



Advisory Board

Pre-Meeting

May 4, 2010

12:15

Volunteers of America

By

Pat Morris

MEMORANDUM

DATE: April 30, 2010
TO: NSMHA Advisory Board
FROM: Chuck Benjamin, Executive Director
RE: May 13, 2010, Board of Director's Agenda

Please note there are not contracts going before the Board of Directors at their May 13, 2010, meeting. If anything changes, there will be a revised memorandum available at the meeting.

The final Crisis Review System Report will be presented. The PowerPoint presentation is included in your packet and the two reports will be available at the meeting for you.

cc: Charles R. Benjamin
County Coordinators
NSRSN Management Team

NORTH SOUND MENTAL HEALTH ADMINISTRATION ADVISORY BOARD MEETING

Agenda

May 4, 2010

1:00 PM

1. Call to Order - Introductions, Chair – 5 minutes
2. Revisions to the Agenda, Chair – 5 minutes
3. Approval of the April 2010 Meeting Minutes, Chair – 5 minutes
4. Ombuds Report
5. Brief Announcements – 3 minutes
6. Correspondence and Comments from the Chair – 5 minutes
7. New Business
 - a. Federal Block Grant Applications
8. Old Business
9. Monthly Committee Reports
 - a. Executive Director's Report – Chuck Benjamin – 5 minutes
 - i. Crisis Review System Report
 - b. Finance Committee – 5 minutes
 - c. Executive Committee/Agenda Committee – 5 minutes
 - d. QMOC Report – 5 minutes
10. Items To Be Brought Forward To The Board of Directors – Chuck Benjamin, Executive Director
 - a. Consent Agenda
 - b. Action Items
 - c. Introduction Items
11. Comments from County Advisory Board Representatives – 15 minutes
 - a. Island
 - b. San Juan
 - c. Skagit
 - d. Snohomish
 - e. Whatcom
12. Comments from Public – 5 minutes
13. Other Business
14. Adjournment

NOTE: The next Advisory Board meeting will be June 1, 2010, in the NSMHA Conference Room.

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

April 6, 2010

1:00 – 3:00

Present:	Island: Terry Ann Gallagher Skagit: Mary Good, Susan Ramaglia and Joan Lubbe Snohomish: Arthur Jackson, Fred Plappert and Marie Jubie Whatcom: Charles Albertson, Darcy Hocker (left early), Larry Richardson and Russ Sapienza San Juan: Mary Ann Slabaugh
Excused Absence:	Snohomish: Otis Gulley Island: Candace Trautman
Absent:	
Staff:	Chuck Benjamin, Greg Long and Rebecca Pate
Guests:	Mark McDonald, Chuck Davis and Kim Olander

MINUTES

TOPIC	DISCUSSION	ACTION
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CALL TO ORDER AND INTRODUCTIONS

Chair Jackson	The Chair convened the meeting at 1:00. There was a pre-meeting presentation Jim Cozad and Irene Morgan with Opportunity Council in Whatcom County.	Informational
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REVISIONS TO THE AGENDA

Chair Jackson	The Chair asked for any revisions to the agenda and the following was added: <ul style="list-style-type: none"> • Some allocations for upcoming conferences approved by Finance Committee • brief site visit report • Follow up report on consumer that spoke regarding housing problems a few months ago. 	Informational
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APPROVAL OF MINUTES

Chair Jackson	The Chair asked for any revisions to the March minutes. Charles made a motion to approve the minutes as amended, seconded and motion carried.	Informational Motion carried
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OMBUDS REPORT

Chuck Davis	Chuck presented the Ombuds/Quality Review Team (QRT) Semi-annual PowerPoint presentation for October 2009 through March 2010. A narrative, statistics, MHSIP report and definitions were included in the information provided in members manila folders.	Informational
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BRIEF ANNOUNCEMENTS

