

**NORTH SOUND MENTAL HEALTH ADMINISTRATION  
ADVISORY BOARD MEETING**

**North Sound Mental Health Administration  
Conference Room  
117 North First St., Suite 8  
Mt. Vernon, WA 98273  
May 6, 2003  
1:00 PM**

**Agenda**

1. Call to Order - Introductions, Chair – 5 minutes
2. Revisions to the Agenda, Chair – 5 minutes
3. Approval of March 2003 and April 2003 Minutes, Chair – 5 minutes
4. Comments from the Public
5. Correspondence and Comments from the Chair – 5 minutes
6. Unfinished Business
  - a. Executive Director's Report - Chuck Benjamin – 5 minutes
  - b. Finance Committee – Mary Good – 5 minutes
  - c. Strategic Plan Committee – Janet Lutz-Smith
  - d. Activities and Liaison Committee
    - i. Site Visitations for 2003
    - ii. Consumer-Run Projects-County Reports
  - e. QMOC Report – Mary Good – 5 minutes
7. Items To Be Brought Forward To The Board of Directors – Charles Benjamin
  - a. Consent Agenda
  - b. Action Items
  - c. Emergency Action Items
  - d. Motions Yet to be Approved
8. New Business - 10 minutes
9. Comments from County Advisory Board Representatives – 15 minutes
  - a. Island
  - b. San Juan
  - c. Skagit
  - d. Snohomish

- e. Whatcom
- 10. County Coordinator Report
- 11. Comments from Public – 5 minutes
- 12. Other Business
  - a. Request for Agenda Items
- 13. Adjournment

**NOTE:** The next Advisory Board meeting will be June 3, 2003, at the NSMHA Conference Room, 117 N. First Street, Suite 8, Mount Vernon.

**North Sound Mental Health Administration**  
**MENTAL HEALTH ADVISORY BOARD**

March 4, 2003

**Present:** John Patchamatla, Jim King, Janet Lutz-Smith, Marie Jubie, Dean Stupke, Ian Brooks, Eileen Rosman, Chris Walsh, James Vest, Mary Good, Joan Lubbe  
**Absent:** Kay Day, Laura Whitter  
**Excused:** Bob Hart  
**Staff:** Beckie Bacon, Charles Benjamin, Chuck Davis, Sharri Dempsey, Marcia Gunning, Wendy Klamp, Greg Long, Debra Russell, Annette Calder  
**Guests:** Gail Barron, Laurel Britt, Molly Houlihan, Janet Kloc, Jere LaFollette, Patricia Little

**MINUTES**

<b>TOPIC</b>	<b>DISCUSSION</b>	<b>ACTION</b>
<b>CALL TO ORDER, INTRODUCTIONS</b>		
Chair Lutz-Smith	Chair Lutz-Smith convened the meeting at 1:20 pm, and introductions followed. Ms. Lutz-Smith began the meeting by reading an inspiring quote.	Informational
<b>REVISIONS TO THE AGENDA</b>		
Chair Lutz-Smith	There were no revisions to the March 4, 2003 Advisory Board agenda.	Informational
<b>APPROVAL OF MINUTES</b>		
Chair Lutz-Smith	The January 2003 minutes of the Advisory Board meeting were approved.	Informational
<b>COMMENTS FROM THE PUBLIC</b>		
Gail Barron	Ms. Barron (Whidbey Island NAMI) addressed the group about better access to crisis services.	Sharri Dempsey will follow-up on developing a plan for protocol and education.
Jere LaFollette	Mr. LaFollette commented on Ms. Barron's concerns and informed the group about community education efforts to date. Mr. LaFollette informed the group about emergency contact numbers printed on business cards with important needed telephone numbers by county.	Ms. Dempsey stated she would be happy to meet with Ms. Barron following the Advisory Board meeting.
<b>CORRESPONDENCE AND COMMENTS FROM THE CHAIR</b>		
Chair Lutz-Smith	Bulletin initiated from meeting minutes has gone out to the County Advisory Boards. The feedback has been that the County Advisory Boards would like further information about this report. It would be	Janet Lutz-Smith and Sharri Dempsey will meet to outline what will be included in the

helpful if we could include action items and bulletins. educational information received on this report.

## UNFINISHED BUSINESS

Chuck Benjamin	<b>Executive Director's Report</b> Mr. Benjamin reported that during his trip to Washington DC, he learned of some alarming concepts floating around that could very well destroy our Mental Health System. The federal government is looking at a new way to offer Medicaid funds. This program is geared to states that are currently suffering financial austerity, and our state is one. What the federal government is offering for the first 6 or 7 years is a lot more dollars, but with consequences. In years 8, 9, and 10, the federal government will be looking at what the dollars were used for and how many people were served. States who have taken advantage of this funding may have to pay back money to the federal government. From year 11 onward the federal funding may be capped at the 2002 budget level. Implementing this program would have a devastating impact on public mental healthcare. The program is not mandated, so the public still has a voice with the legislature. Mr. Benjamin stated he would keep the Advisory Board informed about our state regarding this program.	Informational
Mary Good	<b>Finance Committee Report</b> Ms. Good recommended passing a motion for December 2002 expenditures to be forwarded to the Board for approval.	10 in favor 1 abstention, motion carried.
Chair Lutz-Smith	<b>Strategic Plan Committee</b> Ms. Lutz-Smith reported that the group had met this morning. They heard a report from Greg Long on: <ul style="list-style-type: none"><li>▪ Crisis Intervention Training (CIT) planning for Snohomish County.</li><li>▪ The NSMHA is working with HCS to expand geriatric support for older adults coming out of Western State Hospital.</li><li>▪ June 1, 2003 is the projected "live" date for the new Raintree software. Clinical records will then be electronic and tracked through the entire provider network system.</li><li>▪ Children's services at Fairfax are being decreased. Mr. Long added that the Division of Children's Administration is cutting 100 beds some of the beds cut will be our CHAP beds.</li></ul>	Informational

All were encouraged to express their interest in participating in the Strategic Planning, Paper

Reduction and Recovery Committees. Also, there are vacancies for Advisory Board members on the QMOC committee. Anyone interested should contact Sharri Dempsey.

All were encouraged to be active on committees. Recommendation was made to provide some kind of reminder a few days prior to each meeting. It was also recommended to look into phone conferencing to accommodate members who cannot be physically present for a meeting.

NSMHA staff will provide reminders for upcoming meetings. The possibility of phone conferencing will be investigated.

Sharri Dempsey

**Activities and Liaison Committee**

Ms. Dempsey encouraged more involvement of Advisory Board members in liaison activities and committees.

Informational

The next "All Aboard" may be to visit some Tribal Behavior Health Program. Ms. Dempsey will check with Tribes for their approval.

**Consumer Run Projects**

Charles Benjamin

Mr. Benjamin stated counties have had meetings on how to use the Consumer Project funds. There was a discussion about requirements and criteria on how the funds can be utilized.

Informational

**QMOC Report**

Mary Good

Ms. Klamp provided the committee with the Quality Management report for the month of January 2003. Ms. Gunning presented the 2002 Integrated Review results. Ms. Klamp provided an update on HIPAA.

Both reports were approved.

**ITEMS TO BE BROUGHT FORWARD TO THE BOARD OF DIRECTORS**

**Action Items**

Marcia Gunning

A motion was made to recommend the following action items to the Board of Directors:

- NSMHA 2003-2004 Staff Training Plan
- NSMHA 2003-2004 Regional Staff Training Plan

10 in favor 1 abstention, motion carried.

**Emergency Action Items**

Marcia Gunning

A motion was made to recommend the following emergency action items to the Board of Directors:

- Contract 0169-0339, Amendment 6 between DSHS Mental Health Division and NSMHA to give one ECS Phase V slot back to the state to avoid penalties for non-use.
- Contract NSRSN-APN-ECS-02 between NSMHA and APN to reduce ECS allocation from 3 to 2 Phase V slots.
- Contract NSRSN-PCI-User-01 Amendment (4) to extend the current contract with PCI through June 03, 2003.

All in favor, motion carried unanimously.

**Introduction Items**

Marcia Gunning

A motion was made to recommend the following introduction items to the Board of Directors:

All in favor.

- NSMHA 2002-2003 Quality Management Plan Update.
- NSMHA Information and Portability Accountability Act (HIPAA) Policy and Procedure Manual.
- NSMHA Lead Quality Specialist be appointed as Privacy Officer and modified Lead Quality Specialist Job Description.
- Business Associates Agreement, Contract NSMHA-INFOC-BA-03 between NSMHA and InfoCare for the storage of NSMHA off-site business records.

**NEW BUSINESS**

There was no new business.

**COMMENTS FROM COUNTY ADVISORY BOARD REPRESENTATIVES**

<b>Island</b>	Ms. Rosman was unable to attend the last Island Mental Health Board meeting and asked Mr. Benjamin to elaborate on the meeting. Mr. Benjamin stated he gave the same System Review presentation at the last Island County Advisory Board & NAMI meeting. There was a lot of interest in the information shared, but he has not received feedback from Island County Board or NAMI members yet.	Informational
<b>San Juan</b>	Mr. Stupke stated Mr. Benjamin gave the System Review presentation at the last San Juan Advisory Board meeting. The presentation was well received.	Informational
<b>Skagit</b>	Mr. Benjamin met with Skagit County yesterday regarding family, provider and youth training. There will be an open house tomorrow for the new Skagit County Human Services facility.	Informational
<b>Snohomish</b>	Ms. Jubie reported that she has been going to Olympia every week talking about human services needs. She also thanked the NSMHA for her Exemplary Service Award for 2002.  James Vest reported, as representative from Snohomish County that he had attended a special transportation needs committee, which is partnering with other organizations in advocating for a transportation effort for those with special needs.	Informational

**COUNTY COORDINATOR REPORT**

No report.

**COMMENTS FROM PUBLIC**

Gail Barron	Ms. Barron shared her concerns about increasing incidents of brain disorders. Ms. Barron feels	Informational
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pollution can contribute to chemical imbalances resulting in increased brain disorders. It was stated that Senator Reardon is in charge of pollution issues and would be a good contact.

## **OTHER BUSINESS**

Chair Lutz-Smith	<b>Request for Agenda Items</b> Ms. Lutz-Smith reported that Eileen Rosman will no longer be serving on the Advisory Board. Ms. Rosman was thanked for her time and dedication to the NSMHA Advisory Board. Ms. Rosman thanked the Board for allowing her to participate and their dedication to the mental health system.	Informational
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## **ADJOURNMENT**

Chair Lutz-Smith	Ms. Lutz-Smith announced that Marie Jubie would be chairing the April 1, 2003 Advisory Board meeting do to her vacation.	Informational
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The meeting adjourned at 3:10 pm.

**North Sound Mental Health Administration**  
**MENTAL HEALTH ADVISORY BOARD**

April 1, 2003

**Present:** Marie Jubie, Mary Good, Jim King, Joan Lubbe, Beverly Porter, Dean Stupke, Chris Walsh  
**Absent:** Jack Bilsborough, Ian Brooks, Kay Day, Robert Hart, Janet Kloc, James Vest  
**Excused:** Janet Lutz-Smith, John Patchamatla  
**Staff:** Charles Benjamin, Beckie Bacon, Shirley Conger, Sharri Dempsey, Wendy Klamp, Greg Long, Debra Russell, Bill Whitlock  
**Guests:** Laurel Britt, Fay Buchanan, Kathy Harris, Nancy Jones, Jere LaFollette, Patricia Little, Jane Relin

**MINUTES**

<b>TOPIC</b>	<b>DISCUSSION</b>	<b>ACTION</b>
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**CALL TO ORDER, INTRODUCTIONS**

Chair Jubie (alternate)	Chair Jubie convened the meeting at 1:10 pm, and introductions followed. It was noted that there was no quorum. Four counties were represented, but not enough representatives from each one. Chair Jubie encouraged regular attendance in order to conduct business.	Informational
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**REVISIONS TO THE AGENDA**

Chair Jubie (alternate)	The April 1, 2003 Advisory Board agenda was reviewed, but could not be approved due to lack of quorum.	Informational
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**APPROVAL OF MINUTES**

Chair Jubie (alternate)	The March 2003 minutes of the Advisory Board meeting were reviewed, but could not be approved due to lack of quorum. The minutes will be brought to the May meeting for review and approval.	Informational
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**COMMENTS FROM THE PUBLIC**

Beckie Bacon	Ms. Bacon distributed the Quality Review Team (QRT) report for 1 <sup>st</sup> quarter 2003. The 4 <sup>th</sup> quarter and 2002 annual overview reports were	Informational
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completed. The final decision-making stage of the Poem & Story contest (written by consumers) is in progress. Reviews and revisions of all 2003 forms, documents, survey materials, etc. have been completed. A copy of the full report is filed with minutes. Ms. Bacon also circulated a “wish list” from Sun Community Services for food, clothing and household items for Sun House. These items will be distributed to adult family housing, respite and residential programs.

Sharri Dempsey	Ms. Dempsey reported that the next “All Aboard” will be going to King County Mental Health Court. The date and time will be announced in the near future.	Informational
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### **CORRESPONDENCE AND COMMENTS FROM THE CHAIR**

Chair Jubie (alternate)	Chair Jubie commented on the need for more participation with counties and presence in Olympia to support Mental Health Issues.	Informational
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### **HIPAA PRESENTATION**

Wendy Klamp	<p>Ms. Klamp gave a presentation of the Health Insurance Portability Privacy Act (HIPAA) that has become a federally mandated law as of 4/14/03. This law ensures the confidentiality of patient records and information. All providers and agencies are required to have written authorization from consumers on what information can be disclosed and to whom. A mailing of Privacy Notices have been sent to all consumers in our system to advise them of the new law and their rights.</p> <p>The HIPAA policies have been thoroughly reviewed by a qualified attorney to avoid violations of patient rights and any applicable laws. Mr. King expressed his concern that the HIPAA policies were not reviewed by Mental Health advocates. Mr. Benjamin agreed to send a letter to the Director of Resource Advocacy to ensure an opportunity for review by Washington Protection and Advocacy.</p>	Informational
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## **OMBUDS REPORT**

Shirley Conger	Ms. Conger gave a PowerPoint presentation and provided handouts for the quarterly Ombuds complaint data report. The report was broken out by number of cases, source of cases, demographics, cultural/ethnic group and county. There was a total of 88 cases reported. There were no grievances for 1 <sup>st</sup> quarter 2003. A copy of the full report is filed with minutes.	Informational
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## **UNFINISHED BUSINESS**

Chuck Benjamin	<p><b>Executive Director's Report</b></p> <p>Mr. Benjamin reported that implementation of Raintree is pending. There will be training for end-users prior to implementation.</p> <p>The NSMHA 2002-2004 7.01 Plan has been developed in compliance with the Department of Social and Health Services requirements.</p> <p>The 3<sup>rd</sup> Annual Tribal Conference will be held on May 1 &amp; 2, 2003 at the Skagit Resort. All are encouraged to attend and publicize the event.</p> <p>Whatcom Counseling and Psychiatric Clinic recently went through their MHD licensing and certification review. They were recognized for their outstanding audit resulting in a score of 96.</p>	Informational
Mary Good	<p><b>Finance Committee Report</b></p> <p>No recommendations for approval could be made for payment of expenses due to lack of quorum. Ms. Good stated that there needs to be more Advisory Board members serving on the Finance Committee.</p>	Informational
Greg Long	<p><b>Strategic Plan Committee</b></p> <p>Mr. Long gave a report on the Strategic Plan Committee. The Strategic Plan Committee met today to discuss children's issues related to Fairfax. Rehab services, CHAP and the ECS geriatric program were also addressed. All Advisory Board members were welcomed to attend Strategic Plan Committee meetings, which</p>	Informational

are held at 11:00 a.m. the day that Advisory Board meets.

