

RECOVERY AROUND THE SOUND

North Sound Mental Health
Administration



July 2013

Joe's Corner



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The public mental health system safety net is about to be stretched tighter again. Among the many changes that the public mental health system is gearing up for, one of the ones that will have the most direct and immediate impact is the change to the mental health involuntary commitment laws resulting from the passage of HB1777 /SB 5480 - *Accelerating changes to mental health involuntary commitment laws*. This legislation moves up the date for the use of expanded criteria for involuntary detentions from 2015 to July, 2014. Under these expanded criteria, a *Designated Mental Health Professional (DMHP)* who conducts an evaluation for imminent likelihood of

serious harm or imminent danger because of being gravely disabled must now include in that assessment whether a *person has taken an action or engaged in behavior ... when considered in light of past behavior...is likely to be followed in the near future by an attempt to do physical harm or cause substantial property destruction*. In other words, the definition of "imminence" is expanded to assess current actions in the light of past patterns of behavior.

The State estimated that this change will cost \$28,000,000 per year in increased court costs, in the need for additional beds in Evaluation and Treatment facilities [E&Ts], community hospitals, and for additional

funding to cover this estimated cost was included in the budget passed by the Legislature. It would include funding to establish 3 new E&Ts as well as other "community options".

The Division of Behavioral Health and Recovery (DBHR) will be inviting proposals from RNSs for E&Ts and other community options that would either divert persons from admissions to state hospitals or provide the resources to allow for transition back to the community sooner.

NSMHA has received input from its committees and talked to key stakeholders, including the County Coordinators, Hospitals, DSHS Home and Community Services staff, and our Community Mental Health Agencies. Two strategies in particular received wide support to include in NSMHA's

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inpatient psychiatric beds at the state hospitals. The

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proposals for funding:

- Create more options to divert persons from the hospital by enhancing the capacity of the regional Triage Centers to receive and stabilize persons in crisis. Specifically, increase the “bed” capacity of the existing Triage centers and enhance their ability to do on-site medical assessments.
- Facilitate the discharge of difficult to care for persons occupying existing state hospital beds by creating enhanced community services facilities for persons with dementia or other organic brain disorders.

We believe that the existing North Sound Triage Centers in Everett, Mount Vernon, and Bellingham are well positioned to provide Crisis Stabilization Services for persons willing to ac-

cept voluntary placement into a Crisis Stabilization Center and do not have immediate medical treatment needs. Persons in crisis are frequently transported to hospital Emergency Departments when there is some question as to their need for medical treatment. Being able to provide a basic medical assessment on site at the Triage Center could divert more persons from even ending up in the hospital in the first place.

For those who do need inpatient hospitalization, more beds could be freed up by transitioning persons out of the state hospital who neither need nor benefit from inpatient psychiatric treatment as a result of dementia or some other organic brain disorder. The NSMHA Western State Hospital liaisons have found that this is the most diffi-

cult population to find community placements for. In reviewing strategies that have been tried elsewhere in the state and gathering ideas from our own regional service providers, it would appear that more opportunities for community care arrangements could be opened up by linking long term care service facilities with mental health treatment agencies.

The expansion of the criteria for Involuntary Commitments, along with the expansion of Medicaid eligibility, will clearly create new stresses for a public mental health system already stretched thin. However, working together with community organizations to address these impacts can result in a stronger and more effective community based behavioral health system in the long run.

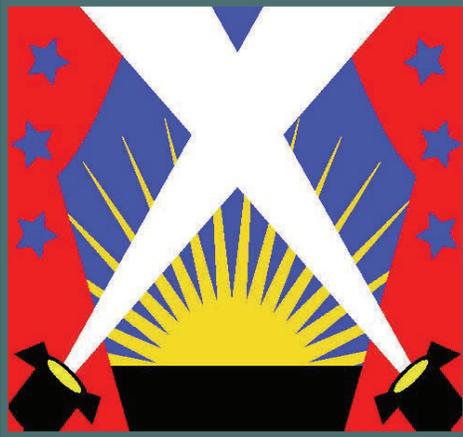
Volunteers of America Care Crisis Chat

Volunteers Of America has recently launched the Care Crisis Chat service on their own after being part of the National Suicide Prevention Lifeline’s chat service. One reason for the chat service is that many people are used to texting and not as willing to communicate over the phone. Care Crisis Chat's mission is to provide online emotional support to individuals in crisis that don’t have anyone or anywhere else to turn for help.

