

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

**Agenda  
September 2, 2014  
1:00pm-3:00pm**

1. Call to Order - Introductions, Chair
2. Revisions to the Agenda, Chair
3. Comments from the Public
4. Approval of the August Meeting Minutes TAB 1
5. Executive/Finance Committee Report TAB 2
  - Approval of Expenditures for August
6. Standing Board of Directors Committee Reports TAB 3
  - a. Planning Committee (no August meeting)
  - b. Quality Management Oversight Committee (available at meeting)
7. Old Business
  - Retreat Priorities
    - a. Peer Initiatives
    - b. Behavioral Health Organization
    - c. Advocacy
    - d. Diversity
8. Executive Director Report TAB 4
9. Action Items Being Brought To The Board of Directors (available at meeting) TAB 5
  - a. Action Items/ Memorandum
10. New Business
  - a. NAMI Conference Reports
11. Report from Advisory Board Members
12. Comments from County Advisory Board Representatives
  - a. Island
  - b. San Juan
  - c. Skagit
  - d. Snohomish
  - e. Whatcom
13. Other Business
14. Adjournment

NOTE: The next Advisory Board meeting will be October 7th in the NSMHA Conference Room.

**North Sound Mental Health Administration (NSMHA)**

**MENTAL HEALTH ADVISORY BOARD**

**August 5, 2014**

**1:00 – 3:00pm**

<b>Present:</b>	<b>Island:</b> Candy Trautman <b>San Juan:</b> <b>Skagit:</b> Jeannette Anderson, <b>Snohomish:</b> Joan Bethel, Marie Jubie, Carolann Sullivan, Carolyn Hetherwick-Goza, Greg Wennerberg, Fred Plappert, Jennifer Yuen, Jeff Ross <b>Whatcom:</b> Mark McDonald, David Kincheloe, Michael Massanari
<b>Excused Absence:</b>	<b>Island:</b> <b>San Juan:</b> Peg LeBlanc <b>Skagit:</b> Joan Lubbe <b>Snohomish:</b> <b>Whatcom:</b> Larry Richardson
<b>Absent:</b>	<b>Island:</b> <b>San Juan:</b> <b>Skagit:</b> <b>Snohomish:</b> <b>Whatcom:</b>
<b>Staff:</b>	Greg Long, Joe Valentine, Margaret Rojas, Joanie Williams recording
<b>Guests:</b>	

**MINUTES**

<b>TOPIC</b>	<b>DISCUSSION</b>	<b>ACTION</b>
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<b>CALL TO ORDER AND INTRODUCTIONS</b>		
Chair	Mark opened the meeting and initiated introductions. Chuck Davis from Ombuds introduced Beverley , Ombud’s Practicum Student from Skagit Valley College.	Informational
<b>REVISIONS TO THE AGENDA</b>		
Chair	Mark asked the Advisory Board if anyone had revisions to the agenda. Candy asked the Board to discuss the Site Visits Document; this will go under New Business.	Informational
<b>COMMENTS FROM THE PUBLIC</b>		
Chair	No public present	Informational
<b>OMBUDS SNAPSHOT</b>		
Chuck Davis	Chuck gave a report on the Ombud activity from January 1 <sup>st</sup> through June 30, 2014. He covered Complaints, Provider Level Grievances and RSN Level Grievances. Level 1 & 2 Grievances will be established very soon, he noted, and gave explanation of the levels. He covered the numbers, outcomes and suggestions. Chuck answered the Advisory Board’s (AB) questions.	Informational
<b>APPROVAL OF MINUTES</b>		
Chair	June and July minutes were reviewed. A motion was made to approve the June and July minutes as presented, motion was seconded and approved, all were in favor.	<b>Motion approved</b>
<b>EXECUTIVE/FINANCE COMMITTEE</b>		
Chair	David went over the June and July expenditures with the group. A motion was made to move the expenditures to the Board of Directors for approval. Motion was seconded and approved. An additional motion was made to move funds from one category to another	<b>Motion approved</b>