Chair Jubie (alternate)	<b>Activities and Liaison Committee</b> It was noted that there is a need for more Advisory Board members on the Activities and Liaison Committee.	Informational
Sharri Dempsey	<b>Site Visitations for 2003</b> There will be visits to the Tulalip tribe in August. There will be education on how families help heal each other from trauma that has occurred on the reservations.	Informational
Charles Benjamin	<b>Consumer Run Projects</b> No report at this time.	Informational
Mary Good	<b>QMOC Report</b> HIPAA and the proposed System Review were presented to QMOC. The NSMHA Jail Episode of care review was discussed. Benchmarks have not yet been set and NSMHA may want to look at using MHD's (90%) for WAC compliance as a guideline.	Informational

## **ITEMS TO BE BROUGHT FORWARD TO THE BOARD OF DIRECTORS**

Chuck Benjamin	<b>Action Items</b> The following were action items to be brought forth to the Board of Directors: <ul style="list-style-type: none"><li>• To authorize NSMHA 2002-2003 Quality Management Plan Updates.</li><li>• To authorize North Sound Mental Health Administration Health Information and Portability Accountability Act (HIPAA) Policy and Procedure Manual.</li><li>• To recommend the North Sound Mental Health Administration Lead Quality Specialist be appointed NSMHA Privacy Officer and to introduce an updated Lead Quality Specialist Job Description that has been modified to incorporate the required HIPAA Privacy Officer job responsibilities.</li></ul>
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- To authorize Business Associates Agreement, Contract No. NSMHA-INFOC-BA-03 between North Sound Mental Health Administration and InfoCare, Inc. for storage of NSMHA off-site business records. This Agreement shall become effective May 1, 2003. It is estimated that the initial set-up costs shall not exceed \$125 and the ongoing monthly costs to be approximately \$38.75 per month.

- To authorize the North Sound Mental Health Administration to amend the agreement for legal services. To authorize the North Sound Mental Health Administration amend the agreement for legal services. NSMHA agrees to reimburse Attorney at a rate of \$375.00 an hour for specialized health care legal services.

**Emergency Action Items**

Chuck Benjamin There were no emergency action items.

**Introduction Items**

Chuck Benjamin There were no introduction items.

**NEW BUSINESS**

Greg Long Mr. Long noted that many people are concerned/affected by the war at this time. He spoke with Karen Kipling, and they are currently working with groups to decrease stress. Families with family members in the armed forces living on base seem to be taken care of adequately within the military system. Family and friends living off base are requiring more help, but there does not seem to be a major impact on the mental health system at this time.

**COMMENTS FROM COUNTY ADVISORY BOARD REPRESENTATIVES**

Island	No report.	Informational
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San Juan	Mr. Stupke reported on the Compass Board meeting. He was impressed with their budget and service report and how concurrent it was. He felt it indicated that they have a good program in place. Mr. Stupke recommended that Mr. Benjamin look into how they manage data.	Informational
Skagit	No report.	Informational
Snohomish	Community is looking at a clubhouse for consumers. Restructuring of NAMI and Washington is being embraced.	Informational
Whatcom	Ms. Relin reported that a new program has been created to help house mentally ill and felons who cannot obtain housing. The program is sponsored by "State Partners in Crisis". An apartment building with 7 studio apartments and 2 one-bedroom units will be available for use.	Informational

#### **COUNTY COORDINATOR REPORT**

Nancy Jones	Ms. Jones reported that the big issue with the state mental health budget is that there is a six million dollar deficit within the state. Closure at Western will not happen this year, but will in 2004.	Informational
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#### **COMMENTS FROM PUBLIC**

Chair Jubie (alternate)	Discussion ensued regarding Advisory Board attendance and participation. The Advisory Board Bylaws were distributed for review. It was noted that there must be a presence of at least 50% of the appointed representatives from at least four of the five counties for a quorum. Regular business cannot be conducted without a quorum. The need for attendance and participation was again encouraged.	Informational
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#### **OTHER BUSINESS**

Chair Jubie (alternate)	<b>Request for Agenda Items</b> There were no agenda items requested.	Informational
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#### **ADJOURNMENT**

Chair Jubie (alternate)	Meeting adjourned at 2:45 p.m.	Informational
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## MEMORANDUM

DATE: April 8, 2003

TO: NSMHA Advisory Board

FROM: **Charles R. Benjamin**  
Executive Director

RE: April 24, 2003 NSMHA Board of Director's Agenda

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Please find for your review and comment the following that will be discussed with the Board of Directors brought forth at the April 24, 2003 NSMHA Board Meeting.

### **CONSENT AGENDA**

1. To approve the NSMHA 2002-2003 Quality Management Plan Updates.

*As the NSMHA moves into the second year of our biennial QM Plan, modifications, additions and deletions are being recommended.*

2. To approve the North Sound Mental Health Administration Lead Quality Specialist be appointed NSMHA Privacy Officer and to introduce an update Lead Quality Specialist Job Description that has been modified to incorporate the required HIPAA Privacy Officer job responsibilities.

*NSMHA Management Team recommends that the attached Lead Quality Specialist job description replaces the current Lead Quality Specialist Job Description.*

3. To approve Business Associates Agreement, Contract No. NSMHA-INFOC-BA-03 between North Sound Mental Health Administration and InfoCare, Inc for storage of NSMHA off-site business records. This Agreement shall become effective May 1, 2003. It is estimated that the initial set-up costs shall not exceed \$125 and the ongoing monthly costs to be approximately \$38.75 per month.

*NSMHA recommends moving our current storage to InfoCare, Inc. Not only will this service provide a more secure setting than our current storage unit and meet HIPAA requirements for storing Protected Health Information, but our monthly expense will go from \$60 to an estimated \$38.75. InfoCare, Inc. is knowledgeable about HIPAA requirements and understand the necessity to enter into a Business Associates Agreement with the NSMHA. NSMHA records would be stored in a warehouse that serves other customers like St. Joseph Hospital and Whatcom County.*

4. To review and approve NSMHA claims paid from February 1, 2003 to February 28, 2003, in the amount of \$2,887,541.24. Total February payroll of \$75,509.76 and associated benefits of \$24,114.04.

### **ACTION ITEMS**

1. To approve North Sound Mental Health Administration Health Information and Portability Accountability Act (HIPAA) Policy and Procedure Manual.

*Lead Quality Specialist has been working with NSMHA Attorney to develop the NSMHA HIPAA Policy and Procedures Manual that will comply with HIPAA requirements. Attached is the list of Policies and Procedures that will be introduced to the Board in March. Currently these P & P's are in final draft and being reviewed by NSMHA Attorney.*

2. To approve the North Sound Mental Health Administration amend the agreement for legal services. NSMHA agrees to reimburse Attorney at a rate of \$375.00 an hour for specialized health care legal services.
3. To approve the NSMHA System Review presented and distributed at the March 13, 2003 Board of Directors meeting. The System Review draft is also available on the NSMHA website at [www.nsrnsn.org](http://www.nsrnsn.org).

### **EMERGENCY ACTION ITEMS**

1. To adopt the North Sound Mental Health Administration staff recommendation for utilizing FEMA settlement funding for Children's Services.

*The NSMHA and APN Children's Service Providers have been working collaboratively to address present gaps in Children's Services and the potential impact of Fairfax Hospital discontinuing services to the Medicaid population. The biggest barrier deals with start-up funds to enhance Children's Services and to effectively divert Children's hospitalizations. It is therefore our recommendation that the FEMA funds totaling \$495,010 be sent to APN per our contract but that these monies be dedicated to enhancing Children's Services and diverting hospitalizations as determined by the joint NSMHA/APN Committee.*

2. To authorize the Executive Director to enter into contract #NSMHA-Fairfax-03 between NSMHA and Fairfax Hospital for enhanced access to services effective December 1, 2002 to June 30, 2003. Maximum consideration of this contract is \$165,000.
3. To authorize Contract 0169-00339, Amendment 7 between DSHS Mental Health Division and the North Sound Mental Health Administration.

*In Fiscal year 2002 (September 2001-June 2002), state funds for outpatient will be paid in the amount of \$1,253,608 per month, beginning September 2001, not to exceed \$12,536,080 for September 2001-June 2002. In June 2002, a one-time payment of \$591,343 shall be made to the Contractor and in June 2003, **a one-time payment of \$173,341** shall be made to the Contractor. In Fiscal Year 2003, state funds for outpatient will be paid in the amount of \$1,079,002 per month, plus the one time payment, not to exceed \$13,121,363 for Fiscal Year 2003.*

### **ITEMS NOT YET REVIEWED BY THE ADVISORY BOARD**

1. To introduce the NSMHA 2003-2004 7.01 Plan developed in compliance with the Department of Social and Health Services requirements.

If you have any questions or concerns you would like to discuss prior to the meeting, please do not hesitate to contact me.

cc: NSMHA Board of Directors  
County Coordinators  
NSMHA Management Team

## MEMORANDUM

DATE: April 29, 2003

TO: NSMHA Advisory Board

FROM: **Charles R. Benjamin**  
Executive Director

RE: May 8, 2003 NSMHA Board of Director's Agenda

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Please find for your review and comment the following that will be discussed with the Board of Directors brought forth at the May 8, 2003 NSMHA Board Meeting.

### **CONSENT AGENDA**

#### **ACTION ITEMS**

2. To approve the NSMHA 2003-2004 7.01 Plan developed in compliance with the Department of Social and Health Services requirements.
3. To approve the NSMHA Quality Management 2002-2003 Integrated Report for the 2<sup>nd</sup> Biennial Quarter.
4. To approve the NSMHA Improving Mental Health Services for People with Mental Illnesses Coming into Contact with the Criminal Justice System.

#### **EMERGENCY ACTION ITEMS**

#### **ITEMS NOT YET REVIEWED BY THE ADVISORY BOARD**

If you have any questions or concerns you would like to discuss prior to the meeting, please do not hesitate to contact me.

cc: NSMHA Board of Directors  
County Coordinators  
NSMHA Management Team

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## **NSMHA Quality Management Plan 2002-2003**

### **Work Plan Revisions**

- Concurrent Review process- formerly described as occurring, NSRSN wide, during the 1<sup>st</sup> and 3<sup>rd</sup> biennial quarters. Done only by Quality Management Team staff. Now listed as performed in conjunction with the combined NSHMA/MHD Administrative Audit and Licensing Review occurring each contract period. Done by members of the Quality Management Dept, Fiscal/Contracts Dept. and Quality Review Team.
  - Revisions occur in Focus Areas 1.1, 1.2, 1.3, 1.4, 1.5 and 1.6
- NSMHA Ombuds Dept- add the Ombuds Dept as a report source to be included in the Jail Episode of Care Report, the Supervised Living Report and housing support services reports. Ombuds staff sometime receives information related to these topics and this information needs to be included in reports regarding these areas.
  - Revisions occur in Focus Area 1.4
- NSMHA Focused Inpatient Services Review- change the proposed Focused Review of APN's Acute Care Team's records to a Focused Inpatient Services Review, to include the APN's Acute Care Team's records. The proposed Inpatient Services in a more comprehensive review, and to also include a review of the Acute Care team would be unnecessarily duplicative.
  - Revision occurs in Focus Area 1.6
- NSMHA Focused Review of Consumers receiving Court-ordered Services (LRO's)- The current Work Plan identifies the review of LRO services as a separate Focused review. The MHD "Voluntary and Involuntary Outpatient Record Review Tool", used by NSMHA Quality Specialists (QS) when doing Concurrent Reviews, contains a specific section related to court-ordered services provided to consumers. Therefore, as opposed to doing a separate Focused review of LRO services, NSMHA QS staff will utilize the LRO section of the MHD tool in all cases where it applies while performing Concurrent Reviews at provider agencies.
  - Revision occurs in Focus Area 1.4

### **Addition to the Work Plan**

- Focus Area 2.2- Add a Quality Improvement Initiative objective regarding the plan to implement a review of Raintree reports utilized by the NSMHA, once these reports become available.

### **Deletion from the Work Plan**

- Focus Area 2.1- Remove the Quality Improvement Initiative objective regarding the NSMHA seeking national accreditation, at this time. Note that this plan has been considered and deferred. The plan may be pursued at a later time, if appropriate.

### **Section 3: QUALITY MANAGEMENT WORK PLAN**

This work plan lays out the tasks and timelines for the quality assurance / improvement plan of the NSRSN for 2002-2003.. Each objective in the Quality Management Work Plan is monitored as noted in the Measurement column of the plan, followed by thorough analysis, and implementation of appropriate quality improvement steps if objectives are not met. Biennial quarterly reports are presented every six months to the Quality Management Oversight Committee (QMOC). These reports combine input from all responsible departments, featuring analysis of regional trends, progress in QM Plan implementation, and recommendations for corrective actions, sanctions, and/or other quality improvement activities. Note that the last column lists the WAC/Contract reference supporting each objective, as well as NSRSN tools used to assess performance.

