

NORTH SOUND MENTAL HEALTH ADMINISTRATION

ADVISORY BOARD MEETING AGENDA

January 6, 2015

1:00pm-3:00pm

1. Call to Order - Introductions, Chair
2. Revisions to the Agenda, Chair
3. Comments from the Public
4. Ombud's Snapshot **TAB 1**
5. Approval of the December Meeting Minutes **TAB 2**
6. Executive/Finance Committee Report **TAB 3**
 - a. Approval of December Expenditures (Available at meeting)
 - b. Committee Appointment Roster
 - c. QMOC Appointments
7. Standing Board of Directors Committee Reports **TAB 4**
 - a. Planning Committee (No December meeting)
 - b. Quality Management Oversight Committee (QMOC)
8. Old Business **TAB 5**
 - a. Advocacy Prioritization
9. Executive Director Report **TAB 6**
 - a. 2013-2016 Strategic Dashboard Report (Available at meeting)
 - b. North Sound Accountable Community of Health Update (NSACH)
10. Action Items Being Brought To The Board of Directors **TAB 7**
 - a. Action Items/ Memorandum (Available at meeting)
11. New Business **TAB 8**
 - a. 2015 Site Visits / Pre Meetings
12. Report from Advisory Board Members
13. Comments from County Advisory Board Representatives
 - a. Island
 - b. San Juan
 - c. Skagit
 - d. Snohomish
 - e. Whatcom
14. Other Business
 - a. Lake Whatcom Center, Dignity and Respect DVD
15. Adjourn

NOTE: The *next* Advisory Board meeting will be **February 3rd**, in the NSMHA Conference Room

OMBUDS SNAPSHOT

January 2, 2014

- Half-way through this 6-month reporting period we have opened cases on **45** people. **37** cases were on behalf of NSMHA clients (including **5** children and **2** seniors); and **8** cases were complaint issues from family members about consumers. In those 8 issues the consumers did not wish to use our services and did not support the complaint. Although we no longer count people with issues against non-community mental health agencies or those seeking second opinions in these statistics, we helped 1 person with a concern about a hospital, 1 person with a concern about their public defender and 1 person seeking a second opinion.

- **13** of these **45** people (29%) are non-Caucasian. **5** are Latino, **2** are African American, **4** are Native American/Alaskan Native and **2** are Asian/Pacific Islander. There are no tribal members. There were 19 men and 26 women.

- **8** people initiated complaints. **5** were resolved with the complaint initiators since the agencies had release forms to speak with them. **1** was worked but no response was made to the initiator due to no release form. **2** are still open.

- We resolved **8** potential grievance issues without having to initiate Level 1 Grievances.

- We initiated **22** level-1grievances: **8** were submitted and are open. **13** were resolved through conciliation & mediation. **1** went to a level-2 grievance.

- **2** cases aren't quite ready to submit as grievances yet.

- **3** cases are open, awaiting medical release forms.

- In **1** issue the client did not follow through.

- There is **1** level-2 grievance open.

- There has been **1** Appeal case.

- There have been no new administrative hearings.

- We broke out the *Quality Appropriateness* category of concern. Quality Appropriateness refers to issues regarding poor quality treatment or treatment errors.

1. A client's family member stated that a clinician gave inappropriate, potentially harmful advice to a child.
2. A client's family member was concerned about poor management of a client's food; potentially dangerous drinking water; inappropriate visiting hour policy and improper meds management.
3. A client's family member was concerned about an inexperienced clinician's poor care, causing the client to decompensate into intense symptomology and requiring a long hospital stay.
4. A client complained about heat in a residence; the payee; the residential prices; poor phone service and issues with a past clinician.
5. A client's family member complained that a client has repeatedly been in and out of emergency care but nothing is being done for long-term stabilization because client is always released too soon.
6. A client's family member complained that the client's clinician did something inappropriate and is also forcing the client to deal with a painful issue he wishes to avoid.

- Outcomes: of our **45** clients, **16** people have open cases. **8** cases were closed with information & referral only.

18 cases were closed through conciliation & mediation. 1 complaint case was worked but no communication was made with the caller for lack of a release form. 1 appeal case was resolved as an “Other” because the client wasn’t happy but chose not to initiate a fair hearing. 1 case was not pursued--the client simply dropped out and left no forwarding phone or address.

New Issues: We have discussed some of these at NSMHA-Ombuds monthly meetings.

