#### NORTH SOUND MENTAL HEALTH ADMINISTRATION

#### ADVISORY BOARD MEETING AGENDA March 1, 2016 1:00pm-3:00pm

1.	Call to Order - Introductions, Chair	
2.	Revisions to the Agenda, Chair	
3.	Announcements  a. Susie Spencer  b. North Sound Recovery Coalition  c. Tribal Conference  d. Volunteer Opportunity	TAB 1
4.	Approval of the February Meeting Minutes	TAB 2
5.	Upcoming Pre-Meeting a. April: Access to Care Standards (Julie de Losada)	
6.	Executive/Finance Committee Report  a. Approval of the February Expenditures (Available at Meeting)	TAB 3
7.	Standing Board of Directors Committee Reports  a. Planning Committee (Available at Meeting) b. Quality Management Oversight Committee (Available at Meeting)	TAB 4
8.	Old Business  a. Advisory Board Advocacy Priorities i. Legislative Session Brief (Marie, Fred, Greg, Joan B)	TAB 5
9.	Executive Director Report	TAB 6
10.	Action Items Being Brought To The Board of Directors  a. Action Items/ Memorandum (Available at Meeting)  b. Process Improvement Projects	TAB 7
11.	New Business a. Mental Health Block Grant (Margaret) b. Bylaws Revision	TAB 8
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	

NOTE: The next Advisory Board meeting will be April 5th in the NSMHA Conference Room Whatcom

15. Brief Comments from the Public

16. Adjournment

# North Sound Recovery Coalition, Army **OneSource and Access To Recovery** present Recovery Coach Academy

March 21-25, 2016 Date: Time: Mon-Fri 9AM-4:30PM

**Location: North Cascade Seventh-day** 

**Adventist Church** 800 Peacock Lane

**Burlington, WA 98233** 

Cost: **Free** 

Lunch: Monday & Friday - Provided

Tuesday-Thursday - on your own



#### Course Description:

The Recovery Coach Academy (RCA) is provided by Connecticut Community for Addiction Recovery (CCAR) trained trainers. This is a nationally recognized best practice model designed for those interested in becoming Recovery Coaches. A Recovery Coach is anyone interested in promoting health and wellness of people with substance use disorders by removing barriers and obstacles to recovery. Recovery coaches serve as a personal guide and mentor for people and Veterans seeking or already in recovery.

To register or for more information call (509) 362-2521

or visit www.Community-Minded.org Registration deadline is March 18th, 2016













# North Sound Mental Health Administration (NSMHA) MENTAL HEALTH ADVISORY BOARD February 2<sup>nd</sup>, 2016 1:00 – 3:00pm

Present:	Island:
	San Juan:
	Skagit: Faviola Lopez, Ron Coakley, Joan Lubbe
	<b>Snohomish</b> : Greg Wennerberg, Fred Plappert, Carolyn Hetherwick Goza, Jennifer
	Yuen, Carolann Sullivan, Marie Jubie, Joan Bethel
	Whatcom: David Kincheloe, Michael Massanari, Mark McDonald
Excused Absence:	Island: Candy Trautman
	San Juan: Peg Leblanc
	Skagit:
	Snohomish:
	Whatcom: Rachel Herman
Absent:	Island:
	San Juan:
	Skagit:
	Snohomish:
	Whatcom:
Staff: Joe Valentine, Maria Arreola (recording), Julie de Losada, Kristen Hagin, Gre	
Guests:	Betty Rogers, Island County; Jackie Henderson, Island County; Chris Garden, Island
	County; Susie Spencer, Skagit County; Larry Richardson, Whatcom County; Marilyn
	Richardson, Whatcom County.

#### MINUTES

TOPIC	DISCUSSION	ACTION
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CALL TO ORDER AND	INTRODUCTIONS		
Chair	David initiated introductions of Advisory Board Members, NSMHA Staff and Guests: Jackie Henderson, Island County Human Resource Director; Susie Spencer, from Skagit County, (candidate for the upcoming BHO Advisory Board); and Chris Garden, Island County Deputy Sheriff, (who is interested in becoming a member of the BHO Advisory Board).	Informational	
REVISIONS TO THE A	GENDA		
Chair	David asked if there are any revisions to the Agenda. Joe added an item for discussion: Advisory Board Poster Contest.	Informational	
	Discussion will take place during the March meeting.		
COMMENTS FROM T	HE PUBLIC	T	
Chair	David made an announcement regarding an upcoming workshop on February 26 <sup>th</sup> , 9:00am-12:00pm, located in Mount Vernon.  Interested AB Members were instructed to see Maria.	Informational	
APPROVAL OF MINUTES			
Chair	David asked if there were any revisions to the January Minutes.  There were none.	Motion approved: January Minutes as written	
	Select Pre-Meeting for March and Identify Questions:		

David led the Board in conversation regarding the March Pre-Meeting	
speaker options. It was decided to have a presentation on Substance	
Use Disorder (SUD) in March. Julie de Losada will speak to the AB in	
April about Access to Care Standards (ACS).	

#### **EXECUTIVE/FINANCE COMMITTEE**

#### **Approval of January Expenditures:**

The January Expenditures were reviewed and discussed. There were no major expenditures. Last year the Advisory Board was under budget. The budget for 2016 was increased, due to the increase in members with the upcoming BHO. A motion was made to move the expenditures to the Board of Directors for approval. Motion was approved.

David announced the number of seats on the Planning Committee has been fulfilled. He offered seats for the Quality Management Oversight Committee (QMOC) which meets the last Wednesday of every month. Interested members should notify him.

The Advisory Board (AB) Bylaws will be revised upon transition to the Behavioral Health Organization (BHO).

#### STANDING BOARD OF DIRECTORS COMMITTEE REPORTS

Planning Committee (no January meeting, no brief)	
Quality Management Oversight Committee (QMOC) Report	Informational
Joe said all Regional Support Networks (RSNs) have a Quality	
Management Oversight Committee (QMOC). The composition is	
comprised of consumer representatives, Advisory Board	
representatives, and community members. QMOC oversees policies	
and performance and advises on policy change, clinical procedures,	
and data issues.	
QMOC reviews and votes on policies prior to submission to the Board	
of Directors. Joe discussed items that were presented in the QMOC	
meeting.	

Informational

#### **OLD BUSINESS**

Chair	Advisory Board Advocacy Priorities
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#### 1. Legislative Update on Speaking Points

Joe discussed the WSAC Detail Report. He noted the short legislative session this year. House Bill 1713 was discussed. It will integrate the funding for crisis services for mental health and chemical dependency and designate involuntary commitments for mental health or chemical dependency, or both. House Bill 1713 will create and fund the bill. House Bill 1916 will integrate all mental health and chemical dependency law. Joe spoke about a bill regarding the requirements to become a dual licensed Chemical Dependency Professional.

There is also a children's services bill regarding a committee which will study the existing children's mental health system. During the next Advisory Board meeting the House Bill list will be much shorter. Many bills don't last past the voting stage.

The Advisory Board is currently focused on supportive housing; children in schools with psychiatric issues; early identification, and treatment of kids with mental health issues.