Chair Jackson	Russ distributed and shared a letter that was published in the Cascadia Weekly paper. Russ said if all take the time to write a letter to educate others about what mental illness is and how recovery is accomplished. It was mentioned that education is/has been a slow process. Larry stated depression is often undiagnosed	Informational
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	in the elderly especially in nursing homes. Mary Ann said stigma is a result of fear and lack of understanding on the part of the general public. Arthur thanked Russ for the letter.	
COMMENTS AND CORRESPONDENCE FROM THE CHAIR		
Chair Jackson	Arthur stated he did not have any.	Informational
NEW BUSINESS		
Chair Jackson	<p>The Chair asked for any new business and said the Finance Committee had two policies that were edited and incorporated Policy 3030.00; therefore, Policy 3030.00 was canceled and so noted in the header of the remaining policies. Fred advised the Board of the prospective changes, if approved by the Board of Directors (BOD). He said the meal rate allowances were changed to meet Government Services Administration (GSA). It was acknowledged that Bill Whitlock informed the Finance Committee the BOD would have to approve the meal rate changes because this would affect all entities involved with NSMHA. Charles expressed concern about the child care being removed and Fred said Bill researched back in history and to date this provision was never used. The Chair opened the floor for motions to recommend approval of revised policies 4512.00 and 4513.00. Marie made a motion to recommend approval by the BOD as amended, seconded and motion carried.</p> <p>The Finance Committee recommended ten scholarships for the Tribal Conference with 5 for members and 5 for non-members. A motion was made to approve, seconded and motion carried.</p> <p>A scholarship request for Behavioral Health Conference was made. The Finance Committee recommended the approval. Larry made a motion to approve, Russ seconded and motion carried.</p> <p>Marie provided a report on the site visit to Rainbow Center, Lake Whatcom Center Residential Treatment Center and Lake Whatcom Offices, which included comments from Rebecca and Larry.</p>	<p>Informational</p> <p>Motion carried</p> <p>Motion carried</p> <p>Motion carried</p>
OLD BUSINESS		
Chair Jackson	The Chair asked for any old business and nothing was mentioned.	Informational
MONTHLY COMMITTEE REPORTS		
	Executive Director's Report	
Chuck Benjamin	Chuck said NSMHA has been working on Crisis Review System since November 2009 and the final report will be going to the Planning Committee this Friday, April 9 th . The scary part of the report is the funding issues. Part of the funding will come from inpatient savings, which is the risk. He emphasized if NSMHA does not prevent people from going to the hospital there would be no savings and the program could already be in place; therefore, therein lays the risk.	Informational

	<p>NSMHA is still waiting on the State budget. Larry asked how hard NSMHA services might be hit. Chuck said he is unsure at this time but a guess would be \$1.5 to 3 million for this region. Chuck said he hopes his guess is high and cuts will not be that bad. Fred said the Governor is saying 20% if the Legislature does not settle and Chuck said this would be devastating. Chuck questioned whether this might be a ploy to get the Legislature to act but does not see this causing the Legislature to act.</p> <p>Chuck provided an updated report on the Program of Assertive Community Treatment (PACT) client that came and reported to the Board about two to three months ago. His case has since been closed because he re-located to Port Angeles; therefore, his care was transferred. Because of behavior history housing was a problem here. He had a friend over there and this resulted in his transfer and receipt of treatment there.</p>	
	Finance Committee	
Mary Good	<p>Mary said they met and reviewed the expenditures and minutes. The expenditures were recommended for approval by the BOD. Larry made a motion to recommend the expenditures for approval by the Board of Directors, Fred seconded and motion carried.</p>	<p>Informational</p> <p>Motion carried</p>
	Executive/Agenda Committee	
Chair Jackson	<p>Arthur stated most issues were previously covered under new business except for the recognition of Senator Brandland. Senator Brandland will be presented a framed poster from the 2005 winner along with a “Thank you” card from the Advisory Board for his years of dedicated service on behalf of mental health. The invitation was extended for anyone who might want to draft their own comments to be inserted in the card.</p>	Informational
	Quality Management Oversight Committee (QMOC) Report	
Marie Jubie	<p>Marie provided the QMOC report.</p> <ol style="list-style-type: none"> 1. The meeting was held March 24, 2010, and the February summary was approved as amended. 2. The following announcements were made: <ol style="list-style-type: none"> a. Anne welcomed new members – Otis Gulley and Fred Plappert b. Updated roster was emailed out to all c. Mental Health/Department of Corrections training in Bellingham still occurring – Everett training canceled d. NSMHA case managers need to be notified regarding diversion options before planned inpatient admission e. Greg mentioned the de-certification process as a whole has not changed but notification process has and all were notified via memo on March 22nd f. Greg stated request regarding input for admission processes for Intensive Outpatient Program need to be submitted to NSMHA as soon as possible 	Informational