- We like Snohomish County Involuntary Treatment’s practice of “non-emergent detention” and wish all counties had that policy. Non-emergency detention refers to a person in slow deterioration and decompensation where involuntary treatment is likely needed but imminence is difficult to justify. The issue of imminent danger does not need to be so cogently proven in “non-emergent detention.”

- A consumer had a psychotic break over a weekend and the family called the on-call provider representative. The representative, a fairly new employee, spoke to the consumer and family, then said he must confer with his supervisor. He did and the supervisor decided no evaluation was necessary—but didn’t speak to the parents. The parents recommend that in such a case, supervisors making the final decision should attempt to speak with the reporting parties to ensure they have all the information to make a correct decision. The parents say: *“We request NSMHA change its protocol to require that any court-appointed, approved mental health provider, clinician, supervising clinician or case manager, making a decision as to the necessity of the DMHP’s evaluation of a client/patient, must confer with, or attempt to contact the observing individual(s) on scene who placed the original call to the Crisis Line.”*

We’re concerned when we suspect vulnerable clients are preyed upon and we present this issue to create some awareness. A fragile senior with severe mental illness became involved with an organization that abhors the concept of taking medications. This client happened to own a house and had some (limited) finances. The organization convinced the client to stop taking meds and moved the client into an organization-sponsored residence. When the client became psychotic a short time later, the organization called the police and evicted the client. Fortunately the client wasn’t with the organization long enough for them to obtain control of the client’s house. Now the community mental health program is saddled with the tasks of doing crisis treatment to help the client stabilize, finding housing, and re-prescribing meds to help the client remain stable.

- We have a child client who hasn’t been successful with most of our providers so we considered recommending the child to The Center for Human Services, a school-based, NSMHA contract, provider agency in Snohomish County. Although we could find precious little information about this agency on NSMHA’s website, and we had outdated information initially, we finally made contact and found that this agency is open to seeing child clients in its Mountlake Terrace clinic. We suggest that this option be better publicized.

- A vignette: a previous client called with a loud cry of desperation. The client had lost his behavioral health services because he wasn’t able to get to appointments and also because he hadn’t applied for Medicaid. Due to the lack of services he was in dire danger of losing the housing we helped him procure last year. We helped him get back into services within several days. (Because he wasn’t on Medicaid, access was through grant funding). We contacted his doctor, obtained a recommendation, and convinced the treatment agency that it needed to send a clinician out to the client’s house for appointments. His housing has been saved and he no longer faces homelessness. The treatment agency is helping him apply for Medicaid which will allow him to stay in services.

North Sound Mental Health Administration (NSMHA)
MENTAL HEALTH ADVISORY BOARD
December 2, 2014
1:00 – 3:00pm

Present:	Island: Candy Trautman San Juan: Peg Leblanc Skagit: Joan Lubbe, Jeannette Anderson Snohomish: Joan Bethel, Marie Jubie, Carolann Sullivan, Fred Plappert, Greg Wennerberg Whatcom: David Kincheloe, Michael Massanari
Excused Absence:	Island: San Juan: Skagit: Snohomish: Carolyn Hetherwick Goza, Jeff Ross, Jennifer Yuen Whatcom:
Absent:	Island: San Juan: Skagit: Snohomish: Whatcom: Larry Richardson
Staff:	Joe Valentine, Margaret Rojas and Joanie Williams recording
Guests:	none

MINUTES

TOPIC	DISCUSSION	ACTION
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CALL TO ORDER AND INTRODUCTIONS:		
Mark was unable to attend the full board meeting, David chaired. David opened the meeting, welcomed everyone and initiated introductions.		
REVISIONS TO THE AGENDA		
Chair	David noted the agenda modifications being brought forth from the Executive Finance Committee: Criteria for Advocacy; Margaret will be leading the discussion. David asked Joe to give an update on the North Sound Accountable Communities of Health. Cultural Competency/Sensitivity was added, which David will speak about. NAMI Basics Update will not be announced, since Carolyn is out ill. David asked if there were any additional revisions to the agenda, there were none.	Informational
COMMENTS FROM THE PUBLIC		
Chair	No public present	
APPROVAL OF MINUTES		
Chair	A motion was made to approve the November minutes, motion seconded and approved.	Motion approved: November minutes as written
EXECUTIVE/FINANCE COMMITTEE		
Chair	Approval of November Expenditures: David asked the Board to look over the November expenditures; he gave an overview. A motion was made to forward the expenditures to the Board of Directors for approval; motion	Motion approved to forward the