QMOC receives biennial quarterly updates on the status of completion and performance of this work plan, allowing the committee to make recommendations about plan alterations, additions, and enhancements as appropriate. A final report on implementation of the NSRSN Quality Management Plan is issued following compilation of results of all aspects of the plan, within 60 days of completion of the fourth quarter 2002. That report will highlight a table of accomplishments for the year 2002, as well as information about goals and objectives not met, with recommendations regarding quality improvement actions necessary for the NSRSN Quality Management Plan 2002-2003.

**Goal: Quality Assurance Strategies**

Focus Area 1.1	Crisis system standards: measure/analyze performance and report findings				
	Objective	Measurement	NSRSN Accountability Department	Timelines / Implementation Steps	Source/Reference/ Measurement Tool
1.12	Crisis response services are available, 24 hours per day, 365 days per year	<p>a) QRT makes test calls to VOA Crisis Line during business hours</p> <p>b) Quality Management Team makes test calls to provider agencies during and after business hours</p> <p>a) QRT staff ask consumers about their ability to access VOA crisis response services in the QRT consumer satisfaction surveys.</p> <p>b) Ombuds staff tabulate any complaints related to crisis service availability</p>	<p>a) Quality Review Team</p> <p>b) Clinical / Quality Management Dept.</p> <p>a) Quality Review Team</p> <p>b) Ombuds Dept</p>	<p>a) Perform test calls at least twice monthly and report to QMOC each annual quarter</p> <p>b) Perform test calls and report results to QMOC at least once each biennial quarter</p> <p>a) <u>Include any information related to problems accessing crisis services in their quarterly reports to QMOC, the NSMHA Advisory Board and Board of Directors, to NAMI, MHD and other interested parties. This information is also included in the NSMHA Integrated Report for the appropriate biennial quarter.</u></p> <p>b) <u>Include any information related to problems accessing crisis services in their quarterly reports to QMOC, the MHA Advisory Board, Board of Directors, Executive Director, Office of Consumer Affairs, NAMI and the</u></p>	<p>WAC 388-865-290 CMS Waiver</p> <p>NSRSN/Provider Contract 2002-03</p> <p>NSRSN Admin Tool per 2002-03 contract</p>

		<p>c) Quality Specialists tabulate any complaints related to crisis service availability</p> <p>d) <u>IS/IT reports verify that crisis response services are available 24 hours per day, 365 days per year</u></p>	<p>c) <u>Clinical Quality Management Dept.</u></p> <p>d) <u>IS/IT Dept.</u></p> <p><u>Fiscal/Contracts Dept</u></p> <p><u>Quality Management Team</u></p>	<p><u>MHD. This information is also included in the NSMHA Integrated Report for the appropriate biennial quarter.</u></p> <p>c) <u>Include any information related to problems accessing crisis services in the NSMHA Complaint, Grievance and Fair Hearing report to MHD, as well as in the NSMHA Integrated Report for the appropriate biennial quarter.</u></p> <p>d) <u>Reports from VOA, to include notification of Symphony System “downtime” are sent to the NSMHA IS/IT Dept. monthly. NSMHA Administrative Audits also examine this measurement. Results from both measurement sources are included in the NSMHA Integrated Report for the appropriate biennial quarter.</u></p>	
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	<b>Objective</b>	<b>Measurement</b>	<b>NSRSN Accountability Department</b>	<b>Timelines / Implementation Steps</b>	<b>Source/ Reference/ Measurement Tool</b>
1.14	Crisis Plans contain information about natural supports	90% of Crisis Plans include the name and phone number of at least one natural support	a) IS/IT Dept.  b) Quality Management Team	a) Reports are presented to QMOC each biennial quarter  b) Concurrent Reviews are conducted and reported during the 1 <sup>st</sup> and 3 <sup>rd</sup> biennial quarters and presented to QMOC in the NSRSN Integrated Report for that biennial quarter.  <u>b) Clinical records at provider agencies are reviewed during the combined NSMHA/MHD Administrative Audit and Licensing Review each contract period.</u>	WAC 388-865-390 CMS Waiver  NSRSN/Provider Contract 2002-03  MHD Outpatient Record Review Tool
<b>Focus Area 1.2</b>	<b>Monitor standards for access to system of care; measure/analyze performance and report findings.</b>				
1.21	Access to all services is available throughout the Region	NSRSN Administrative On-Site Audits show availability of contractually required services in each county in the Region	Fiscal/Contracts Dept  <u>Quality Management Dept</u>  <u>Quality Review Team</u>	Administrative On-Site Audits are performed at provider agencies every two years with results of audits presented to QMOC each biennial quarter in which administrative audits are completed  <u>NSMHA and MHD combined Admin. Audits and Licensing Reviews are performed at provider agencies each contract period. The results are</u>	WAC 388's HCFA Waiver  NSRSN/Provider Contract 2002-03  NSRSN Admin Tool per 2002-03 contract  MHD Outpatient Record Review Tool

				presented to QMOC in the appropriate biennial quarter.	
	<b>Objective</b>	<b>Measurement</b>	<b>NSRSN Accountability Department</b>	<b>Timelines / Implementation Steps</b>	<b>Source/ Reference/ Measurement Tool</b>
1.24	Consumers receive outreach (out of facility) assessment when needed (i.e. if mental illness, physical limitations, lack of transportation, or other circumstances prevent consumer from making an office visit)	<p>a) Concurrent Reviews show outreach services provided, if needed, in at least 90% of charts reviewed</p> <p>b) Location of service provision is tracked through data reports</p>	<p>a) Quality Management Dept.</p> <p>b) IS/IT Department</p>	<p>a) Concurrent Reviews are conducted and reported during the 1st and 3rd biennial quarters and presented to QMOC in the NSRSN Integrated Report for that biennial quarter</p> <p>a) <u>Clinical records at provider agencies are reviewed during the combined NSMHA/MHD Administrative Audit and Licensing Review each contract period.</u></p> <p>b) IS/IT reports are presented to QMOC each biennial quarter</p>	<p>WACs 388-865-380 &amp; 388-865-420 CMS Waiver</p> <p>NSRSN Admin Tool per 2002-03 contract</p> <p>MHD Outpatient Record Review Tool</p>

	<b>Objective</b>	<b>Measurement</b>	<b>NSRSN Accountability Department</b>	<b>Timelines / Implementation Steps</b>	<b>Source/ Reference/ Measurement Tool</b>
<b>Focus Area 1.3</b>	<b>Monitor standards to insure qualified professionals are involved at critical treatment junctures.</b>				
1.31	Qualified staff and/or consultants are available for consumers from special populations	<p>a) IS/IT reports indicate the number of specialists at provider agencies</p> <p>b) NSRSN Administrative On-Site Audits track agency staff specialists, policies and procedures for serving special populations, and contracts with special population consultants</p>	<p>a) IS/IT Department</p> <p>b) Fiscal/Contracts Dept <u>Quality Management Dept</u> <u>Quality Review Team</u></p>	<p>a) IS/IT reports are generated and reported to QMOC each biennial quarter</p> <p>b) Administrative On-Site Audits are performed at provider agencies every two years. Results are reported to QMOC each biennial quarter, following completion of each audit.</p> <p>b) <u>NSMHA and MHD combined Admin. Audits and Licensing Reviews are performed at provider agencies each contract period. The results are presented to QMOC in the appropriate biennial quarter.</u></p>	<p>WAC 388-865-320 CMS Waiver</p> <p>NSRSN/Provider Contract 2002-03</p> <p>NSRSN Admin Tool per 2002-03 contract</p>
	<b>Objective</b>	<b>Measurement</b>	<b>NSRSN Accountability Department</b>	<b>Timelines / Implementation Steps</b>	<b>Source/ Reference/ Measurement Tool</b>
1.32	Qualified clinical services are being delivered by qualified	<p>a) Clinical records are reviewed pertaining to:</p> <ul style="list-style-type: none"> <li>• Access</li> <li>• Evaluation and</li> </ul>	a) Quality Management Department	a) Concurrent Reviews are conducted and reported during the 1st and 3rd	WACs 388-865-380, 388-865-410 CMS Waiver

	<b>Objective</b>	<b>Measurement</b>	<b>NSRSN Accountability Department</b>	<b>Timelines / Implementation Steps</b>	<b>Source/ Reference/ Measurement Tool</b>
	professionals throughout the Region	<p>Assessment</p> <ul style="list-style-type: none"> <li>• Treatment plans and Treatment plan reviews, to include crisis and pre-crisis planning, placement in restrictive or residential settings and discharge planning</li> <li>• Inpatient treatment</li> <li>• Jail episodes showing competent services are provided at least 90% of the time.</li> </ul> <p>b) Administrative On-Site Audits evaluate;</p> <ul style="list-style-type: none"> <li>• policies and procedures relating to delivery of competent services,</li> <li>• personnel files, to</li> </ul>	<p>b) Fiscal/Contracts Dept</p> <p><u>Quality Management</u></p>	<p>biennial quarters and presented to QMOC in the NSRSN Integrated Report for that biennial quarter</p> <p>a) <u>Clinical records at provider agencies are reviewed during the combined NSMHA/MHD Administrative Audit and Licensing Review each contract period.</u></p> <p>A focused Inpatient Services Review is performed and reported to QMOC during the 2<sup>nd</sup> and 4<sup>th</sup> biennial quarters as part of the NSRSN Integrated Report</p> <p>A focused Jail Episode Review is performed and reported to QMOC during the 2<sup>nd</sup> and 4<sup>th</sup> biennial quarters as part of the NSRSN Integrated Report</p> <p>b) Administrative On-Site Audits are performed at provider agencies biennially. Results are reported to QMOC each biennial quarter, following completion of each audit.</p> <p>b) <u>NSMHA and MHD combined</u></p>	<p>NSRSN/Provider Contract 2002-03</p> <p>NSRSN Admin Tool per 2002-03 contract</p> <p>NSRSN Inpatient Services Review Tool</p> <p>NSRSN Tribal 7.01 Plan</p>

	<b>Objective</b>	<b>Measurement</b>	<b>NSRSN Accountability Department</b>	<b>Timelines / Implementation Steps</b>	<b>Source/ Reference/ Measurement Tool</b>
		<p>determine that staff meet the expected WAC qualifications for the duties they perform.</p> <p>c) IS/IT reports show that special consults occur within the first 30 days of the most recent assessment at least 90% of the time</p> <p>d) Reports on Tribal 7.01 Plan implementation show that culturally appropriate services are being delivered to American Indians/ Alaska Natives by</p>	<p><u>Dept</u></p> <p><u>Quality Review Team</u></p> <p>c) IS/IT Department</p> <p>d) NSRSN Tribal Liaison</p>	<p><u>Admin. Audits and Licensing Reviews are performed at provider agencies each contract period. The results are presented to QMOC in the appropriate biennial quarter.</u></p> <p>c) IS/IT reports are presented to QMOC each biennial quarter</p> <p>d) Tribal Liaison tracks the use of culturally competent staff and use of consultation with appropriate traditional healers and reports to QMOC each biennial quarter</p>	
	<b>Objective</b>	<b>Measurement</b>	<b>NSRSN Accountability Department</b>	<b>Timelines / Implementation Steps</b>	<b>Source/ Reference/ Measurement Tool</b>
1.32 cont.		culturally competent staff and/or through consultation with appropriate traditional healers at least 90% of the time			

	<b>Objective</b>	<b>Measurement</b>	<b>NSRSN Accountability Department</b>	<b>Timelines / Implementation Steps</b>	<b>Source/ Reference/ Measurement Tool</b>
<b>Focus Area 1.4</b>	<b>Monitor clinical appropriateness/continuity of care provided to consumers served by NSRSN</b>				
	<b>Objective</b>	<b>Measurement</b>	<b>NSRSN Accountability Department</b>	<b>Timelines / Implementation Steps</b>	<b>Source/ Reference/ Measurement Tool</b>
1.41	Continuity of care is provided by ensuring ongoing mental health services maintained during all episodes of care	a) Concurrent and Focused Reviews show that continuity of care is maintained when consumers are served by other systems (DSHS, DCFS, DDD, DASA, HCS, schools, the courts, other mental health service providers, etc.) in at least 90% of charts reviewed	a) Quality Management Department	<p>a) Concurrent Reviews are conducted and reported during the 1<sup>st</sup> and 3<sup>rd</sup> biennial quarters and presented to QMOC in the NSRSN Integrated Report for that biennial quarter.</p> <p>a) <u>Clinical records at provider agencies are reviewed during the combined NSMHA/MHD Administrative Audit and Licensing Review each contract period.</u></p> <p>The focused Inpatient Services Review is performed and reported to QMOC during the 2<sup>nd</sup> and 4<sup>th</sup> biennial quarters as part of the NSRSN Integrated Report for that biennial quarter.</p> <p>The Jail Episode Review is performed and reported to QMOC during the 2<sup>nd</sup> and 4<sup>th</sup></p>	<p>WACs 388-865-390, 388-865-420, 388-865-440, 388-865-450 CMS Waiver</p> <p>NSRSN/Provider Contract 2002-03</p> <p>Administrative On-site Audits, per 2002-03 contracts</p> <p>MHD Outpatient Record review Tool</p> <p>NSRSN Inpatient Services Tool</p> <p>NSRSN Jail Services Tool</p>

	<b>Objective</b>	<b>Measurement</b>	<b>NSRSN Accountability Department</b>	<b>Timelines / Implementation Steps</b>	<b>Source/ Reference/ Measurement Tool</b>
		b) Administrative On-Site Audits show policies and procedures, and appropriate memorandums of understanding with allied systems	b) Fiscal/ Contracts Dept  <u>Quality Management Dept</u>  <u>Quality Review Team</u>	biennial quarters as part of the NSRSN Integrated Report for that biennial quarter.  b) Administrative On-Site Audits are performed at provider agencies every two years. Results of audits are presented to QMOC each biennial quarter, following completion of each audit.  b) <u>NSMHA and MHD combined Admin. Audits and Licensing Reviews are performed at provider agencies each contract period. The results are presented to QMOC in the appropriate biennial quarter.</u>	