	<ol style="list-style-type: none"> 3. Old Business: <ol style="list-style-type: none"> a. Previous meetings evaluation results 4. The following Quality Issues were discussed: <ol style="list-style-type: none"> a. Regional Performance Measures b. 211 Information c. Utilization Review (UR) Process Improvement 5. The following reports were given: <ol style="list-style-type: none"> a. QMOC Policy Subcommittee b. ICRS Policy Subcommittee c. Critical Incident Review Committee 6. The next meeting will be April 28, 2010, from 1-3. 	
ITEMS BROUGHT TO THE BOARD OF DIRECTORS		
Introduction and Action Items		
<p>Chuck Benjamin</p>	<p>Chuck presented the following contracts/amendments that will be going before the Board of Directors, April 8, 2010.</p> <p>To approve NSMHA-BROWN-PSC-10 for the provision of Psychiatric Consultation for NSMHA. The term of this agreement is January 1, 2010 through December 31, 2010. The maximum consideration for this Agreement is \$36,000.</p> <p>To approve NSMHA-McTAVISH-PSC-10 Amendment 1 for the provision of Leadership Development Consultation Services. The term of this Agreement is extended to June 30, 2010. The amount of this Amendment is \$13,400 for a total maximum on this Agreement of \$18,400.</p> <p>To approve NSMHA-UNIVERSITY of WASHINGTON-PSC-10 for the provision of a Wraparound Comparison Evaluation by Dr Eric Bruns for non-fidelity Children's Wraparound Services in the Region. The term of this Agreement is April 19, 2010 through December 31, 2010. The maximum consideration on this Agreement is \$76,000. Chuck stated Children's Administration has said they will help fund this contract.</p> <p>Charles made a motion to recommend approval of the above contracts and/or amendments, seconded and motion carried.</p>	<p>Informational</p> <p>Motion carried</p>
COMMENTS FROM COUNTY ADVISORY BOARD MEMBERS		
<p>Island</p>	<p>Terry Ann said Jackie stated their meetings are open to the public and all are welcome to attend.</p> <p>Terry Ann stated they did not meet last month because the budget has yet to be decided. She presented a report from Candace. She said a Veteran's Conference will be April 9th and contact Jackie Henderson to see if there are any openings. The Advisory Board is hopeful the budget will be decided by their meeting April 19th. Candace expressed her thanks to the Board for allowing participation in the site visits to Rainbow Center and Lake Whatcom facilities. She expressed her thanks for the Crisis</p>	<p>Informational</p>

	<p>Review System meetings that were held and she was allowed to attend. She reported it was impressive to see the variety of needs, the array of people involved in meeting the needs and the thoroughness of the review of the Crisis System. The timeliness of this review was pragmatic due to many factors, which include state budget cuts due to the economic downturn, national healthcare reform and on-going changes to the recovery model that affects delivery of mental health services.</p>	
San Juan	<p>Mary Ann said they discussed Bills still alive. She extended an invitation to all Board members to attend their local meeting the 3rd Monday at 9:30. An official invitation will be sent to Rebecca.</p>	Informational
Skagit	<p>Mary said they discussed the 1/10 allocations process. She said the next meeting will be a joint meeting April 13th. VOA, Compass and NSMHA provided two-hour training about mental health and the crisis system. A new office receptionist, Tina Castill, was hired. Deputy Smith, formerly with ARIS, will be joining them part-time as a staff assistant. The next Crisis Intervention Training (CIT) will be held May 19-21 at Burlington Senior Center. Community Services staff met with Whatcom County housing staff to learn about their program. Community Services has requested continued Federal Block Grant (FBG) grant funding for a program. Community Services continue to have discussions with Catholic Community Services about collaboration between At-risk Youth Services (ARYS) and school-based mental health programs.</p> <p>Susan said their Crisis Center has obtained permission for the sharing of rooms.</p>	Informational
Snohomish	<p>Fred said effective April 1st due to budget concerns Compass Health has disbanded their housing program but turned over property management of their housing units to Coast Real Estate Services.</p> <p>Snohomish County Mental Health has submitted a proposal for continued funding of our FBG program which provides short-term case management services to Non-Medicaid eligible individuals who are at risk for hospitalization, incarceration, or recurrent crisis episodes as a result of their mental illness and have no means of obtaining services. Services may be used to build upon the stabilization achieved through crisis response services and provide clients with assistance in procuring ongoing services deemed necessary to sustain their stabilization.</p> <p>Discussions have been occurring with Region 3 DSHS staff regarding changes in eligibility determinations for DSHS benefits. Previously our Jail Transition Services program staff has been able to facilitate/initiate benefit applications for GAX eligibility; however, protocol changes at DSHS have changed the requirements for whom can provide the psychiatric diagnosis that</p>	Informational