	<p>seconded and approved.</p> <p>2015 Budget Allocations: Discussion was brought forth from the Executive Finance Committee regarding the 2015 Proposed Budget Allocations page. Fred talked about the proportional distributions in the columns of the Recommended 2015 Advisory Board Budget. He noted there has not been an increase in the past few years and talked about the determining factors behind the increase request.</p> <p>A vote was taken to recommend the increased dollar amount of \$34,000 to be forwarded to the Board of Directors for approval. All were in favor.</p>	<p>expenditures to the BOD for approval</p> <p>All were in favor of requesting an increase to the budget for 2015</p>
STANDING BOARD OF DIRECTORS COMMITTEE REPORTS		
	Planning Committee	
	The Planning Committee report was included in each Member's binder for review.	Informational
	Quality Management Oversight Committee (QMOC) Report	
	The QMOC meeting was canceled, no report available.	Informational
OLD BUSINESS		
Chair	<p>Criteria for Advocacy: Margaret talked about the Criteria for Advocacy Matrix. Discussion followed. Each of the criteria items were discussed, in addition to the original intent behind the Advisory Board focusing on the individual selections. She asked the group to take the forms home and individually decide which areas are the three most important areas of focus. Three key areas of emphasis will be established.</p> <p>The Members will direct their efforts on the joint outcomes and together as a Board will identify the regional impact, establishing the direction of the Advisory Board 2015 activities.</p> <p>The ranking order was talked about. During the January meeting the Board will vote and rank the items through a dot selection system.</p>	<p>Advisory Board Advocacy homework; bring 3 top areas of focus to January meeting</p>
EXECUTIVE DIRECTOR'S REPORT		
Executive Director	<p>Joe gave an update on the Single Bed Certification Process and the Supreme Court decision, which will be effective December 26th. Strategies were discussed and the group engaged in conversation on the topic. The re-opening of the North Sound Evaluation and Treatment Center in Sedro Woolley was discussed. Joe spoke on the meeting he attended earlier today regarding the prospective opening of the facility. Potential compromise, short range and long range plans were discussed, as well as key players, governing bodies, perspectives, next steps, timelines and financial options. Discussion followed.</p> <p>Joe updated the Board on the current status of NSMHA's development of a plan for a Behavioral Health Organization (BHO). Clinical and Fiscal Design Workshops will be taking place in January and February. Joe will let the Advisory Board know of the dates so they can participate. Joe noted the Advisory Board integrated design will be part of the plan that will be submitted in October 2015. Joe asked Joanie to place this topic on the agenda for upcoming meetings.</p> <p>Joe talked about the North Sound Accountable Community of Health (NSACH) competing for a grant to fund the pilot program. The process entails demonstrating to the State the ability to pull together various sectors and perform a project. The selected project will inventory current case coordination projects in the region, especially those focused on high utilizers and identify effective strategies that can be used to create a best practices guide. Discussion followed. Joe said he will keep the Advisory Board updated on the topic. Joe asked Joanie to send out the NSACH website to the group.</p>	Informational

ACTION ITEMS BEING BROUGHT TO THE BOARD OF DIRECTORS		
	<p>Joe and Margaret talked about the Action Items. Dialogue took place regarding the PEER Centers. It was decided to ask the Rainbow Center and Bailey center to present their services to the Advisory Board during a pre-meeting. The Advisory Board would like the representatives to speak about their understanding and performance of the contractual outcome measures. The goal is to provide a baseline of currently funded services being provided and utilized.</p> <p>Joanie will work with Margaret on the request for presentations.</p> <p>Following discussion, a motion was made to recommend the Action Items, as presented, to be forwarded to the Board of Directors for approval, motion was seconded and approved.</p>	<p>Motion approved to forward the Action Items to the BOD</p>
NEW BUSINESS: None		
REPORT FROM ADVISORY BOARD MEMBERS		
<p>NSACH: Joe talked about this agenda item during his Executive Director Report above.</p> <p>NAMI Basics: Carolyn was not present.</p> <p>NAMI's website was discussed and the steps to sign up for their newsletter.</p> <p>Cultural Competence: David talked about cultural sensitivity and holiday events. He asked the Advisory Board be adaptive and sensitive to others regarding holidays. Fred talked about Safeway's Home Team Harvest project. He noted folks can and drop off food or make money donations via your phone, to help feed the hungry. Greg W asked for an update on the open Deputy Director position with NSMHA; Joe let him know the position was posted and there are candidate resumes being received. Greg Long's final departure date has not yet been finalized. Joe said he would let the Advisory Board know when Greg's final day is and they will get an official invitation to a farewell open house party. Fred mentioned the possibility of the various PACT Teams giving reports at upcoming meetings.</p>		
COMMENTS FROM COUNTY ADVISORY BOARD REPRESENTATIVES		
Island	Candy noted the Island County School Based Mental Health program has been very successful and is recognized as a model.	Informational
San Juan	No Report	Informational
Skagit	No Report	Informational
Snohomish	No Report	Informational
Whatcom	No meeting was held, nothing to report	Informational
<p>Adjournment: David had the group thank Joanie for her work on the holiday potluck. He adjourned the meeting at 2:52pm.</p>		

