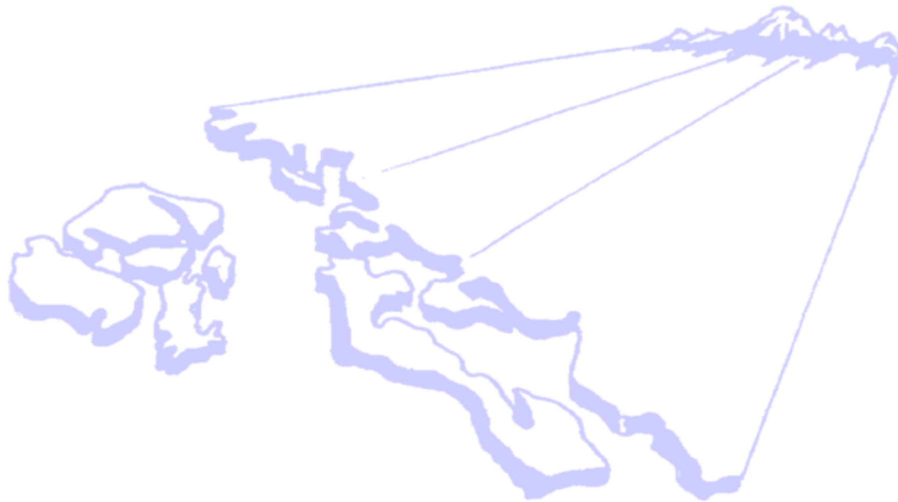
NSMHA ADVISORY BOARD



March 5, 2013

1:00 – 3:00

Approved and Adopted 1/8/13

ADVISORY BOARD GUIDING PRINCIPLES

The Advisory Board charge is to guide the quality assurance and quality improvement activities of mental health services within the NSMHA region. In assessing the necessary data and making appropriate recommendations, the Advisory Board members agree to the following:

- **Help create an atmosphere that is SAFE.**
- **Maintain an atmosphere that is OPEN.**
- **Manage your BEHAVIOR, be mindful of how you respond to others, understand intent v. impact, and be responsible for your words and actions.**
- **Demonstrate RESPECT and speak with RESPECT toward each other at all times.**
- **LISTEN, people feel respected when they know you're listening to their point of view.**
- **Practice CANDOR and PATIENCE.**
- **Accept a minimum level of TRUST so we can build on that as we progress.**
- **Be SENSITIVE to each other's role and perspectives.**
- **Promote the TEAM approach toward quality assurance.**
- **Maintain an OPEN DECISION-MAKING PROCESS.**
- **Actively PARTICIPATE at meetings.**
- **Be ACCOUNTABLE for your words and actions.**
- **Keep all stakeholders INFORMED.**

NORTH SOUND MENTAL HEALTH ADMINISTRATION
ADVISORY BOARD MEETING

REVISED Agenda

March 5, 2013
1:00 PM

1. Call to Order - Introductions, Chair
2. Revisions to the Agenda, Chair — TAB 1
3. Comments from the Public
4. Approval of the February Meeting Minutes, Chair — TAB 2
5. Executive/Finance Committee Report
6. Standing Board of Directors Committee Reports — TAB 3
   a. Planning Committee
   b. Quality Management Oversight Committee (available at the meeting)
7. Old Business — TAB 4
   a. Site Visit Update
   b. Recruitment Strategies
   c. Pre-meetings
8. Executive Director Report
9. Action Items Being Brought To The Board of Directors — TAB 5
   a. Action Items
   b. Introduction Items
10. New Business — TAB 6
    a. Introduction to 2013 Requests for Qualifications (RFQ) Award Recommendations (available at the meeting)
    b. Strategic Priorities Survey Results
    c. Mental Health Block Grant – Request for Proposal
11. Comments from County Advisory Board Representatives — TAB 7
    a. Island
    b. San Juan
    c. Skagit
    d. Snohomish
    e. Whatcom
12. Other Business
13. Adjournment

NOTE: The next Advisory Board meeting will be **April 2, 2013**, in the NSMHA Conference Room.

DRAFT not yet approved by Advisory Board

North Sound Mental Health Administration (NSMHA)
MENTAL HEALTH ADVISORY BOARD
February 5, 2013
1:00 – 3:00

Present:	**Island**: *Candy Trautman* **San Juan**: *Pet LeBlanc* **Skagit**: *Joan Lubbe* **Snohomish**: *CarolAnn Sullivan* **Whatcom**: *Mark McDonald, David Kincheloe, Russ Sapienza* and *Larry Richardson*
Excused Absence:	**Skagit**: *Susan Ramaglia* **Snohomish**: *Fred Plappert*
Absent:	**Snohomish**: *Megan Anderson*
Staff:	*Margaret Rojas* and *Rebecca Pate*
Guests:	*Chuck Davis, Kim Olander, Samatha Smith* and *Nancy Jones*

MINUTES

TOPIC	DISCUSSION	ACTION
CALL TO ORDER AND INTRODUCTIONS		
Chair Trautman	The Chair convened the meeting at 1:03 and the new representative from San Juan, Peg LeBlanc, gave a brief background about herself.	Informational
REVISIONS TO THE AGENDA		
Chair Trautman	The Chair asked for any revisions to the agenda and nothing was mentioned.	Informational
COMMENTS FROM THE PUBLIC		
Chair Trautman	The Chair asked for any comments from the public and nothing was mentioned.	Informational
OMBUDS SNAPSHOT		
Chuck Davis	Chuck presented the bi-monthly Ombuds report included in members binder for review. Chuck emphasized they have only had 65 clients in the past 6 months and that is a great improvement and tells them things are going better. He called out they have 2 Fair Hearings in process. He acknowledged the Skagit REACH Center and stated they are doing a marvelous job.	Informational
APPROVAL OF MINUTES		
Chair Trautman	The Chair asked for any revisions to the January minutes. David made a motion to approve as written, seconded and discussion followed. Russ made a correction. The vote was called and minutes were approved as amended.	Informational Motion carried
EXECUTIVE/FINANCE COMMITTEE REPORT		
Candy Trautman	*Finance Committee* Candy brought items forward from committee. She mentioned unanticipated expenditures decisions will be made by the Chair and NSMHA Director and/or his/her designee. The Board Retreat will be in July and members were asked to think about a location and provide input. She mentioned Joe/Margaret are going to look	Informational Joe/Margaret

	at issues discussed at the last retreat and provide a briefing at the next meeting regarding topics. Candy brought a recommendation forward to move expenditures on to Board of Directors for approval, seconded and motion carried. *Executive Committee* Candy mentioned conference scholarships and stated they will be discussed later in the meeting.	provide briefing Motion carried
STANDING BOARD OF DIRECTOR COMMITTEE REPORTS		
	Planning Committee	
	Brief included in members binder for their review.	Informational
	Quality Management Oversight Committee Report	
	Brief included in members binder for their review.	Informational
OLD BUSINESS		
Chair Trautman	*QMOC/Planning Committee* Candy requested members seriously consider the importance and need to serve on these committees. If interested, please fill out and submit applications to the Board for consideration. *Cost Estimates Upcoming Conferences* David stated under Tab 5 was a breakdown for conferences. David proposed that a pre-determined number for Co-Occurring Disorders (COD) not be stipulated but money be set aside for individuals that might wish to attend along with other conferences/seminars Board members might wish to attend. *Site Visit Provider List* Candy mentioned the site provider list included in binders. David mentioned he would love to go to Volunteers of America (VOA). Discussion followed. An interest was expressed for Snohomish and include the Involuntary Treatment Act (ITA) – Designatied Mental Health Professionals (DMHP). David made a motion to visit VOA and ITA/DMHP. Mark suggested a separate visit to Western State Hospital (WSH). Nancy suggested having VOA and ITA/DMHP visit at VOA facilities and another visit to the Evaluation & Treatment (E&T) facility which would fulfill the two site visit requirements in the By-Laws. Discussion followed. David recommended VOA and ITA/DMHP, E&T for the two required site visits and WSH just because some members would like to tour WSH. Candy asked Rebecca to coordinate the visits.	Informational Rebecca coordinate site visits & WSH visit
EXECUTIVE DIRECTOR'S REPORT		
Margaret Rojas	Margaret mentioned the Bills under consideration by the Legislature are listed on the document included in their binders. She stated any updates regarding these Bills will be provided as they come in. She mentioned the Requests for Qualifications (RFQ) were due by Friday and NSMHA received 11 proposals with 2 being new for the southern part of the region and 1 new in the region. There will be an orientation meeting today at 3:00 and	Informational

	the review committee must review materials this week and weekend and be prepared to participate in the scoring process beginning next week. The Board of Directors is having a brainstorming planning session on February 14th and discuss Healthcare reform, Strategic Planning and Crisis Redesign. Information from this session will be brought forward to the Advisory Board of decisions/discussion that happened. Larry asked if the Advisory Board could have any influence in promoting Crisis Intervention Training (CIT). Discussion followed. Candy suggested having a presentation on CIT as a pre-meeting.	
ACTION ITEMS BEING BROUGHT TO THE BOARD OF DIRECTORS		
Chair Trautman	Candy stated there are no contracts/amendments going before the Board this month.	Informational
NEW BUSINESS		
Chair Trautman	Candy suggested tabling the "recruitment strategies for new Advisory Board members" until next month. Nancy stated she has received two inquiries and Snohomish is working to fill their vacancies. Candy stated discussion needed to occur as to the responsibility of Board members regarding recruitment. Candy asked to carry this forward to the next agenda for discussing strategies, etc. Candy mentioned Susan Ramaglia submitted her letter of resignation and asked Rebecca to get a plaque and arrange for Susan to attend a meeting as a guest.	Informational Add to next month's agenda Rebecca get plaque for Susan
COMMENTS FROM COUNTY ADVISORY BOARD REPRESENTATIVES		
Island	Candy mentioned they did not meet in January.	Informational
San Juan	Report submitted and in members binders for their review.	Informational
Skagit	Report submitted and in members binders for their review.	Informational
Snohomish	Nancy mentioned they have tried to conduct combined meetings but this is not working. She added the two Boards have decided to conduct separate meetings and meet jointly three times a year. The Snohomish County Mental Health Advisory Board wants to meet monthly but Snohomish does not have enough staff to cover monthly meetings; therefore, they will meet unstaffed in even months and staffed during odd months.	Informational
Whatcom	Report submitted and in members binders for their review. Russ added on February 19th at 7 pm at Bellingham High School a meeting will held regarding "Public Safety and Community Mental Health".	Informational
OTHER BUSINESS		
Chair Trautman	The Chair asked if there was any other business to discuss and Candy asked to add pre-meeting venues to next month's agenda.	Informational Add pre-

	Candy mentioned two events occurring Dignity and Respect and Foster Parents/Adopting Parents. She stated Margaret has more information if interested. Larry mentioned National Alliance for the Mentally Ill (NAMI) has tried sponsoring student NAMI on college campuses which gives students a chance to become involved and obtain knowledge about issues without success. He suggested the Board might consider sponsoring an event like this. Candy mentioned the Tribal Conference flyer and asked who might be interested in attending. Joe stated the focus this year is on individuals serving native Americans, traditional healing methods and cultural competency. Candy, Mark, Peg and Larry want to attend. CarolAnn stated she would like to attend for one day.	meeting venues to agenda
ADJOURNMENT		
Chair Trautman	The Chair requested a motion to adjourn the meeting. Mark made a motion to adjourn, seconded and motion carried. The meeting was adjourned at 2:55. The next meeting will be **March 5, 2013,** in the NSMHA conference room from 1-3 pm.	Informational Motion carried

Planning Committee Brief
February 22, 2013

Strategic Plan – Next Steps
The Board of Directors held a planning session on February 14th and provided direction on action steps for the 2013-2016 Strategic Plan; these were presented to the Planning Committee. The top priorities are: increase the number of peers employed in the system, continue with the development of the regional health alliance, workforce development and cultural competence, access to services in isolated areas, children's crisis services and the redesign of the regional crisis system.
Discussion followed on the need to collaborate with the counties to blend and leverage funding from all sources.

