

# North Sound Mental Health Administration

Regional Support Network for Island, San Juan, Skagit, Snohomish, and Whatcom Counties  
*Improving the mental health and well being of individuals and families in our communities*

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NSMHA Contract Memorandum 2015-002

Date: January 29, 2015

To: Tom Sebastian, Compass Health and Compass Whatcom  
Donna Konicki, Bridgeways  
Michael Watson, Lake Whatcom RTC  
Will Rice, Catholic Community Services Northwest  
Claudia D'Allegri, Sea Mar  
Ken Stark, Snohomish County Human Services Director  
Phil Smith, Volunteers of America  
Cindy Paffumi, Interfaith  
Sue Closser, Sunrise Services  
Robert Sullivan, Pioneer Human Services  
Dr. Jerry Jenkins, NWESD 189  
Beratta Gomillion, Center for Human Services

From: Joe Valentine, Executive Director

Subject: Revised policies

***Policy 1549.00 – Disaster Preparedness***

This policy has been through the complete review and approval process. The Executive Director signed and approved this policy January 29, 2015.

***Policy 1559.00 – Co-Occurring Disorder Screening and Assessment***

This policy has been through the complete review and approval process. The Executive Director signed and approved this policy January 29, 2015.

Full implementation of this policy should occur no later than 60 days after this memo.

cc: Cindy Ferraro, Bridgeways  
Heather Fennell, Compass Health  
Kay Burbidge, Lake Whatcom RTC  
Pamala Benjamin, Compass Whatcom  
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Contract File

Effective Date: 1/10/2008; 11/21/2005  
Revised Date: 7/3/2014  
Review Date: 1/28/2015

## North Sound Mental Health Administration

Section 1500 – Clinical: Disaster Preparedness

Authorizing Source: NSMHA contract

Cancels:

See Also:

Providers contracted to provide crisis and outpatient services should have policies that comply with NSMHA policies

Responsible Staff: Deputy Director

Approved by: Executive Director

Signature:

Date: 1/29/2015

### **POLICY #1549.00**

### **SUBJECT: DISASTER PREPAREDNESS**

#### **PURPOSE**

To ensure the North Sound Mental Health Administration (NSMHA) complies with all state and federal requirements regarding disaster preparedness.

NSMHA is committed to meeting the needs of its enrolled individuals and all residents of our Region during disasters. Resources will be prioritized first to those with the greatest need.

#### **POLICY**

NSMHA must participate in all disaster preparedness activities and respond to emergency/disaster events (e.g., natural disasters, acts of terrorism) when requested by DBHR. NSMHA will comply with this policy through its subcontracts with providers.

#### **PROCEDURE**

NSMHA shall:

1. Attend DBHR-sponsored training regarding the role of the public mental health system in disaster preparedness and response.
2. Participate in local emergency/disaster planning activities when county Emergency Operation Centers and local public health jurisdictions request collaboration.
3. Provide Disaster Outreach Services, required in the State Mental Health Contract (SMHC), in NSMHA's service area in the event of a disaster/emergency.
  - a. Disaster Outreach Services means contacting persons in their place of residence or in non-traditional settings for the purpose of assessing their mental health and social functioning following a disaster or increasing the utilization of human services and resources.
  - b. There are two basic approaches to outreach: mobile (going person to person) and community settings (e.g., temporary shelters, disaster assistance sites, disaster information forums) The outreach process must include the following:
    - i. Locating persons in need of disaster relief services;
    - ii. Assessing their needs;
    - iii. Engaging or linking persons to an appropriate level of support or disaster relief services;
    - iv. Providing follow-up mental health services when clinically indicated.

4. Disaster Outreach can be performed by trained volunteers, peers and /or persons hired under Federal Emergency Management Agency (FEMA) Crisis Counseling Grant. These persons should be trained in disaster crisis outreach which is different than traditional mental health crisis intervention.
5. Conduct post-disaster outreach to determine the need for disaster related crisis counseling and assess the availability of local resources in meeting those needs.
6. Provide the name and contact information to DBHR for person(s) coordinating the NSMHA disaster/emergency preparedness and response plan upon request.
7. Provide information and preliminary disaster response plans to DBHR within 7 days following a disaster/emergency or upon request.
8. Partner in disaster preparedness and response activities with DBHR and other DSHS entities, the State Emergency Management Division, FEMA, the American Red Cross and other volunteer organizations.
  - a. This must include participation when requested in local and regional disaster planning and preparedness activities and coordination of disaster outreach activities following an event.
  - b. Disaster outreach crisis services for enrolled NSMHA individuals will be coordinated between NSMHA, NSMHA's Integrated Crisis Response Services (ICRS) and outpatient providers.