NSMHA Advisory Board 2014

Updated May 2014

COUNTY	MEMBER	APPTS	EMAIL
ISLAND			
Census: 74,200; No. Appointees: 3			
Appointed 5/24/2010 Term ends 6/30/2016	Candace Trautman NSMHA Advisory Board	Executive Comm. QMOC	philandcandy@wavecable.com
	VACANCY		
	VACANCY		
SAN JUAN			
Census: 12,493; No. Appointees: 2			
Appointed: 2/1/2013 Term ends: 2/1/2016	Peg Leblanc, LMFT		pegleblancmft@gmail.com
Appointed: Term ends:	VACANCY		
SKAGIT			
Census: 99,357; No. Appointees: 3			
Appointed 1/8/07 Term ends: 5/20/2015	Joan Lubbe	Planning	<u>No email address</u>
Appointed: 1/27/14 Term ends: 12/31/2016	Jeanette Anderson		jnetandy@yahoo.com
Appointed Term ends	VACANCY		
SNOHOMISH			
Census: 587,783; No. Appointees: 8			
Appointed 3 yr. term Term expires 10/15/15	Fred Plappert	Planning	fpnsmha_ab@outlook.com
Appointed 3 yr term Term expires 1/31/2017	Carolann Sullivan	Executive Comm.	lowe_004@yahoo.com
Appointed 3 yr term Term expires 6/22/2017	Greg Wennerberg	QMOC	gregoryalanwennerberg@gmail.com
Appointed 3 yr term Term expires 5/31/2016	Jeff Ross		jeff.ross@snoco.org
Appointed 3 yr term Term expires 6/30/2016	Jennifer Yuen		Jennifer.Schan@live.com

COUNTY	MEMBER		APPTS	EMAIL
Appointed 3 yr term Term expires 6/30/16	Marie Jubie		Executive Comm. QMOC Planning	marie_jubie@comcast.net
Appointed 3 yr term Term expires 6/30/16	Joan Bethel			<u>No email address</u>
Appointed 3 yr term Term expires 1/7/2017	Carolyn Hetherwick Goza			chetherwickg@gmail.com
WHATCOM				
Census: 156,830; No. Appointees: 5				
Appointed 3 yr term Term expires	VACANCY			
Appointed, first partial year then two year staggered: Term expires: 1/31/18	Mark McDonald		Ad Board Chair Executive Chair BOD QMOC Planning	arrozo222@yahoo.com
Appointed, first partial year then one year staggered Term expires: 1/31/17	Larry Richardson			richardl1@yahoo.com
Appointed, first partial year then three year staggered Term expires: 1/31/19	David Kincheloe		Ad Board vice Chair Executive Comm. QMOC Planning	dkincheloe@gmail.com
Appointed, first partial year then one year staggered Term expires: 1/31/17	Michael Massanari, MD			Michael.massanari@wwu.edu or mmassanari@comcast.net