2013 RFQ Award Recommendations
The Request for Qualifications for outpatient services in the region had 12 proposals come in with 3 new providers submitting a proposal. The selection committee comprised of advocates, county coordinators and NSMHA staff spent several days reviewing proposals to recommend going forward with. The Leadership Team met to review the scoring team recommendations and this will be discussed at the County Coordinator meeting on February 26th. The award recommendations will be sent out to the Planning Committee after that meeting and they will then send their recommendations to the Board of Directors.
The services in the RFQ are children's outpatient services, adult outpatient services, adult inpatient services and the E&T. It was announced at the meeting that Compass Health would retain the contract for the E&T.

The next meeting will be March 22, 2013, which is a rescheduled date due to county furloughs; at a special time of 12:30-2:00.

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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360.416.7013 • 800.684.3555 • Fax 360.416.7017 • Email nsmha@nsmha.org • Web Site http://nsmha.org

QMOC Brief
February 27, 2013

Customer Satisfaction Survey

Kurt reviewed the results of the survey that was conducted over two weeks in October at all provider sites; this is the second year of running the survey. The survey queries both satisfaction and outcomes and it was noted that the results from 2012 closely mirrored the results from 2011. Discussion pointed to the need to tweak questions to get a more accurate take on the outcomes and also to develop an intervention to increase participation; NSMHA will work internally on any needed updates to the survey.

DBHR Disparities Report

The final report of the two year State-wide project was presented and briefly discussed. The report recommends that contract expectations be included to address improving data collection on special populations to develop approaches that will improve access. NSMHA recommends improving access for minorities and hiring a more diverse staff along with improving data that will identify areas to focus on.

Service Access Timelines

Charissa gave a brief overview of the report that tracks the time it takes for individuals to receive an intake appointment and then their first appointment after the intake. The timelines for the intake appointment were presented and remedial action will be implemented for some providers. The first appointment data is still being gathered. The Open Access model at some providers seems to help greatly with the timelines and discussion of barriers to meeting timelines was discussed.

Performance Improvement Projects (PIPs)

RSNs are required to have two PIPs in progress at all times and NSMHA recently retired the Prescriber PIP. DBHR is requiring a child, youth and family focused PIP and NSMHA will be convening a workgroup to develop this new PIP.

Priorities for Evidence Based Practices (EBPs)

EBPs are a priority in the legislature and could be required by DBHR in the future. There are currently several being used in the region but there has been no attempt to plan out which practices should be developed and utilized. NSMHA recommends a short term workgroup to select the most effective EBPs for development across the region. A motion was approved to form this workgroup.

REVISED MEMORANDUM

DATE: February 26, 2013

TO: NSMHA Advisory Board

FROM: Joe Valentine, Executive Director

RE: March 14, 2013, Board of Director's Agenda

Note: There are no contract or amendment items going before the NSMHA Board of Directors at the March 14, 2013, meeting. However, there are two introduction items being presented: 1) 2013 Request for Qualifications (RFQ) Award Recommendations and 2) Mental Health Block Grant (MHBG) Request for Proposal (RFP)

cc: Joe Valentine, Executive Director
County Coordinators
NSRSN Management Team

NSMHA Discussion Form-2013 RFQ Award Recommendations
For Advisory Board 2013 03 05

AGENDA ITEM: Introduction of 2013 Request for Qualification (RFQ) for Outpatient/Medication, Intensive Outpatient and Evaluation & Treatment Center Award Recommendations

REVIEW PROCESS: Planning Committee ( ) **Advisory Board (X)** Board of Directors ( )

PRESENTER: Joe Valentine/Greg Long

COMMITTEE ACTION: Action Item ( ) **FYI & Discussion (X)** FYI Only ( )

SIGNIFICANT POINTS OR EXECUTIVE SUMMARY:

- Twelve providers submitted bids for Children's Outpatient Services, Adult Outpatient Services, Adult Intensive Services and the Evaluation and Treatment Center.
- RFQ Committees comprised of consumers, advocates, county coordinators, allied systems staff, and NSMHA Staff reviewed the bids individually for many long days of reading. The RFQ Committees then met on February 11, 12 and 13th to clarify issues and finalize their ratings. NSMHA thanks the RFQ Committee Members for their days of work which included a weekend for many people.
- The NSMHA leadership met February 19-21 and used the following criteria to make award and fund distribution recommendations. The criteria used for these decisions included:
  - Ranking of the proposals by the RFQ Selections Committee
  - Choice for smaller counties
  - Maximize use of Medicaid dollars
  - Capacity for Medicaid expansion
  - Capacity for Children's Mental Health expansion
  - Cultural competence
  - Federal requirement for contracts with Federally Qualified Health Centers (FQHC)
  - Balance of services across needs of Medicaid population
  - Minimal level of capacity for each Provider to efficiently provide services in each county

OBJECTIVE:

To review the overall process and present the 2013 RFQ Award Recommendations to the Advisory Board. Advisory Board members are asked to provide their initial feedback by March 19, 2013 and the Advisory Board will discuss and finalize their recommendations to the NSMHA Board of Directors at their next meeting on Tuesday, April 2, 2013.

BACKGROUND:

1. The 2013 RFQ is for Mental Health Outpatient Services:
   a. Outpatient and Medication Services for all ages and fee for service intensive services for Children/Youth in San Juan County only
   b. Intensive Outpatient for Adults and Older Adults
   c. Evaluation & Treatment
2. The Board of Directors approved release of 2013 RFQ at their 10/11/2012 meeting
3. The Scoring Team, with representatives from all 5 counties, the Advisory Board, Consumers and Home and Community Services, met and completed review and scoring the applications from interested parties, 02/11-13/2013
4. The NSMHA Leadership Team reviewed the Scoring Team recommendations for funding allocation based on above criteria, 02/19-21/2013
5. The 2013 RFQ Award Recommendations were introduced to the Planning Committee on 02/22/2013
6. The 2013 RFQ Award Recommendations were introduced and reviewed at the County Coordinators meeting on 02/26/2013

PREVIOUS ACTION(S) TAKEN:

1. FEBRUARY 2013
   a. 02/01 Applications received from Interested Parties
   b. 02/04 Applications reviewed and screened
   c. 02/05 Scoring Team Orientation Meeting
   d. 02/11-13 Scoring Team met and made scoring recommendations
   e. 02/19-21 NSMHA Leadership review scoring recommendations for award/funding
   f. 02/22 Introduced to the Planning Committee
   g. 02/26 Introduced and review by the County Coordinators
2. See attached 2013 RFQ Timeline for additional detail

CONCLUSIONS/ACTION REQUESTED:

1. Request Advisory Committee members provide feedback to the general criteria and process used to develop the draft award recommendations for Outpatient Services.

2. Request Advisory Board members review and provide feedback on the written 2013 RFQ Award Recommendations by close of business (5 p.m.), Tuesday, March 19, 2013, which may be submitted by electronic comment in the 2013 RFQ Award Recommendation document by E-mail attachment to Lisa_Grosso@nsmha.org, by facsimile (360.4167017) or sent to NSMHA by USPS mail: 117 N 1st St, Ste 8, Mount Vernon, WA 98273.

FISCAL IMPACT:

Subject to negotiation; however, increases anticipated due to increased Medicaid revenue

ATTACHMENTS:

Proposed RFQ Award Recommendations
Interested Party Applicant by County/Service Grid
2013 RFQ Timeline as of 20130222

NSMHA 2013 RFQ for Mental Health Services
Award Recommendations - Advisory Board 2013 03 05

Adult Outpatient Recommendation

FTE COLOR KEY

Color	Meaning		Color	Meaning
(yellow)	New		(red)	Decrease
(green)	Increased		(gray)	No bid
	Same		NONE =	Not Funded

Current Budget

	Score rank	Island	San Juan	Skagit	Snohomish	Whatcom	Grand Total
1	Whatcom Counseling & Psychiatric Clinic					16.75	16.75
3	Sunrise Services			3.89	11.28		15.17
4	Compass Health	5.37	1.56	13.60	36.86		57.39
5	bridgeways				4.53		4.53
7	Interfaith					3.19	3.19
7	Sea Mar			1.66	4.89	2.55	9.10
9	Lake Whatcom Center (Treatment)					5.40	5.40
11	Therapeutic Health Centers						
	Total	5.37	1.56	19.15	57.56	27.89	111.53

	Score rank	Island	San Juan	Skagit	Snohomish	Whatcom	Grand Total
1	Whatcom Counseling & Psychiatric Clinic					17.75	17.75
3	Sunrise Services	4.00		4.87	19.62	NONE	28.49
4	Compass Health	5.37	2.05	13.60	37.00		58.02
5	bridgeways			1.00	2.00		3.00
7	Interfaith					3.60	3.60
7	Sea Mar			1.66	4.89	2.75	9.30
9	Lake Whatcom Center (Treatment)					6.67	6.67
11	Therapeutic Health Centers				NONE		
	Total	9.37	2.05	21.13	63.51	30.77	126.83

Current Utilization

Past Budget period 7/1/2011-11-30/2012

		Island	San Juan	Skagit	Snohomish	Whatcom	Grand Total
1	Whatcom Counseling & Psychiatric Clinic					-17%	-17%
3	Sunrise Services			11%	5%		6%
4	Compass Health	6%	-6%	-13%	-19%		-15%
5	bridgeways				14%		14%
7	Interfaith					4%	4%
7	Sea Mar			-21%	-23%	7%	-15%
9	Lake Whatcom Center (Treatment)					21%	21%
11	Therapeutic Health Centers						
	Grand Total	6%	-6%	-9%	-13%	-6%	-9%

FTE = Full Time Equivalent

NSMHA 2013 RFQ for Mental Health Services
Award Recommendations - Advisory Board 2013 03 05

Child Outpatient Recommendation

FTE COLOR KEY

Color	Meaning	Color	Meaning
(yellow)	New	(red)	Decrease
(green)	Increased	12.84 (gray)	No bid
(white)	Same	NONE =	Not funded

Current Budget

Score rank		Island	San Juan	Skagit	Snohomish	Whatcom	Grand Total
1	Catholic Community Services			5.03	6.56	8.79	20.38
1	Whatcom Counseling & Psychiatric Clinic					2.45	2.45
3	Sunrise Services						
4	Compass Health	2.69	0.56	2.93	22.79		28.97
5	Northwest Education Service District 189						
7	Sea Mar			0.64	2.61	0.40	3.65
9	Center for Human Services						
11	Therapeutic Health Centers						
	Total	2.69	0.56	8.61	31.96	11.64	55.46