The Advisory Board Legislative Subcommittee will travel to Olympia February 23<sup>rd</sup> and 24<sup>th</sup>. They will speak to Legislators about the issues

Chair

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	that are important to them.			
	2. Children and Youth Services in the Region (Julie)			
	Julie gave a presentation on children and youth services in the region.			
EXECUTIVE DIRECTO	R'S REPORT			
ACTION ITEMS BEING	Joe spoke about the history of North Sound Mental Health Administration (NSMHA) and the decision to become a Limited Liability Corporation (LLC). Regional Support Networks (RSN) s will cease to exist as of March 31 <sup>st</sup> , 2016. Effective April 1 <sup>st</sup> , 2016 NSMHA will receive additional Medicaid funding to support chemical dependency services and integrated services. By April 1 <sup>st</sup> , 2016 NSMHA is required to have the entire BHO system in place. In the month of February, NSMHA will negotiate rates and establish policies and procedures with Providers. By April 2016, NSMHA will have a Tele-Psychiatry system. Joe added NSMHA is looking for new locations for the Evaluation and Treatment (E&T) Center and strategizing to replace the beds at Pioneer Center North. Data collection is taking place regarding the upcoming plan.	Informational		
ACTION ITEMS BEING	G BROUGHT TO THE BOARD OF DIRECTORS	Ī		
	Joe reviewed each of the Action items. A Motion was made to move the Action items to the Board of Directors for approval. Motion was seconded and approved.	Motion approved to forward the Action Items to Board of Directors for approval.		
NEW BUSINESS				
This topic was discuss	Name: North Sound Behavioral Health Organization sed earlier in the meeting. ge Reimbursement Rates for 2016 (.54 cents per mile)			
-	pursement rate is effective as of January 1 <sup>st</sup> , 2016.			
	SORY BOARD MEMBERS			
a. Upco	ming new Workshop from Beth Gould (CVAB) How to Help  noted individuals interested in attending the workshop should see Mari	a		
	COUNTY ADVISORY BOARD REPRESENTATIVES	u.		
Island	Jackie, from Island County, stated the County is considering the option of becoming a Mental Health/Substance Use Advisory Board or possibly developing something completely different.	Informational		
San Juan	none	Informational		
Skagit	none	Informational		
Snohomish	Fred spoke about the Housing First Program. He stated it is a new kind of homelessness, an economic factor.	Informational		
Whatcom	none	Informational		
OTHER BUSINESS				
Carolyn stated NAMI will present a Spring Basics Class starting April 12 <sup>th</sup> , 2016. This is a 6 week program. Graduation will be May 17 <sup>th</sup> , 2016. Carolynn will send Maria all the information to send in an email.				
ADJOURNMENT	•			

The meeting adjourned at 2:56 p.m.

Informational











February 12, 2016

Dear Interested Parties:

#### **SUBJECT:** Critical Milestones in Pathway to Fully-Integrated Managed Care

The following timeline provides key timeframes related to the procurement and implementation of the Apple Health Fully-Integrated Managed Care program. In the last legislative session, E2SSB 6312 directed the State to fully integrate the purchasing of physical and behavioral health services through a managed care health system in the Medicaid program statewide by 2020.

Southwest Washington Regional Service Area elected to become an early adopter of integrated purchasing, and in April, 2016 Medicaid beneficiaries in Clark and Skamania counties will be among the first in the State to receive the full continuum of physical and behavioral health services through one of two managed care plans, Molina Healthcare of Washington and Community Health Plan of Washington (CHPW).

Regional Service Areas interested in expediting the transition to whole-person care may elect to implement the Apple Health – Fully Integrated Managed Care program in their region prior to 2020. The following timeframes represent key milestones for regions that are interested in pursuing full-integration between now and 2020.

# The launch of integrated managed care in a region depends on the following developmental milestones, some of which can be conducted concurrently:

- 1. Up to six months of community readiness preparation on the implications of changing local systems, during which the Health Care Authority (HCA) will assist county officials, Accountable Communities of Health, and providers with design work to ensure that:
  - Regional officials and providers have the opportunity to learn about the current integration design and how it would affect their current system operations;
  - State officials gather information about the local system of delivering mental health and substance use disorder services; and
  - Agreement is reached among county officials on submitting a non-binding letter of intent.
- 2. Up to six months of design work between the submission of a non-binding letter of intent and a binding letter of intent, which allows:
  - The Counties to identify key staff to participate on an Implementation Committee to meet with state staff on a weekly basis through the launch date;
  - HCA and the Implementation Committee to negotiate any changes to the design of the integration model;

- HCA staff to incorporate any changes to the procurement and contracts for Medicaid/non-Medicaid services with Implementation Committee input; and
- A binding letter of intent to be submitted by county officials.
- 3. Approximately five months for HCA to complete health plan procurement, which includes:
  - The release of the Request for Procurement (RFP) for Managed Care Organization (MCO) and Administrative Services Organization (ASO) contracts;
  - The bidder responses;
  - Evaluation of network adequacy, crisis system, and managed care operations, with Implementation Committee participation in evaluation;
  - Announcement of successful bidders; and
  - Negotiations with Apparently Successful Bidders to complete contracts.
- 4. In the several months after contracts are signed but prior to go-live, the following must be completed for readiness review and transition:
  - Implementation Committee conducts local provider education and provides knowledge transfer on local systems to MCOs/ASO;
  - HCA makes needed adjustments to system design and provides communication with Medicaid clients;
  - The Department of Social and Health Services plans for termination of Behavioral Health Organizations, including plans for spending down reserves.

Regions may choose from three potential effective dates for the coverage of their Medicaid members by integrated managed care: July 1, 2017; July 1, 2018; or January 1, 2020. The dates below assume a July 2017 effective date and are provided for planning purposes, but are subject to modification as needed.

# Apple Health – Fully Integrated Managed Care Implementation and Engagement Timeline for July 2017 Launch

Activity: Mid-Adopter Fully Integrated Contracts	<b>Key Milestone for Completion</b>
HCA/Regional Service Area Engagement Begins	Now
Non-Binding Letter of Intent Due	May 1, 2016
Continued County Engagement/Model Discussion/Finalize Model	July 1, 2016
Binding Letter of Intent Due	August 1, 2016
Release RFP(s)	September 1, 2016
RFP Responses Due	November 1, 2016
Announce Apparently Successful Bidders	January 1, 2017
Sign Contracts with Successful Bidders	February 1, 2017
Readiness Review/Transition	February through July, 2017
Contract Start Date	July 1, 2017

Interested Parties Critical Milestones in Pathway to Fully-Integrated Managed Care February 12, 2016 Page 3

Should you have any questions or concerns, please contact me by telephone at 360-725-1827 or via email at MaryAnne.Lindeblad@hca.wa.gov.

Sincerely,

MaryAnne Lindeblad, BSN, MPH

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Medicaid Director

Health Care Authority

Carla Reyes

Assistant Secretary

Behavioral Health Administration

Department of Social and Health Services

By email

#### **Exhibit A - Behavioral Health Organization (BHO)**

Mental Health Block Grant (MHBG) Project Plan 4/1/2016 – 6/30/2017

#### Introduction

Washington State's Mental Health strategies to further the goals of the Combined Federal Block Grant will rely on service delivery through BHOs. Contracts with BHOs continue to support flexibility to meet the needs of populations based on local planning efforts and goals as identified in this Project Plan. Our collective overarching "Goal" is to ensure effective services are provided across populations with measurable outcomes and performance indicators.

BHO: North Sound BHO	Current Date: 2.18.16	Total MHBG Allocation: \$1,373,150
BHO Contact Person: Margaret Rojas	Phone Number: 360-416-7013	Email: Margaret_rojas@nsmha.org

<u>This Plan is for April 1, 2016 – June 30, 2017.</u> All Mental Health Block Grant funds contractually allocated for services provided, but not expended for services actually provided by June 30, 2017, may not be used or carried forward.

Please complete both sections (Section 1- Proposed Plan Narratives and Section 2 – Proposed Project Summaries and Expenditures) in this document and submit electronically to Tom Gray (<u>Tom.Gray@dshs.wa.gov</u>) no later than 5:00 P.M. **January 15, 2016**. The BHO Contact Person identified below will be contacted if there are any questions.

#### DO NOT MODIFY OR DELETE ANY PARTS OF THIS TEMPLATE.

#### Instructions:

- Provide a detailed description for each anticipated range of services. There is no word limit. Each cell will automatically expand.
- Only complete Categories/Subcategories that align with local plans. There is no requirement to provide services in each Category.
- Insert Planned Expenditure Amounts for each "Good and Modern Systems of Care\* (G & M) category under the column heading "Proposed Total Expenditure Amount." The Grand Total at bottom of that column must equal total MHBG Allocation.
- Insert the number of Adults with SMI\*\* and Children with SED\*\* projected to be served.
- "Outcomes and Performance Indicators" Provide planned outcomes that are measurable and define what indicators will be used to support progress towards outcomes.

\*The G&M system is designed and implemented using a set of principles that emphasize behavioral health as an essential part of overall health in which prevention works, treatment is effective and people recover. There is no requirement to provide services in each Category.

\*\*SMI/SED Definitions - For MHBG planning and reporting, SAMHSA has clarified the definitions of SED and SMI: Children with SED refers to persons from birth to age 18 and adults with SMI refers to persons age 18 and over: (1) who currently meets or at any time during the past year has met criteria for a mental disorder – including within developmental and cultural contexts – as specified within a recognized diagnostic classification system (e.g. most recent editions of DSM, ICD, etc.), and (2) who displays functional impairment, as determined by a standardized measure, which impedes progress towards recovery and substantially interferes with or limits the person's role or functioning in family, school, employment, relationships, or community activities.