QMOC Roster 2014

MEMBER	REPRESENTING	PHONE/FAX	Email	Address
11 Nominated by ADBD <i>incl 3 ADBD members, 4 current consumers</i>				
Mark McDonald Whatcom	NSMHA Advisory Board Chair	(360) 734-2042	arrozo222@yahoo.com	1101 McKenzie Ave. #305 Bellingham, WA 98225
David Kincheloe Whatcom	NSMHA Advisory Board Vice Chair	(360) 961-8611	dkincheloc@gmail.com	1015 Otis St. #110 Bellingham, WA 98225
Marie Jubie Snohomish	NSMHA Advisory Board member	(360) 658-7687	marie_jubie@comcast.net	907 Columbia Ave. #307 Marysville, WA 98270
Fred Plappert Snohomish	NSMHA Advisory Board member	(425) 303-9848	fptaxpro@frontier.com	3315 Lombard Ave., Apt. 205 Everett, WA 98201-4446
Candy Trautman Island	NSMHA Advisory Board member	(360) 387-5665	philandcandy@wavecable.com	1025 Aqua Vista Lane Camano Island, WA 98282
Jeannette Anderson Skagit	NSMHA Advisory Board member	Attending meetings prior to joining	jnetandy@yahoo.com	
VACANT				
VACANT				
VACANT				
VACANT				
VACANT				
1 Ombuds				
Chuck Davis	Ombuds	(360) 416-7004 OR 1-888-336-6164	chuckd@communityactionskagit.org	330 Pacific Place Mount Vernon, WA 98273
Kim Olander-Mayer (alternate)			kimo@communityactionskagit.org	
3 Board Members				
Anne Deacon Alternate	Whatcom County	(360) 676-6724 x50877	adeacon@co.whatcom.wa.us	509 Girard St. Bellingham, WA 98225
Ken Dahlstedt Alternate	Skagit County	(360) 336-9300 x5302	kend@co.skagit.wa.us	309 S. 3rd St. Mt. Vernon, WA 98273
Brian Sullivan Alternate (Shari Freemantle)	Snohomish County	(425) 388-3494	Brian.sullivan@co.snohomish.wa.us	3000 Rockefeller Ave M/S 609 Everett, WA 98201

QMOC Roster 2014

MEMBER	REPRESENTING	PHONE/FAX	Email	Address
3 County Coordinators				
Rebecca Clark	Skagit County	(360) 419-3363 F (360) 336-9323	rebeccac@co.skagit.wa.us	309 S. 3rd St. Mt. Vernon, WA 98273
Anji Jorstad (QMOC Chair)	Snohomish County	P: 425.388.7211 F: 425.388.7216	anji.jorstad@snoco.org	3000 Rockefeller Ave. M/S 305 Everett, WA 98201
Jackie Henderson	Island County	P: 360.678-7881	jackieh@co.island.wa.us	PO Box 5000 Coupeville, WA 98239
Barbara LaBrash (alternate)	San Juan County	(360) 370-0595	BarbaraLB@co.san-juan.wa.us	PO Box 1146 Eastsound, WA 98245-1146
Anne Deacon (alternate)	Whatcom County	(360) 676-6724 x50877	adeacon@co.whatcom.wa.us	509 Girard St. Bellingham, WA 98225
1 Representative from each contracted provider				
Cindy Ferraro	Bridgeways	(425) 355-8668 x248	cferraro@bridgeways.org	8223 Broadway Everett, WA 98203
Stacey Alles	Compass Health	(360) 419-3555	Stacey.Alles@compassh.org	PO Box 3810 M/S 16 Everett, WA 98213-8810
Heather Fennell (Alternate)		(425) 349-7303	Heather.Fennell@compassh.org	PO Box 3810 Everett, WA 98203-8810
Katherine Scott	Sea Mar	(425) 977-2573	katherinescott@seamarchc.org	19707 44th Ave W, Suite 101 Lynnwood, WA, 98036
(Alternate)				
Mike Manley	Sunrise Services	(425) 493-5810	mikem@sunrisecommunityliving.com	PO Box 2569 Everett, WA 98213-0569
Randy Polidan (Alternate)		(425) 493-5804	randyp@sunrisecommunityliving.com	1021 N. Broadway Everett, WA 98201
Pat Morris	VOA	(425) 609-2210	pmorris@voaww.org	PO Box 839 Everett, WA 98206
Karen Kipling (Alternate)		(425) 259-3191 x2339	kkipling@voaww.org	PO Box 839 Everett, WA 98206
Kathy McNaughton	CCS	(360) 676-2164	kathym@ccsw.org	1133 Railroad, Suite 100 Bellingham, WA 98225
Eric Love (Alternate)		(360) 676-2164	ericl@ccsw.org	1133 Railroad, Suite 100 Bellingham, WA 98225-5007