	<p>on the budget form, in advance, prior to funds potentially going into the negative. Discussion ensued. There was no second to the motion, motion failed. Joe noted Bill would let the Advisory Board know in advance if funds are getting low in a particular category.</p> <p><b>Report from Executive Committee: Scholarship Recipients:</b> David talked about the successful outcome of the Scholarship Application Process and referenced the conference evaluations received from the scholarship recipients of the Behavioral Health Conference. He noted that the process will continue to be monitored on an ongoing basis. It was determined to have scholarship recipients complete their evaluation reports and turn them in prior to the following Advisory Board meeting. Joe stated if there is a deadline, the Board can review the evaluations in a timely fashion. Joanie will add the deadline notation to the tracking document.</p>	<p><b>Motion Failed</b></p>
<p><b>STANDING BOARD OF DIRECTORS COMMITTEE REPORTS</b></p>		
	<p><b>Planning Committee and Quality Management Oversight Committee (QMOC) Reports</b></p>	
<p>Chair</p>	<p>Mark addressed the Planning and QMOC reports in the member binders. Joe noted the opportunity for participating Committee members to discuss a particular issue with the Board. He also said the critical issues are added to the Executive Director’s report or elsewhere on the Advisory Board agenda for further discussion and input.</p>	<p><b>Informational</b></p>
<p><b>OLD BUSINESS</b></p>		
<p>Chair</p>	<p><b>Update/Peer Survey:</b> Margaret and David talked about the Peer survey and its progress, noting the same question domain will be used from a Peer perspective, with a base of 9 questions. Parent Partners and Youth will be identified. Margaret noted Linda Kehoe will be looking over the survey to provide feedback, she has a background with surveys and Peer systems. She recently designed and performed a homeless survey with the Opportunity Council in Whatcom County.</p> <p><b>Retreat Follow up and Notes:</b> Mark asked the Advisory Board to prioritize the Retreat topics and ideas which will be worked on throughout the year. Joe noted the Advisory Board previously identified a range of different issues during the July Retreat, noting further discussions can be scheduled at the request of the Advisory Board through reports, briefing and trainings. A position can be taken on identified topics, or by letter, Joe added. Responses to Mark’s initial question are below: Peer Counselor Support and Training to include Continuing Education; The upcoming Behavioral Health Organization (BHO) and the Advisory Board’s role and effectiveness at a regional level; Advocacy and Diversity.</p> <p>Joe noted the AB can have further discussion on successes and lessons learned from County efforts regarding the integration of Chemical Dependency (CD) and Mental Health (MH). It was suggested the County Coordinators come to a Pre-Meeting and give a presentation.</p> <p><b>COD Conference:</b> The upcoming Co-Occurring Disorders Conference was discussed which takes place October 6&amp;7. Mark referenced the conference documents. The members interested in attending the conference are Joan B, Candy and possibly Peg, who isn’t here today. Marie and Carolann decided not to go. Fred informed Joanie he will not be attending either. Joanie will follow up with Peg and confirm her attendance. Margaret noted she will be going, as well.</p>	<p><b>Informational</b></p>

**EXECUTIVE DIRECTOR'S REPORT**

	<p><b>Executive Director Report:</b></p> <p>Joe gave an overview of the topics he planned to discuss which will include the Behavioral Health Organization (BHO) Plan and Timeline, as well as the 2015 Budget and other topics covered below. He said he would like the AB's input.</p> <p>He began with the Governor's request for each State Agency to prepare reduction packages. Joe explained the details and answered questions from the Board.</p> <p>He spoke about the Legislative Task Force finalizing their recommendations regarding service areas. There were no changes to the North Sound boundaries. He noted the changes on the East and Southwest sides of the State. When the Task Force meets again in September, they will focus on the service aspect of the BHO; rates will follow, reflective of services.</p> <p>He went on to talk about the Legislature and the creation of Accountable Communities of Health (ACH), as well as the North Sound's affiliation with Whatcom Alliance for Health Advancement (WAHA) who gave a presentation to the AB during the retreat last month. The State Health Care Authority was impressed with the schematic generated by the Facilitator at the Retreat. They will be posting it on their website. They liked the idea of utilizing communities to design plans and strategies. Joanie will send out an email to the Board with the State's web site address, <a href="http://www.hca.wa.gov">www.hca.wa.gov</a>, so AB members can view the State's use of their Retreat schematic.</p> <p>Joe spoke about the Housing Support Services Pilot program. He talked about Transition Housing Bridge Subsidies and the upcoming Request for Proposals (RFP)s. He noted providing housing support services reduces cost of other Medicaid services. Group discussion followed.</p> <p>He spoke about the FEMA dollars continuing to be utilized in providing emergency services to individuals impacted by the mudslide in the Oso/Darrington communities.</p> <p><b>BHO Timeline:</b> By April 2016, the State Contracts will have been awarded to fully operational BHOs. They will be providing both chemical dependency and mental health services through their Provider Network. Joe referred to the handout and talked about the multiple steps involved prior to April 2016, to include rates and decision points, timelines and multiple other key components. He continued, stating communication will need to take place in January or February regarding the structure of the Advisory Board within the BHO, which will be included in the revised inter-local agreement.</p> <p>Joe went on to talk about the <b>2015 Budget Development</b> and said Medicaid expansion has resulted in a significant increase in staff workload at NSMHA. He gave examples of projected staffing needs. Communication is taking place with the Board of Directors on the topic, he said.</p>	<p>Informational</p>
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**ACTION ITEMS BEING BROUGHT TO THE BOARD OF DIRECTORS**