	<b>Objective</b>	<b>Measurement</b>	<b>NSRSN Accountability Department</b>	<b>Timelines / Implementation Steps</b>	<b>Source/ Reference/ Measurement Tool</b>
		<u>any issues received by their staff involving services provided to consumers involved with the Criminal Justice System.</u>		<u>Directors, Executive Director, Office of Consumer Affairs, NAMI and the MHD. This information is also included in the NSMHA Integrated Report for the appropriate biennial quarter.</u>	
1.43	Services are provided for NSRSN mentally ill consumers who are under court ordered treatment (LRO's)	<p>a) A review of clinical records for consumers on LRO's shows that consumers receive adequate care and individual treatment, to include;</p> <ul style="list-style-type: none"> <li>• Development and implementation of an individual treatment plan which addresses the conditions of the LRO and a plan for transition to voluntary treatment;</li> <li>• That the consumer receives psychiatric treatment including medication management for the assessment and prescription of</li> </ul>	Quality Management Dept	<p>A Focused Review of consumers currently receiving court-ordered treatment services is performed and reported to QMOC during the 2<sup>nd</sup> and 4<sup>th</sup> biennial quarters as part of the NSRSN Integrated Report</p> <p>a) <u>Clinical records at provider agencies are reviewed during the combined NSMHA/MHD Administrative Audit and Licensing Review each contract period. A review of consumers currently receiving court-ordered treatment will be part of each clinical record review performed at provider agencies during the contract period. The document used to assess such treatment will be the MHD's "Voluntary and Involuntary Outpatient Record review Tool."</u></p>	Mental Health Division's " <u>Voluntary and Involuntary Outpatient Record review Tool.</u> "

	<b>Objective</b>	<b>Measurement</b>	<b>NSRSN Accountability Department</b>	<b>Timelines / Implementation Steps</b>	<b>Source/ Reference/ Measurement Tool</b>
		<p>psychotropic medications appropriate to the needs of the consumer. Such services must be provided;</p> <ul style="list-style-type: none"> <li>• At least weekly during the initial 14 day period</li> <li>• Monthly during the 90 and 180 day periods of involuntary treatment, unless otherwise indicated, clinically.</li> </ul> <p>b) IS/IT reports track LRO services provided to consumers</p> <p>c) NSRSN Administrative On-Site Audits show availability of contractually required services in each county in the Region</p>	<p>b) IS/IT Dept</p> <p>c)Fiscal/Contracts Dept.</p> <p>Quality Management Dept</p> <p><u>Quality Review Team</u></p>	<p>b) IS/IT reports are presented to QMOC each biennial quarter</p> <p>c) Administrative On-Site Audits are performed at provider agencies every two years with results of audits presented to QMOC each biennial quarter in which administrative audits are completed</p>	

	<b>Objective</b>	<b>Measurement</b>	<b>NSRSN Accountability Department</b>	<b>Timelines / Implementation Steps</b>	<b>Source/ Reference/ Measurement Tool</b>
				c) <u>NSMHA and MHD combined Admin. Audits and Licensing Reviews are performed at provider agencies each contract period. The results are presented to QMOC in the appropriate biennial quarter.</u>	
1.44	Services are appropriate for the level of need of consumers	<p>a) Concurrent Reviews show appropriate level of service provided in at least 90% of charts reviewed</p> <p>b) IS/IT reports (Blue Sheets) track utilization of services within the Region</p> <p>c) Ombuds staff work with consumers to resolve complaints and grievances regarding</p>	<p>a) Quality Management Department</p> <p>b) IS/IT and Quality Management Departments</p> <p>c) Ombuds Dept</p>	<p>a) Concurrent Reviews are conducted and reported during the 1<sup>st</sup> and 3<sup>rd</sup> biennial quarters and presented to QMOC in the NSRSN Integrated Report for that biennial quarter.</p> <p>a) <u>Clinical records at provider agencies are reviewed during the combined NSMHA/MHD Administrative Audit and Licensing Review each contract period.</u></p> <p>b) IS/IT Utilization reports are provided to NSRSN Boards on a monthly basis and included in biennial quarterly reports to QMOC</p> <p>c) The Ombuds Department compiles, analyzes and reports raw and trend data to QMOC, <u>the NSMHA Advisory Board, Board of</u></p>	<p>WAC 388-865-410, 388-865-420, 388-865-450, 388-865-460 CMS Waiver</p> <p>NSRSN/Provider Contract 2002-03</p> <p>NSRSN Admin Tool per 2002-03 contract</p> <p>MHD Outpatient Record Review Tool</p>

	<b>Objective</b>	<b>Measurement</b>	<b>NSRSN Accountability Department</b>	<b>Timelines / Implementation Steps</b>	<b>Source/ Reference/ Measurement Tool</b>
		<p>quality/appropriateness of services they receive.</p> <p>d) QRT staff conduct surveys, including questions about consumer satisfaction with the level of service they receive.</p>	d) Quality Review Team	<p><u>Directors, Executive Director, Office of Consumer Affairs, as well as NAMI and the MHD</u> each annual quarter. This information is also included in the NSRSN Integrated Report for that biennial quarter</p> <p>d) QRT surveys consumers on an on-going basis and reports results to QMOC, <u>the NSMHA Advisory Board and Board of Directors, as well as NAMI, MHD and other interested parties,</u> each annual quarter. This information is also included in the NSRSN Integrated Report for that biennial quarter</p>	
1.45	Consumers using Supervised Living services meet the criteria for that level of care	<p>Clinical records are assessed through Concurrent and Focused Residential Reviews to determine if:</p> <ul style="list-style-type: none"> <li>• People using Supervised Living services meet the criteria for that Level of Care</li> <li>• Appropriate community based</li> </ul>	Quality Management Department	<p>a)Concurrent Reviews are conducted and reported during the 1<sup>st</sup> and 3<sup>rd</sup> biennial quarters and presented to QMOC in the NSRSN Integrated Report for that biennial quarter.</p> <p>a) <u>Clinical records at provider agencies are reviewed during the combined NSMHA/MHD Administrative Audit and Licensing Review</u> each contract period.</p>	<p>WAC 388-865-410, 38-865-420, 388-865-430, 388-865-460 CMS Waiver</p> <p>NRSN/Provider Contract 2002-03</p> <p>NSRSN Supervised Living Concurrent Rev. Tool</p>

	<b>Objective</b>	<b>Measurement</b>	<b>NSRSN Accountability Department</b>	<b>Timelines / Implementation Steps</b>	<b>Source/ Reference/ Measurement Tool</b>
		resources are investigated for Discharge Planning placement  b) <u>Ombuds Dept. reports any issues received by their staff involving services provided to consumers involved with the Supervised Living System.</u>	b) Ombuds Dept.	A Supervised Living Review is performed and reported during the 2 <sup>nd</sup> and 4 <sup>th</sup> biennial quarters and presented to QMOC in the NSRSN Integrated Report for that biennial quarter.  b) <u>Ombuds reports are presented to QMOC, the NSMHA Advisory Board, Board of Directors, Executive Director, Office of Consumer Affairs and MHD quarterly. The results are included in the NSMHA Integrated Report for the appropriate biennial quarter.</u>	
1.46	Housing support services are available throughout the NSRSN	a) Clinical records are assessed through Concurrent and Focused Residential Reviews to determine if: <ul style="list-style-type: none"> <li>• All levels of care have access to consumer housing</li> <li>• Housing supports emphasize least restrictive, stable living situations appropriate to age, cultural, linguistic and</li> </ul>	Quality Management Department	Concurrent Reviews are conducted and reported during the 1 <sup>st</sup> and 3 <sup>rd</sup> biennial quarters and presented to QMOC in the NSRSN Integrated Report for that biennial quarter.  a) <u>Clinical records at provider agencies are reviewed during the combined NSMHA/MHD Administrative Audit and Licensing Review each contract period.</u>	WAC 388-865-410, 38-865-420, 388-865-430, 388-865-460 CMS Waiver  NRSN/Provider Contract 2002-03  MHD Outpatient Record Review Tool

	<b>Objective</b>	<b>Measurement</b>	<b>NSRSN Accountability Department</b>	<b>Timelines / Implementation Steps</b>	<b>Source/ Reference/ Measurement Tool</b>
		<p>residential/housing needs of each recipient</p> <p>b) NSRSN Administrative On-Site Audits show availability of contractually required housing support services in each County in the Region.</p> <p>c) <u>Ombuds Dept. reports any issues received by their staff involving services provided to consumers involved with housing support services.</u></p>	<p>b) Fiscal/Contracts Dept</p> <p><u>Quality Management Dept.</u></p> <p><u>Quality Review Team</u></p> <p>c) Ombuds Dept.</p>	<p>b) Administrative On-Site Audits are performed at provider agencies every two years with results of audits presented to QMOC each biennial quarter in which administrative audits are completed</p> <p>b) <u>NSMHA and MHD combined Admin. Audits and Licensing Reviews are performed at provider agencies each contract period. The results are presented to QMOC in the appropriate biennial quarter.</u></p> <p>c) <u>Ombuds reports are presented to QMOC, the NSMHA Advisory Board, Board of Directors, Executive Director, Office of Consumer Affairs and MHD quarterly. The results are included in the NSMHA Integrated Report for the appropriate biennial quarter.</u></p>	
<b>Focus Area 1.5</b>	<b>Consumer/Advocate/Family Voice is monitored by the NSRSN</b>				
	<b>Objective</b>	<b>Measurement</b>	<b>NSRSN Accountability Department</b>	<b>Timelines / Implementation Steps</b>	<b>Source/ Reference/ Measurement Tool</b>

	<b>Objective</b>	<b>Measurement</b>	<b>NSRSN Accountability Department</b>	<b>Timelines / Implementation Steps</b>	<b>Source/ Reference/ Measurement Tool</b>
1.53	Consumer voice is evidenced by membership and involvement in NSRSN/ provider committees, work groups, and boards	<p>a) Consumers are members of planning, monitoring, and other committees and boards representing NSRSN in various community activities</p> <p>b) Administrative On-Site Audits review the level of such involvement at provider agencies</p> <p>Note: There may be HIPAA challenges in implementation of this objective</p>	<p>a) Office of Consumer Affairs</p> <p>b) Fiscal/ Contracts Dept</p> <p><u>Quality Management Dept</u></p> <p><u>Quality Review Team</u></p>	<p>a) Consumer, family, and advocate participation in relevant NSRSN activities is monitored on an ongoing basis with reports to QMOC each biennial quarter</p> <p>b) Administrative On-Site Audits are performed at provider agencies every two years. Results of audits are presented to QMOC each biennial quarter in which audits are completed</p> <p>b) <u>NSMHA and MHD combined Admin. Audits and Licensing Reviews are performed at provider agencies each contract period. The results are presented to QMOC in the appropriate biennial quarter.</u></p>	<p>CMS Waiver</p> <p>NSRSN/Provider Contract 2002-03</p> <p>Administrative On-Site Audit Tool – per 2002-03 contract</p>

<b>Focus Area 1.6</b>	<b>Service Capacity/Utilization is monitored by NSRSN</b>				
	<b>Objective</b>	<b>Measurement</b>	<b>NSRSN Accountability Department</b>	<b>Timelines / Implementation Steps</b>	<b>Source/ Reference/ Measurement Tool</b>
	<b>Objective</b>	<b>Measurement</b>	<b>NSRSN Accountability Department</b>	<b>Timelines / Implementation Steps</b>	<b>Source/ Reference/ Measurement Tool</b>
1.62	Alternative community resources, including crisis services and hospital diversion activities, have been considered prior to hospitalization	Concurrent Reviews track hospital diversion activities	Quality Management Department	<p>Concurrent Reviews are performed and reported during the 1<sup>st</sup> and 3<sup>rd</sup> biennial quarters and presented to QMOC in the NSRSN Integrated Report for that biennial quarter.</p> <p><u>Clinical records at provider agencies are reviewed during the combined NSMHA/MHD Administrative Audit and Licensing Review each contract period.</u></p> <p>The focused Inpatient Services Review is performed and reported during the 4<sup>th</sup> biennial quarter and presented to QMOC in the NSRSN Integrated Report for that biennial quarter.</p> <p>A Focused Review of the APN Acute Care Team's records is performed and reported during the 2<sup>nd</sup> and 4<sup>th</sup> biennial quarters and presented to</p>	<p>CMS Waiver</p> <p>NSRSN/Provider Contract 2002-03</p> <p>NSRSN Inpatient Services Tool</p>

				QMOC in the NSRSN Integrated Report for that biennial quarter.	
1.63	Hospitalized Consumers meet medical necessity criteria for in-patient admission	Clinical record reviews, per Inpatient Services Review standards, evaluate documentation of medical necessity for hospitalization	Quality Management Department	<p>The Focused Inpatient Services Review is performed and reported during the 2<sup>nd</sup> and 4<sup>th</sup> biennial quarters and presented to QMOC in the NSRSN Integrated Report for that biennial quarter.</p> <p>A Focused Review of the APN Acute Care Team's records is performed and reported during the 2<sup>nd</sup> and 4<sup>th</sup> biennial quarters and presented to QMOC in the NSRSN Integrated Report for that biennial quarter.</p>	<p>CMS Waiver</p> <p>RCW 71.05 and 71.4, WAC 388-862-390</p> <p>NSRSN/Provider Contract 2002-03</p> <p>NSRSN Admin Tool per 2002-03 contract</p>

**GOAL 2: Quality Improvement Initiatives**

<b>Focus Area 2.1</b>	<b>Assess feasibility and, if approved, develop plan for seeking national accreditation for NSRSN</b>				
	<b>Objective</b>	<b>Measurement</b>	<b>NSRSN Accountability Department</b>	<b>Timelines / Implementation Steps</b>	<b>Source/ Reference/ Measurement Tool</b>
2.11	Assess systems of accreditation nationally available, determine if NSRSN wishes to seek such accreditation, and develop a plan pursuing this objective, if deemed appropriate	<p>Clinical/Quality Management and Fiscal/ Contracts Department examine systems of accreditation available to NSRSN</p> <p>NSRSN determines if seeking national accreditation is appropriate for NSRSN</p> <p>A plan for implementation is developed, if appropriate</p>	Quality Management and Fiscal/ Contracts Departments	<p>An appropriate accreditation organization is identified, barriers and/or challenges are identified, and a recommendation is presented to QMOC and the Board of directors during the 2<sup>nd</sup> biennial quarter of 2002-2003.</p> <p>If a decision is made to seek national accreditation, a plan for implementation is developed for presentation to QMOC and the NSRSN Board of Directors during the 4<sup>th</sup> biennial quarter.</p> <p>This process has been completed. The decision has been made not to pursue national accreditation at this time. The issue of national accreditation will be addressed in the next NSMHA Quality Management Plan.</p>	CMS Waiver