## **ATTACHMENTS**

None

Effective Date: -11/30/2012; 12/3/2007, 9/27/2007  
Revised Date: 7/1/2014  
Review Date: 1/28/2015

## North Sound Mental Health Administration

### Section 1500 – CLINICAL: Co-Occurring Disorder Screening and Assessment

Authorizing Source: RCW 70.96 B and C, 71.05, 71.34, WAC 388-877-0610, NSMHA contract

Cancels:

See Also:

Providers must comply with this policy and individualized implementation guidelines may be developed by BHAs

Responsible Staff: Deputy Director

Approved by: Executive Director

Signature:

Date: 1/29/2015

## **POLICY#1559.00**

### **SUBJECT: CO-OCCURRING DISORDER SCREENING AND ASSESSMENT**

#### **PURPOSE**

To provide an integrated, comprehensive and routine screening and assessment process for chemical dependency and mental health disorders throughout the North Sound Region.

#### **POLICY**

Providers will ensure all consumers age 13 and above at admission are asked to complete the statewide approved screening and assessment tool, GAIN-SS (Global Appraisal of Individual Needs-Short Screener).

#### **PROCEDURE**

1. Provider must attempt to screen all individuals aged 13 and above through the use of the Department of Social and Health Services (DSHS) provided GAIN-SS during:
  - a. All new intakes and re-admits at Behavioral Health Agencies (BHA) for individuals including children who turn 13 (between 13<sup>th</sup> birthday and the next recovery plan review).
  - b. The initial evaluation at free-standing, non-hospital evaluation and treatment facilities.
  - c. The provision of each crisis episode of care including Involuntary Treatment Act (ITA) investigations services, except when:
    - i. Service results in a referral for an intake assessment.
    - ii. Service results in an involuntary detention under RCW 71.05, 71.34
    - iii. Contact is by telephone only.
    - iv. Clinician conducting the crisis intervention or ITA investigation has information the individual has completed a GAIN-SS screening within the previous 12 months.
2. GAIN-SS screening must be completed as self-report by the individual and signed by the individual on the DSHS-GAIN-SS form located at:  
[http://www.dshs.wa.gov/pdf/ms/forms/14\\_485.pdf](http://www.dshs.wa.gov/pdf/ms/forms/14_485.pdf). If the individual refuses to complete the GAIN-SS screening or if the clinician determines the individual is unable to complete the screening for any reason, this must be documented on the GAIN-SS form.
3. Results of the GAIN-SS screening, including refusals and unable-to-complete, must be reported to Department of Behavioral Health and Recovery (DBHR) through the Consumer Information System (CIS).
4. Provider must complete a co-occurring mental health and chemical dependency disorder assessment, consistent with training provided by DBHR and outlined in the Substance Abuse and Mental Health Services Administration (SAMHSA) Treatment Protocol 42, to determine a quadrant placement for the individual when the individual scores a two (2) or higher on either of the first two scales (Internalizing Disorder Screener & Externalizing Disorder Screener) and a two (2) or higher on the third scale (Substance Disorder Screener).

The assessment, to include quadrant placement, shall be completed as part of the initial intake evaluation process at BHAs and free-standing, non-hospital evaluation and treatment facilities. The assessment is not required during crisis episodes of care including ITA investigations. The quadrant placements are defined as:

- a. Less severe mental health disorder/less severe substance disorder;
  - b. More severe mental health disorder/less severe substance disorder;
  - c. Less severe mental health disorder/more severe substance disorder;
  - d. More severe mental health disorder/more severe substance disorder.
5. The quadrant placement must be reported to DBHR through the CIS system.

## **ATTACHMENTS**

None