QMOC Roster 2014

MEMBER	REPRESENTING	PHONE/FAX	Email	Address
Richard Sprague	Interfaith	(360) 676-6177 x1178	richard_sprague@interfaithchc.org	220 Unity St Bellingham, WA 98225
(Alternate)				220 Unity St Bellingham, WA 98225
Kay Burbidge	LWC	(360) 676-6000 x424 (360) 398-5052 direct line	kay.burbidge@lwrwc.org	609 Northshore Dr. Bellingham, WA 98226
Michael Watson (Alternate)		(360) 676-6000 x423 (360) 398-5051 direct line	mike.watson@lwrwc.org	609 Northshore Dr. Bellingham, WA 98226
Robert Sullivan	Skagit Co. Crisis Center Pioneer Human Service	(360) 757-7738 F (360) 757-7749	Robert.Sullivan@p-h-s.com	201 Lila Lane Burlington, WA 98233
(Alternate)				
Jeff Reynolds Skagit REACH Center	CVAB –Consumer Voices Are Born	360.873.8635 ext.205 F 360.873.8447	reynoldsj@svreach.org	1413 E College Way Mount Vernon Wa 98273
Brad Berry (Alternate)		(360) 397-8050 ext.7617 F (360) 397-8059	berryb@cvab.org	PO Box 1707 Vancouver, WA 98668-1707
Eric Chambers	NWESD	(360) 299-4075 (360) 299-4070	echambers@nwesd.org	1601 R Avenue Anacortes, WA 98221
Danae Bergman	Center for Human Services	(206) 631-8875 (206) 362-7152	dbergman@chs-nw.org	Plaza 220 21907 64th Avenue W, Suite 240 Mountlake Terrace, WA 98043
Tribal Representative				
Vacant				

NSMHA Planning Committee Members 2015

NSMHA Planning Committee Members 2015			
NSMHA Board Members 3			
	Anne Deacon*	Whatcom County	adeacon@co.whatcom.wa.us
County Coordinators 5	Jackie Henderson	Island County	jackieh@co.island.wa.us
	Barbara LaBrash	San Juan County	barbaralb@co.san-juan.wa.us
	Rebecca Clark	Skagit County	rebeccac@co.skagit.wa.us
	Anji Jorstad	Snohomish County	anji.jorstad@snoco.org
	Anne Deacon- Chair	Whatcom County	adeacon@co.whatcom.wa.us
NSMHA Advisory Board Members - 5			
Chair	Mark McDonald	Whatcom County	arrozo222@yahoo.com
4 members-(2 consumers)	David Kincheloe	Whatcom County	dkincheloe@gmail.com
	Marie Jubie	Snohomish Co.	marie_jubie@comcast.net
	Joan Lubbe	Skagit County	Please mail materials
	Fred Plappert	Snohomish Co.	fptaxpro@frontier.com
NSMHA Executive Director - non-voting	Joe Valentine		joe_valentine@nsmha.org
NSMHA Deputy Director - non-voting	Greg Long		Greg_long@nsmha.org
NSMHA Operations Manager - non-voting	Lisa Grosso		Lisa_grosso@nsmha.org

*Representing Whatcom County Executive Jack Louws

**QMOC Committee Brief
December 10, 2014**

1522 - Out of Network Policy

The policy was approved in October with some further revision still needed. The policy went out for second review as further changes were needed. It returned to the December meeting for any further comment. No further comment received; policy will now be prepared to go out to provider agencies.

Intensive Outpatient (IOP) Audit Report

The results of the audit were reviewed and providers did well with coordination around hospitalization and having goal oriented recovery plans. The benchmark score is 90%; the report outlined scores below 66% and 90%. Corrective action will go out to established programs with scoring below 90%.

Policy 1505 – (Re)/Authorization for Ongoing Outpatient Services

This policy had been revised to reflect that authorizations for clients with lower levels of care needed will be authorized for up to six months so that shorter authorizations can be given as appropriate. The policy had gone out for review and was approved as presented.

Child & Youth Mental Health

There are significant changes in services to children and youth and NSMHA wants to be sure that providers are kept up to date and able to provide feedback on these topics. Discussion on how best to bring topics to QMOC occurred and Julie will bring a summary of issues to the meeting with data to track trends; a workgroup will be formed to address larger issues.

Implementation of Notices Sent by Providers

NSMHA is requesting an update from providers on implementation of Notices sent out by provider agencies as referenced in policies 1005. Providers now send notices to individuals when there is a disagreement with the treatment plan and NSMHA has received only one to date. Charissa will send an email out with a deadline to track where agencies are in implementing and she will send out the templates again as well.