<b>Focus Area 2.1</b>	<b>Assess feasibility and, if approved, develop plan for seeking national accreditation for NSRSN</b>				
	<b>Objective</b>	<b>Measurement</b>	<b>NSRSN Accountability Department</b>	<b>Timelines / Implementation Steps</b>	<b>Source/ Reference/ Measurement Tool</b>
<b>Focus Area 2.2</b>	<b>Develop and implement a plan to respond to findings / quality improvement recommendations arising from the most recent MHD Licensing and Integrated Audits.</b>				
2.21	Develop and implement a plan in response to findings and quality improvement recommendation of the MHD Integrated Review 2002	Appropriate departments of NSRSN develop a plan for implementation of corrective actions and quality improvement recommendations generated in the MHD Integrated Review 2002	All appropriate departments of NSRSN	The plan for corrective actions and quality improvement recommendations will be generated by NSRSN within the time limit required by the MHD, and reported to QMOC <u>The Corrective Action Plan in response to MHD's Integrated review of the NSRSN has been developed, sent to the MHD and reported to QMOC.</u>	CMS Waiver
<b>Focus Area 2.2</b>	<b>Develop and implement a plan to respond to findings / quality improvement recommendations arising from the most recent MHD Licensing and Integrated Audits.</b>				
	<b>Objective</b>	<b>Measurement</b>	<b>NSRSN Accountability Department</b>	<b>Timelines / Implementation Steps</b>	<b>Source/ Reference/ Measurement Tool</b>

<b>Focus Area 2.1</b>	<b>Assess feasibility and, if approved, develop plan for seeking national accreditation for NSRSN</b>				
	<b>Objective</b>	<b>Measurement</b>	<b>NSRSN Accountability Department</b>	<b>Timelines / Implementation Steps</b>	<b>Source/ Reference/ Measurement Tool</b>
<u>2.22</u>	<u>Develop and implement a plan to review all NSMHA IS/IT reports generated by the Raintree report menus 90 days after the System becomes operational.</u>	<u>NSMHA IS/IT and Clinical/Quality Management Departments review all data reports generated by the Raintree to determine the validity and usage of the reports.</u>	<u>IS/IT Dept</u> <u>Clinical/Quality Management Dept</u>	<u>A review of the data elements utilized by NSMHA in the Raintree reports will be conducted by appropriate NSMHA Departments 90 days after the data system becomes operational.</u>  <u>NOTE: Any relevant HIPAA regulations will be addressed in this data review.</u>	<u>Reports developed by NSMHA IS/IT and Clinical/Quality Management Depts</u>

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# DRAFT

## NORTH SOUND MENTAL HEALTH ADMINISTRATION Job Description

**Job Title: Lead Quality Specialist**

**Department: Clinical Quality Management**

**Reports To: Deputy Director**

**Salary Range: 18**

**FLSA Status: Exempt**

**Prepared By: NSMHA Regional Office**

**Prepared Date: February 2003**

**Approved By:**

**Approved Date:**

**Summary:**

The Lead Quality Specialist provides coordination and leadership to clinical quality issues including monitoring quality improvement of the NSRSN and Provider Network; staffing various committees as assigned, such as the Quality Management Oversight Committee (QMOC); evaluation and reports on quality and clinical issues of contracted providers; and performance of onsite quality assurance reviews of contracted providers.

**Essential Functions and Peripheral Functions:**

- Coordinates Quality Management Oversight Committee with chair and QMOC Members. Integrates information from QRT, Ombuds, Advisory Board, Resource Managers, accrued complaint and grievance incidents, and family advocates into the agenda of the QMOC.
- Develops bi-annual Quality Management Plan-semi-annually (every six months) reviews and revises the Quality Management Plan. Assure NSRSN's compliance with the Mental Health Division's contract requirements for Quality Assurance/Quality Improvement. Researches, monitors and analyzes information on federal and State requirements relative to quality issues. Assures coordination of Quality Management Plan with Continuous Quality Improvement Plan
- Leads and/or serves on committees as assigned, such as the Quality Management Oversight Committee (QMOC).
- Responds to the Mental Health Division annual Integrated Review in regard to Quality Improvement issues.
- Develops and analyzes clinical utilization management reports in conjunction with IS Department. Analyzes and reports utilization trends regularly to QMOC, Advisory Board, and NSRSN Board.

- Provides liaison and coordinates collaboration with other systems that impact the lives of NSRSN consumers.
- Monitors provider agencies for contract compliance on the quality improvement programs including corrective action plans on clinical issues.
- Liaison to the Management Team, as needed
- [Maintain confidentiality and privacy of Consumer Healthcare Information](#)
- [Acts as NSMHA Privacy Officer \(see NSMHA Privacy Officer Duties\)](#)
- Accomplishes other duties as assigned.

**Minimum Qualifications:**

Master's degree in health-related field and 4 years experience with or knowledge of State licensure requirements for publicly funded health facilities, monitoring and/or auditing contractor compliance with contract terms, and continuous quality improvement principles. Two years of human services supervisory experience. Must have working knowledge of adult and child mental health clinical issues. *Knowledge and experience in health information privacy laws, including access and release of information*

**Skills and Abilities Required:**

- Work cooperatively with and provide leadership among a wide variety of people including mental health consumers, advocates, the general public, public officials, mental health professionals, and others.
- Work independently in developing and managing a range of complex projects and programs.
- Ability to communicate both orally and in writing.
- Ability to get along well with others and provide good customer service.
- Ability to analyze clinical data and reports to identify trends in system performance.

**Supervisory Responsibilities:**

The Lead Quality Specialist reports to the Deputy Director. The Lead Quality Specialist directly supervises the NSRSN Quality Specialist. Coordinates work of the contracted Quality Specialists (Mental Health Community Support Specialists at Snohomish County). Supervision of the Quality Specialists includes scheduling, performing staff evaluations, and initiating strategies for performance improvement, authorizing vacation, sick leave, and/or overtime, signing time sheets, staff training, administering disciplinary measures, resolving complaints, and structuring team-oriented work approaches among NSRSN staff as well as between other units inside and outside the organization.

**Physical Requirements:**

The physical requirements described here are representative of those that must be met by an employee to successfully perform the essential functions of this job. Sufficient mobility is required for the use of office equipment such as computers, telephones, and files. Lifting a maximum of 30 pounds may be required. The ability to hear and communicate at a level sufficient to perform the essential functions of the position is required. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

**Work Environment:**

Work is performed in an office environment with some outside assignments. There is potential exposure to repetitive stresses and/or eyestrain due to prolonged use of computers. The work environment characteristics described here are representative of those an employee encounters while performing the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

**Disclaimer:**

The statements contained herein reflect general details as necessary to describe the principal functions of this job, the level of knowledge and skill typically required and the scope of responsibility, but should not be considered an all-inclusive listing of work requirements. Individuals may perform other duties as assigned including work in other functional areas to cover absences or relief, to equalize peak work periods or otherwise to balance the workload.

## **Privacy Officer Duties**

**General Purpose:**

The privacy officer oversees all ongoing activities related to the development, implementation, maintenance of, and adherence to the organization's policies and procedures covering the privacy of, and access to, patient health information in compliance with federal and state laws and the healthcare organization's information privacy practices.

**Responsibilities:**

1. Provides development guidance and assists in the identification, implementation, and maintenance of organization information privacy policies and procedures in coordination with organization management and administration, the Privacy Oversight Committee, and legal counsel.
2. Works with NSMHA management team to establish an organization-wide Privacy Oversight Committee.
3. Serves in a leadership role for the Privacy Oversight Committee's activities.
4. Performs initial and periodic information privacy risk assessments and conducts related ongoing compliance monitoring activities in coordination with the entity's other compliance and operational assessment functions.
5. Works with legal counsel and management, key departments, and committees to ensure the organization has and maintains appropriate privacy and confidentiality consent, authorization forms, and information notices and materials reflecting current organization and legal practices and requirements.
6. Oversees, directs, delivers, or ensures delivery of initial and privacy training and orientation to all employees, volunteers, medical and professional staff, contractors, alliances, business associates, and other appropriate third parties.
7. Participates in the development, implementation, and ongoing compliance monitoring of all business associate agreements, to ensure all privacy concerns, requirements, and responsibilities are addressed.
8. Establishes with management and operations a mechanism to track access to protected health information, within the purview of the organization and as required by law and to allow qualified individuals to review or receive a report on such activity.

9. Works cooperatively with the IS/IT Specialist and other applicable organization units in overseeing patient rights to inspect, amend, and restrict access to protected health information when appropriate.
10. Establishes and administers a process for receiving, documenting, tracking, investigating, and taking action on all complaints concerning the organization's privacy policies and procedures in coordination and collaboration with other similar functions and, when necessary, legal counsel.
11. Ensures compliance with privacy practices and consistent application of sanctions for failure to comply with privacy policies for all individuals in NSMHA's workforce, extended workforce, and for all business associates, in cooperation with Human Resources, the information security officer, administration, and legal counsel as applicable.
12. Initiates, facilitates and promotes activities to foster information privacy awareness within the NSMHA and related entities.
13. Serves as a member of, or liaison to, the organization's Privacy Committee, should one exist. Also serves as the information privacy liaison for users of clinical and administrative systems.
14. Reviews all system-related information security plans throughout the organization's network to ensure alignment between security and privacy practices, and acts as a liaison to the information systems department.
15. Works with all NSMHA personnel involved with any aspect of release of protected health information, to ensure full coordination and cooperation under the organization's policies and procedures and legal requirements
16. Maintains current knowledge of applicable federal and state privacy laws, and monitors advancements in information privacy technologies to ensure organizational adaptation and compliance.
17. Serves as information privacy consultant to the NSMHA for all departments and appropriate entities.
18. Cooperates with the Office of Civil Rights, other legal entities, and NSMHA officers in any compliance reviews or investigations.
19. Works with NSMHA administration, legal counsel, and other related parties to represent the organization's information privacy interests with external parties (state or local government bodies) who undertake to adopt or amend privacy legislation, regulation, or standards.

**A BUSINESS ASSOCIATE AGREEMENT**  
**North Sound Mental Health Administration**  
**and**  
**InfoCare, Incorporated**

This Business Associate Agreement (“Agreement”), is entered into by and between North Sound Regional Support Network, dba North Sound Mental Health Administration (“NSMHA”) on behalf of itself, and its current and future subsidiaries and affiliates, and InfoCare, Inc. (“Business Associate”), including all current and future lines of business, affiliates, and subsidiaries. NSMHA and Business Associate may have entered into various arrangements, and may in the future enter into additional arrangements (collectively, the “Contracts”) pursuant to which Business Associate provides various items or services to NSMHA or for NSMHA’s clients. This Agreement modifies and supplements the terms and conditions of the Contracts, and the provisions set forth herein shall be deemed a part of the Contracts.

1. **Definitions.** The federal privacy regulations at 45 C.F.R. parts 160 and 164 and the Health Insurance Portability and Accountability Act (42 USC Section 201, et seq.), shall be collectively referred to herein as “HIPAA”. All capitalized terms used in this Agreement have the meaning defined in HIPAA, unless otherwise defined herein.
2. **Purpose: Protected Health Information.** The purpose of this Agreement is to provide assurances regarding our respective responsibilities to maintain strict confidentiality under applicable federal and state laws and regulations relating to NSMHA’s patient medical information, financial information, and other patient identifiable health information to which Business Associate gains access pursuant to the Contracts (collectively “Protected Health Information”). For purposes of this Agreement, Protected Health Information shall be defined consistent with 45 CFR, Section 164.501. The provisions of this Agreement are specifically intended to meet the business associate contract requirements of the HIPAA privacy standards spelled out in Section 45 CFR, Section 164.504. Business Associate and NSMHA intend that their respective privacy and security policies, procedures and practices shall meet (or exceed to the extent provided herein) all applicable federal and state requirements pertaining to the privacy and confidentiality of Protected Health Information as soon as possible, but in no event later than the mandatory HIPAA compliance date.
3. **Confidentiality of Protected Health Information.** Business Associate shall comply with all applicable federal and state laws and regulations relating to maintaining and safeguarding the confidentiality of Protected Health Information. Business Associate shall assure that Business Associate’s employees, subcontractors and agents comply with such laws and regulations and the provisions of this Agreement. Neither Business Associate nor any of its employees, subcontractors or agents shall use or further disclose Protected Health Information in any manner that would violate the requirements of this Agreement or the HIPAA privacy regulations as set forth in 45 CFR, Sections 160 and 164. Business Associate may use and disclose Protected Health Information when necessary for Business Associate’s proper management and administration, or to carry out Business Associate’s specific legal responsibilities pursuant to the Contracts. Business Associate shall not request

or disclose more information than the minimum amount necessary to allow Business Associate to perform its functions pursuant to the Contracts. Business Associate shall not use or further disclose Protected Health Information in any manner that would violate the HIPAA privacy standards as set forth in 45 CFR, Sections 160 and 164.

4. **Safeguards for Protected Health Information.** Business Associate shall use appropriate safeguards to prevent the use or disclosure of Protected Health Information other than expressly provided for in this Agreement. Business Associate shall assure that any agents or subcontractors to whom it provides any Protected Health Information under this Agreement shall agree to the same restrictions and conditions of Business Associate under this Agreement to assure that such agent or subcontractor complies in all respects with the provisions of this Agreement and the HIPAA privacy standards.
5. **Individual Access to Protected Health Information.** Business Associate agrees to provide individuals with access to their PHI in a Designated Record Set as requested by NSMHA or as otherwise required to meet requirements of HIPAA privacy standards including 45 CFR 164.524.
6. **Third Party Requests for Access to Protected Health Information.** Business Associate agrees to promptly notify NSMHA of Business Associate's receipt of any request, subpoena, qualified protective order, or other legal process to obtain PHI. The provisions of this section shall survive the termination of this Agreement.
7. **Amendments to Protected Health Information.** Business Associate agrees to make amendment(s) to PHI in a Designated Record Set as authorized by NSMHA in compliance with 45 CFR 164.526.
8. **Accounting for Disclosures of Protected Health Information.** Business Associate shall cooperate with NSMHA by providing appropriate information to NSMHA to fulfill both parties' responsibilities under 45 CFR, Section 164.528. Business Associate agrees to provide an accounting of any disclosures of Protected Health Information for up to the six-year period preceding the date of the request for an accounting. Such information shall include:
  - the date of the disclosure;
  - the name and address of the person or entity who received the Protected Health Information;
  - a brief description of the disclosed Protected Health Information; and
  - a brief statement of the purpose of the disclosure including an explanation of the basis for such disclosure.
  - such other information as may be required by applicable laws or regulations.

Business Associate must provide all such information to NSMHA on a timely basis not later than 7 calendar days after NSMHA requests such information, unless otherwise specified by NHMSA. The provisions of this section shall survive termination of this Agreement.