	<p><b>Memorandum:</b> The Action Items were discussed and a motion was made to move the action items to the Board of Directors for approval, motion was seconded and approved. In addition, Joe spoke about the introduction items.</p>	<p>Motion approved</p>
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**NEW BUSINESS**

**Peer Support Network:** David talked about the progress of a support group being formed for Certified Peer Counselors (CPC)s. The goal is to interact socially, politically and professionally and have a place to receive and offer advice among one another. The support groups will offer a therapeutic environment and assist with socio-emotional support. He spoke about the need for Facilitators and Leaders and noted the support groups are still in the formation process.

**Herald Net and NAMI:** Carolyn Hetherwick-Goza spoke about a request from Everett Herald Reporter to interview her

DRAFT not yet approved by Advisory Board

regarding her personal success in changing personal tragedy into advocacy. The article will come out in the paper the last Sunday of this month, Carolyn said.

**Meeting Date in September:** Mark asked the group how they felt about the next Advisory Board meeting date, which is set for September 2<sup>nd</sup>. The date falls on the day after Labor Day. The group decided it to move forward with the meeting.

**Site Visits and Pre-Meeting Page Discussion:** Conversation took place regarding the Advisory Board site visits and pre-meeting document. It was decided to have further conversation on the topic at the September meeting.

Mark decided to skip the other items on the agenda because of time constraints.

Fred mentioned the National Night Out, and talked about the Smart 911 website where interested members can submit their medical information.

Greg W noted that September is recovery month for Mental Health and Chemical Dependency.

**REPORT FROM ADVISORY BOARD MEMBERS**

- Skipped, due to time constraints

**COMMENTS FROM COUNTY ADVISORY BOARD REPRESENTATIVES**

- Skipped, due to time constraints

Island		
San Juan		
Skagit		
Snohomish		
Whatcom		
<b>OTHER BUSINESS</b>		
Chair	none	
<b>ADJOURNMENT</b>		
Chair	The meeting adjourned at 2:53pm	