### Section 1 Proposed Plan Narratives

#### **Needs Assessment**

Describe what strengths, needs, and gaps were identified through a needs assessment of the geographic area of the BHO. To the extent available, include age, race/ethnicity, gender, and language barriers.

#### **Island County**

Island County is a rural area composed of 2 islands. Our population of homeless individuals or at risk of being homeless, especially those coming out of jail or prison, is growing. We have no shelters (except for domestic violence victims) so individuals tend to recycle through our systems--especially those with a behavioral health issue. 22.5% of our population is over 65 compared to 14% in the state.

#### **Skagit County**

The Peer Center programming was implemented in 2007 after a community needs assessment determined that a day center was necessary to provide wellness and recovery activities and resources for individuals with mental illness. From 2007 through 2011 a daily meal was included. The center evolved into more of a drop-in homeless center and in 2011 the programming approach was modified and a new provider was selected. CVAB, a peer run agency, now provides recovery support services through classes, support groups, resource referral, access to computers, job search and housing availability.

#### **Snohomish County**

Permanent Supported Housing: According to the Substance Abuse and Mental Health Services Administration, people with mental health and/or substance use disorders are particularly vulnerable for homelessness. The 2015 Snohomish County/Everett Point in Time Count revealed that there are 966 persons in 743 households that did not have a permanent place to stay, 188 of those had a Serious Mental Illness, 97 of whom were unsheltered and 17 were precariously housed. Mental illness and drug or alcohol use were both cited in the top five causes for being homeless. However, there are long waiting lists for permanent supported housing and a dearth of housing services to help individuals stay successfully housed.

#### **Whatcom County**

Whatcom County Community Health Assessment; the 2015 annual Point in Time Count of the homeless in Whatcom County.

#### **Compass Health**

#### San Juan School-Based Services-Compass Health

In 2015, the agency that was contracted to provide school-based services in San Juan County terminated their RSN contract, leaving a gap in availability of services, specifically in the Lopez and Orcas Island school districts. Compass Health

currently offers outpatient mental health services to children on both Lopez and Orcas; however, we are not currently offering school based services – clients have to come to our offices for services, creating transportation challenges, increasing time away from school, and making access less convenient. In addition, we are currently only serving those who qualify for RSN-funded services. San Juan County is using their  $1/10^{th}$  funds to support school-based services to individuals not enrolled in RSN services, on a limited basis. Some of these individuals are eligible for RSN services but have not accessed services off-site through Compass Health. Co-location of mental health services in the schools would increase penetration rates and also increase capacity for all children and youth to receive services, as RSN-eligible clients move into the RSN system, freeing funds from the County to serve more unfunded individuals. In 2015, the County estimated that 24-30 individuals per year in the two school districts would require services and not have Medicaid funding to cover those services. A joint effort with the NSMHA, San Juan County, Compass Health, and the school districts has created an opportunity for braided funding, to allow for streamlining the referral process and ensure access regardless of funding source.

#### **Rainbow Center-Compass Health**

The 2015 Point-in-Time Count from the State of Washington Department of Commerce found that there are 687 individuals in Whatcom County who are homeless. The majority of these people live in or very near the Bellingham area. Coupled with the fact that overwhelmingly these individuals are not receiving the behavioral health care they need and deserve the instances of risky behavior increase dramatically, further isolating and stigmatizing vulnerable individuals in our community.

The Rainbow Recovery Center serves approximately 825 mentally ill adult members per year; the majority of whom are homeless or on the verge of homelessness. The Center is conveniently located in central Bellingham with easy access to transit, homeless service programs and the majority of individuals who utilize this program. The Rainbow Recovery Center is staffed by Certified Peer Counselors who have lived experience with a mental health condition. The Rainbow Center employs a Recovery Oriented Model and serves as an integral linkage to the community's system of care. Each active Member works with a Peer Counselor to develop an individualized Wellness and Recovery Plan to address their behavioral health needs. Members are encouraged to participate in a variety of peer-led psychosocial activities, wellness groups and recovery-oriented classes. In the last six-months of 2015, 338 groups were held with an average attendance of 7 Members per group. The Center is open Monday-Friday for 8 hours per day with an average attendance of 80 Members per day.

#### **Cultural Competence\***

Provide a narrative summarizing how cultural competence overall, is incorporated within proposed projects. Identify what anticipated efforts will be taken to measure progress.

#### **Island County**

Island County Human Services staff currently work with individuals of all ages, individuals with cultural differences and those who have language barriers. We have access to interpreters including sign language. Staff also attends relevant trainings to assure that we are sensitive and knowledgeable as to people's differences.

#### **Snohomish County**

Each subcontracted agency of Snohomish County is required to agree to a Nondiscrimination in Client Services which states that agencies "shall not on the grounds of race, color, sex, sexual orientation, religion, creed, national origin, marital status, age, Vietnam era or other veterans' status, or mental or physical handicap:

- **a.** Deny, restrict, limit, or treat differently qualified individuals for the purposes of the participation in and the delivery of services and/or benefits made available to others; or
- **b.** Employ criteria or methods of selection of recipients, individually or as a class, or administering services and/or benefits that have the effect of subjecting qualified individuals to discrimination or unequal treatment." Each agency is monitored for compliance to ensure they are meeting these cultural competency standards.

#### **Tulalip Tribes**

We took great time in identifying a younger positive native male known in the community for volunteering with basketball and other youth activities. He also did accomplish achieving his goals but in a non-typical way through high school completion and is known to be a good father of his young son.

#### **Compass Health**

Compass Health maintains a list of interpretative services for individuals who do not speak English, including services that can assist our staff with American Sign Language.

As an agency, Compass Health has a variety of systems in place to meet the needs of individuals with a disabling condition. Compass Health provides in-home or in-the-field services for those unable to come to an office due to their disability. Compass Health facilities are designed to meet ADA specifications. The Rainbow Center is completely accessible and in compliance with ADA requirements and our school-based services in San Juan County will bring the services to the student.

Compass Health employs Minority Mental Health Specialists (MMHS), with five of our MMHS individuals specializing in the Native American category. Our five-county region of Snohomish, Skagit, Whatcom, Island, and San Juan counties

encompasses many Native American tribal areas located in the northern counties of our state.

Often the role of the Specialist is to provide consultation to other clinicians who are working with individuals of that population. So for example, if a clinician were to start working with a Hispanic client, they would call one of Compass Health's MMHS clinicians specializing in Hispanic populations and ask to arrange a time for consultation with them. This consultation would help ensure that the clinician was working with the client to develop the most culturally sensitive treatment and recovery plan. The MMHS consultation also serves to educate staff regarding pertinent cultural issues or topics that could create barriers to access or appropriate treatment. It may also enhance the clinician's awareness regarding potential resources and natural supports that could benefit the client.

The Rainbow Recovery Center serves a very diverse population, including many Native American and African American members. Every individual that comes to the Center has their own unique journey that adds to the overall experience of every other member. Discrimination based on race, color, or culture is not tolerated at the Center as members bring new people into the center regularly. Members consider the Rainbow Center a "safe haven" for everyone where people are not judged for who they are or where they came from. This is critical to the care philosophy of not just the Rainbow Center, but of all of Compass Health's programs. Members are also encouraged to teach others about their culture by writing poems, telling stories and sharing artwork.

#### **Peer Review**

Provide a description of the procedures and activities to be undertaken to comply with the requirement to conduct annual independent peer reviews.

#### **Island County**

If requested, subcontractors will be required to participate in Peer reviews.

#### **Snohomish County**

Snohomish County will follow the Peer Review process as outlined by the MHBG requirements.

#### **Compass Health**

Compass Health participates in peer reviews of other MHBG programs at the direction of the North Sound Behavioral Health Organization. Review tools are developed by the BHO.

#### Children's Services

Describe how integrated system of care will be provided for children with SED with multiple needs, including: social services, educational services, juvenile services, and substance use disorder services.