9. **Access to Business Associate's Books and Records.** Business Associate shall make available to the Secretary of the Department of Health and Human Services its internal

practices, books and records relating to the use and disclosure of Protected Health Information received from, or created or received by, Business Associate on behalf of NSMHA for the purpose of determining Business Associate's compliance with the requirements of this Agreement and the HIPAA privacy standards. The provisions of this section shall survive termination of this Agreement.

10. **Reporting and Auditing of Improper Use of Protected Health Information.** Business Associate shall promptly report to NSMHA any use or disclosure of NSMHA client Protected Health Information that is unauthorized or otherwise violates the terms of this Agreement.
11. **HIPAA Requirements.** Business Associate and NSMHA agree to work cooperatively to meet applicable requirements of the HIPAA regulations.
12. **Termination of Applicable Contract** NSMHA shall have the right to terminate any or all of the Contracts if Business Associate has violated a material term of this Agreement. Upon any such termination, Business Associate shall promptly return or destroy all Protected Health Information received from NSMHA in connection with the terminated Contracts. If the return or destruction of Protected Health Information is not feasible, Business Associate shall continue the protections required under this Agreement to the Protected Health Information consistent with the requirements of this Agreement and the HIPAA privacy standards. In the event that Business Associate ceases to do business or otherwise terminates its relationship with NSMHA, Business Associate agrees to promptly return or destroy all Protected Health Information, received from NSMHA, in a timely manner. Business Associate may not assign this Agreement, in whole or in part, without NSMHA's prior consent. All terms and conditions of this Agreement will be binding upon and inure to the benefit of and be enforced by the parties hereto and their respective successors and permitted assigns.
13. **Business Associate's Privacy and Security Policies and Practices.** Business Associate's privacy and security policies and practices shall meet or exceed current standards set by applicable state and federal law for the protection of Protected Health Information including, without limitation, user authentication, data encryption, monitoring and recording of database access, internal privacy standards and a compliance plan designed to provide assurances that the requirements of this Agreement are met. Business Associate shall:
  - Implement administrative, physical and technical safeguards that reasonably and appropriately protect the confidentiality, integrity and availability of NSMHA's electronic PHI;
  - Ensure that Business Associate's agents and subcontractors to whom it provides PHI, implement administrative, physical and technical safeguards that reasonably and appropriately protect the confidentiality, integrity and availability of NSMHA's PHI;
  - Report to NSMHA any security incident of which it becomes aware.

#### 14. **Miscellaneous.**

**14.1 Indemnification.** Business Associate hereby agrees to indemnify and hold NSMHA and its officers, directors, employees and agents harmless from and against any and all loss,

liability, or damages, including reasonable attorneys' fees, arising out of or in any manner occasioned by a breach of any provision of this Agreement by Business Associate, or its employees or agents. The provisions of this section shall survive termination of this Agreement.

**14.2 Insurance.** Upon written request of NSMHA, Business Associate shall obtain and maintain, at its sole expense, during the term of this Agreement liability insurance on an occurrence basis with responsible insurance companies acceptable to NSMHA and covering claims based upon a violation of any of the HIPAA Privacy standards or any applicable state law or regulation concerning the privacy of patient information in amount specified by NSMHA in its request. NSMHA reserves the right to require that such insurance policy shall name NSMHA as an additional named insured and shall provide for 30 days prior written notice to NSMHA in the event of any decrease, cancellation, or non-renewal of such insurance. A copy of such policy or a certificate evidencing the policy shall be provided to NSMHA upon written request.

**14.3 Independent Contractor.** Under this Agreement, Business Associate shall at all times be acting and performing in the status of independent contractor to NSMHA. Business Associate shall not by virtue of this Agreement be deemed a partner or joint venturer of NSMHA. No person employed by Business Associate will be an employee of NSMHA, and NSMHA shall have no liability for payment of any wages, payroll taxes, and other expenses of employment for any employee of Business Associate. Business Associate is constituted the agent of NSMHA only for the purpose of, and to the extent necessary to, carrying out its obligations under this Agreement.

**14.4 Notices.** Any notice, request, demand, report, approval, election, consent or other communication required or permitted under the terms of this Agreement (collectively, "Notice") shall be in writing and either delivered personally, by registered or certified mail, return receipt requested, postage prepaid, or by reputable overnight courier, addressed as follows:

North Sound Mental Health Administration  
117 North 1<sup>st</sup>, Suite 8,  
Mount Vernon, WA 98273  
Attention: Executive Director  
With a copy to: Wendy Klamp, Privacy Officer

To Business Associate:

InFoCare, Incorporated  
2001 Iowa Street, Suite F  
Bellingham, WA 98226  
Attn: Howard Furst, Owner

**14.5 Amendment** This Agreement may not be amended, modified or terminated orally, and no amendment, modification, termination or attempted waiver shall be valid unless in writing signed by both parties.

If the foregoing meets with your understanding and approval, please show your acceptance and agreement by signing and returning one copy of this Agreement to the undersigned, at which point

this Agreement shall become effective as of the date indicated below. By signing below, the undersigned warrants that he/she is an authorized agent of Business Associate, and his/her signature is binding upon Business Associate.

**NORTH SOUND MENTAL HEALTH ADMINISTRATION**

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**Charles R. Benjamin, Executive Director**

---

**Date**

**ACCEPTED AND AGREED TO:**

---

**Howard Furst, Owner**

---

**Date**

**AGREEMENT FOR LEGAL SERVICES**

Whereas, North Sound Regional Support Network (hereinafter "client") wishes to engage Lane, Powell, Spears & Lubersky - Jeffrey Gingold (hereinafter "attorney") to render specialized healthcare legal services, the following agreement for legal services is hereby made:

1. Client agrees reimburse Attorney at a rate of \$350.00 an hour for specialized healthcare legal services. Attorney will bill client on a monthly basis (unless otherwise agreed) for attorney's fees. Maximum consideration for the term of this Agreement shall not exceed \$26,000.
2. No funds have been received as a retainer for use by the attorney to pay fees and costs. Any funds received on retainer to cover attorney fees will be deposited to the Law Office of Lane, Powell, Spears & Lubersky Trust Account and charges and expenses will be removed from the trust account within seven days after the date of any billing, unless the client notifies the attorney that there is a question or dispute about the billing or wishes not to have the trust money applied. No money will be removed from the trust account for payment of attorney fees or expenses when a dispute exists. At other times, the attorney may advance funds from the trust account upon notice to the client. All trust account funds will be accounted for by the attorney in the monthly billing statements.
3. The attorney agrees to use his best efforts in providing legal opinions and representation of the client, but cannot guarantee any result. Client agrees to provide attorney with full information concerning the legal and factual issues presented and to cooperate fully in the representation.
4. The attorney agrees to keep the client informed as to major developments in the case and will not settle or compromise a claim or lawsuit without permission of the client.
5. This Agreement shall take effect January 1, 2002 and shall continue in full force and effect until such time as either party chooses to terminate this Agreement. This Agreement may be terminated in whole or in part by Client for any reason at any time or by Attorney by giving 30 calendar days written notice to Client where the Attorney's continued representation of the client does not violate the Washington Rules of Professional Conduct.

Dated: \_\_\_\_\_

Dated: \_\_\_\_\_

\_\_\_\_\_  
CHARLES R. BENJAMIN, Executive Director  
North Sound Regional Support Network  
117 North 1<sup>st</sup> Street, Suite 8  
Mount Vernon, WA 98273

\_\_\_\_\_  
Jeffery Gingold, Attorney At Law  
Lane, Powell, Spears & Lubersky  
1420 5<sup>th</sup> Avenue, Suite 4100  
Seattle, WA 98101-2338  
206 223-7955

Approved as to form: 1/24/01  
Bradford E. Furlong, Attorney At Law

\\shared\contract\2002\professional services\J Gingold Agreement

**AGREEMENT FOR LEGAL SERVICES**

Whereas, North Sound Regional Support Network (hereinafter "client") wishes to engage Lane, Powell, Spears & Lubersky - Jeffrey Gingold (hereinafter "attorney") to render specialized healthcare legal services, the following agreement for legal services is hereby made:

6. Client agrees reimburse Attorney at a rate of \$375.00 an hour for specialized healthcare legal services. Attorney will bill client on a monthly basis (unless otherwise agreed) for attorney's fees. Maximum consideration for the term of this Agreement shall not exceed \$10,000.
7. No funds have been received as a retainer for use by the attorney to pay fees and costs. Any funds received on retainer to cover attorney fees will be deposited to the Law Office of Lane, Powell, Spears & Lubersky Trust Account and charges and expenses will be removed from the trust account within seven days after the date of any billing, unless the client notifies the attorney that there is a question or dispute about the billing or wishes not to have the trust money applied. No money will be removed from the trust account for payment of attorney fees or expenses when a dispute exists. At other times, the attorney may advance funds from the trust account upon notice to the client. All trust account funds will be accounted for by the attorney in the monthly billing statements.
8. The attorney agrees to use his best efforts in providing legal opinions and representation of the client, but cannot guarantee any result. Client agrees to provide attorney with full information concerning the legal and factual issues presented and to cooperate fully in the representation.
9. The attorney agrees to keep the client informed as to major developments in the case and will not settle or compromise a claim or lawsuit without permission of the client.
10. This Agreement shall take effect January 1, 2002 and shall continue in full force and effect until such time as either party chooses to terminate this Agreement. This Agreement may be terminated in whole or in part by Client for any reason at any time or by Attorney by giving 30 calendar days written notice to Client where the Attorney's continued representation of the client does not violate the Washington Rules of Professional Conduct.

Dated: \_\_\_\_\_

Dated: \_\_\_\_\_

\_\_\_\_\_  
CHARLES R. BENJAMIN, Executive Director  
North Sound Regional Support Network  
117 North 1<sup>st</sup> Street, Suite 8  
Mount Vernon, WA 98273

\_\_\_\_\_  
Jeffery Gingold, Attorney At Law  
Lane, Powell, Spears & Lubersky  
1420 5<sup>th</sup> Avenue, Suite 4100  
Seattle, WA 98101-2338  
206 223-7955

Approved as to form: 1/24/01  
Bradford E. Furlong, Attorney At Law

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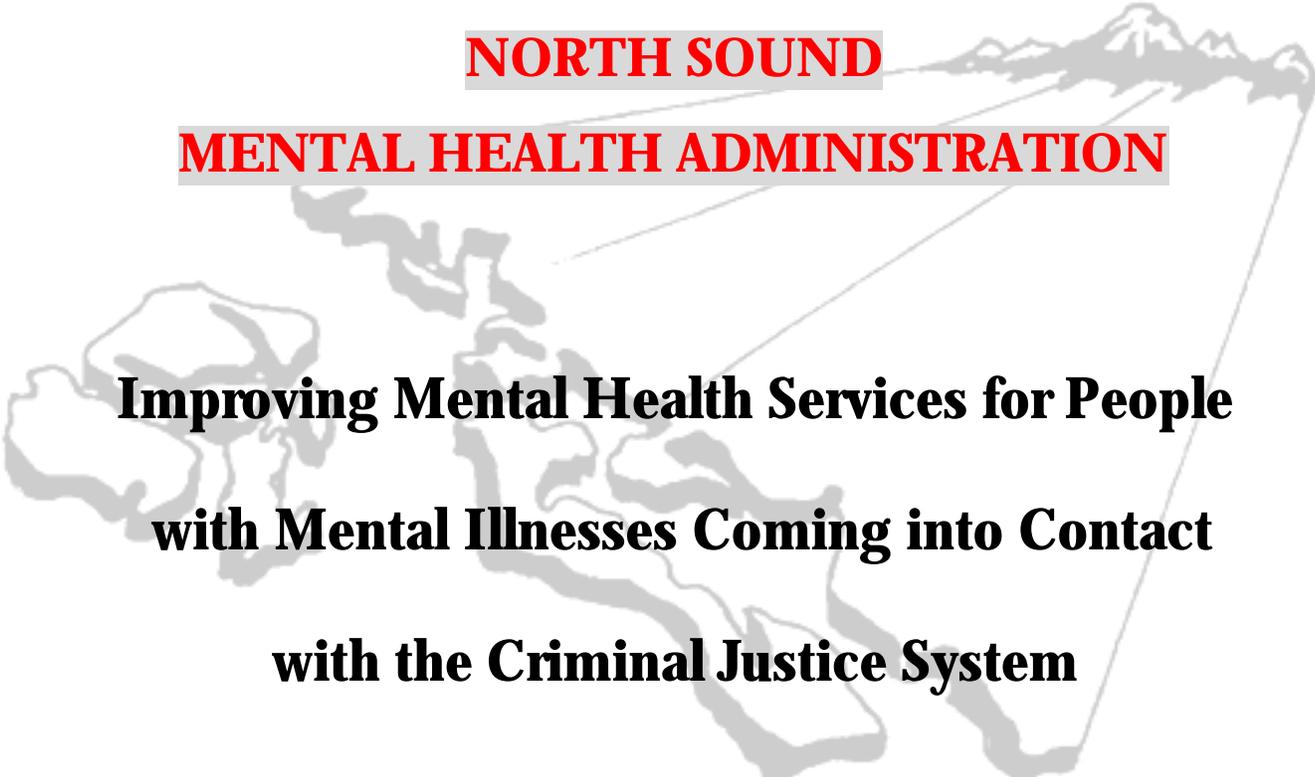


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**NORTH SOUND**

**MENTAL HEALTH ADMINISTRATION**

**Improving Mental Health Services for People  
with Mental Illnesses Coming into Contact  
with the Criminal Justice System**



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### **Improving Mental Health Services For People with Mental Illnesses Coming into Contact with the Criminal Justice System**

#### **Executive Summary**

People with mental illnesses are falling through the social safety net and landing in the criminal justice system at an alarming rate in the United States. In the North Sound Region and across the nation there are more people with mental illnesses in jails or prison than in inpatient psychiatric units. While there are a few extremely dangerous individuals with mental illnesses who can only be served in highly structured systems, many of these individuals in our jails are there because they displayed serious psychiatric symptoms such as hallucinations, delusions, or paralyzing depression in public. Effective mental health services have not been available to these individuals. Better serving people with mental illnesses in the criminal justice system populations is especially challenging in a time of major state budget deficits and reduced funding for all types of human services.