**Advisory Board Budget  
January through August 2014**

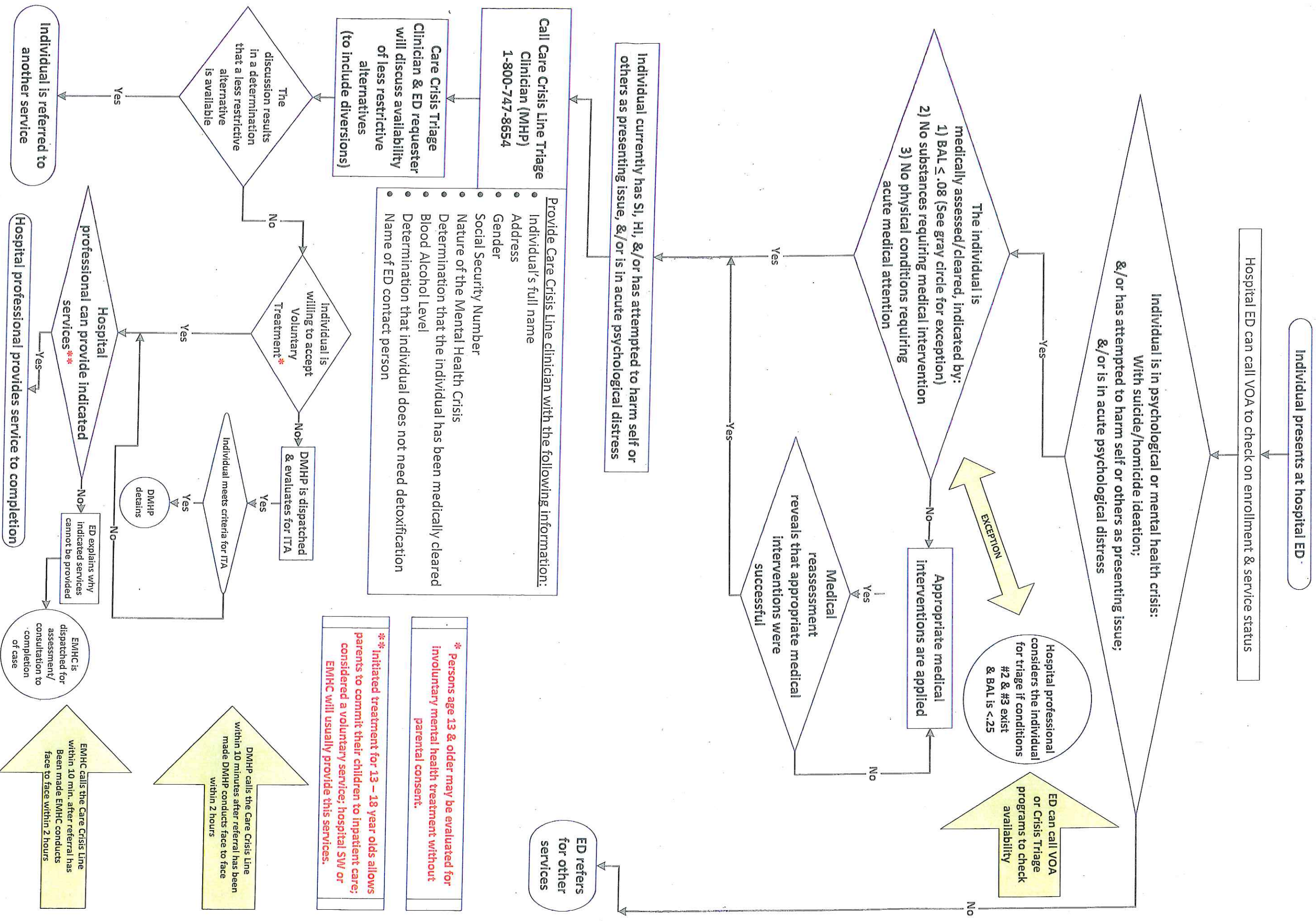
	All Conferences	Board Development	Advisory Board Expenses	Stakeholder Transportation
Total	Project # 1	Project # 2	Project # 3	Project # 4
Budget	\$ 13,900.00	\$ 1,600.00	\$ 12,490.00	\$ 600.00
Expense	(9,025.26)	(1,675.00)	(11,959.84)	(33.60)
Under / (Over) Budget	\$ 4,874.74	\$ (75.00)	\$ 530.16	\$ 566.40

BHC, NAMI, COD, OTHER	BOARDS SUMMIT (RETREAT)	Costs for Board Members (food, mileage, misc.)	Non-Advisory Board Members, to attend meetings and special events
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**North Sound Mental Health Administration  
Warrants Paid  
August 2014**