The Hours for the Chat Service are 3-11:30 p.m. daily and it can be accessed at:

www.carecrisischat.org

The Care Crisis Line number is 800.584.3578.



Compass Health Launches First Annual Mental Health Awareness Art Show

Judy Heinemann, Clinical Director, Compass North

In early 2013 Compass Health North and its Management team discussed how they would mark the annual National Mental Health Awareness Month which occurs in May. They wanted to do something more significant than hang their “May is National Mental Health Awareness Month” banners.

The goal the team set was to include individuals in some way that would promote dignity and respect and decrease the stigma of mental illness, even if in a small way.

The Managers decided to invite individuals to participate in an art show which could be any

medium of their choosing. Each county then decided on a theme from which the individual could find inspiration to create their works of art. Themes included “Renewal, Recovery and Rebirth” and “What I wish people knew about Mental Health”. Across the three Compass Health North counties; Skagit, Island and San Juan, nearly 100 pieces of art were contributed to the art shows. Individuals contributed poetry, paintings, beading, quilts, photography and drawings and included art from both children and adults. The agency then displayed the art and selected a day to host an Art Show Open House in each county. The Open Houses were well attended by individuals, family members, and several private, county and state agency staff.

NAMI heard about the art

shows and extended an invitation to the Compass Health artists to display their art work at the annual Washington State NAMI conference in Ellensburg this year. They also requested that we select two or three individuals to also attend the conference along with their art. Compass Health development staff then sought donations and two generous donors to our organization stepped up to underwrite the costs to cover expenses for two individuals to attend the conference.

The NAMI conference is set for August 9th and 10th in Ellensburg and all of us at Compass Health are very excited to have the opportunity to recognize the many talents of the individuals who participated in the art show and we look forward to an even larger event in May of 2014.

Regional Ombuds—On the Move!

Kim Olander Mayer—Ombuds

The Elusive Mental Health Ombuds' Office

Mental Health Ombuds, Chuck Davis and I, have once again moved our office. Not by our choice, but sometimes these things just happen in life! After much construction, cleaning, and painting we are finally moved and almost settled into our new digs.

Rest assured, all contact information remains the same, so you still can contact us easily.

Remember, wherever you are, there you are. What are you going to do about it?

Phone: 360-416-7004 or 888-336-6164

Compliance Program Integrity

Lisa Grosso, NSMHA

Fraud and abuse are the number one threats to our healthcare system, costing Americans billions of dollars each year.

NSMHA is committed to deterring, detecting and investigating healthcare fraud and abuse. But the fight against healthcare fraud and abuse is everyone's responsibility, employees, providers and consumers and families.

There have been several enhancements made to the NSMHA Compliance Program which are being announced at each board and committee, by E-mail to Providers and to consumers by notice in

the NSMHA eNewsletter.

NSMHA now has a direct extension and voicemail for our Compliance Hotline: 360.416.7013 x 617, Direct line: 360.419.5617 or Toll Free: 800.684.3555 x 617.

When next you visit our NSMHA Website you will notice a whistle shaped "Report Fraud" hot button that has been placed on the home page in the top, left corner for ease in locating the NSMHA Compliance information and



contacts page.

In addition, Margaret Rojas, Contract Manager and Greg Long, Deputy Director have been appointed as Primary and Secondary Alternate Compliance Officers, respectively, to serve in any absence of the NSMHA Compliance Officer, Lisa Grosso.

Voicemails to the Compliance Officer extension x 617 and E-mails to compliance_officer@nsmha.org are automatically re-directed to the Compliance Officer and Alternates for action.

Healthcare Reform Information

In preparation for Medicaid Expansion as part of the Affordable Care Act; the WA State Health Care Authority (HCA) has many resources on their website to provide information. The links listed below will take you to some resources and fact sheets.

Medicaid Expansion Fact Sheet

http://www.hca.wa.gov/hcr/me/documents/ME2014_Changes_Comparison_Fact_Sheet.pdf

DSHS Affordable Care Act FAQs:

<http://www.dshs.wa.gov/pdf/ea/AffordableCareAct-info.pdf>

WA Health Benefit Exchange:

<http://www.wahbexchange.org>

For more information, see HCA's Health Care Reform web page:

<http://www.hca.wa.gov/hcr/Pages/default.aspx>