Score rank		Island	San Juan	Skagit	Snohomish	Whatcom	Grand Total
1	Catholic Community Services			5.03	7.56	9.00	21.59
1	Whatcom Counseling & Psychiatric Clinic					2.45	2.45
3	Sunrise Services	NONE		NONE	NONE	NONE	NONE
4	Compass Health	2.69	0.50	2.93	21.79		27.91
5	Northwest Education Service District 189	0.50	0.50	1.00	NONE	1.00	3.00
7	Sea Mar			0.64	2.61	0.40	3.65
9	Center for Human Services				4.00		4.00
11	Therapeutic Health Centers				NONE		NONE
	Total	3.19	1.00	9.61	35.96	12.85	62.61
		(0.22)	(0.38)	(0.11)	(0.70)	(0.01)	(1.42)

Current Utilization — Past Budget period 7/1/2011-11-30/2012

		Island	San Juan	Skagit	Snohomish	Whatcom	Grand Total
1	Catholic Community Services			-6%	-7%	0%	-4%
1	Whatcom Counseling & Psychiatric Clinic					-21%	-21%
3	Sunrise Services						
4	Compass Health	-18%	-14%	-46%	-10%		-15%
5	Northwest Education Service District 189						
7	Sea Mar			-15%	0%	-16%	-5%
9	Center for Human Services						
11	Therapeutic Health Centers						
	Grand Total	6%	-6%	-9%	-13%	-6%	-9%

FTE = Full Time Equivalent

NSMHA 2013 RFQ for Mental Health Services
Award Recommendations - Advisory Board 2013 03 05

IOP Recommendation

FTE COLOR KEY

Color	Meaning	Color	Meaning
(yellow)	New	(red)	Decrease
(green)	Increased	Whatcom (gray)	No bid
	Same	NONE =	Not Funded

Current Budget

	Score rank	Island	San Juan	Skagit	Snohomish	Whatcom	Grand Total
1	Whatcom Counseling & Psychiatric Clinic					2.18	2.18
1	Sunrise Services				3.38		3.38
3	Compass Health	1.73	0.30	3.64	3.18		8.85
4	Lake Whatcom Center (Treatment)					3.39	3.39
5	Sea Mar						
	bridgeways				4.90		4.90
	Total	1.73	0.30	3.64	11.46	5.58	22.70

	Score rank	Island	San Juan	Skagit	Snohomish	Whatcom	Grand Total
1	Whatcom Counseling & Psychiatric Clinic					2.39	2.39
1	Sunrise Services	NONE		1.00	5.00	NONE	6.00
3	Compass Health	1.91	NONE	3.64	5.00		10.55
4	Lake Whatcom Center (Treatment)					3.77	3.77
5	Sea Mar			NONE	2.64	NONE	2.64
	Total	1.91		4.64	12.64	6.16	25.35

Current Utilization

Past Budget period 7/1/2011-11-30/2012

		Island	San Juan	Skagit	Snohomish	Whatcom	Grand Total
1	Whatcom Counseling & Psychiatric Clinic					-23%	-23%
1	Sunrise Services				5%		5%
3	Compass Health	-67%	-100%	-10%	-48%		-39%
4	Lake Whatcom Center (Treatment)					-3%	-3%
5	Sea Mar						
	bridgeways				-65%		
	Grand Total	-67%	-100%	-10%	-42%	-11%	-32%

FTE = Full Time Equivalent

2013 RFQ Applications from Interested Parties – Geographic Service Grids

OUTPATIENT

		Island	San Juan	Skagit	Snohomish North	Snohomish Everett	Snohomish South	Snohomish East	Whatcom	IOP	outpatient
1	Catholic Community Services			x		x			x		x
2	Center for Human Services						x				x
3	Compass Health	x	x	x	x	x	x	x		x	x
4	Interfaith								x		x
5	Lake Whatcom Center (Treatment)								x	x	x
6	Northwest Education Service District 189	x	x	x	x	x	x	x	x		x
7	Sea Mar			x	x	x	x	x	x	x	x
8	Sunrise Services	x		x	x	x	x	x	x	x	x
9	Therapeutic Health Centers				x	x	x	x			x
10	Whatcom Counseling & Psychiatric Clinic								x	x	x
11	bridgeways			x	x	x	x	x			

Outpatient Adult

		Island	San Juan	Skagit	Snohomish North	Snohomish Everett	Snohomish South	Snohomish East	Whatcom
1	Compass Health	x	x	x	x	x	x	x	
2	Interfaith								x
3	Lake Whatcom Center (Treatment)								x
4	Sea Mar			x	x	x	x	x	x
5	Sunrise Services	x		x	x	x	x	x	x
6	Therapeutic Health Centers				x	x	x		
7	Whatcom Counseling & Psychiatric Clinic								x
8	bridgeways			x	x	x	x	x	
	not filled out								

Outpatient Child

		Island	San Juan	Skagit	Snohomish North	Snohomish Everett	Snohomish South	Snohomish East	Whatcom
1	Catholic Community Services			x	x	x			x
2	Center for Human Services						x		
3	Compass Health	x	x	x	x	x	x	x	
4	Northwest Education Service District 189	x	x	x	x			x	x
5	Sea Mar			x	x	x	x	x	x
6	Sunrise Services	x		x	x	x	x	x	x
7	Therapeutic Health Centers				x	x	x		
8	Whatcom Counseling & Psychiatric Clinic								x

IOP

	IOP Provider	Island	San Juan	Skagit	Snohomish North	Snohomish Everett	Snohomish South	Snohomish East	Whatcom
1	Compass Health	x	x	x	x	x	x	x	
2	Lake Whatcom Center (Treatment)								x
3	Sea Mar			x	x	x	x	x	x
4	Sunrise Services	x		x	x	x	x	x	
5	Whatcom Counseling & Psychiatric Clinic								x

NSMHA SYSTEMS OPERATIONS TEAM

Plan of Action and Milestones – Phase 1 Development to Release

2013 RFQ for Community Mental Health Services

Friday, February 22, 2013

ID	Task Name	Start	Finish	Duration
1	Open Review of Draft 2013 RFQ by Staff	1/9/2012	2/6/2012	21d
2	Draft List of Services for RFQ	2/1/2012	5/15/2012	75d
3	Assignment of Groups to Review Draft RFQ	5/16/2012	6/29/2012	33d
4	Schedule Room for Bidder’s Conference	6/5/2012	6/5/2012	1d
5	Re-Announcement of RFQ and MH Services at Integrated Provider meeting	6/18/2012	6/18/2012	1d
6	Announcement, Introduction & Reviews of RFQ by County Coordinators, Planning Committee and Advisory Board	7/2/2012	9/11/2012	52d
7	Prepare and Approval of RFQ by BOD for Release	9/6/2012	10/11/2012	26d
8	RFQ Administrative Review, Finalize, Distribute	10/12/2012	10/30/2012	13d
9	Release RFQ	10/31/2012	2/4/2013	69d

NSMHA SYSTEMS OPERATIONS TEAM
Plan of Action and Milestones – Phase 2 Release to Contract
2013 RFQ for Community Mental Health Services

Friday, February 22, 2013

ID	Task Name	Start	Finish	Duration
1	RFQ Bidder's Conference	11/9/20122	11/9/2012	1d
2	Questions from Bidders Due	11/26/2012	11/26/2012	1d
3	Letter of Interest from Bidders Due	11/28/2012	11/28/2012	1d
4	Response to Bidders Questions	12/12/2012	12/19/2012	6d
5	RFQs Applications Due at NSMHA	10/30/2012	2/1/2013	69d
6	Internal Review of RFQ Applications for Completeness	2/4/2013	2/4/2013	1d
7	Scoring Team Orientation and Evaluations	2/5/2013	2/13/2013	7d
8	RFQ Results Reviewed at LT	2/19/2013	2/21/2013	3d
9	RFQ Results presented to Planning Committee (Introduction 2/22 /Decision 3/22)	2/22/2013	3/22/2013	21d
10	RFQ Results presented to County Coordinators (Introduction & Decisions)	2/26/2013	2/26/2013	1d
11	RFQ Results presented to Advisory Board (introduction 3/5 //Decision 4/2)	3/5/2013	4/2/2013	21d
12	RFQ Results presented to Board of Directors (Introduction 3/14 /Decision 4/11)	3/14/2013	4/11/2013	21d
13	NSMHA Announces Contract Awards	4/15/2013	4/15/2013	1d
14	RFQ Mandatory Contractor Forum for Selected Contractors	4/22/2013	4/22/2013	1d
15	RFQ Contract Negotiation/Preparation/BOD Approval	4/15/2013	6/13/2013	44d
16	Transition Planning for Contract Changes (As needed)	4/15/2013	10/1/2013	122d
17	New Contract Begins-Evaluation & Treatment (E&T Center	7/1/2013	7/1/2013	1d
18	New Contracts Begin-Outpatient Medication & Intensive Outpatient (IOP), Adults/Older Adults	10/1/2013	10/1/2013	1d

Q4 12 | Q1 13 | Q2 13 | Q3 13 | Q4 13

Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov

North Sound Mental Health Administration (NSMHA) Discussion Form
March 5, 2013

AGENDA ITEM: Strategic Priorities Survey

REVIEW PROCESS: Planning Committee ( ) **Advisory Board (X)** Board of Directors ( ) QMOC ( )

PRESENTER: Margaret Rojas

BOARD/COMMITTEE ACTION: Action Item ( ) **FYI & Discussion (X)** FYI Only ( )

SIGNIFICANT POINTS OR EXECUTIVE SUMMARY: The survey was closed on 1/31/13 with 208 individuals participating in the survey. The top 3 participants were 1) mental health field 2) local/state government 3) individuals in MH recovery. The priorities were very similar by county, with the top 3 priorities shuffled slightly per county.

OBJECTIVE: Discuss the results of survey and how this may guide NSMHA in the future for funding decisions.

BACKGROUND: NSMHA leadership has struggled for a number of years with the allocating the Mental Health Block Grant. Prior to the development of the 2013-16 Strategic Plan we didn't have the needed focus to target our funding in a strategic and coordinated way. Developing a "needs assessment" based on our Strategic Goals and Priorities was necessary to finally have an avenue for funding decisions.

PREVIOUS ACTION(S) TAKEN: N/A

CONCLUSIONS/ACTION REQUESTED: Feedback on survey results and any additional criteria you'd like to see NSMHA take into consideration when determining funding allocations.

FISCAL IMPACT: The consultation contract with David Jefferson, Research Associate with Oregon Health & Science University, was developed with a maximum limit of $5,000.

ATTACHMENTS: Survey is in our packet.