	<p>justifies the need for GAX. This service can only be provided now by an examining doctor, not a mental health professional or ARNP. Jail Transition Services staff are still able to do applications for GAU.</p> <p>A quarterly report to the council regarding the sales tax implantation and expenditures is schedule for April 12th</p> <p>We are having a meeting with interested parties across the state regarding the use of an Integrated database (using existing state databases to get outcome information on impacts of the sales tax funded programs). It is scheduled for Monday, March 29th (this Monday) at the Burien library from 12 – 4 pm</p>	
Whatcom	<p>Larry said they have been meeting in conjunction with Substance Abuse. He stated some concern was expressed to have some meetings separately. He added it was agreed to have every one in three meetings separately. The 1/10 budget has been approved with about 30% being used for recuperation of economic losses. They have a budget and will be looking at what will be adopted for the next year. He said CIT training will be occurring but he does not know the date or time. Rebecca will email Anne Deacon about details.</p> <p>Russ said their homeless count occurred March 4th with a good response. They have their educational forum this month “Ask the Doctor” at St. Luke’s from 7-9 this Thursday. There will be a psychiatrist from Whatcom Counseling and Psychiatric Clinic or Lake Whatcom Center. A “Resource Fair” at Western Washington University will be Tuesday, April 13th, from 12-4 pm in the Viking Union Center for non-profits.</p>	<p>Informational</p> <p>Rebecca contact Anne Deacon about CIT training in Whatcom</p>
COMMENTS FROM THE PUBLIC		
Chair Jackson	The Chair asked for any comments from the public and nothing was mentioned.	Informational
OTHER BUSINESS		
Chair Jackson	<p>The Chair asked for any other business.</p> <p>Marie expressed concern about Coast taking over Compass Health’s housing program</p>	Informational
ADJOURNMENT		
Chair Jackson	A motion was made to adjourn the meeting, seconded and motion carried. The meeting was adjourned at 2:37 and the next meeting will be May 4, 2010.	Informational Motion carried

**North Sound
Mental Health Administration
Crisis System Review
Final Report Presentation**

Dale Jarvis, CPA
MCPP Healthcare Consulting
April 16, 2010

Presentation Agenda

- Project and Report Overview
- Review Key Recommendations
- Examine Budget Scenarios
- Next Steps

(with Discussion and Q&A throughout)



PROJECT AND REPORT OVERVIEW

What we Studied...

The NSMHA/Counties Regional Crisis System

Public Knowledge/Community and Partner Education

1-800 Crisis Line
24/7, All Ages

Co-located with 211 and NSMHA 1-800 Access

Emergent Response

Law Enforcement

- 911
- Field response

Crisis Stabilization Units Whatcom/Skagit/ Snohomish

- MH/SA
- Mostly adults
- DCRs
- Urgent meds

Emergency Departments

- Older adults
- Medical issues

Local Inpatient/ Evaluation & Treatment

Urgent Response

Mobile Outreach Crisis Team 24/7, All Ages

- Early intervention with extended contact

Specialized Crisis Consultation

- Geriatric assessment team
- Child/youth/family skills training and consultation for mobile outreach staff

Respite Services 24/7, All Ages

- Staffed facilities in Whatcom, Skagit, Snohomish
- Wraparound services in other settings, including homes, in all 5 counties

Urgent Outpatient MH Appointments

Routine Services

Referral to Other Community Services (211)

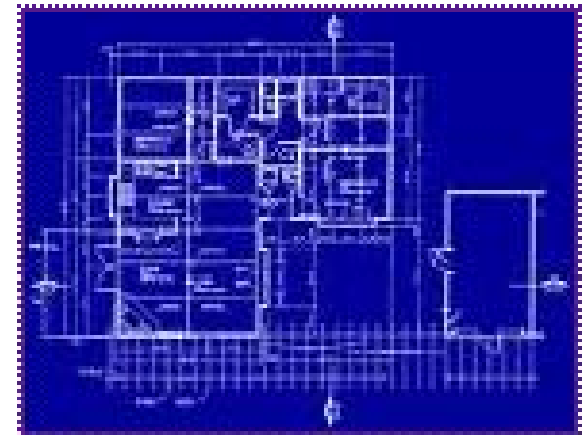
Warm Line for Consumer Support

Access/Authorization for NSMHA Services 24/7, All Ages

Post-crisis/hospital Engagement and Support

Our Aim...

- Institute for Healthcare Improvement:
Every system is perfectly designed to achieve the results that it gets.
- **Design Process Intent:** To develop a blueprint of priorities that can be implemented over the next several years, working within the projected available resources.