Behavioral Health Organization (BHO) Planning

Planning for the BHO has been moving forward; NSMHA has met with CD providers in the region and created a draft implementation plan. NSMHA has hired consultants to help with the financial and clinical design processes and in January and February 2015 will hold stakeholder meetings. The state should release the preliminary rate details in the next few weeks and that will begin discussion with the state on the rate details.

Decentralized Access

NSMHA is looking at adding another avenue for individuals to access services in addition to the VOA access line. This would help in coordination as CD services are integrated. Individuals would be able to access services directly with providers or through the access line. Feedback received focused on the issues of the data systems being different among agencies and trying to match the full range of service that VOA Access does.

Interpreter and Translation Services

Provider agencies have asked for clarity on utilizing these necessary but expensive interpreter and translation services for non-clinical things such as residential issues and it was noted that it is often not as simple as getting an interpreter; it is about the cultural issues that come up.

	A	B	C	D	E	F	G
	Issues that result in the biggest impact for the people	Access to MH and CD services, e.g. transportation and Limited English Proficiency (LEP)	Legislative advocacy to increase targeted funding, e.g. Crisis Intervention Training (CIT)	Focus at the County or Community Level	Emphasis on rural health	Focus on wellness initiatives	What areas of advocacy are transferable to an integrated system?
3	Homeless of all ages, to include Vets; Attainment of housing; community meals & shelter; opportunities for engagement in services						
4	Increase in Certified Peer Counselors & practitioners in Nursing Homes; Providing awareness of the benefits to peer support						
5	Individuals with disabilities; Protection of Civil Rights						
6	Older adults, Accessibility; Transportation to health care facilities						

	A	B	C	D	E	F	G	
	Issues that result in the biggest impact for the people	Access to MH and CD services, e.g. transportation and Limited English Proficiency (LEP)	Legislative advocacy to increase targeted funding, e.g. Crisis Intervention Training (CIT)	Focus at the County or Community Level	Emphasis on rural health	Focus on wellness initiatives	What areas of advocacy are transferable to an integrated system?	
11	Greater Community; Improvement in healthcare delivery; development, education and involvement of individuals/families in improving healthcare delivery; cultural awareness and sensitivity toward those experiencing disparities in care							
12	Traumatic Brain Injury; Support for individuals, family and caregivers							
13	Global Community; Research how other countries support individuals with mental illness and what we can learn							



Greg Long is Retiring!

January
8
2015

17 years
With
NSMHA



He's off to new adventures!
Come see him off!

Reception
3:30—5:00 pm
Max Dale's
2030 Riverside Dr
Mt Vernon

No Host Dinner
5:00—8:00 pm
Max Dale's
RSVP by Jan 2nd
To 360-419-5636
No host bar

2015 Pre-Meetings, Site Visits and Conferences

Date	Pre-Meeting Topics	Note
January 6th	North Sound Warm Line	Brad Berry Rebecca Clark
	VOA Services, 211, Crisis Line, Access Line	Pat Morris
	Qualifying Factors of a Co-Occurring Disorder	Dr. Rick Ries (potential presenter)
	Peer Support Model Presentation	
	Presentation From Rainbow and Bailey Centers	
	Crisis Redesign	
	NWESD (Northwest Educational Service District)	
	Center for Human Services	
	System of Care Conference-Julie	
	Seamar Co-Occurring in Everett	
	Tribal Centric Behavioral Health System	
	Dr. Brown/ NSMHA Role/MH Consumer Benefit	
	Mukilteo E&T	
	North Sound Sedro Woolley E&T	
	PACT Team Presentation	
Date	Site Visits	Note
Feb 3rd, 2015	REACH Center	Contact: Jeff Reynolds
Spring 2015	Western State	Contact: Mark Kipling
Late May, Early June	Lake Whatcom Treatment Center	Contacts: Kay Burbidge Mike Watson
	Triage Centers/Site Tour	Rob Sullivan
	Skagit Triage Center/Pioneer Human Services	
Date	Conferences	Location
May 5 & 6	System of Care Conference (Children and Youth)	Holiday Inn, Everett
May 12 & 13	Tribal Conference	Skagit Casino, Bow
June 17, 18 & 19	Behavioral Health Conference	Vancouver
TBD (August)	NAMI Conference	
TBD (Fall 2015)	Dignity and Respect Conference	
TBD (October)	Co-Occurring Disorders Conference	Yakima