Survey Results Prioritizing the NSMHA 2013-2016 Strategic Plan Goals by Regional, County Mental Health Supporters

Feb 2013

North Sound Mental Health Administration

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Introduction

The North Sound Mental Health Administration (NSMHA) developed their 2013-2016 Strategic Plan Priorities setting forth a collection of goals and strategies to meet evolving health care policy changes that are unfolding at the State and Federal level. NSMHA solicited an independent contractor (GBS Northwest) to develop an electronic survey based on the Strategic Plan Priorities to solicit community opinion about priorities. The survey was sent to providers, agencies, individuals, families and a wide range of mental health representatives in Island, San Juan, Skagit, Snohomish and Whatcom County . The survey was sent directly to over 200 individuals with the potential of it being forwarded to staff and other interested community members. The final distribution totals are unknown because there was not a method to count the number of recipients who may have received a forwarded email request to participate. In the end, 208 people provided feedback to the survey.

The end result of the survey was to solicit community feedback about which goals and strategies should be prioritized for focus and implementation. Respondents rated each item on a 1-10 importance scale and had the ability to provide individual comments on each statement. The participants provided 243 separate comments about the goals of the strategic plan. The survey was open for community feedback between the dates of January 14 through 31, 2013.

In order to further customize community priorities, the survey allowed respondents to identify Tribal affiliation and County representation. The results of the survey are aggregated by North Sound Region, County and Tribes.

The survey consisted of seven areas corresponding to the goals of the strategic plan. It was further divided into 20 strategic statements for the public to prioritize. A summary of the strategic plan is available in appendix I. The goals are:

1. Organizational Structure and Health Care Reform
2. Access to Quality Services
3. Peer Support and Consumer Involvement Initiatives
4. Work Force Development
5. Information Technology
6. Communications and Marketing
7. Tribes

The survey program generates an average rating for each statement. All the statements were prioritized according to the highest rating to the lowest. This was done for Regional, County and Tribal data. The plan goal areas were also prioritized according to average scores. There are 10 reports in total that review responses by participants. A section titled, Priority Area with Individual Comments has all the community comments to the strategies.

Respondents identified the following three strategies as top priorities for the Region.

1. Support the sustainability of recovery-oriented services such as housing services and supported employment.
2. Develop regional action steps to improve the integration of health care, behavioral health-care, and long term care services.
3. Develop strategies to reduce staff turnover including improved monetary and non-monetary incentives.

Combined North Sound Regional Report (All Five Counties)

A total of 208 people responded to the survey but not everybody completed every question. An average of 186 completed the survey with the number of people skipping more questions as they progressed toward the end (14 skipped in the beginning, 26 toward the end). Table 1 and Graph 1 provide information about the type and number of people who participated in the survey. Of note, over 59% of the respondents fell into the category of mental health and government.
For a list of the 28 people who identified as other, see the full survey response in appendix III.

Table 1

Answer Options	Response Percent	Response Count
Concerned Community Member	5.4%	10
Concerned Family Member	3.3%	6
Individual in Mental Health Recovery	7.6%	14
Individual in Substance Abuse Recovery	1.6%	3
State/Local Government	24.5%	45
Mental Health	34.8%	64
Substance Abuse	1.1%	2
Criminal Justice	4.9%	9
Employment Specialist	0.0%	0
Housing Specialist	3.8%	7
Medical	6.5%	12
Education	6.5%	12
Other (please specify)		28
	Answered Question	**184**
	Skipped Question	**24**

Graph 1

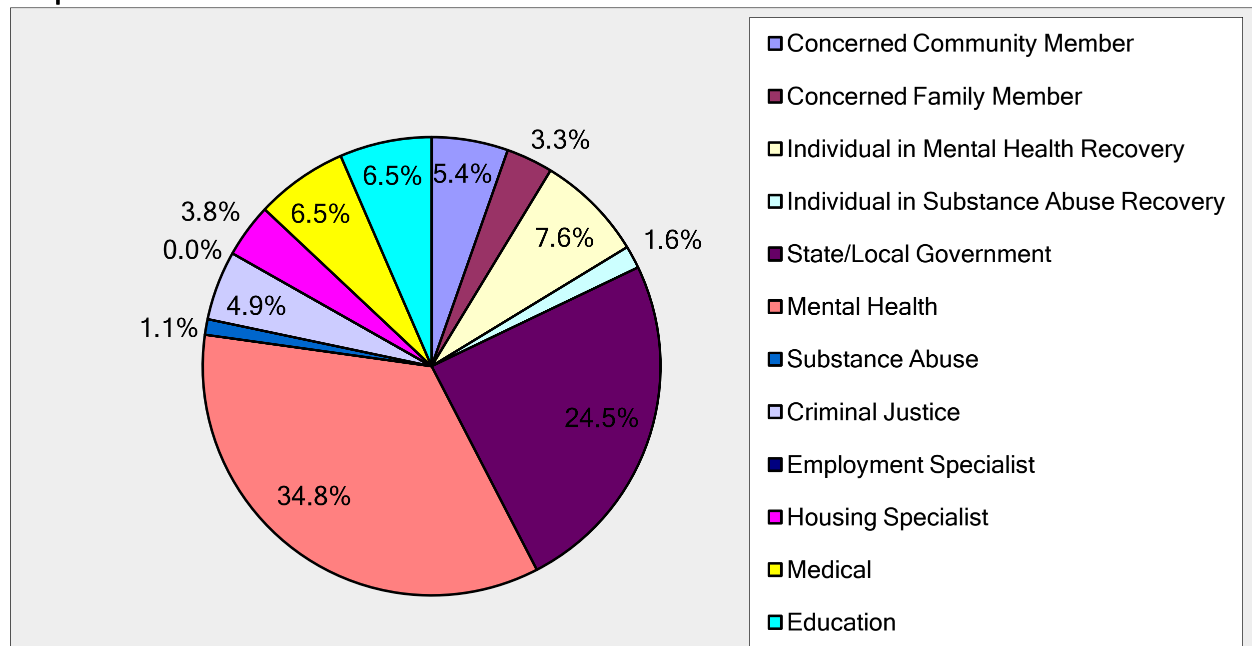


Table 2 and Graph 2 represent the percentage and number of participants based on Counties. Of note, people were able to represent more than one County, so the total number of responses was 324 counting duplicates.

Table 2

Answer Options	Response Percent	Response Count
Island	21.2%	44
San Juan	30.8%	64
Skagit	34.1%	71
Snohomish	40.4%	84
Whatcom	29.3%	61
	Answered Question	**208**
	Skipped Question	**0**

Graph 2

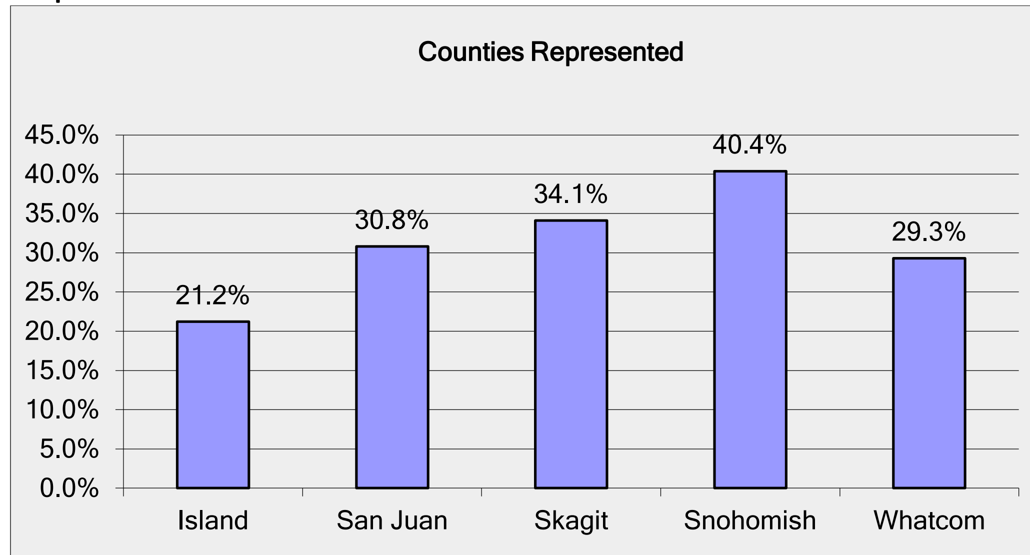


Table 3 and Graph 3 represent the number and percentage of people who identified as representing a Tribe.

Table3

Answer Options	Response Percent	Response Count
Yes	5.3%	11
No	94.7%	195
	Answered Question	**206**
	Skipped Question	**2**

Graph 3

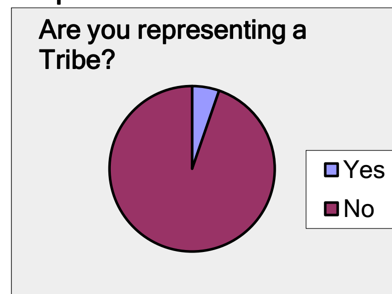
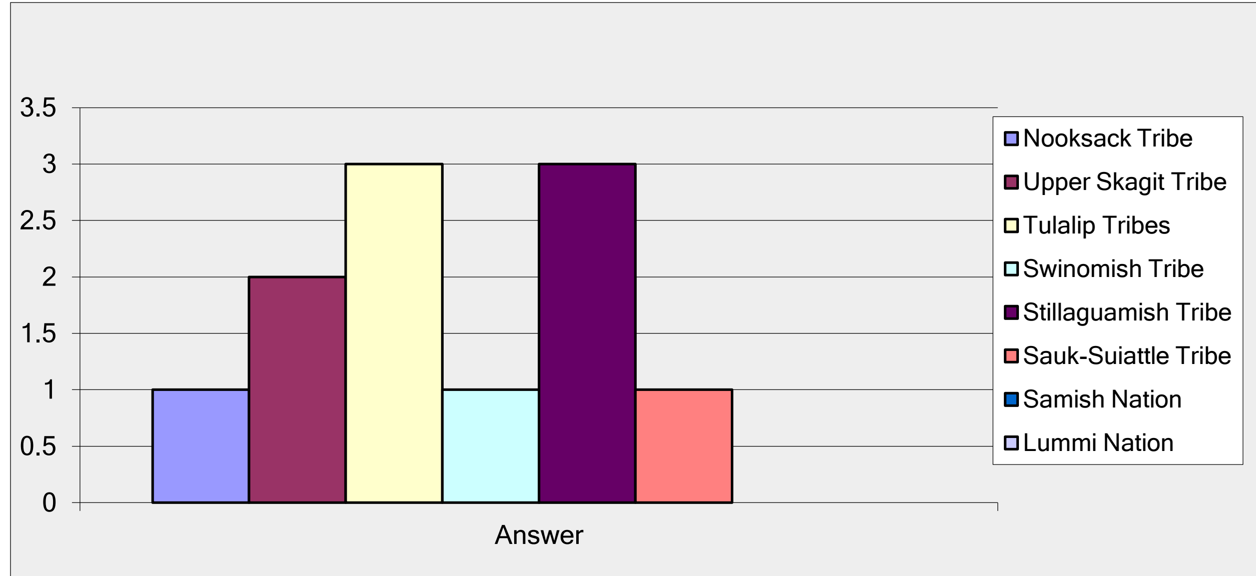


Table 4 and Graph 4 identify the Tribes that were represented.