Type	Date	Num	Name	Memo	Amount	Balance
<b>Advisory Board</b>						
<b>Supplies</b>						
Bill	08/19/2014	July-Aug2014	Haggen Inc	Batch # 106636	129.59	129.59
Bill	08/19/2014	July-Aug2014	Haggen Inc	Batch # 106636	251.57	381.16
Bill	08/19/2014	July-Aug2014	Haggen Inc	Batch # 106636	157.33	538.49
<b>Total Supplies</b>					<u>538.49</u>	<u>538.49</u>
<b>Professional Services</b>						
Bill	08/19/2014	7820-AdBd retreat	ColibriFacilitation	Batch # 106636	1,550.00	1,550.00
<b>Total Professional Services</b>					<u>1,550.00</u>	<u>1,550.00</u>
<b>Travel</b>						
Bill	08/06/2014	July2014	AA Dispatch	Batch # 106449	847.50	847.50
Bill	08/13/2014	July2014	Kincheloe, David	Batch # 106558	30.80	878.30
Bill	08/13/2014	July/aug14	Kincheloe, David	Batch # 106558	258.52	1,136.82
Bill	08/13/2014	July/Aug2014	McDonald, Mark	Batch # 106558	177.44	1,314.26
Bill	08/13/2014	July2014	Sullivan, Carolann	Batch # 106558	49.28	1,363.54
Bill	08/13/2014	June/July14	Trautman, Candy	Batch # 106558	157.92	1,521.46
Bill	08/19/2014	August2014	Kincheloe, David	Batch # 106636	30.80	1,552.26
Bill	08/26/2014	Apr-June14	Hetherwick-Goza, Carolyn	Batch # 106730	126.56	1,678.82
Bill	08/26/2014	186652	Red Lion Inn Vancouver	Batch # 106730	191.68	1,870.50
Bill	08/26/2014	186622	Red Lion Inn Vancouver	Batch # 106730	287.52	2,158.02
Bill	08/26/2014	186653	Red Lion Inn Vancouver	Batch # 106730	287.52	2,445.54
Bill	08/26/2014	186695	Red Lion Inn Vancouver	Batch # 106730	287.52	2,733.06
Bill	08/26/2014	186772	Red Lion Inn Vancouver	Batch # 106730	287.52	3,020.58
<b>Total Travel</b>					<u>3,020.58</u>	<u>3,020.58</u>
<b>Miscellaneous</b>						
Bill	08/06/2014	PO#2014-6	Nami Washington	Batch # 106449	890.00	890.00
<b>Total Miscellaneous</b>					<u>890.00</u>	<u>890.00</u>
<b>Total Advisory Board</b>					<u>5,999.07</u>	<u>5,999.07</u>
<b>Total</b>					<u>5,999.07</u>	<u>5,999.07</u>

**Care Crisis Triage Protocol for Hospitals**  
**When Requesting Dispatch of Emergency Mental Health Clinicians or Designated Mental Health Professionals**  
 June 2014



**\* Persons age 13 & older may be evaluated for involuntary mental health treatment without parental consent.**

**\*\* Initiated treatment for 13 – 18 year olds allows parents to commit their children to inpatient care; considered a voluntary service; hospital SW or EMHC will usually provide this services.**

DMHP calls the Care Crisis Line within 10 minutes after referral has been made DMHP conducts face to face within 2 hours

EMHC calls the Care Crisis Line within 10 min. after referral has been made EMHC conducts face to face within 2 hours



# Protocol for Hospitals when Requesting Triage Programs, Dispatch of Emergency Mental Health Clinicians or Designated Mental Health Professionals