#### **Tulalip Tribes**

Team Outreach staff will work with school staff as well as case managers, detention centers, foster parents and parents on identifying youth who are struggling outside the "typical adolescent issues". For those that are in need of substance abuse support we will work on getting them into services. We will also work to see that they have had a recent Dr. visit and dental care and if they continue to decline with their mental health issues referrals to services will be made as well as the offer to attend with them if wanted. Assistance in reengaging in the many different educational opportunities will be explained and even site visits will be offered.

## Public Comment/Local Board Involvement

Describe how you facilitated public comment from any person, behavioral health association, individuals in recovery, families, and local boards in the development of this MHBG Plan.

#### **Island County**

Island County Human Services has a long history of providing services for individuals who experience mental illness. We currently manage the 1/10<sup>th</sup> of 1% sales tax funds and with those funds directly provide services to about 5,000 individuals either through our School Based Mental Health Program, Early Childhood Mental Health program, or Outreach Mental Health program. We work collaboratively, with all county school districts, Law Enforcement, Whidbey General Hospital, Compass Health, Sunrise Services, Opportunity Council and many other community organizations. Stable housing for people in recovery continues to be the primary issue faced by people with SMI.

#### **Skagit County**

This program is supported by a community behavioral health board that includes individuals in recovery and their advocates.

#### **Tulalip Tribes**

We have been hearing from the youth mental health team that there seemed to be an age that young men tended to drop off from coming to counseling and they were not yet allowed to attend the adult site either. Also the schools were reporting certain males who were having more than school issues had just dropped out of school and were not engaged in any schooling program that they could tell. We wanted to provide an alternative to these young males that need additional support that was not perceived as "therapy". We plan to outreach to at least 15 males who have disengaged from either school, their home, and other typical services and are engaged in either drugs, alcohol or having emotional distress that interferes with typical life engagement.

#### **Compass Health**

The Rainbow Center maintains an advisory board consisting of Compass Health staff, Rainbow Center clients, and volunteers from the community. The board meets monthly to discuss program implantation issues. The board may discuss anything from issues pertaining to specific instances at the Rainbow Center, to overall long-term plans like fundraising efforts and public outreach. These meetings are open to the public. In addition, the Rainbow Center is heavily funded by the United Way of Whatcom County. Compass Health staffs attend a monthly United Way funders meeting to report and give comment on program progress, in addition to hosting once yearly site visits of United Way executive staff and board members. Started in 2015, Compass Health hosts a yearly community event in Bellingham where community members can come to learn more about the progress of our work in the community and ask questions of the program staff, leadership

team members, and the CEO/President.

In anticipation of the San Juan school-based services project, Compass Health staff met with stakeholders from the County and the school districts to understand their needs and the unique considerations of the islands. Meetings with the schools to understand their particular needs and that of their students were completed. The superintendent of each school district has provided feedback on our workflows and hiring considerations. School staff were invited to participate in interviews of the candidates for the positions.

#### **Outreach Services**

Provide a description of how outreach services will target individuals who are homeless and how community-based services will be provided to individuals residing in rural areas.

#### **Island County**

Outreach Mental Health Counseling (OMHC) is a program of Island County Human Services. These services are available to all individuals and family members residing in Island County regardless of ability to pay or funding source. Many referrals from Law Enforcement are for members of the community who are homeless. Outreach Mental Health Counseling services are intended to stabilize clients in the least restrictive manner possible. Services are matched to each person's need and the severity of the crisis. Services are for those who are at risk for a preventable visit to the hospital emergency department or for calling 9-1-1; either because they do not know how to access the appropriate help or resources or have not accessed or refused the appropriate help. In addition, during our 2016 Homeless Point in Time Count each person counted was offered an opportunity to receive a follow-up contact for an assessment for housing and other services.

#### **Whatcom County**

Whatcom County Housing Case Management services focus exclusively on homeless individuals who have a mental illness or serious emotional disturbance. Individuals are identified through a coordinated homeless housing entry system and referred to Case Managers for housing placement and supportive services.

#### **Tulalip Tribes**

Several of the youth that we are targeting are couch surfing, or staying in places other than their homes. It takes time to find them and develop trust for them to tell you where they will be the next day.

#### **Compass Health**

As an organization, Compass Health provides a range of outreach activities. Our PATH teams outreach to homeless individuals and help them connect to a range of services including but not limited to behavioral health treatment. Our HARPS program is designed to use peer support to assist individuals who are homeless acquire and maintain housing. Our Crisis Prevention and Intervention Teams provide early intervention and crisis response across the county they serve, providing outreach and follow up to the client wherever they are. Community based services are provided region wide, regardless of how rural the setting. Our PACT, WISe, and Intensive Outpatient programs serve individuals of all ages with outreach-based services on a 24/7 basis. At the Rainbow Center and our other peer center the Growth Center in Everett, we serve a number of homeless individuals. Those individuals are provided with resources and information on other services and programs in their communities where they can get additional assistance for their needs. One of the goals of the San Juan school-based services program is to provide outreach to two school districts that are not just rural but in a

# "frontier" county, to improve access to mental health services. Staff Training Describe the plan to ensure training is available for mental health providers and to providers of emergency mental health services and how this plan will be implemented. Island County Our Outreach Mental Health Counselors, mental health providers, and law enforcement have access to regular training in crisis intervention skills with a contracted provider who comes to Island County. Training is also available through Compass

#### **Skagit County**

Staffs receive regular training such as Safety, Redirection to Recovery, De-escalation, Boundaries etc.

#### **Snohomish County**

As a part of their contract, each subcontracted agency is required to make continuing education training opportunities available to staff. Continuing education training opportunities are in relation to issues impacting the population they serve, as well as mental health and substance abuse issues. The agencies maintain training completion certificates in personnel files and make them available for County review upon request.

#### **Tulalip Tribes**

The TEAM outreach staff will be trained in Motivational Interviewing. They will also participate in Narcan training since many of the youth they work with, at least initially are involved with drugs. He will work with the Program Manager on a regular basis to go over intake and initial scoring of the PHQ9. We will also review the satisfaction surveys regularly to see what improvements in the program and areas of staff training might need improvements.

#### **Compass Health**

Staff training is a key pillar of success for our organization. Training requirements and completion rates are reviewed as part of our overall agency quality improvement plan. All of our staff who require specific trainings for their programs, certifications, or licensure are monitored to ensure all training requirements are completed on time and are up to date on a yearly basis. Due to the size and nature of our organization, staff training requirements are monitored by a dedicated Training Department. Trainings are completed in person either through our own training department or at other partner organizations, or are completed on our online training tool, Relias. In addition, all staff are given 40 hours per year and \$250 of professional fees to dedicate time and resources for ongoing education.

Mental Health.

#### Program Compliance

Provide a description of the strategies that will be used for monitoring program compliance with all MHBG requirements.

#### **Island County**

Regular meetings will be held with clients and team members to ensure clients are engaged in their plan for services and employment, and maintaining housing stability.

#### **Skagit County**

Annual audits are completed to compare services with contract requirements.

#### **Tulalip Tribes**

TEAM outreach staff will record all outreach attempts in log. He will also keep files on each client on case load. These files will be locked up in his office and be in compliance with HIPAA regulations. TEAM outreach staff will meet at least 2x a week with Family Haven program Manager to review clients and discuss issues, possible supports and success. Satisfaction surveys will also be given at least quarterly to those in the program. The PHQ9 will also be reviewed quarterly or sooner if needed.

#### **Compass Health**

Compass Health participates in monthly mental health contract audits as well as conducts biannual peer reviews on mental health charts using a tool that aligns with DBHR required criteria. Compass Health has a well-developed Quality Department which oversees compliance across all programs in the agency and provides formal reporting mechanisms to the agency leadership team and to the contractor for agency contract audits as well as internal peer reviews for ongoing quality improvement purposes.

#### **Cost Sharing (optional)**

Provide a description of the policies and procedures established for cost-sharing, to include how individuals will be identified as eligible, how cost-sharing will be calculated, and how funding for cost-sharing will managed and monitored.

#### **Tulalip Tribes**

If the youth are in need of chemical dependency services and agree to services they will be provide those services free of charge if they are Tulalip or a youth from a federally recognized tribe.