Table 4

Lummi Nation	Samish Nation	Sauk-Suiattle Tribe	Stillaguamish Tribe	Swinomish Tribe	Tulalip Tribes	Upper Skagit Tribe	Nooksack Tribe	Response Count
0	0	1	3	1	3	2	1	11

Graph 4



Goals Prioritized by the Northwest Region (All Five Counties)

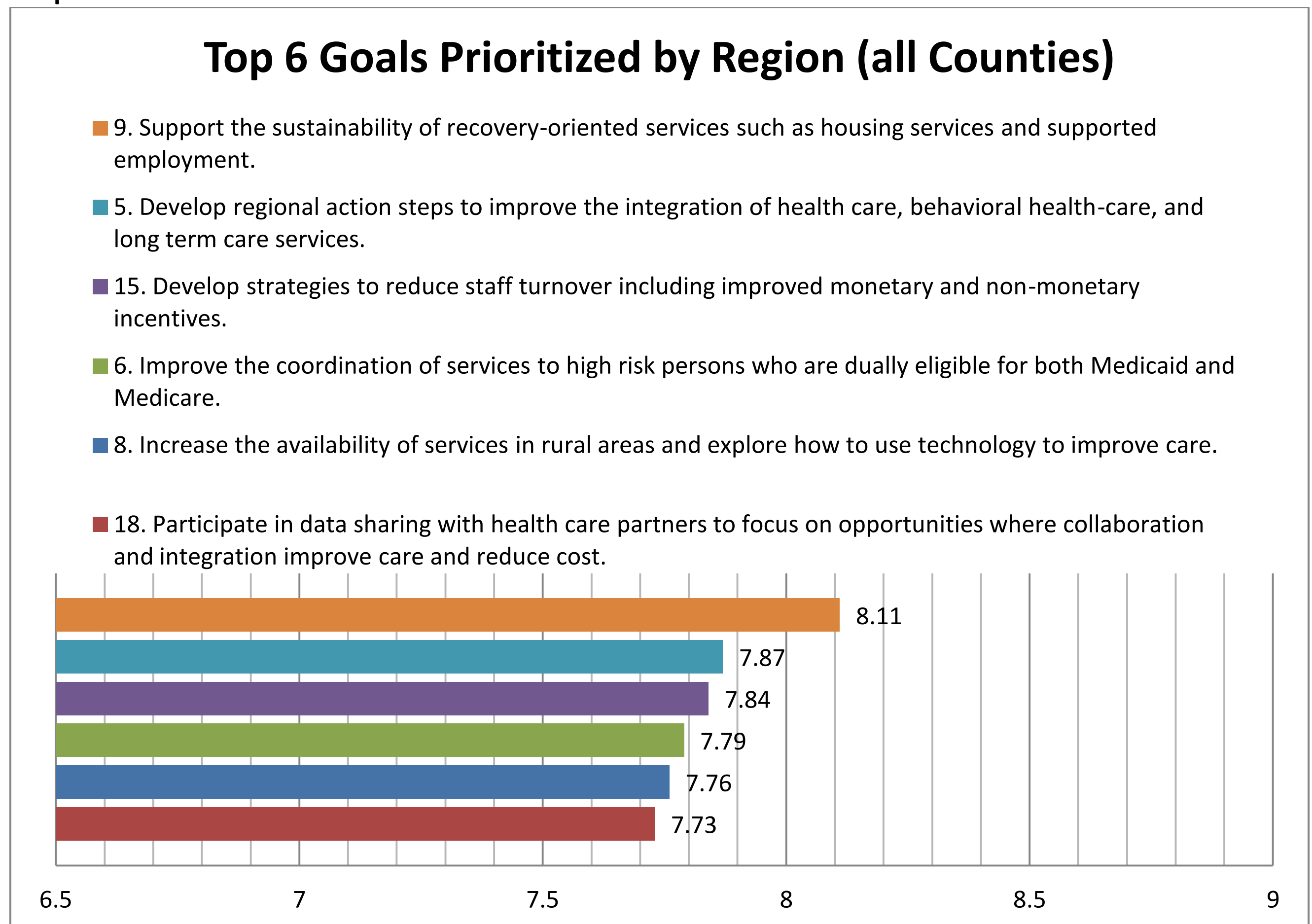
The following data is prioritized based on how people voted on individual goals. With a scale from 1-10 (from low to high importance), the highest averaged rated item was 8.11 and the lowest was 5.42. Table 5 shows the survey question number, the goal statement and the rating.

Table 5

Question Number	Goal Statements	Rating Average
9	Support the sustainability of recovery-oriented services such as housing services and supported employment.	8.11
5	Develop regional action steps to improve the integration of health care, behavioral health-care, and long term care services.	7.87
15	Develop strategies to reduce staff turnover including improved monetary and non-monetary incentives.	7.84
6	Improve the coordination of services to high risk persons who are dually eligible for both Medicaid and Medicare.	7.79
8	Increase the availability of services in rural areas and explore how to use technology to improve care.	7.76
18	Participate in data sharing with health care partners to focus on opportunities where collaboration and integration improve care and reduce cost.	7.73
16	Promote sharing of data between Electronic Health Record systems to improve care, increase efficiency, and contain costs.	7.56
17	NSMHA will use "reliable data analysis" to make funding decisions that achieve the best outcomes of improved care and cost-containment.	7.04
13	Address projected workforce shortages as Medicaid funding expands and older workers retire.	7.01
12	Promote youth and family involvement at all levels of the system by exploring the development of a parent partner network and youth advisory committee.	6.86
14	Increase workforce capabilities to provide culturally competent services.	6.83
7	Expand training in the use of Evidence-based practices (EBP) and cultural competence.	6.82
23	Actively participate on the state workgroup to work with Tribal representatives on the development of a “Tribal Centric Mental Health System.”	6.62
22	Work with Tribal representatives to continue to implement and update the Goals and Activities listed on the NSMHA “7.01 Implementation Plan.”	6.52
11	Build a regional peer network and training plan to support consumer empowerment initiatives. This includes Peer training and Wellness Recovery Action Plan (WRAP) training.	6.55
24	Continue to sponsor the annual NSHMA Tribal Mental Health Conferences.	6.47
10	Increase the number of peers employed in our system.	6.26
20	Redesign the NSMHA Web site to make it more user friendly, better meet the needs of different audiences, and provide quicker access to information and updates.	5.85
21	Communicate stories and information on a regular basis that illustrate the accomplishments of NSMHA services and the successes of our provider agencies.	5.68
19	Continue the monthly NSMHA E-Newsletters and expand the target audience.	5.42

Graph 5 provides a visual representation of the top six regional goals.

Graph 5



Seven Goal Areas Prioritizes by Region

Table 6 and Graph 6 identify the seven goals areas, the average rating based on the combined goal scores and how they ranked according to respondents.

Table 6

Goal Number	NSMHA Seven Strategic Goals	Rating Average	Ranked
1	Organizational Structure and Health Care Reform	7.83	1
2	Access to Quality Services	7.56	2
3	Peer Support and Consumer Involvement Initiatives	6.56	5
4	Work Force Development	7.23	4
5	Information Technology	7.44	3
6	Communications and Marketing	5.65	7
7	Tribes	6.54	6

Graph 6

Individual County Data Counts Compared to Regional Data

The North Sound Mental Health Administration is interested in knowing if the priorities in the Counties are significantly different than the region as a whole. The average score for of each County goal were compared to each other and 11 out of the 20 goals had scores that deviated no greater than one point (Table 7 - 17) all others were less than one point. The Tribal votes, while a small number of the whole (11 out of 208), showed an interest in goals that were different from Counties. Otherwise the differences were minor across all 5 Counties and demonstrated a fairly consistent response.