48 Page Report...

**North Sound
Mental Health Administration
Crisis System Review
Final Report**

March 30, 2010

MCPP Healthcare Consulting

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36 Page Financial Packet

North Sound MHA Acute Care/Crisis CY2013 Budget

	Current	2013	\$ Change	Change %	Other Rev %	Less Other Revenue	Scenario A Subtotal RSN Net
1 Summary							
RSN Revenue	\$23,615,194	\$26,401,709	\$2,786,515	12%	0%	\$0	\$26,401,709
Call Center							
Baseline VOA Budget	\$1,064,878	\$1,139,308	\$74,430	7%	0%	\$0	\$1,139,308
Add-On for CSU Staffing	\$0	\$0	\$0	N/A	0%	\$0	\$0
Total Call Center	\$1,064,878	\$1,139,308	\$74,430	7%		\$0	\$1,139,308
Mobile Crisis & DCRs							
Mobile Team	\$5,708,100	\$6,876,974	\$1,168,874	20%		-\$207,209	\$6,669,764
DCR Costs (current in Mobile Team)	\$0	\$2,968,000	\$2,968,000	N/A	0%	\$0	\$2,968,000
Subtotal	\$5,708,100	\$9,844,974	\$4,136,874	72%		-\$207,209	\$9,637,764
Specialized Child & Family Consult	\$0	\$160,000	\$160,000	N/A	0%	\$0	\$160,000
Geriatric Specialized Team	\$0	\$355,500	\$355,500	N/A	0%	\$0	\$355,500
Total Mobile Crisis & DCRs	\$5,708,100	\$10,360,474	\$4,652,374	82%		-\$207,209	\$10,153,264
Post Crisis/Hospital Engagement	\$0	\$3,376,799	\$3,376,799	N/A	0%	\$0	\$3,376,799
Crisis Stabilization Units	\$0	\$5,805,000	\$5,805,000	N/A		-\$1,773,600	\$4,031,400
Crisis Respite							
Facility-Based	\$2,482,932	\$2,482,932	\$0	0%		-\$438,987	\$2,043,945
Non-Facility-Based	\$0	\$1,506,803	\$1,506,803	N/A	0%	\$0	\$1,506,803
Crisis Transportation	\$0	\$50,000	\$50,000	N/A	0%	\$0	\$50,000
Total Crisis Respite	\$2,482,932	\$4,039,735	\$1,556,803	63%		-\$438,987	\$3,600,748
Community Hospital Involuntary	\$5,470,919	\$3,635,887	-\$1,835,032	-34%	0%	\$0	\$3,635,887
Community Hospital Voluntary	\$3,415,673	\$2,822,639	-\$593,034	-17%	0%	\$0	\$2,822,639
Evaluation & Treatment	\$5,472,692	\$5,472,692	\$0	0%	0%	\$0	\$5,472,692
Total Inpatient	\$14,359,284	\$11,931,218	-\$2,428,066	-17%		\$0	\$11,931,218
Total Expenditures	\$23,615,194	\$36,652,533	\$13,037,339	55%		-\$2,419,796	\$34,232,737
Excess (Deficit)							-\$7,831,027

Scenario A Assumptions:

- Assume Medicaid Expansion results in 16% additional capitation revenue for NSMHA
- All system changes implemented: CSUs, Mobile Crisis/DCR changes, added Respite, E&Ts brought up to 90% occupancy
- Assume 20% inpatient drop from efforts, but 2% increase due to new ITA law for a net 18% decrease
- CSU Cost per Slot adjusted up; cannot assume economies of scale from co-locating with E&T
- Assumes CSU partially funded by other payors plus a portion of County 0.1% sales tax funding
- Crisis Respite-Facility-Based includes entire Skagit facility (including Detox); Other Revenue offset for Crisis Respite only
- Expanded CIT training is assumed to be funded through existing County efforts

Strengths-Based: What Works Well

Attachment A: Summary of What Works Well

Public Knowledge/Community and Partner Education

- VOA does Crisis Intervention Training (CIT) in Skagit and Snohomish
- Very high level of Law Enforcement (LE) commitment; more involvement on agency boards than ever before (and big turnout to the LE Forum)

Crisis Telephone

- 911 dispatchers can and do make warm transfers
- 911 system is pretty consistent across the region
- Current regional system is best in the state, covers the small counties, is centralized and staffed with professionals
- Family member can call in and start a file on patients who are escalating—VOA can build a history of past contacts, even if the person isn't enrolled
- Provides immediate suicide intervention and assist people enrolled to alleviate emergent issues
- Great resource for other professionals in the community
- Refers families to NAMI (for family support and help)
- Connected to 211 and Access lines so any call can be transferred to Crisis and vice-versa

Law Enforcement

- Strong working relationships to help ensure safety of crisis staff
- Law enforcement is responsive; when we call, they'll show up
- Willing and committed to establishing a better relationship
- Interdisciplinary team with a Community Service Officer in Mt. Vernon