July 11, 2014

1. When an individual presents at the ED, the hospital should perform an initial medical assessment to determine if the individual is in a psychological or mental health crisis. If the presenting issue is not driven by a psychological or mental health crisis, the hospital professional should refer to other services. **Regional Triage programs are able to work with individuals with mental health and chemical dependency issues.**
2. The individual will need to be medically cleared (individual is able to be evaluated). There are exceptions (made on a case-by-case basis). If the individual is not medically clear, the hospital should clear then re-access prior to contacting the Care Crisis Line. If the individual (once cleared) continues to exhibit psychological distress or a mental health crisis, the hospital professional should contact the Care Crisis Line. **Triage programs can admit individuals, if the individual's BAL is at .25 or less, as long as there are no substances requiring medical intervention other physical conditions requiring acute medical care.**
3. The Hospital Professional can make a referral to the three (3) Regional Triage programs, if the individual is willing to go to triage. To be considered for these programs, individuals need to be over 18, willing to admit to a voluntary unit and engage in services, comply with house rules and not present with high likelihood of violence or arson. There is nursing staff on location at the Triage Facilities. Hospital professionals can call the Care Crisis Line to consult on the referral to the Triage facilities or can call Triage Programs directly. Snohomish County Triage can be reached at 425-349-4188, Skagit County Crisis Center at 360-757-7738, or Whatcom County Behavioral Health Triage Center at 360-676-2205. The Care Crisis Triage Clinician can be reached at 1-800-747-8654.
4. Triage programs and Care Crisis Triage Clinicians will have screening questions for the Hospital Professional. Information that is needed from the Hospital professional (Mental Health Professional (MHP), if not available, then the charge nurse/doctor).
  - **Demographics:** full name, DOB, address, gender and social security number.
  - **Mental Health Emergency:** Current suicidal or homicidal ideation/has currently attempted to harm self or others/is currently in acute psychological distress.
  - **Medically Clearance:** Individual has been seen and cleared by the MD or PA.
  - **Blood Alcohol Level:** BAL .25 or less for Triage Programs, BAL .08 or less (within legal limits) for dispatching Emergency Mental Health Clinician (EMHC) or Designated Mental Health Professional (DMHP). Exceptions to BAL are rare and will be considered when a medical professional certifies the individual can participate in a mental health evaluation and his/her level of intoxication/substance abuse will not prevent an accurate evaluation.
  - **Substances:** Individuals presenting with behavioral issues but who have substances requiring medical intervention/observation to address detoxification, will need to be re-assessed by the medical professional prior to requesting a dispatch for the mental health emergency or consideration for Triage Programs. Individuals who have been using substances but after medical clearance, are no longer presenting with a mental health emergency can be considered for Triage programs but will generally not be considered for a dispatch.
  - **Triage programs:** In addition to information needed above, Triage programs will have other screening questions specific to the nature of the individual's situation.

5. If Care Crisis is called to consult on a triage referral or request a dispatch, Care Crisis Line Triage Clinicians will review the clinical presenting information with the hospital professional to determine if there are less restrictive plans of action or if the individual needs an Emergency Service voluntary dispatch or involuntary evaluation.
  - The Crisis Line Triage Clinician will discuss less restrictive plans of action that might better serve the individual's needs. **A diversion occurs when the Crisis Line Triage Clinician and the requestor for dispatch agree that such alternative is viable and preferred to safely meet the individual's needs.**
  - **Voluntary crisis assessment:** Individual is willing to be assessed and accept services/treatment on a voluntary basis.
    - **Initiated Treatment for 13-18 year olds allows parents to commit their children to inpatient care. This is considered a voluntary service and a hospital social worker or EMHC will usually provide this service.**
  - **Involuntary treatment crisis assessment:** Individual refuses or is otherwise unwilling to be assessed and accept inpatient services/treatment on a voluntary basis or.
    - **Age of Consent:** Per RCW 71.34.500, an individual 13 years of age or older may be evaluated for involuntary mental health treatment without parental consent, when clinically indicated.
    - Minor consumers younger than 13 may only be evaluated for *voluntary* hospitalization with parental consent.
6. Once the Crisis Line Triage Clinician has determined the individual meets the above *dispatch criteria* for voluntary or involuntary criteria, the Crisis Line Triage Clinician will dispatch the Crisis Outreach Clinician (EMHC/DMHP).
  - The EMHC/DMHP clinician has 10 minutes to call the crisis line after the referral has been made.
  - The EMHC/DMHP has up to two (2) hours to begin the face-to-face crisis assessment/investigation.
7. If the dispatch criteria is not met and there is no viable diversion alternative, the Triage Clinician may delay or *decline the request for dispatch until further information has been received or the situation changes.*

## Definitions

**Crisis Line Triage Clinician** is an MHP on the 24 hour Crisis Line who dispatches ES/DMHP staff for community outreach and coordinates crisis care with allied systems such as hospitals, police, 911 and mental health providers.

**Designated Mental Health Professional (DMHP)** is the MHP who conducts involuntary treatment crisis assessments/investigations. In Snohomish County, this is a separate person working for Snohomish County Human Services.

**Emergency Mental Health Clinician (EMHC)** is the MHP who manages voluntary mental health crisis in the community including crisis stabilization, referral and voluntary hospitalization assessments.

Attached

Policy 1721.00 – Medical Status Criteria for Voluntary and Involuntary Assessments in Emergency Departments and Community Hospitals

Policy 1701.00 – Crisis Stabilization Services for Adults