Table 7

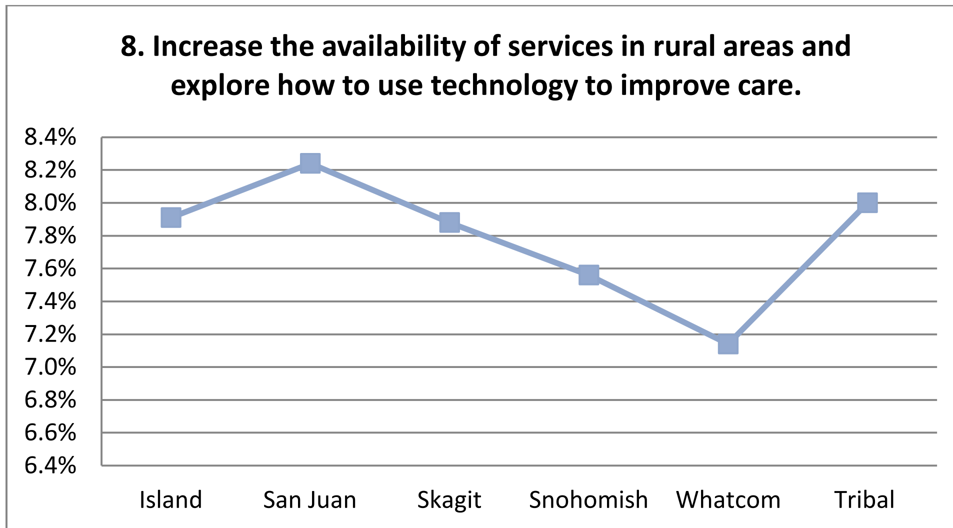


Table 8

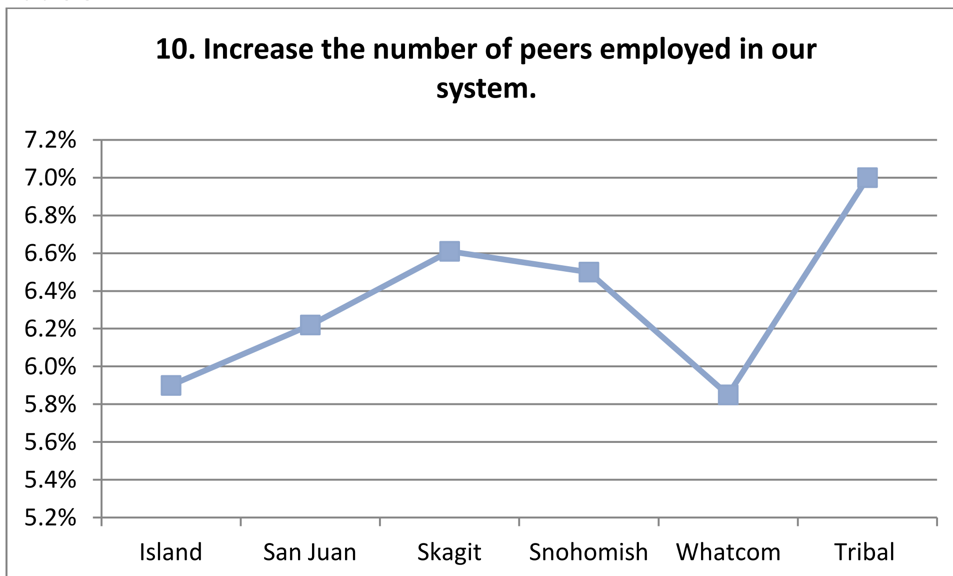


Table 9

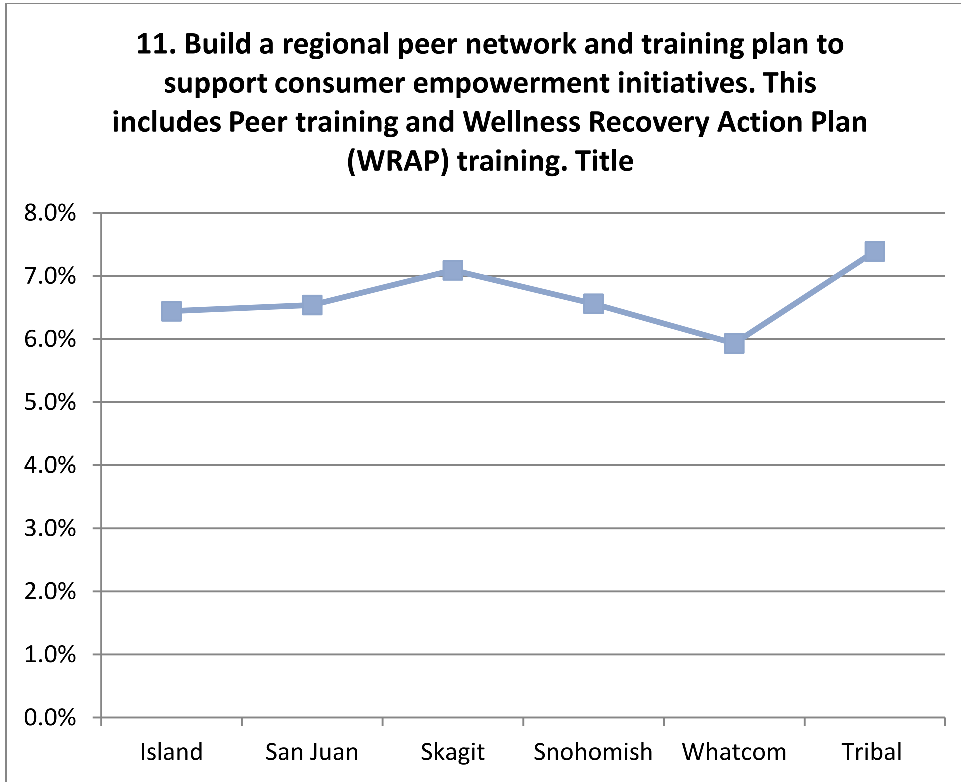
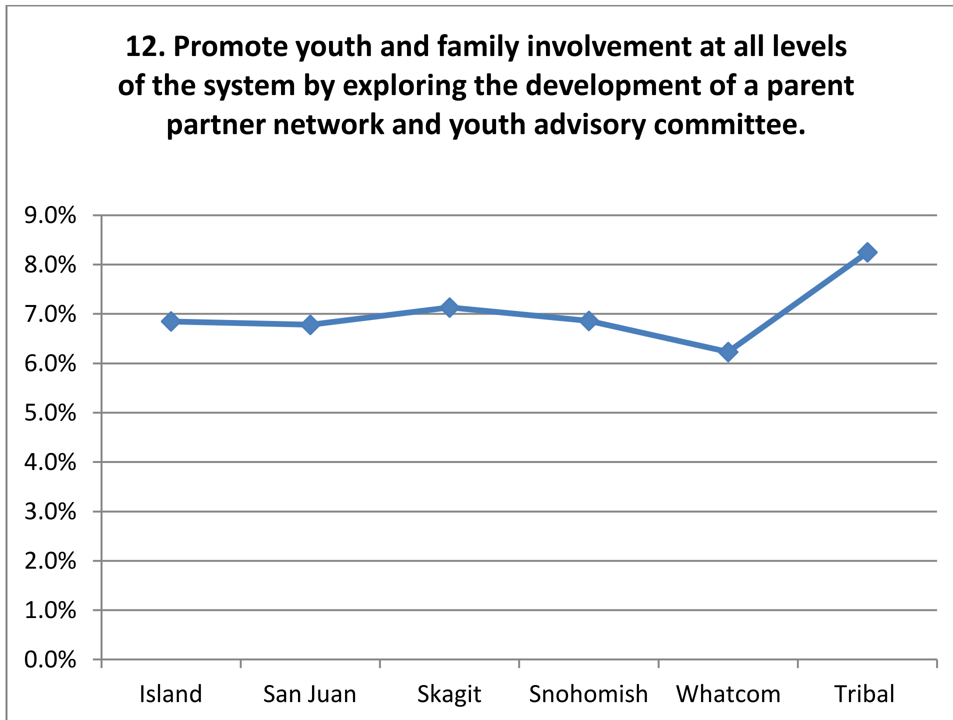


Table 10



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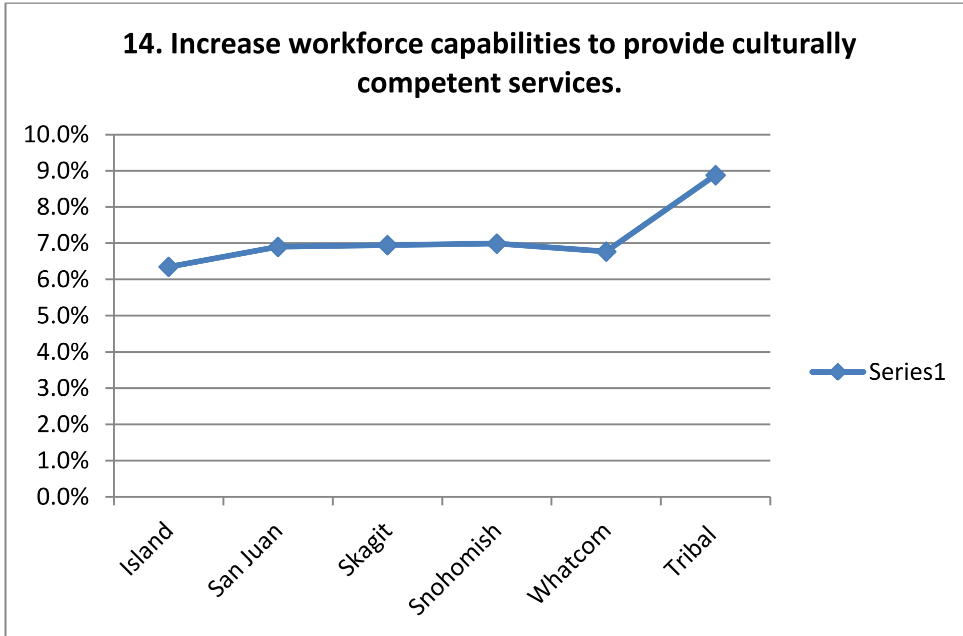

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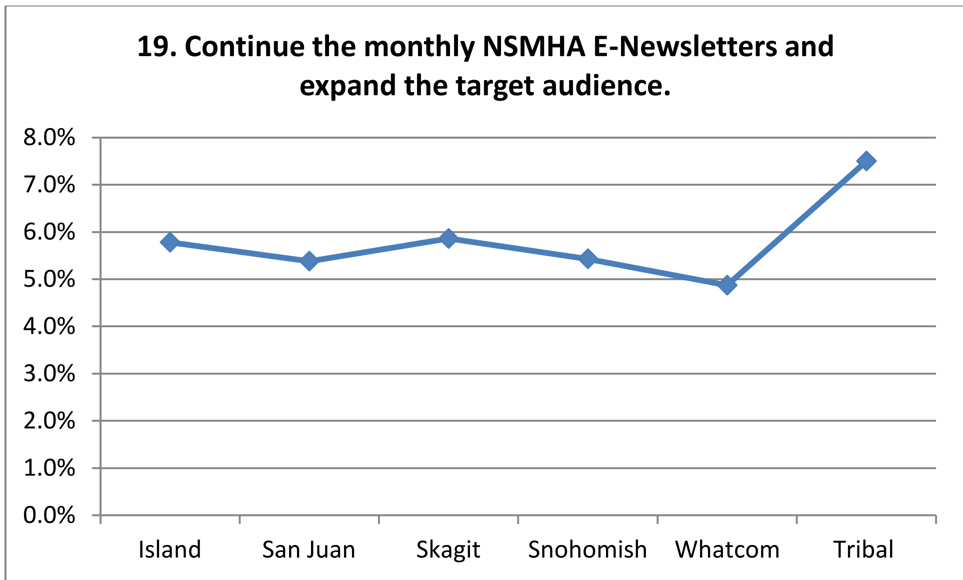