Mobile Outreach, Specialized Teams

- PACT and Intensive OP teams have 24/7 crisis responsibility
- For those not served by Intensive teams, mobile outreach is available in Snohomish

Designated Mental Health Professionals/Crisis Responders

- DCRs are committed and compassionate, skilled as assessors and at working with people in crisis
- Increasing willingness to send DCRs to the crisis facilities, other sites in the community other than the EDs as a site to do outreach
- Appreciate the response times in light of the number of cases they are handling
- DCRs were trained to find the SA connection and have that skill set now

Crisis Stabilization Unit

- No current CSU in the NSMHA region

Respite (facility, non-facility)

- Fortunate to have a hospital diversion resource in Whatcom, Skagit and Snohomish
- In Skagit and Whatcom, crisis centers can respond to both MH/SU, having workers with skills in both is very useful

- Available as a step down for the hospitals including Western State

Emergency Departments

- They treat the families and the patients as human beings and listen
- Good partnerships are in place
- Appreciate the struggle with trying to meet the needs of those being boarded waiting for an IP bed and working to keep them safe.

Community Inpatient/Evaluation & Treatment

- Appreciate that hospitals are keeping capacity, even in light of losing money
- Doing single-bed certifications in some locations can help

Connection to Ongoing Mental Health and Substance Abuse Services

- Urgent MH appointments are available as follow up to crisis
- Skagit used 0.1% sales tax funding to expand SA treatment on demand beyond DASA system and to fund CM follow up after crisis center contact or ED contact
- Skagit has implemented High Intensity Outreach team to reach out to those who refuse services post ED or IP
- Whatcom has social detox and a mobile assist van

Ongoing Partnership with Criminal Justice

- NSMHA passes jail services funding through to the counties, counties staff jail assessments and link up to services, notify providers
- Skagit uses 0.1% sales tax funding for jail MH/SU services, crisis triage and counseling
- Whatcom has dually licensed MH/SU staff in jail transition and jail crisis staff

Resulting in...

- 73 Recommendations in 13 Areas

Crisis Telephone

There are multiple 911 dispatch units in the five county NSMHA region, each of which interacts with the crisis system and its telephone hub, operated by Volunteers of America (VOA). VOA operates the crisis telephone system within the policies and priorities that have been established by NSMHA.

Recommended actions include:

5. Develop *consistent protocols* between VOA and all 911 dispatch units (with training to accompany) that address these and other questions:
6. Establish *VOA protocols and scripts* that assure consistent responses while balancing the need for responsiveness and flexibility, addressing:
7. Develop *new protocols* to support system as CSUs are developed
8. Provide more time on the phone for those needing support

Resulting in...

- Two Budget Scenarios

North Sound MHA Acute Care/Crisis CY2013 Budget

Scenario A

	Current	2013	\$ Change	Less Other Revenue	Subtotal RSN Net
1 Summary					
RSN Revenue	\$23,615,194	\$26,401,709	\$2,786,515	\$0	\$26,401,709
Total Expenditures	\$23,615,194	\$36,652,533	\$13,037,339	-\$2,419,796	\$34,232,737
Excess (Deficit)					<u>-\$7,831,027</u>

North Sound MHA Acute Care/Crisis CY2013 Budget

Scenario B

	Current	2013	\$ Change	Less Other Revenue	Subtotal RSN Net
1 Summary					
RSN Revenue	\$23,615,194	\$26,401,709	\$2,786,515	\$0	\$26,401,709
Total Expenditures	\$23,615,194	\$28,202,533	\$4,587,339	-\$1,805,194	\$26,397,339
Excess (Deficit)					<u>\$4,370</u>



KEY RECOMMENDATIONS

Synthesis of Major Themes

- Pam Hyde, SAMHSA Administrator
 - Prevention Works
 - Treatment is Effective
 - People Recover
- The Crisis System should change to a system that:
 - Intervenes early as crises begin to unfold
 - Focuses on resolving crises and uses the encounter as an opportunity to identify and tap into a person's strengths
 - Has more choices for consumers in crisis
 - Uses emergency rooms and hospitals as resources of last resort (not first resort)
 - Ensures that consumers are connected to the appropriate service when a crisis is resolved or an inpatient stay is completed