\*Cultural Competence Definition: "Cultural competence" means the ability to recognize and respond to health-related beliefs and cultural values, disease incidence and prevalence, and treatment efficacy. Examples of cultural competent care include striving to overcome cultural, language, and communication barriers, providing an environment in which individuals from diverse cultural backgrounds feel comfortable discussing their cultural health beliefs and practices in the context of negotiating treatment options, encouraging individuals to express their spiritual beliefs and cultural practices, and being familiar with and respectful of various traditional healing systems and beliefs and, where appropriate, integrating these approaches into treatment plans.

	Section 2					
	Proposed Project Summaries and Expenditures					
Category/Sub Category	Provide a plan of action for each supported activity	Proposed	Proposed #Adults	Proposed Total		
		#Children with SED	with SMI	Expenditure Amount		
	ies that enhance the ability of persons diagnosed with S for intensive mental health services:	SMI or SED, including t	their families, to	0		
Screening, Brief Intervention and Referral to Treatment						
Brief Motivational Interviews	Tulalip Tribes \$10,000.00  Staff will be trained in Motivational interviewing.  Since so many of these youth have been in trouble for a myriad of reasons they are used to people telling them what to do and have just refused to engage based on this. So by using motivational interviewing we are hoping to build on their positive desires to positive life goals.	12	3			
Parent Training						
Facilitated Referrals						
Relapse Prevention/ Wellness Recovery Support	Tulalip Tribes  Staff will build on extending opportunities these individuals can participate in while clean and continue to offer assistance in going to tribal youth addiction services as well as outside services if they prefer, by offering transportation and physical support if wanted.	12	3			
Warm Line: Please note that ALL costs that directly serve persons with SMI/SED and their families must be tracked.  Outcomes and Performance Inc.						

Engagement Services – Activities associated with providing evaluations, assessments, and outreach to assist persons diagnosed with SMI or SED, including their families, to engage in mental health services:				
Assessment	Compass Health \$8,460.00	24-30 children with		
	Children / youth referred to the school-based	SED		
	program will receive a comprehensive mental health			
	assessment from a Master's level mental health			
	professional to determine if the client meets the			
	criteria of SED and to establish desired outcome of			
	treatment. The parent is included in the assessment			
	if the child is under the age of 13 years old. If the			
	client is 13 years or older, and consents to parental			
	participation, the parent is also engaged in the			
	assessment in order to provide pertinent family and			
	development information on the youth. If the youth			
	refuses parental participation or involvement, the			
	clinician makes effort to work with the youth to			
	overcome barriers where possible and safe for the			
	youth, to obtain necessary information to complete			
	the assessment. The assessment will also include			
	the determination of CALOCUS score to assist with			
	determining treatment intensity.			
Specialized Evaluations				
(Psychological and Neurological)				

Service Planning (including crisis planning)	Compass Health  Children/ youth and their families in the school-based program are expected to be involved in every aspect of treatment planning, including crisis planning, from the beginning of treatment through discharge. If the client is a youth 13 years or older and refuses parental participation or involvement, the youth has the right to refuse parental participation, but clinicians make an effort to assist the youth when possible, examine the barriers to positive parental, and family relationships.  Treatment planning is strengths-based, specific, measureable and attainable and designed to reflect the real-life goals of the child and family, with goal statements written in the client voice. The goal of crisis planning includes building protective factors into the plan, and assisting the child and family with specific steps that can and will be taken should a crisis arise that will guide not only themselves, but	24-30 children with SED		
Educational Programs	Tulalip Tribes \$58,560.00  Staff will work on encouraging participants to explore their future desires and how to achieve them. Do they need a high school diploma or GED, do they want to get involved in a TERO program and how can they get back into school.	12	3	

Outreach	<u>Tulalip Tribes</u>	12	3	
	Spend time locating, relationship building and then			
	by using Motivational Interviewing provide			
	assistance to participants in achieving and following			
	through on small goals. Then build on positive long			
	term goals.			
Outcomes and Performance In	ndicators	1	1	
	Compass Health			
1) 100% of children/youth refe	erred to the program will receive a complete assessment	by a Mental Health P	rofessional.	
2) 100% of children/youth dete	ermined to be eligible for services following the assessm	ent will have a comple	eted treatment plan	
within 30 days of the first ongo	ping appointment.			
3) 100% of children/youth wit	h a CALOCUS level of 4 or higher will have a completed of	crisis plan within 30 da	ys of the first	
ongoing appointment.		•		
Outpatient Services - Outpatie	ent therapy services for persons diagnosed with SMI or S	SED, including services	s to help their families	0
to appropriately support them.		<u> </u>		
Individual Evidenced-Based	Compass Health 24,519.00	24-30 children with		
Therapies	Compass Health is committed to promoting strong	SED		
	clinical skills among its treatment professionals. We			
	have an enduring record of providing consistent			
	training in several of the state's identified priority			
	evidence-based therapies including CBT, CBT+,			
	TFCBT, to name a few. Most of the clinicians that			
	work with children at Compass Health have			
	specialized training in CBT+ and/or TF-CBT. The			
	school-based clinician will also be provided this			
	specialized training if they do not have it at the time			
	they take the position			

п			
Group Therapy	Compass Health Compass Health will offer group treatment options that vary by age range and gender. Some groups may be open-ended, others will be closed. Clients will be referred to group if client is interested and clinician determines the client would be expected to	10-14 children with SED	
	benefit from the intervention.		
Family Therapy	Compass Health  The families of children are included in therapy whenever possible and considered healthy for the child. If the child is 13 years or older and refuses parental involvement, then treatment may focus on assisting the youth with examining the barriers to building more positive relationships within the family.	10-15 children with SED	
Multi-Family Counseling Therapy			
Consultation to Caregivers	Compass Health Compass Health works with a broad range of caregivers while providing treatment to children and youth. This may include kinship caregivers, foster parents, or other natural supports that care for the child or youth. Once proper lines of custody and releases are established, Compass Health staff understand the importance of allowing the family and child or youth define who family is to them and including them in consultation they find meaningful. Those caregivers may be invited to participate in a child and family team meeting to help with planning for the child, youth or family to be supportive for the long term.	8-10 children with SED	

Outcomes and Performance In	dicators			
	Compass Health			
1) 100% of all children and you	uth will receive individual treatment based on evidence	based practices.		
2) Group and Family therapy v	vill be included on the treatment plan when clinically in	dicated		
Medication Services – Necessa	ry healthcare medications, and related laboratory servi	ices, not covered by i	nsurance or Medicaid	0
for persons diagnosed with SM	II or SED to increase their ability to remain stable in the	community.		
Medication Management				
Pharmacotherapy				
Laboratory Services				
Outcomes and Performance In	dicators	1	1	-
Community Support (Rehability	ative) – Community-based programs that enhance inde	pendent functioning	for persons diagnosed	0
with SMI or SED, including serv	vices to assist their families to care for them.			
Parent/Caregiver Support				
Skill Building (social, daily	Tulalip Tribes \$15,000.00	12	3	1
living, cognitive)	Working with participants on just daily living skills is			
	a touchy subject, but this staff is able to encourage			
	good hygiene and open the topic of healthy eating			
	and living. Some of these youth have been so			
	depressed they have been just staying at home and			
	reclusive so it is starting from the beginning. Others			
	have been bouncing from one place to another so			
	coming from a place of compassion is necessary.			
	Constant Harlib Ass 220 00	24-30 children with		-
	Children and the call and the control of the contro	SED		
	Children or youth in the school-based program will	JLD		
	be assisted with building skills in areas of social			
	skills, daily living, and other cognitive skills through the use of cognitive behavioral therapies. The			
	Compass Health Clinician will work with the client			
	and their parent(s) or caregiver(s) to carry out the			
	CBT+ practices designed to promote the cognitive			
	skills necessary to improve areas of functioning.			