As part of the NSMHA's 2001-2003 Strategic Plan, a 32 person workgroup comprised of representatives from the police, prosecutors, jails, corrections, juvenile detentions, Juvenile Rehabilitation Administration along with mental health consumers and advocates met five times over five months to develop the recommendations for the NSMHA Board of Directors on how to improve services for people with mental illness who become involved with the criminal justice system. The recently released national *Consensus Project on Criminal Justice and Mental Health* was closely reviewed.

This workgroup developed twenty-four (24) recommendations as outlined in the concluding section of this report. The group members selected the following seven (7) recommendations as their highest priorities. These recommendations represent the current best thinking of this workgroup and are not altered due to the current Washington State Budget financial crisis. The NSMHA Planning Committee recommends there be regular meetings at the county level between mental health and law enforcement/criminal justice staffs. The NSMHA and counties' human service departments should focus on the actions outlined below:

- Establish diversion programs and mental health courts with staff trained and specialized in serving people with mental illnesses.

Action: Promote and work with each of the five North Sound Counties to establish diversion programs and/or special mental health courts by January 1, 2005.

- Training is needed for law enforcement officers/corrections officers across the North Sound Region to better understand and interact with people with mental illnesses.

Action: Support the development of one or more CIT type trainings for law enforcement officers by July 1, 2004.

- Mental Health providers should designate a single liaison person to coordinate services and resolve problems with adults and another person to coordinate with juvenile criminal justice organizations.

Action: NSMHA to conduct planning meeting to develop best way to provide this type individualized liaison service by October 1, 2003.

- Establish two or more triage and diversion programs to minimize people with mental illnesses becoming involved with the criminal/justice system and support them receiving needed treatment.

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Action: NSMHA will support efforts to establish Triage Center in Whatcom County as a model for the Region. Review status of triage centers by December 31, 2004.

- Promote evidenced-based, integrated co-occurring disorder (mental illness and substance abuse) treatment for juveniles and adults.

Action: Refer to Regional Co-Occurring Disorder Committee to study existing programs/services and establish protocols or guidelines for co-occurring disorder services by December 31, 2004.

- Training is needed for prosecutors, public defenders, and judges on mental illness and the mental health system in handling people with mental illnesses.

Action: NSMHA will work with each county to develop training for prosecutors, public defenders, and judges on mental health and periodic ongoing meetings by July 1, 2004.

- More housing is needed for people with mental illnesses coming out of jails and prisons.

*Action: NSMHA will convene a Housing and Homelessness Regional Committee at least semi-annually starting in June 2003 to focus on continuing the development of low cost housing for people with mental illnesses.*

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### **Introduction**

The North Sound Regional Support Network is responsible for the contract for and oversight of public community mental health services for Island, San Juan, Skagit, Snohomish and Whatcom Counties. As part of the NSMHA's Strategic Plan 2001-2003, the NSMHA committed to studying the provision of mental health services to individual with mental illness that were coming into contact with the criminal justice system.

The NSMHA's commitment to study this problem parallels efforts around the nation. This year the Council of State Governments released a study titled ***Criminal Justice/Mental Health Consensus Project***, which is a study, by over 100 national experts of this problem. The Consensus Project study makes 46 recommendations to policy makers. The workgroup reviewed and built upon this report.

The NSMHA's Criminal Justice/Mental Health Workgroup was comprised of 32 people and met five times. The following people participated:

Maile Acoba, Skagit County Human Svcs	Dick Jones, DASA Region 3 Administrator
Valerie Adkins, NAMI Whatcom	David Kludt, Compass Health
Thad Allen, Department of Corrections	Greg Long, NSMHA
Brian Barney, Department of Corrections	Joan Lubbe, NSMHA Advisory Board
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The NSMHA greatly appreciates the expertise, guidance and donated time of these individuals to develop this report and recommendations.

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### **Background**

Over the last forty years, a major shift in nature of the provision of mental health treatment has occurred. With the development of more effective psychoactive medications in the 1950s, a major change started in the 1960s in which individuals were released from state mental hospitals and returned to live in communities. State mental hospitals across the United States housed 559,900 people in 1955; in 1999 this number had dropped to 80,000 people. State mental hospital utilization has gone through another round of reductions in the 1990s with the development of new anti-depressants and atypical anti-psychotic medications. In 1992, there were over 200 individuals from the North Sound Region living at Western State Hospital; in July of 2002 our Region reached a recent low of 74 individuals.

Many individuals with mental illnesses have succeeded in the transition from institutional care to stable, satisfying community living close to loved ones and friends. Community mental health services have grown in sophistication to serve them effectively. Mental health services now include the traditional outpatient counseling, psychiatric evaluations plus a wide array of services including case management, housing, residential living, and employment management. Data on the numbers of people successfully living in communities as they recover from mental illness is difficult to find. Their successful recoveries leads to their living invisibly in our communities mixing with friends and neighbors like any other citizen.

However, many individuals being discharged from hospitals or developing mental illnesses are not able to wade through the complex application processes to qualify for publicly funded mental health services or they may not meet eligibility criteria for public funding. Plus, many individuals with mental illnesses are too disabled, delusional, fearful, or unresponsive to counseling or psychiatric medications. Intensive and flexible services all too often have not been available to support some individuals with serious and persistent mental illnesses. Many of these individuals become homeless or involved with the criminal justice system when they are not successfully engaged in ongoing community mental health services upon discharged from the hospital.

### **Data on Adults with Mental Illness and the Criminal Justice System in the North Sound Region**

National estimates are that 36% of inmates in jails and prisons have some type of behavioral health disorder. This includes chemical dependency problems and adjustment disorders. After an extensive review of research, the current Mental Health Division's workgroup on the prevalence of serious mental illness is likely to adopt the figure of 14.6% of people in jails and prisons have serious mental illnesses.

Data from the county jails suggest that between 1,500 and 2,000 inmates in county jails in the North Sound Region in 2001 had mental illnesses. These are very rough estimates for this data is collected for clinical services and not for research. There are no clearly defined definitions of mental illness that staffs in the jails are using to determine who is mentally ill.

The NSMHA's Management Information System significantly undercounts the number of consumers who have contact with the mental health system. This system indicates that 903 consumers were delivered 2,104 sessions in jail settings. This does not include any of the mental health services provided by the jail mental health staff in the Snohomish County Jail for these mental health professionals are not part of the community mental health system. However, Whatcom

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County, which comprises roughly 20% of the population of the Region, is the only county which has a jail outreach worker reporting contacts into the MIS System. She and other mental health staff in Whatcom County served 563 consumers connected with the legal system.

### **Access to Mental Health Services for People in the Criminal Justice System**

All providers across the North Sound Region serve people with mental illnesses before, during and after they come into the contact with the criminal justice system. The Snohomish County Jail has 3 FTE Mental Health Professionals working with inmates in their facility; a full time jail liaison mental health profession is employed by the community mental health center in Whatcom County and works in the jail on a daily basis; Skagit County contracts with a forensic mental health specialist to do assessments and coordinate referrals; and a specific mental health professional has been identified to assess for mental illness and coordinate care in the Island County Jail. San Juan County does not have a jail so people needing incarceration are sent to the Island County Jail.

Providers of the Associated Provider Network are participating in the Dangerous Mentally Ill Offender program developed by the Mental Health Division and Department of Corrections of the State of Washington to serve the most severely mentally ill individuals coming out of the state prison system. Under this program, the providers conduct assessments and develop specialized treatment plans for these individuals prior to discharge. Intensive support services are provided under the oversight of community teams. Under this program, providers receive an additional \$10,000/year per person to provide enhanced treatment services to these individuals. As of January 1, 2003, 21 individuals are receiving services under this program.

*The Peer Outreach Program to the jail in Whatcom County is an innovative approach to connecting people with mental illness in the jail to ongoing mental health services and the Rainbow Center. At the advice and recommendation of jail mental health liaison, peer counselors go in teams of two, usually a man and a woman, to meet with the identified individuals in the jail. They provide them with emotional support and encourage them to seek follow-up mental health treatment and other services including coming to the Rainbow Center for peer support. At the time of discharge, they provide them with a "care package" of toiletries, coupons for food, etc.*

The first specialized housing for people with serious mental illnesses and recently released from jail or prison is being developed in Whatcom County. A portion of an apartment house owned by Whatcom Counseling and Psychiatric Clinic is being set aside to provide residences for these mentally ill offenders.

### **NSMHA Jail Service Coordination Selective Review**

NSMHA has just completed a jail service coordination review covering both children and adults who are already enrolled in the public mental health system. Sixty clinical charts were reviewed at providers in Skagit, Snohomish, and Whatcom Counties. The study found consumers were contacted promptly in jails when their case managers/counselors were aware that they were in jail. The study also found that these consumers were seen within 5 days after their discharge from jail. A major concern identified in the study was that crisis plans and treatment plans were not adjusted or re-strategized before or after these jail episodes in for these consumers. This study does not address the large number of people with mental illnesses in jails that are not eligible for public mental health services or never apply for services.

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### **Barriers to People Involved in the Criminal Justice System to Receiving Mental Health Services**

Major barriers to accessing services include the funding structure of community mental health services and the lack of affordable housing. Outside of crisis services, the community mental health system is almost entirely funded to serve people on Medicaid. A person with a mental illness, even if they are coming out of jail or prison, may not be eligible for Medicaid, especially if they have some history of working. Sometimes it may take months or even years of appeals for an individual to qualify for Medicaid. Thus, the mental health system frequently does not have the resources to provide the intensive array of services needed to stabilize these individuals coming out of the criminal justice system.

Individuals with mental illnesses coming out of the jails or prisons frequently lack the resources to obtain housing at market rates. Landlords may refuse to rent to a person who does not have a good recent rental history. The psychiatric and social problems of these individuals are much less likely to be successfully managed if they do not have stable and decent housing. They also are ineligible for many federal housing support programs because of their convictions. If they have a history of violence, they cannot be placed in licensed residential settings for the regulations governing these facilities limit placements to assure the safety of other residents. Individual or small, shared housing/apartment arrangements with intensive case management seem to be the best options available.

### **Service Improvement Options**

The service improvement options discussed below arise from the recommendations from the Council of State Governments released a study titled Criminal Justice/Mental Health Consensus Project and the discussions of the workgroup.

#### **Improving the Initial Contact Between People with Mental Illnesses and Law Enforcement**

Law enforcement officers view handling people with mental illness as time consuming and unpredictable. The majority of incidents are minor nuisance incidents, and frustrating. Frequently, it draws them away from their primary public safety responsibilities for frustratingly long periods of time. Since law enforcement officers are typically the first emergency responders to crises, training for law enforcement officers about mental illnesses and how best to communicate with people with mental illnesses is a major initiative around the country.

High profile incidents across the nation including Seattle and Olympia have created interest in training programs for police. Police agencies around the country are looking at a variety of training programs from a few hours to a full weeks training. All Seattle police officers are required to attend a mandatory eight-hour block of instruction to develop adequate competency when encountering citizens with mental illness. The highly regarded Crisis Intervention Training (CIT) program developed in Memphis, Tennessee has spread to Portland, Seattle, Olympia, and Shelton as well as many other towns and cities around the nation. It involves 40 hours of initial training for officers on mental illness, signs and symptoms of mental illness, psychiatric medications, de-escalation techniques, stigma and communicating with mentally ill people and their families plus yearly on-going training. A major limitation to this program is the time and cost to police departments of officers going through this training.

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Improving communications between dispatchers and police officers is another area for potential refinement. Dispatchers need to be provided with questions that help determine whether mental illness is a contributing factor to the call for service. They also need to determine whether co-occurring disorders such as substance abuse or developmentally disabilities are contributing factors. Finally, dispatchers need have tools to be able to determine whether a situation may involve violence or weapons.

### **Triage Centers**

Triage Centers are short-term assessment centers designed to assess and refer individuals with any type of individual or social problem to appropriate ongoing services. These programs are highly appealing to law enforcement organizations because they allow the people to get professional assistance while law enforcement offices can return quickly to the public safety and they do not have to be processed into jail. Triage programs also may divert people from expensive emergency room services. King, Pierce, Grays Harbor, and Yakima Counties have developed these programs in Washington State and they are being developed around the nation. The cost of operating one of these facilities is estimated to be between \$1,500,000-\$2,500,000/year.

### **Diversion Programs**

Some prosecutors and public defenders offices have hired social service professionals to assist with diverting people with mental illness from the legal system early in the legal processes. Defense counsel, including public defenders, and prosecutors often lack knowledge needed to identify the mental health status of their clients as early as possible. Thus, the need for training on identifying mental illnesses as well as the current availability of quality mental health services is needed for public defenders and prosecutors so they can consider the option of diversion. This creates an opportunity for consultation between the community mental health system and the legal system.

Individuals with mental illnesses should have access to diversion programs when appropriate. Many counties have developed diversion programs for specific classes of offenders for they need specialized plans and supports to successful completed diversion programs. Staffs in these programs need training in mental health to screen, develop and monitor suitable diversion plans for these individuals taking into account their psychiatric disorders. Clermont County, a county in southwestern Ohio of 177,977 people reports a \$1,618,764 cost savings from March 2000 through December of 2002 from their post-conviction mental health jail diversion program.

### **Mental Health Courts**

Drug Courts have been highly successful around the nation and in Washington State. A number of jurisdictions following the example of Broward County, Florida have developed mental health courts. King County here in Washington State has operated a mental health court for several years. Mental health courts have judges, prosecutors, public defenders, probation officers and specialized staff who have all been trained and are highly familiar with mental illness and the capabilities as well as limitations of mental health treatment. Defendants have to agree to go into these specialized courts. Mental health courts serve individuals who are in-custody or living in the community. There is close coordination between the mental court staff and the service providers supporting the consumer in successfully complying with their court ordered requirements. In Snohomish County, a task force is actively studying diversion programs and mental health courts currently. Cost-effectiveness studies are currently being conducted in Florida and King County, WA, but to the best of our knowledge the reports are not released yet. A small explorative study in Reno, Nevada was

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conducted which showed a 50% reduction in the number of days spent by consumers in their mental health court in comparison to the previous year.

### **Jails**

Jails across the nation and within our region are severely overcrowded and some are facing legal actions for these conditions. Sheriffs from Los Angeles County to Skagit County are openly stating that they house more people with mental illnesses than any other facility in their counties. The special attention and services needed to serve people with mental illnesses in the jails is a major concern, frustration, and cost to jail officials. Jail staffs feel that people with mental illnesses frequently deteriorate under the stress of the jail environment. Jail staffs are well aware of the potential for suicide or violence when people with mental illnesses are subjected to the stresses of jail. Major problems confronting the jails include the high cost of psychiatric medication, difficulties getting people in jail either hospitalized voluntarily or involuntarily committed.