Table 13

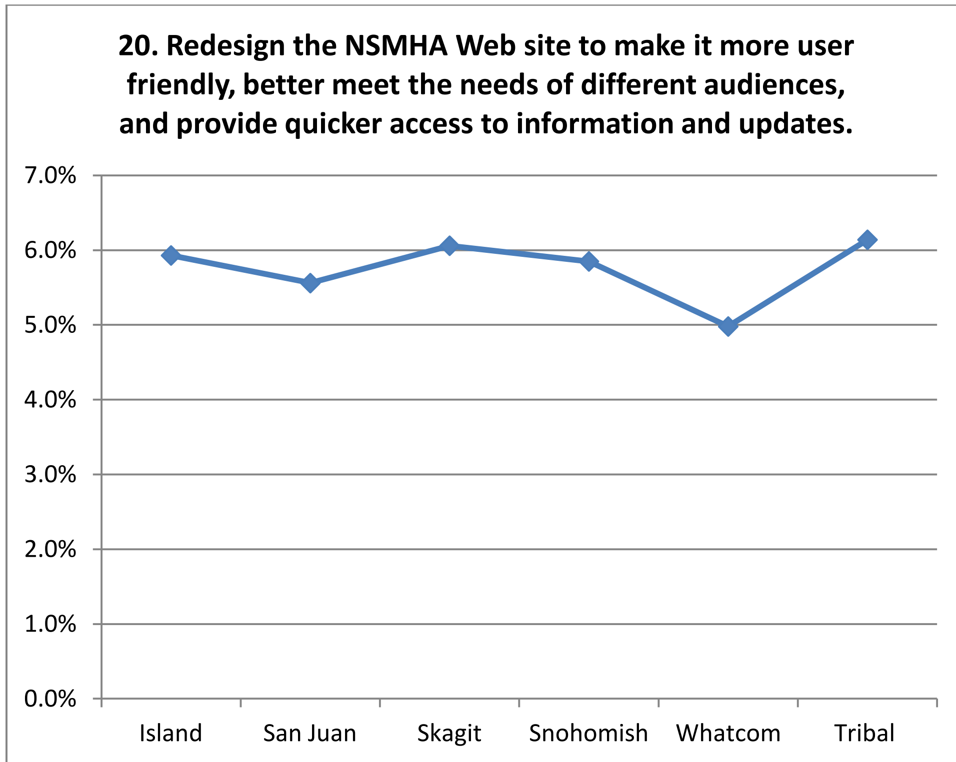


Table 14

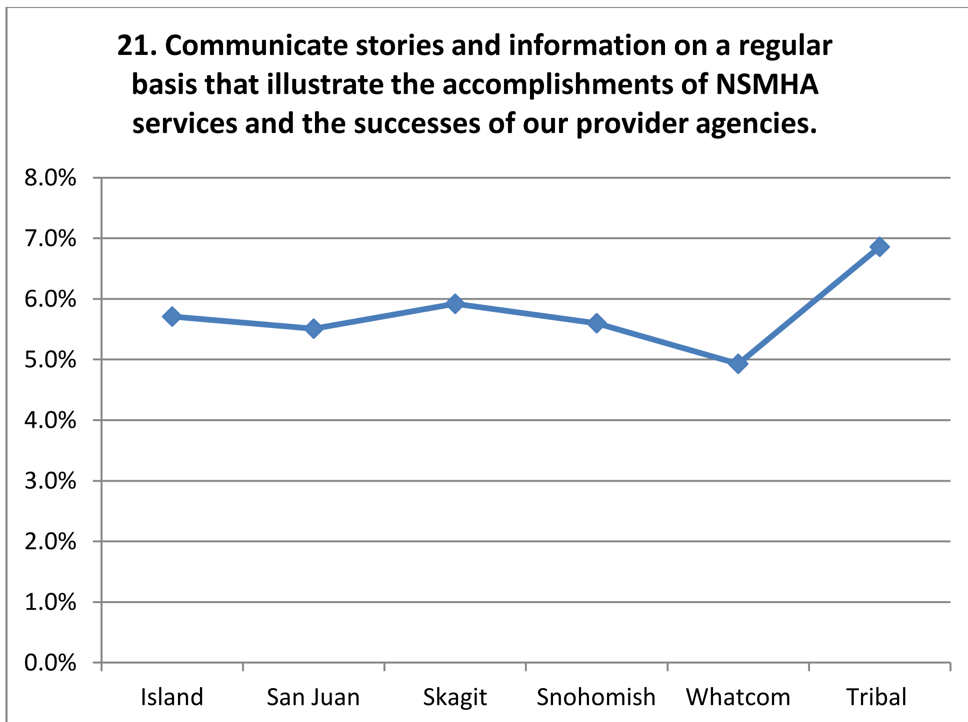


Table 15

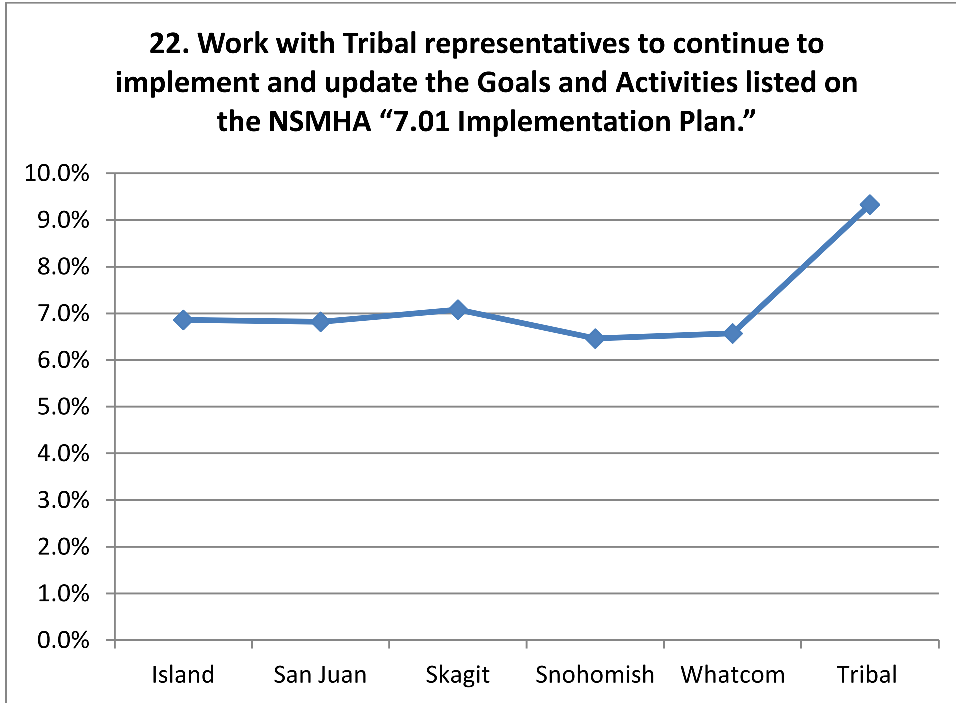


Table 16

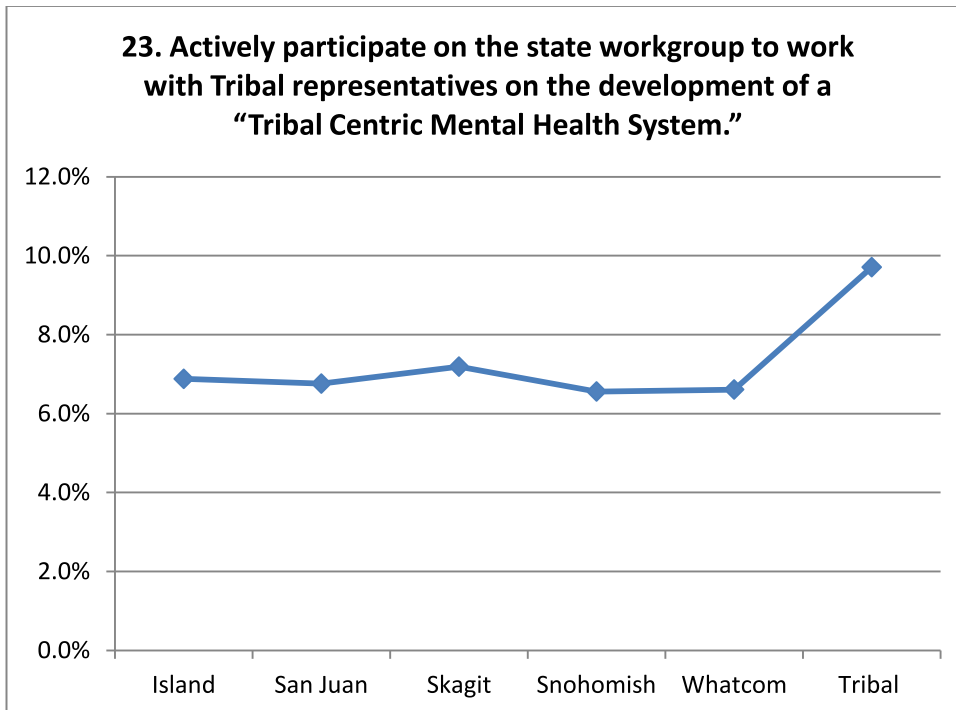
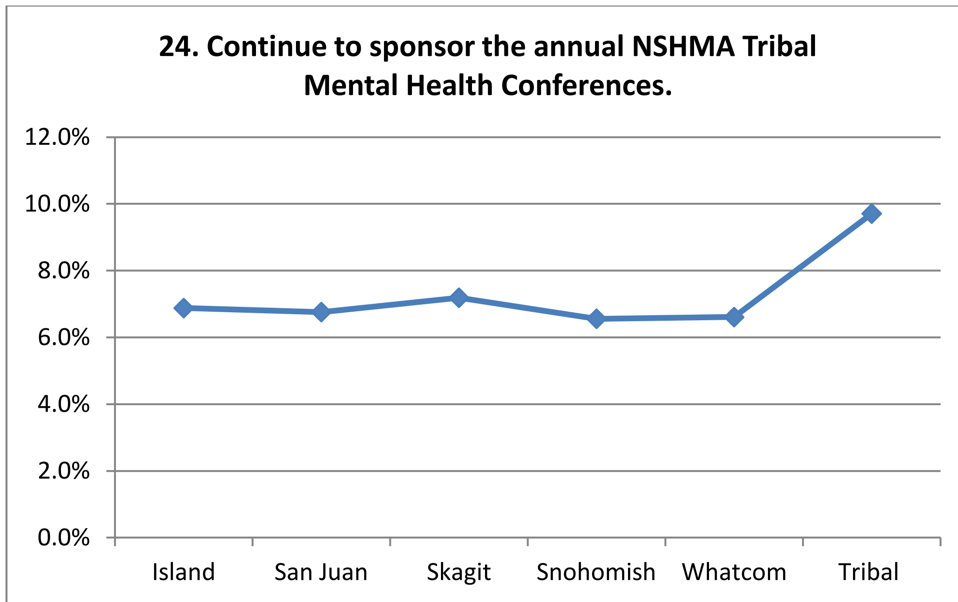


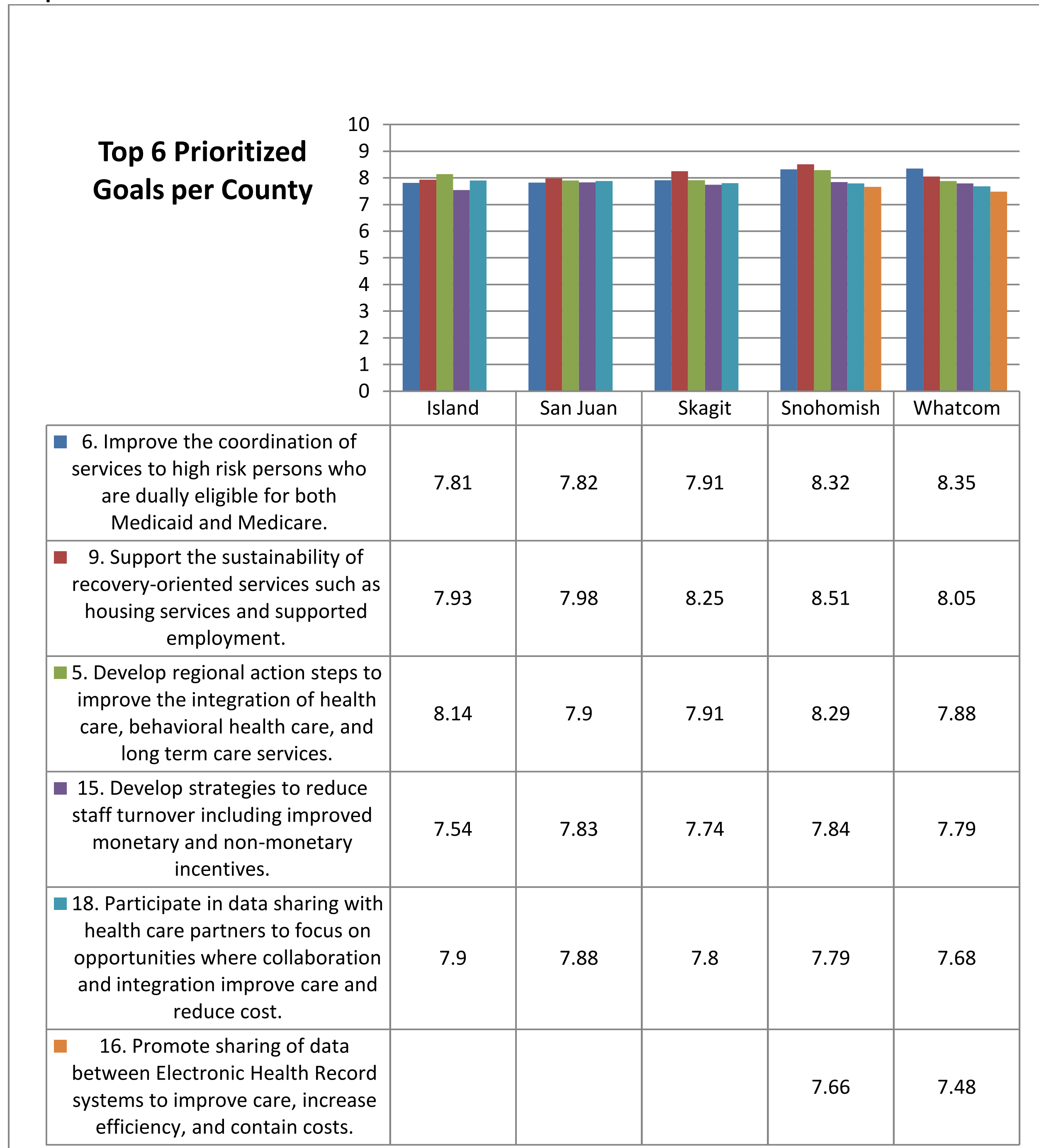
Table 17



Comparing Top 6 Identified Goals across the Five Counties

All County respondents endorsed the same 5 out of 6 top priorities but the rank order varied across Counties. The scores for the top goals had an average difference of .60 points on a 1-10 scale (8.29 high average – 7.70 low average). Graph 7 shows the top 6 prioritized goals per County.