MHBG Project Plan 2016 - 2017

Case Management	Whatcom County \$80,949.86	20 (over 15	24 (over 15 months)
	Case managers will provide housing assistance,	months)	
	connections to community resources, and planning		
	and intervention for mental health stabilization.		
	Compass Health	24-30 children	
	Children and youth in the school-based program	with SED	
	will receive case management designed to		
	coordinate care across multiple domains of the		
	child/ youths life. This may include coordinating		
	with juvenile services, CPS, schools, medical,		
	coaches, and/or specialized services.		
Continuing Care			
Behavior Management	<u>Tulalip Tribes</u>	12	3
	Working with youth to realize that not all of the		
	situations they are currently in is the fault of their		
	parents or others is a key and one the TEAM		
	outreach staff has been able to do. Staff will		
	continue to learn and then teach the youth		
	techniques on how to calm themselves when angry		
	and anxious to prevent their typical angry reactions.		
Supported Employment			
Permanent Supported	Snohomish County \$583,389.00		1) 50
Housing	1) Housing vouchers and support: a housing		2) 90
	agency will administer scattered-site		
	permanent supported housing vouchers,		
	supportive services for mental health, and		
	administration of the program.		
	2) Hope Options program: provides intervention		
	and case management services to seniors with		
	mental health or behavioral issues whose		
	housing has become unstable.		

Recovery Housing	<u>Island County \$91,481.00</u> Our priority population will be individuals with SMI who are homeless; older adults, individuals transitioning from inpatient mental health facilities,	0	15
	substance abuse treatment, and jails/prisons. Along with housing, services offered include quality intake and assessment, intensive case management, supportive employment, and property management services. We will provide and		
	coordinate HMIS and internal data collection.		
Therapeutic Mentoring			
Traditional Healing Services	Tulalip Tribes  Staff is able to sit calmly with the youth's anger and anxiety over situations. He can listen and talk about	12	3
	what is a young man in our community. TEAM staff problem solves with them in a way that does not seem judgmental but supportive and not rushed. This type of relationship takes time to develop and lots of trust. He will also need to have items that help create comfort and trust like food and drink, and a working phone number that they can call or text him at.		

#### **Island County**

Outcomes include: 1) Increased access to services, 2) Increased stability in Housing, 3) Increased social supports/social connectedness, 4) Improved level of function. Performance indicators: 100% of Clients in Recovery Housing will receive an intake, assessment, and personalized client-driven plan. 100% of clients will be included in a monthly team meeting, assessing their client-driven plan. 80% of clients will maintain housing stability for at least 6 months.

100% of working age clients will have an employment plan. 100% of clients will have access to supportive services.

#### **Compass Health**

1) Comprehensive Community Support will be included on at least 90% of treatment plans.

Recovery Support Services – S self-direct life, and strive to rea	0		
Peer Support	Snohomish County \$206,250.00  The Bailey Peer Center is a program demonstrating recovery and resilience in Snohomish County. It provides recovery oriented psychosocial, recreational and peer support needs to individuals with a mental illness, substance use and/or cooccurring disorders.	200	
Recovery Support Coaching			

Recovery Support Center	Skagit County	600	
Services	Skagit County Activities	000	
	Provide operating hours Monday through     Saturday from 0.0 m to 6 mm.		
	Saturday from 9 am to 6 pm.		
	2. Administer individual orientation for all new		
	participants.		
	3. Require participant sign-in on each visit (once		
	per day) for data collection and program		
	reporting.		
	4. Maintain a daily log identifying unduplicated		
	participants.		
	5. Ensure that visitors and participants feel		
	welcome, safe and informed.		
	6. Encourage each participant to develop		
	individual wellness and recovery plan.		
	7. Promote a recovery philosophy and support		
	people living as independently as possible in		
	the community.		
	8. Assist individuals in accessing the appropriate		
	resources in the mental health and/or		
	substance use treatment community.		
	9. When applicable refer individuals to the		
	DSHS Public Health Office (CSO) to apply for		
	financial assistance.		
	10. Ensure outreach to Latino/Hispanic		
	community and monolingual Spanish-		
	speaking peers.		
	11. Facilitate programming which nurtures		
	stability and health of all individuals.		
	12. Develop effective partnerships with		
	treatment services and other community		
	organizations. Coordinate services with other		
	providers and allow service delivery in the		

Peer Center to the extent possible. 13. Develop partnerships with existing peer support programs, recovery community organizations and mutual aid support groups such as NAMI, AA, NA, and assertively connect people to appropriate resources. 14. Have knowledge of Wellness Recovery Action Plan (WRAP) development and the ability to assist individuals in developing their own WRAP. 15. Offer peer run groups such as sober support groups, co-occurring groups, WRAP groups, men's and women's programs, and others that members/participants desire and are appropriate. 16. Monitor safety in relationships with staff, volunteers, and other participants. 17. Use evaluation process to identify individuals' preferences regarding types of offered supports and services. 18. Develop a Members Advisory Council (MAC) to meet monthly to provide feedback, insight, and recommendations to staff, Executive Director and Board of Directors. Provide leadership training to MAC. 19. Offer monthly Community Gathering and CVAB 101. 20. Distribute monthly activity calendar. 21. Utilize Recovery Assessment Index tool, the Peer Outcomes Protocol, and Fidelity **Assessment Common Ingredients Tool** 

(FACIT) for individual program and

evaluation.

22. Provide em	oyment readiness activities,	
support gro	ps, wellness groups, life skills	
developmen	, basic computer classes, and	
social activi	es.	
23. Provide qua	terly provider meetings to share	
information	and strengthen collaboration.	

Recovery Support Center	Compass Health \$62,374.00	900 S	MI Adults	
Services	The Rainbow Recovery Center is a peer-run and			
	member-driven program model guided by			
	SAMHSA's 10 Fundamental Components of			
	Recovery. As such, the programs and operations			
	focus on empowering the membership to			
	participate in the direction of the Center. Through			
	the Member Council, members help guide the			
	development of programming and support the day			
	to day work at the Center. Services are provided by			
	Certified Peer Counselors under the supervision of			
	a mental health professional who understands			
	rehabilitation and recovery. Recovery Support			
	Service Center activities are offered on an informal			
	as well as a scheduled basis. Activities promote			
	socialization, recovery, self-advocacy, development			
	of natural supports, and maintenance of			
	community living skills.			
	The Center focuses on activities including support			
	groups including, but not limited to the following:			
	Mental Health Support Group; WRAP training for			
	group and individuals; Elder Support; Women's			
	Group; Men's Group; Dual-Recovery; Employment			
	Skills; DBT Skills; Boundaries; Art Class; Non-Violent			
	Communication Training; Goal Setting; Study Hall;			
	Self-Advocacy Group; Member Council Meetings;			
	Laughter Yoga; Front Desk Training; Chess, and			
	Movies.			
	The Rainbow Recovery Center currently employs			
	two FTE of professional staff and 5-6 Peer			
	Counselors for a combined FTE of 3.0. The peer			

T		
	employees outnumber non-peer staff and are	
	critical to our efforts in modeling recovery and	
	empowerment at the Center. By sharing their	
	experiences, peers bring hope to people in recovery	
	and promote a sense of belonging within the	
	community. Recovery Support Center Services help	
	people enter into and navigate systems of care,	
	remove barriers to recovery, stay engaged in the	
	recovery process, and live full lives in communities	
	of their choice.	
Supports for Self-Directed		
Care		
Outcomes and Performance In	dicators	

Outcomes and Performance Indicators

# **Compass Health**

#### Outcomes:

- 1) 900 unduplicated individuals will attend Rainbow Center during the contract period.
- 2) An average of at least 75 unduplicated individuals will attend the Rainbow Recovery Center daily
- 3) Rainbow Center will provide 600 Recovery-Oriented meetings/group/trainings for the 15 month contracted period
- 4) Rainbow Center will offer a minimum of 40 support groups a month with an average of at least seven participants per group
- 5) 90% of new members will complete an individualized Wellness and Recovery Plan
- 6) 100% of new members will go through the established Intake process, Orientation to the Center and the Recovery Model; and will be assigned a Peer Counselor to work towards their recovery goals

#### Performance Measures:

Number of unduplicated individuals served at the Rainbow Center daily/quarterly/contract period

Number of Recovery-Oriented meetings/group/trainings per month/quarter/contract period

Average number of participants per group by month/quarter/contract period

Number of New Members/ Month;

Number/% who complete The Rainbow Center Intake process and Orientation to the Recovery Model

Number/% of new members who complete an individualized Wellness and Recovery Action Plan each month

Report Quarterly of Survey and Focus Group responses

Other Supports (Habilitative) - Unique direct services for persons diagnosed with SMI or SED, including services to assist their families to continue caring for them.