### **Community Corrections**

For over a decade in the State of Washington, most individuals aside from sex offenders were released from prison with very limited supervision. Due to recent changes in laws, progressively more individuals will be released from prison with some community supervision. Major challenges facing community corrections officers in working with people with mental illnesses leaving prisons include coordinating discharge plans with mental health providers and finding affordable and appropriate housing. The Dangerous Mentally Ill Offender Program is a model, which has overcome many of these barriers because the level of collaboration and involvement of both community corrections and mental health staff is very high. However, this is possible because the program has additional specialized funding which also for a much higher level services including professional time.

A specific issue identified in this workgroup would be to assure the immediate availability of Medicaid to eligible individuals being released from prison. This means the applications for Medicaid needs to be submitted while the person is still in prison.

### **Advocacy**

Since many people with mental illnesses are involved in the criminal justice system and mental health services for these people have always been under funded, new coalitions are forming. In Florida, an advocacy group comprised of sheriffs, judges and other people from the criminal justice system called *Partners in Crisis* formed several years ago. It has been very successful in lobbying for better funding for mental health services so fewer people end up in the criminal justice system. A *Partners in Crisis* group has formed in the State of Washington and its co-chairs are Sheriff Dave Reichart of King County, Sheriff Mark Sterk of Spokane County, and Judge Randal Fritzler. The group's short-term goal is to preserve current levels of mental health funding in light of the massive state budget deficits. *Partners in Crisis* of Washington has also testified in favor of parity of insurance coverage for mental health treatment and the carving-out of mental health medications from any drug formulary policy for publicly funded health care. The long-range plan is to develop Partner in Crisis groups in each county or region.

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**Children and the Criminal Justice and Mental Health Systems**

Children coming into contact with the criminal justice system face similar issues as adults in the criminal justice system. Challenges to providing services to these youth cited nationally include:

- Inadequate screening and assessment
- Confusion across the multiple service systems regarding who is responsible for providing services to these youth
- Lack of training, staffing and programs necessary to deliver specialized mental health services to children coming into contact with the juvenile justice system.
- Lack of funding and clear funding streams to support services
- Limited research on the effectiveness of treatment models.

However, across the North Sound Region specialized services have been created in the past few years to improve services to youth coming into contact with the criminal justice system. In Snohomish County, Compass Health, the Juvenile Court/Detention Center, and Snohomish County Human Services are funding a mental health professional to provide services at the juvenile detention center. Specialized staffs have been hired to conduct evaluations at the juvenile detention centers in Whatcom County and Skagit County. Crisis outreach services are required and cannot be declined by the 24-hour crisis response/CDMHP staff across the Region. Snohomish County has a specialized children's crisis response team. A special Children's Mental Health Specialist has been hired in Skagit County. Whatcom Counseling and Psychiatric Clinic has added a Children's Specialist to its emergency services/CDMHP Team.

**Data on Children with Mental Illness and the Criminal Justice System**

Approximately, 100,000 youth are detained in correctional facilities across the nation each year. Rates of emotional disturbance among youth in correctional facilities are estimated at 60-70 % according to the Children's Defense Fund. It is also estimated that 75% of youth in the juvenile system have conduct disorders and more than half have co-occurring disabilities. It is safe to estimate at least 20% of youth in the juvenile justice system have more serious emotional disorders (SED) while this number is estimated to be between 6-8% in the general population.

Snohomish County Juvenile Court has started keeping specific data on the mental health status of children in Juvenile Detention. Based on a sample of 1,194 children from January through September 2002, the following is known:

- 52% of the children have spoken to someone regarding mental health issues at sometime in the past
- 13.4% of the children have been psychiatrically hospitalized
- The most common diagnoses are: (Children may have multiple diagnoses)
  - ADHD 28%
  - Depression/Bi-Polar 20%
  - D/A Abuse 15.9%
  - Eating Disorder 4%
  - Psychosis/Schizophrenia <1%
  - Other 1%

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- 19% have tried to kill themselves at sometime in the past  
-13.9% have tried more than once
- 21% of the youth identify that someone in their family has a mental health problem

### **Service Improvement Options for Children Entering the Juvenile Justice System**

At the national level, the Office of Juvenile Justice and Delinquency suggests the following children's juvenile justice system improvements:

#### **Collaboration**

In working with children, cross-system collaboration maybe even more important than with adults and is the basis of all solutions. Collaborative efforts around the nation include coordinated strategic planning, multi-agency budget submissions, implementation of comprehensive screening and assessment centers, cross training of staff and team approaches to assessment and case management.

#### **Mental Health Screening**

One of the major obstacles in recognizing and treating youth with mental disorders entering the juvenile justice system is the lack of screening and assessment. Screening should occur at a child's earliest contact with the justice system and be available at each stage in the criminal justice process. All youth should be briefly screened for mental health and substance abuse problems and when appropriate referred on for a thorough assessment. Juvenile Detention Centers in our region are developing and improving screening capabilities over the last few years.

#### **Diversion**

Whenever possible and appropriate, youth with serious mental illnesses should be diverted from the justice system. Diverting appropriate youth from the juvenile justice system can assure they get and follow through with appropriate treatment as well as reduce the number of youth entering this system. Effective diversion services require partnerships between the courts, probation officers, treatment providers and other services systems.

#### **Effective Community-Based Alternatives**

Many of the traditional mental health interventions have proven to be ineffective with children involved with the legal system. Effective community-based treatment alternatives should be used whenever possible to prevent or divert youth from entering or returning to the juvenile justice system. Four community-based alternatives that arose in the group's discussions and in the literature with evidence-based effectiveness are: Dialectical Behavioral Therapy (DBT), Multi-Systemic Therapy (MST), Functional Family Therapy and Wraparound Services.

DBT is a cognitive-behavioral treatment developed by Marsha Linnehan, PhD at the University of Washington aimed at teaching people to regulate their emotions so they don't engage in destructive behavior. Originally, it was developed for treating people with borderline personality disorders. This treatment is now being used with youth in juvenile detention and corrections facilities in our Region and around the state. DBT Treatment is available across the region for adults. The NSMHA in coordination with provider agencies will be offering training this spring aimed at developing these services for staff serving youth across the Region.

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MST is a highly intensive, short-term (average of 60 hours of service over less than four months) family preservation treatment. MST aims to change the real world functioning of youth by changing their natural settings-home, school, and neighborhood. Clinical staffs have caseloads of six and have frequent, often daily, contact with youth and their families. Studies around the country are demonstrating that this type of treatment is more effective than incarceration, inpatient psychiatric treatment, and traditional outpatient therapy in preventing future criminal behavior. The average cost of treatment was \$3,500 per youth, which compares favorably with inpatient care or institutional placement.

Functional Family Therapy (FFT) is a highly structured, family-based prevention and intervention program that has been applied successfully to serve high-risk youth and families. Researchers developed the model at the University of Utah in 1969 and it has been improved over the last 30 years. FFT is a short-term intervention averaging 8-12 sessions for mild cases and up to 30 hours of direct service for more difficult cases over approximately three months. The ability to replicate FFT with fidelity has been achieved through a specific training model, a sophisticated and uniform client assessment, a program specific monitoring system (FFT-CCS), outcome accountability and supervision. In Clark County, Washington, the costs of this treatment model were between \$700 and a \$1,000 per family in the late 1990s. This program is being used in over 50 sites around the country including JRA in this state.

Wraparound Services is a highly individualized, strength-based treatment model for youth and their families that pools funding from child welfare, juvenile justice and mental health. Key components of this model are the child and family team, care coordination, a mobile crisis team and a wide array of provider services. Care Coordinators in this model have caseloads of 1:8. In Milwaukee, which operates the model program in the nation, the youth and family develop a unique plan to resolve their family's issues selecting from over 30 different formal services and many informal interventions. Costs for this program were started around \$5,000/month, but have now dropped to \$3,300 a month, as the program is fully operational.

### **Overall Recommendations**

These recommendations represent the current best thinking of this workgroup and recent national studies. The recommendations are not altered due to the current financial crisis. Some recommendations may not be possible to implement at this time due to the serious budget deficits facing the Washington State Government and counties.

#### **Collaboration and Coordination**

- NSMHA should coordinate at least semi-annual meetings with law enforcement and criminal justice organizations to coordinate services and resolve problems. *The numerous challenges in serving people with mental illness who are involved with the criminal justice system make ongoing meetings essential in coordinating efforts to resolve these issues. Plus, professionals across the multiple systems serving these individuals were very energetic in their involvement in this work group and expressed a desire to have follow-up meetings.*
- County Mental Health Coordinators should coordinate regular meetings at the county level with criminal justice organizations. *Many of the criminal justice issues are more effectively addressed at the county level. Many of the counties within the North Sound Region are already pursuing special criminal justice and mental health initiatives. Regularly scheduled meetings would assure coordination of services and care.*

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- Each Mental Health Provider should designate a single liaison person to coordinate services and resolve problems with adult criminal justice organizations. Another liaison person is needed with juvenile criminal justice organizations. *This recommendation is designed to reduce communication problems and better coordinate services across these complex services.*

### **Action: NSMHA to conduct planning meeting to develop best way to provide this type individualized liaison service by October 1, 20.**

- Improve coordination of care when people are entering and being released from the criminal justice system.
  - Coordinate services with 911 so dispatchers have skills in identifying if mental illness maybe a contributing factor to an incident and police can have the maximum information possible going into an incident. *This is a recommendation that comes up repeatedly in the national literature on improving services for people with mentally illness who are coming into contact with the police. This recommendation is designed to assure the safety of consumers and law enforcement officers in crisis situations.*
  - Investigate the possibility of voluntary advance information release so police can be better informed how to respond to incidents with specific individuals. *This is an innovative use of advanced directives to assure better outcomes for consumers and greater safety for consumers and law enforcement officers. This is being experimented with around the country.*
  - Investigate and advocate for the release of people with major mental illnesses to occur weekdays during business hours before 2 PM directly to a support person or a service provider. *The problem of late night release from jails has been identified as a major concern by homeless shelters for it puts their other consumers and staff at risk. Coordinated referrals need to be encouraged.*
- Coordinate services and policies between jails and CDMHPs so people with mental illnesses who are so acutely ill they are dangerous to themselves and others can be involuntarily committed to receive necessary treatment. *Jail officials in multiple counties are concerned about acutely mentally ill people who are uncooperative not being detained because the jail environment prevents them from being dangerous to themselves or others. CDMHP supervisors believe that this is a training issue for CDMHPs. CDMHPs and jail staff need to better coordinate this interface between systems.*
- Assure that adults being discharged from jails can be seamlessly engaged in outpatient mental health services including arrange benefit coordination so people apply for and become Medicaid eligible so they can receive it upon release from prison. *The frequent gap in service that occurs for people with mental illnesses being release from prison is a long-standing system problem. This benefit coordination occurs for people being released from the state mental hospitals and needs to occur for people being released from prison. Gaps in medical services places individuals at risk of re-offending or being hospitalized.*
- Peer outreach models to mentally ill consumers is an additional approach to engaging and connecting individuals in with ongoing mental health service after their release.
- Assure that youth being discharged from juvenile justice institutions can be seamlessly engaged in outpatient mental health services. *This has been an issue of concern for staff at the Juvenile Rehabilitation Administration (JRA) for several years. New protocols and policies are currently being developed between the NSMHA and JRA.*

## Training

- Training is needed for law enforcement officers across the North Sound Region to better understand and interact with people with mental illnesses. *Advocates recommended the development of a workgroup to promote the CIT Model of law enforcement training as the "best practice"*

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*model of officer training. It has been adopted by many jurisdictions because it has demonstrated and documented effectiveness. Law enforcement agencies in our region and around the state are interested in this intensive training. However, many agencies believe they cannot afford the cost of 40 hours of training on this issue for large numbers of officers. The workgroup needs to develop realistic approaches to this budgetary concern.*

### **Action: Support the development of one or more CIT type trainings for law enforcement officers by July 1, 2004**

- Training is needed for prosecutors, public defenders, and judges on mental illness and the mental health system so they can make informed decisions in handling the people with mental illness that come into contact with their systems. *Prosecutors, public defenders, and judges need to know the capabilities and limitations of the mental health treatment system. (Eligibility, Need for releases, etc.)*

### **Action: NSMHA will work with each county to develop training for prosecutors, public defenders, and judges on mental health and periodic ongoing meetings by July 1, 2004.**

- Training is needed for mental health professionals on policies and practices in the criminal justice system.

### **Mental Health Programming**

- Assure capacity to do mental health evaluations, consultations, and referrals in all jails and juvenile detention centers. *This service is available in varying ways in the major jails across the region. Jail officials value this and want more of these types of services.*
- Establish two or more triage/diversion programs to minimize people with mental illnesses becoming involved with the criminal/justice system and supporting them receiving needed treatment.

### **Action: NSMHA will support efforts to establish Triage Center in Whatcom County as a model for the Region. Review status of triage centers by December 31, 2004.**

- Establish diversion programs and mental health courts with staff trained and specialized in serving people with mental illnesses.

### **Action: Promote and work with the each of the five North Sound Counties to establish diversion programs and/or special mental health courts by January 1, 2005.**

- Promote evidenced-based mental health programming including:
  - Integrated co-occurring disorder treatment,

### **Action: Refer to Regional Co-Occurring Disorder Committee to study existing programs/services and establish protocols or guidelines for co-occurring disorder services by December 31, 2004.**

- Enhanced Case Management (meeting ACT standards),
- Dialectical Behavioral Therapy for youth

### **Action: NSMHA is conducting training for children's mental health staff and allied systems staff in May 2003.**

- Wraparound Services for children and/or Multi-Systemic Therapy
- Housing for people coming into contact with the criminal justice system, as funding is available.

### **Advocacy**

- Advocacy needs to occur to assure quality mental health programs are available to divert people from the crowded and expensive jails and prisons. *Partners in Crisis is a new organization*

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*committed to mobilizing people from the criminal/justice system to lobby for improved mental health services. Advocacy is needed from consumers, advocates for these needed and expensive programs.*

- *Advocacy for more housing is needed for people with mental illnesses coming out of jails and prisons. Housing of people coming out of the criminal justice system is controversial for many people are uncomfortable with having people with this type of background moving into their neighborhoods.*

***Action: NSMHA will convene a Housing and Homelessness Regional Committee at least semi-annually starting in June 2003 to focus on continuing the development of low cost housing for people with mental illnesses.***