13 Areas of Recommendation

- A. Public Knowledge/Community & Partner Education (4 recommendations)
- B. Crisis Telephone (4 recommendations)
- C. Law Enforcement (6 recommendations)
- D. Crisis Transportation (1 recommendation)
- E. Mobile Outreach Crisis Team (5 recommendations)
- F. Specialized Crisis Consultation (5 recommendations)
- G. Designated Mental Health Professional/Crisis Responder (2 recommendations)
- H. Crisis Stabilization Unit (CSU) (6 recommendation)
- I. Respite (7 recommendations)
- J. Emergency Departments (4 recommendations)
- K. Community Inpatient/Evaluation & Treatment (6 recommendations)
- L. Connection to Ongoing Mental Health and Substance Abuse Services (19 recommendations)
- M. Workforce Development (4 recommendations)

A. Public Knowledge/Community and Partner Education

- Key Issue: There is currently no formal public information activity regarding regional crisis services.
- Key Recommendations:
 - Public Education Campaign
 - Expand Crisis Intervention Training to all First Responders
 - Establish closer collaboration between the counties and NSMHA in system planning (e.g., for NSMHA funding and the counties' plans for 0.1% sales tax funding)

C. Law Enforcement

- Examples of Key Issue:
 - About 90% of offenders in the Whatcom County Jail have SA issues, about 24% have MH conditions
 - Whatcom County Sheriff estimate: several calls a week relate to MH/SA conditions, requiring an average of an hour of intervention
- Recommendations Overview:
 - The overall challenge is to develop improved communication with dispatch systems supporting these agencies (see crisis telephone) and with front line officers, especially as the crisis system phases in new approaches.

E. Mobile Outreach Crisis Team

- Key Issue: Currently, only Snohomish County has mobile outreach capacity that is focused on voluntary engagement rather than ITA assessment.
- Key Recommendations:
 - In the future, with a new paradigm, most mobile outreach would be targeted to earlier intervention, not to ITA assessment, and DCRs would function principally at CSUs where their work would be expedited due to mobile teams' prior work with community and family.

F. Specialized Crisis Consultation

- Key Issue: The demand forecasts and budget constraints suggest the need for specialized training and consultation as a regional resource—providing this support to the mobile outreach component of the system.
- Key Recommendations:
 - Implement a regional Geriatric Assessment Team
 - Ensure that mobile outreach capacity includes child specialists across the region

G. Designated Mental Health Professional/ Crisis Responder

- Key Issue: With a change in the paradigm of mobile outreach, the DCR function would be located within CSUs.
- Key Recommendations:
 - Because the intent of the CSU is to change the public and LE pattern of going to Emergency Departments, most ITA assessments would take place at the CSU.
 - DCRs would continue to respond to jails for ITA assessments, to EDs (with reduced frequency) and would go into the field, often partnered with LE, if requested by mobile outreach or based on other protocol criteria.

H. Crisis Stabilization Unit (CSU)

- Key Issue: There is no current facility that meets state CSU certification requirements in the NSMHA region.
- Key Recommendations:
 - Establish CSUs in Whatcom, Skagit, and Snohomish counties (which if sited properly, might also serve Island and San Juan counties).
 - Make the CSUs the new point of entry to the crisis system (rather than EDs) welcoming families and consumer walk-ins, voluntary and involuntary individuals.

K. Community Inpatient/ Evaluation & Treatment

- Key Issues:
 - Goal to reduce the use of inpatient services, especially in hospitals outside the region
 - 2010 amendment of the Involuntary Treatment Act makes it easier to involuntarily detain a person
- Key Recommendation:
 - Reduce transport to out-of-region beds through focused use of local capacity

L. Connection to Ongoing Mental Health and Substance Abuse Services

- Key Issue: The data analyzed suggests that enrolled Medicaid consumers as well as unenrolled and non-Medicaid individuals have not been engaged in sufficiently intense services to avoid a crisis, or provided with timely follow up and engagement after an inpatient stay.
- Summary of 19 Recommendations:
 - A focus on those at risk of hospitalization or coming back from hospitalization is needed in the delivery of ongoing outpatient services.



BUDGET SCENARIOS

Scenario A, Part 1

- First key budget change
 - Healthcare Reform will result in Expansion of Medicaid and additional NSMHA Revenue per the following projections:
 - 30% more enrollees (39,000)
 - With a portion allocated to Crisis and Acute Care

Expansion Revenue	<u>Model Data</u>
Current Acute/Crisis Revenue	\$23,615,194
Current Total Revenue Estimate	\$59,055,000
Acute/Crisis \$ of Total	40%
Estimated Expansion Enrollees	39,000
Estimated Expansion PMPM	\$14.89
Estimated Expansion Revenue	\$6,966,289
Acute/Crisis \$ of Total	40%
Acute/Crisis Expansion \$	\$2,786,515
Projected Revenue	\$26,401,709