Personal Care				
Respite				
Support Education				
Transportation	Tulalip Tribes \$10,000.00  Provide transportation to school and school activities, appointments, recreational activities, and cultural activities.	12	3	
Assisted Living Services				
Trained Behavioral Health Interpreters Interactive communication Technology Devices				
Outcomes and Performance In	dicators	1		
Intensive Support Services – Intensive therapeutic coordinated and structured support services to help stabilize and support persons diagnosed with SMI or SED.				
Assertive Community Treatment Intensive Home-Based Services				
Multi-Systemic Therapy				
Intensive Case Management				
Outcomes and Performance In	dicators	1		
Out of Home Residential Services – Out of home stabilization and/or residential services in a safe and stable environment for persons diagnosed with SMI or SED.				
Crisis Residential/Stabilization				
Adult Mental Health Residential	Whatcom County \$46,391.38  Annually, 40 unduplicated individuals with SMI will be sheltered in this 9-bed facility providing 24/7 staffing, food, and connection to community resources. 15% of these services will be funded by MHBG monies, which is the percentage of MHBG funding in the total facility program budget.		50 (over 15 months)	

Children's Residential Mental Health Services			
Therapeutic Foster Care			
Outcomes and Performance Inc	·		
Acute Intensive Services – Acu	0		
Mobile Crisis			
Peer-Based Crisis Services			
Urgent Care			
23 Hour Observation Bed			
24/7 Crisis Hotline Services			
Non-Direct Activities – any activities –	0		
Workforce Development/Conferences			
Grand Total			0

# NSMHA The North Sound Behavioral Health Organization ADVISORY BOARD BY-LAWS

#### ARTICLE I: PURPOSE

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

Additionally, it is the purpose of the AB to advocate for the people we serve in the community, at local Advisory Boards, at the State Legislature, and in Congress.

Further, it is the AB's objective to promote the mission of <u>NSMHAthe</u> <u>North Sound BHO</u>: "Improving the mental health and wellbeing of the individuals and families in our communities."

The NSMHA North Sound BHO AB is established in compliance with the Interlocal Agreements Establishing A Mental Health Regional Support Network for Island, San Juan, Skagit, Snohomish and Whatcom Counties executed in October 1989, and in compliance with the provisions of RCW, Chapter 71.05, 71.24, 71.34, and with all applicable Federal laws and regulations.

**ARTICLE II: DUTIES** 

The duties of the NSMHA North Sound BHO AB shall be:

- 1. To provide oversight activities in order to advise the NSMHA North Sound BHO Board of Directors concerning the planning, delivery, and evaluation of those mental health services which promote recovery and resilience, and which are the responsibility of NSMHAthe North Sound BHO.
- 3. To review and provide comment on all-North Sound BHO
  NSMHA-Strategic Plans, Quality Assurance Plans, and Service
  Delivery Plans and Budgets, which relate to mental health
  services, before such plans and budgets are acted on by the North
  Sound BHO the NSMHA-Board of Directors.
- 4. To ensure that the needs of all consumers within the region are

Comment [GDLK1]: NEEDS FULL REVISION

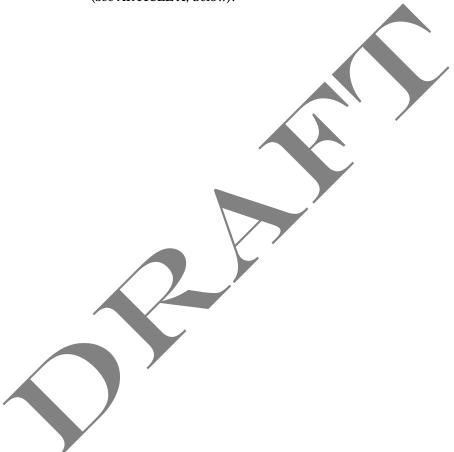
met (including, but not limited to, the needs of people with special needs, elderly people, disabled people, children/youth, Native Americans, people who identify as Gay, Lesbian, Bisexual, or Transgender (GLBT), and people with low incomes), within the plans established by <a href="mailto:the North Sound BHO">the NSMHA</a>-Board of Directors.

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

#### 8. Limitations of Duties:

- a) No AB member shall give the impression they are representing the Board without express written permission. Permission must be authorized by a majority vote of the AB, and by the North Sound BHO NSMHA staff liaison to the AB.
- b) No AB member shall give the general public the impression they are representing North Sound BHONSMHA, as all AB members serve only in an advisory capacity to North Sound BHONSMHA.
- c) No AB member shall interact with regional contractors as an authoritative representative of the AB without express written permission. Permission must be authorized by a majority vote of the AB, and by the North Sound BHO NSMHA staff liaison to the AB.
- d) AB members shall immediately bring concerns regarding a North Sound BHO NSMHA-contract or North Sound BHO NSMHA-staff, or refer any individual who voices a concern regarding a North Sound BHO NSMHA-contract or North Sound BHO NSMHA-staff, to the Chair of the AB, and/or to the North Sound BHO NSMHA-staff liaison to the AB.

- e) AB members shall refer any individual with questions or concerns regarding North Sound BHO NSMHA policies or resource management to the Executive Director of North Sound BHO NSMHA (or his/-her designated representative) for action.
- f) Failure to adhere to these by-laws may result in administrative action to remove that member from the AB (see ARTICLE X, below).



#### ARTICLE III: MEMBERSHIP

 The North Sound BHO NSMHA AB shall consist of twenty-onesix (261) members representing the five counties that make up the region, and three eight (83) regional Tribal members, as follows:

> **Island County** Three-Four (43) San Juan County <del>wo <u>Three</u> (32</del>) **Skagit County** <del>ee</del> <u>Four (4</u>3) **Snohomish County** Eight Nine (98) Whatcom County Five Six (65) Twenty-Six Ope (261) **County Subtotal** <u> Eight (8</u>3) Tribes **Advisory Board Total** Twenty Four (324)

- 2. Each representative from each county <u>and each regional tribal</u> <u>member</u> shall have one vote. The three (3) regional tribal representatives shall share one vote.
- 3. Length of term and rotation of membership shall be determined by the code of each individual county which is party to <a href="North-Sound BHONSMHA">North Sound BHONSMHA</a>.
- 4. At least one (1) member from each county will be a voting member on that county's local Mental Behavioral Health Advisory Board, if that county has such a Board.
- 5. Fifty-one percent (51%) ([WAC 388-865-0222 (2)]), of the North Sound BNO NSMHA-AB membership will be comprised of people who are consumers, family and foster-family members, or caregivers, including youths, older adults, or people with a disability, and/or parents of children who are emotionally disturbed, with at least one (1) representative from each county being a consumer. A representative from law enforcement shall be a member of the board.
- 6. The North Sound BHO Mental Health AB membership will be representative of the demographic character of the region and of the ethnicity and broader cultural aspects of consumers being served.

# ARTICLE IV: APPOINTMENT

1. Representatives of each county which is party to the North Sound BHO NSMHA-AB shall be appointed according to each county's officially stipulated method of appointment.

North Sound BHO Advisory Board Bylaws

**Comment [GDLK2]:** KILL THIS RESTRICTION i.e., Delete Item 4



#### ARTICLE V: OFFICERS

- The officers of the North Sound BHO NSMHA AB shall include only a Chair and a Vice- Chair.
- 2. The term of office held by the Chair and by the Vice-Chair shall be one (1) year, served from 1 January until 31 December, following election in the previous calendar year.
- 3. The Chair may be re-nominated, and re-elected, an additional two (2) times, to serve a total of no more than three (3) consecutive years. As well, the Vice-Chair may be re-nominated, and re-elected, an additional two (2) times, to serve a total of no more than three (3) consecutive years. Elections for the Chair and for the Vice-Chair shall be held concurrently during the last meeting of the AB in each calendar year. Elections will always be preceded by the nomination process noted below (see ARTICLES V:2 and V:3, and VI:4).Nominations will be opened at the third-to-last (October) AB meeting and will close at the second-to-last (November) meeting. The names of nominated candidates for the position of Chair and for the position of Vice-Chair must be submitted directly to the chair of the Nominating Committee, and not to its members, by the end of the day of the second-to-last meeting of the calendar year prior to the year in which they would assume their positions.
- 4. Any current member of the AB may submit their own name, or the name of another member, directly to the chair of the Nominating Committee (see Article VI:4); and the Nominating Committee may submit the name of any current member of the AB whom the Committee believes to be a suitable candidate, but who was not otherwise nominated. Nominees must be current members of the AB who has actively served on the AB for a minimum of 6 months.
- 5. All nominees for the offices of Chair and Vice-Chair will be voted on by the Advisory Board at the final (December) meeting of the AB. Immediately following the vote; the Nominating Committee will recuse themselves and count the votes. If there is a tie for either office, the Nominating Committee members will declare the tie and the AB will vote once again. This process will continue until the chair of the Nominating Committee is able to announce the new AB Chair and new AB Vice-Chair for the next calendar year.

