROM: Joe Valentine, Executive Director

RE: June 13, 2013, Board of Director's Agenda

Please find for your review the following that will go before the NSMHA Board of Directors at the June 13, 2013, meeting for approval. Funding amounts will be available at the meeting.

#### **ACTIONS ITEMS**

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

#### <u>Division of Behavior Health and Recovery (DBHR) Contracts</u>

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

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

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

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

#### Division of Child and Family Services (DCFS) Contract

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

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

#### **Division of Developmental Disabilities (DDD) Contract**

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

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

#### **Medicaid Contracts (PIHP)**

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

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

NSMHA-COMPASS HEALTH-MEDICAID-11-13, AMENDMENT 5, for the purpose of providing Medicaid funding to bridge the contract through September 30, 2013. The increase to funding provided through this amendment is \$3,413,952 for a maximum consideration of \$29,063.091.

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

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

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

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

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

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

NSMHA-WHATCOM COUNSELING and PSYCHIATRIC CLINIC -MEDICAID-11-13, AMENDMENT 3, for the purpose of providing Medicaid funding to bridge the contract through September 30, 2013. The increase to funding provided through this amendment is \$678,600 for a maximum consideration of \$5,543,181.

#### **State Mental Health Contracts (SMHC)**

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

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

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

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

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

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

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NSMHA-SNOHOMISH COUNTY-SMHC-11-13, AMENDMENT 4, for the purpose of providing State funding to bridge the contract through September 30, 2013. The increase to funding provided through this amendment is \$627,285 for a maximum consideration of \$3,739,782.19.

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

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

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

#### **Crisis Triage**

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

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

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

#### <u>Crisis Services for individuals with Developmental Disabilities</u>

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

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

#### **Program for Assertive Community Treatment (PACT)**

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

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

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

#### **Mental Health Block Grant (MHBG)**

#### **Island County**

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

#### San Juan County

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

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

#### **Skagit County**

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

#### Snohomish County

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

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

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

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

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

#### **Whatcom County**

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

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

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

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

#### **Tulalip Tribes**

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

#### Community Action of Skagit County(CASC) Ombuds Contract

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

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

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#### **Wraparound**

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

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

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

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

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

#### **Evaluation and Treatment Center**

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

#### **Professional Service Contract (PSC)**

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

**Note:** Amounts for the following PSC contracts will be available for the Board of Directors meeting but are not ready yet for your meeting.

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

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

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

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

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

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

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

# Washington State Co-Occurring Disorders and Treatment Conference September 16-17, 2013 Yakima, WA 14 CEHs

Visit the website to download forms: nominate awardees, register as a volunteer at a discounted price, apply for a scholarship, register as a sponsor, exhibitor or to advertise.

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# Co-Occurring Disorders & Treatment Conference

Clear Form

# Participant Registration Form



September 16-17, 2013

Please type directly into the fields and fax or mail to CASAT. Please note: a registration confirmation will be sent via email. If you are unable to attend, please contact CASAT no later than 5 pm on Friday, August 23, 2013 for a full refund. \*Required field

☐ * Please check that you have read an	ıd understand the cancellation p	policy above.		
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You may email a completed registration to CASAT at contactus@co-occurringdisorders-wa.org, and phone in a credit card number as well.

Please do not email credit card numbers.