Scenario A, Part 2

- Five key budget changes
 - Expand Mobile Crisis Teams
 - Add Specialized Child & Family Consultations
 - Add a Geriatric Specialized Team
 - Add resources to provide post crisis/IP services
 - Fund three Crisis Stabilization Units

North Sound MHA Acute Care/Crisis CY2013 Budget

	Current	2013	\$ Change	Less Other Revenue	Scenario A Subtotal RSN Net
Mobile Crisis & DCRs					
Mobile Team	\$5,708,100	\$6,876,974	\$1,168,874	-\$207,209	\$6,669,764
DCR Costs (current in Mobile Team)	\$0	\$2,968,000	\$2,968,000	\$0	\$2,968,000
Subtotal	\$5,708,100	\$9,844,974	\$4,136,874	-\$207,209	\$9,637,764
Specialized Child & Family Consult	\$0	\$160,000	\$160,000	\$0	\$160,000
Geriatric Specialized Team	\$0	\$355,500	\$355,500	\$0	\$355,500
Total Mobile Crisis & DCRs	\$5,708,100	\$10,360,474	\$4,652,374	-\$207,209	\$10,153,264
Post Crisis/Hospital Engagement	\$0	\$3,376,799	\$3,376,799	\$0	\$3,376,799
Crisis Stabilization Units	\$0	\$5,805,000	\$5,805,000	-\$1,773,600	\$4,031,400

Scenario B, Part 1

- Budget Adjustments

- More modest growth in Mobile Crisis Teams
- Eliminate additional funding for post crisis/IP services; use added Mobile Crisis services to support this work
- Fund two (not three) Crisis Stabilization Units

North Sound MHA Acute Care/Crisis CY2013 Budget

	Current	2013	\$ Change	Less Other Revenue	Scenario B Subtotal RSN Net
Mobile Crisis & DCRs					
Mobile Team	\$5,708,100	\$4,414,849	-\$1,293,251	-\$151,607	\$4,263,242
DCR Costs (current in Mobile Team)	\$0	\$2,650,000	\$2,650,000	\$0	\$2,650,000
Subtotal	\$5,708,100	\$7,064,849	\$1,356,749	-\$151,607	\$6,913,242
Specialized Child & Family Consult	\$0	\$160,000	\$160,000	\$0	\$160,000
Geriatric Specialized Team	\$0	\$355,500	\$355,500	\$0	\$355,500
Total Mobile Crisis & DCRs	\$5,708,100	\$7,580,349	\$1,872,249	-\$151,607	\$7,428,742
Post Crisis/Hospital Engagement	\$0	\$0	\$0	\$0	\$0
Crisis Stabilization Units	\$0	\$4,730,000	\$4,730,000	-\$1,214,600	\$3,515,400

Scenario B, Part 2

- Budget Adjustments
 - Scale back Crisis Respite increases
 - Scale back Reduced Community Hospital Costs (16%)

North Sound MHA Acute Care/Crisis CY2013 Budget

	Current	2013	\$ Change	Less Other Revenue	Scenario B Subtotal RSN Net
Crisis Respite					
Facility-Based	\$2,482,932	\$2,234,639	-\$248,293	-\$438,987	\$1,795,652
Non-Facility-Based	\$0	\$301,361	\$301,361	\$0	\$301,361
Crisis Transportation	\$0	\$50,000	\$50,000	\$0	\$50,000
Total Crisis Respite	\$2,482,932	\$2,585,999	\$103,067	-\$438,987	\$2,147,012
Community Hospital Involuntary	\$5,470,919	\$3,871,546	-\$1,599,373	\$0	\$3,871,546
Community Hospital Voluntary	\$3,415,673	\$2,822,639	-\$593,034	\$0	\$2,822,639
Evaluation & Treatment	\$5,472,692	\$5,472,692	\$0	\$0	\$5,472,692
Total Inpatient	\$14,359,284	\$12,166,878	-\$2,192,406	\$0	\$12,166,878
Total Expenditures	\$23,615,194	\$28,202,533	\$4,587,339	-\$1,805,194	\$26,397,339
Excess (Deficit)					\$4,370

NEXT STEPS



Next Steps

- NSMHA Planning Committee and Board Review and Action
- Create a 4-year phased implementation plan to map out the transition to a new system
 - Establish a small (8-10 people) implementation team that reports to the Planning Committee
 - Review each of the recommendations and assign to one of four timeframes: FY2011, 2012, 2013, 2014
 - Establish the key steps to implementation: What (is to be done), by Who, by When
 - Proceed with implementation pursuant to Planning Committee and Board oversight
- Planning Committee Action...