## ARTICLE VI: COMMITTEES

- 1. Standing committees of the North Sound BHO NSMHA-AB shall be:
  - a) The Executive-Finance Committee, and
  - b) The Nominating Committee.
- 2. The Executive-Finance Committee shall consist of the Chair, Vice-Chair,

Chair Emeritus, plus a maximum of two-three (32) other AB members appointed by the Chair. Efforts will be made to ensure that at least one member of the Executive-Finance Committee has experience and/or understanding of financial management, and at least one member has lived experience with a substance use disorder (SUD).

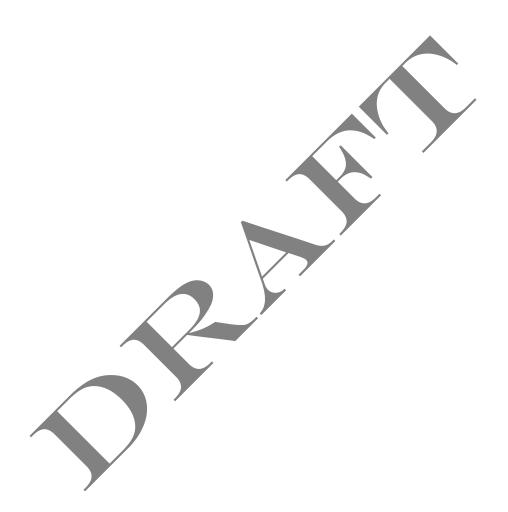
- 3. The Executive-Finance Committee shall convene to hear pressing matters of business which may arise during the interval between regularly scheduled AB meetings. The committee will review and make recommendations regarding all AB fiscal expenditures. Any decision made by the Executive Committee shall be subject to the ratification of the full Board at its next regularly scheduled meeting. The Executive-Finance Committee shall review the by-laws once each calendar year for the purpose of amending them if necessary.
- 4. Members of the Nominating Committee, and its chair, shall be appointed by the Executive-Finance Committee at the third-to-last (October) AB meeting of each calendar year. Membership in the Nominating Committee is to be limited to 3 or 5 people (to avoid deadlocked voting). The Nominating Committee members and chair will be announced to the full AB immediately following on the same day.
- 5. The Chair may establish and appoint members to Ad-Hoc Committees, as the need arises.
- 6. Committee appointments to the North Sound BHO NSMHA Board of Directors Standing Committees shall be made by the Chair each January at the regular meeting of the North Sound BHO NSMHA AB. The two standing committees the North Sound BHO NSMHA Board of Directors are (a) the Planning Committee and (b) the Quality Management Oversight Committee. Membership appointments for each standing committee Charter.



## **ARTICLE VII: MEETINGS**

- The North Sound BHO NSMHA AB shall meet at least ten (10) times each year at a date and time mutually agreeable to the members of that Board. Any regularly scheduled meeting may be canceled at the discretion of the Chair.
- 2. Special meetings may be called by the Chair, as needed, and/-or as requested by a minimum of one (1) member from each of three (3) of the five (5) counties which are party to the North Sound BHONSMHA, by contacting the Chair. Special meetings shall be called within five (5) working days of the request, following notice of at least forty-eight (48) hours to all members of the AB.
- 3. Use of Technology for Attendance
  - a) Although the level of "engagement" via social interaction, hearing and comprehension can be limited when using the *Go To Meeting* technology (or a North Sound BHONSMHA—identified substitute) in lieu of *physically* attending the North Sound BHONSMHA—AB meetings, any or all AB members representing San Juan County are allowed to use the *Go To Meeting* technology (or a North Sound BHONSMHA—identified substitute) for any and all meetings of the AB, due to the difficulty of, and time required for, travel. AB members from all other counties (Whatcom, Skagit, Snohomish and Island) will be allowed to use the "Go To Meeting" technology (or a NSMHA identified substitute) for a maximum of two (2) meetings during one (1) calendar year, and only with authorization for the AB Chair and/or the North Sound BHO NSMHA—liaison to the
  - b) Physical absences from AB meeting will be considered "excused" if the AB Chair and/or the North Sound BHO MSMHA liaison to the AB deem(s) the absence to be so. The AB member who intends to be absent must contact the AB Chair, and/or the North Sound BHO NSMHA staff liaison to the AB, prior to the meeting at which the AB member will not be in attendance.
  - c) The AB Chair may invoke the use of the *Go To Meeting* technology, (or a North Sound BHO NSMHA identified substitute), at any time in lieu of physical attendance by any or all AB members, only when a Special Meeting of the AB is called by the Chair as stipulated in Article VII (2) above.
- 4. Committee meetings shall be held at the discretion of the North Sound BHO Advisory Board Bylaws

# Committee Chair.



- 5. Robert's Rules of Order shall be used as an informal guideline for formal meetings of the <u>North Sound BHO NSMHA-AB</u> and committees, insofar as the *Rules* do not conflict with, or are not inconsistent with, the provisions of these By-Laws.
- 6. The Board shall comply with the *State of Washington Open Meetings Act (RCW 42.30)*.

# ARTICLE VIII: QUORUM

- 1. The presence of at least fifty percent (50%) of the appointed representatives to the AB, and at least three (3) of the five (5) counties which are party to North Sound BHO NSMHA, shall constitute a quorum of the North Sound BHO NSMHA AB.
- 2. A quorum of the Executive Committee shall exist when a simple majority of the Executive Committee members are present.
- 3. Members of the AB who attend via digital conferencing (by phone or any other allowable technological means), shall be counted as *present* in determining the constitution of a quorum.

## ARTICLE IX: RESIGNATION/TERMINATION

- 1. Following two unexcused absences of a North Sound BHO NSMHA Advisory Board (AB) member, from AB meetings, the Chair of the AB will informally contact both the absentee member and the County Coordinator to ascertain whether the member is willing and able to continue serving on the AB.
- 2. Following (3) *unexcused* absences from the North Sound BHO NSMHA (NSMHA). Advisory Board (AB) meetings in a single calendar year, whether consecutive or non-consecutive, the AB Chair will formally recommend (in writing) to both the absent member and to the County Coordinator that the absent member resign from the AB, and that another representative from the same county be appointed by the County Coordinator to represent that county as a replacement member of the AB.
- 3. Members of the North Sound BHO NSMHA AB, by virtue of their appointment to the AB, agree to adhere to the Advisory Board Guiding Principles. AB members will adhere to the Advisory Board Guiding Principles in their interactions with all other AB members, with the community, and with North Sound BHO NSMHA staff. The AB Chair will work to ensure that all AB members will be given an opportunity to participate in discussions during AB meetings.

**Comment [GDLK3]:** Joe, take this issue to County Coordinators, please.

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4. Failure to adhere to the *Advisory Board Guiding Principles* may result in a recommendation for that member's dismissal from the AB.

## ARTICLE X: DISMISSAL FROM THE ADVISORY BOARD

Dismissal from the AB will be undertaken in the following manner:

- 1. Any member of the AB in attendance at a Board meeting at which an alleged violation of the *Guiding Principles* occurs may bring a 'complaint' regarding another member's behavior to the AB Chair, and/or to the North Sound BHO NSMHA staff liaison to the AB, who, upon discussion with the complaining member of the AB, and upon assessment of the validity of the complaint, will *then* bring the complaint to the Executive Committee of the AB, and, upon decision by the members of the Executive Committee, will *then* bring the complaint to the entire AB as a written motion.
- 2. A simple majority vote of the AB will be required to formally reprimand ("censure"), and/or recommended dismissal of the violating member from the AB.
- 3. The formal reprimand ("censure") and/or dismissal will be presented by the AB Chair, following the meeting at which the AB voted for such, to the Executive Director of <a href="the North Sound BHONSMHA">the North Sound BHONSMHA</a> (or his/her designated representative) for action.