Graph 7



	Island	San Juan	Skagit	Snohomish	Whatcom
6. Improve the coordination of services to high risk persons who are dually eligible for both Medicaid and Medicare.	7.81	7.82	7.91	8.32	8.35
9. Support the sustainability of recovery-oriented services such as housing services and supported employment.	7.93	7.98	8.25	8.51	8.05
5. Develop regional action steps to improve the integration of health care, behavioral health care, and long term care services.	8.14	7.9	7.91	8.29	7.88
15. Develop strategies to reduce staff turnover including improved monetary and non-monetary incentives.	7.54	7.83	7.74	7.84	7.79
18. Participate in data sharing with health care partners to focus on opportunities where collaboration and integration improve care and reduce cost.	7.9	7.88	7.8	7.79	7.68
16. Promote sharing of data between Electronic Health Record systems to improve care, increase efficiency, and contain costs.				7.66	7.48

Island County Priorities

A total of 44 people indicated they were from or representing Island County. Table 18 lists the prioritized goals and the average rating scores. Graph 8 shows the top six Island priorities.

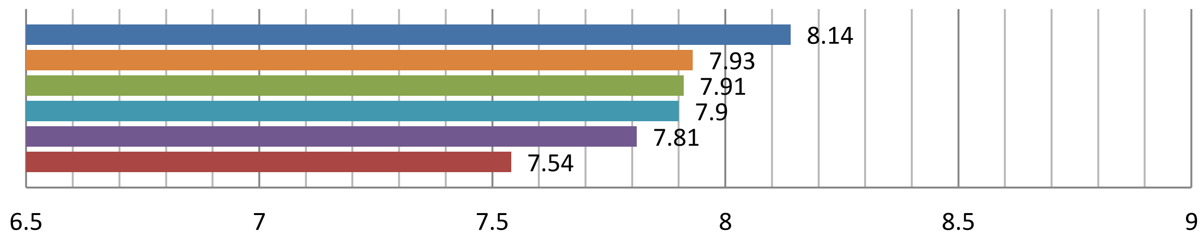
Table 18

Question Number	Goal Statements	Rating Average
5	Develop regional action steps to improve the integration of health care, behavioral health-care, and long term care services.	8.14
9	Support the sustainability of recovery-oriented services such as housing services and supported employment.	7.93
8	Increase the availability of services in rural areas and explore how to use technology to improve care.	7.91
18	Participate in data sharing with health care partners to focus on opportunities where collaboration and integration improve care and reduce cost.	7.90
6	Improve the coordination of services to high risk persons who are dually eligible for both Medicaid and Medicare.	7.81
15	Develop strategies to reduce staff turnover including improved monetary and non-monetary incentives.	7.54
16	Promote sharing of data between Electronic Health Record systems to improve care, increase efficiency, and contain costs.	7.37
17	NSMHA will use "reliable data analysis" to make funding decisions that achieve the best outcomes of improved care and cost-containment.	7.32
7	Expand training in the use of Evidence-based practices (EBP) and cultural competence.	6.98
13	Address projected workforce shortages as Medicaid funding expands and older workers retire.	6.93
23	Actively participate on the state workgroup to work with Tribal representatives on the development of a “Tribal Centric Mental Health System.”	6.88
22	Work with Tribal representatives to continue to implement and update the Goals and Activities listed on the NSMHA “7.01 Implementation Plan.	6.87
24	Continue to sponsor the annual NSHMA Tribal Mental Health Conferences.	6.68
12	Promote youth and family involvement at all levels of the system by exploring the development of a parent partner network and youth advisory committee.	6.45
11	Build a regional peer network and training plan to support consumer empowerment initiatives. This includes Peer training and Wellness Recovery Action Plan (WRAP) training.	6.44
14	Increase workforce capabilities to provide culturally competent services.	6.35
20	Redesign the NSMHA Web site to make it more user friendly, better meet the needs of different audiences, and provide quicker access to information and updates.	5.93
10	Increase the number of peers employed in our system.	5.90
19	Continue the monthly NSMHA E-Newsletters and expand the target audience.	5.78
21	Communicate stories and information on a regular basis that illustrate the accomplishments of NSMHA services and the successes of our provider agencies.	5.71

Graph 8

Island County Top 6 Priorities

- 5. Develop regional action steps to improve the integration of health care, behavioral health care, and long term care services.
- 9. Support the sustainability of recovery-oriented services such as housing services and supported employment.
- 8.Increase the availability of services in rural areas and explore how to use technology to improve care.
- 18. Participate in data sharing with health care partners to focus on opportunities where collaboration and integration improve care and reduce cost.
- 6. Improve the coordination of services to high risk persons who are dually eligible for both Medicaid and Medicare.



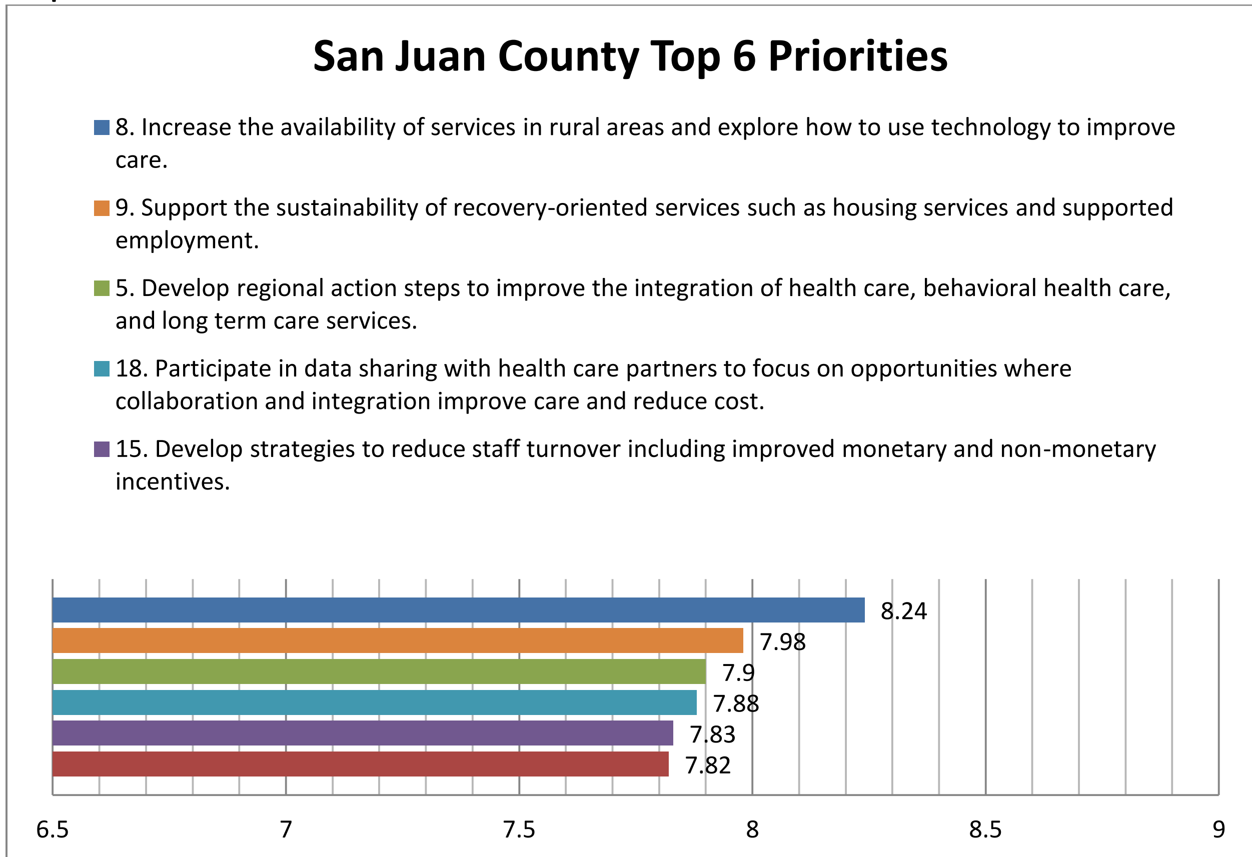
San Juan County Priorities

A total of 64 people indicated they were from or representing San Juan County. Table 19 lists the prioritized goals and the average rating scores. Graph 9 shows the top six San Juan priorities.

Table 19

Question Number	Goal Statements	Rating Average
8	Increase the availability of services in rural areas and explore how to use technology to improve care.	8.24
9	Support the sustainability of recovery-oriented services such as housing services and supported employment.	7.98
5	Develop regional action steps to improve the integration of health care, behavioral health care, and long term care services.	7.90
18	Participate in data sharing with health care partners to focus on opportunities where collaboration and integration improve care and reduce cost.	7.88
15	Develop strategies to reduce staff turnover including improved monetary and non-monetary incentives.	7.83
6	Improve the coordination of services to high risk persons who are dually eligible for both Medicaid and Medicare.	7.82
16	Promote sharing of data between Electronic Health Record systems to improve care, increase efficiency, and contain costs.	7.44
13	Address projected workforce shortages as Medicaid funding expands and older workers retire.	7.33
17	NSMHA will use "reliable data analysis" to make funding decisions that achieve the best outcomes of improved care and cost-containment.	6.93
14	Increase workforce capabilities to provide culturally competent services.	6.90
22	Work with Tribal representatives to continue to implement and update the Goals and Activities listed on the NSMHA “7.01 Implementation Plan.”	6.82
12	Promote youth and family involvement at all levels of the system by exploring the development of a parent partner network and youth advisory committee.	6.78
23	Actively participate on the state workgroup to work with Tribal representatives on the development of a “Tribal Centric Mental Health System.”	6.76
7	Expand training in the use of Evidence-based practices (EBP) and cultural competence.	6.71
11	Build a regional peer network and training plan to support consumer empowerment initiatives. This includes Peer training and Wellness Recovery Action Plan (WRAP) training.	6.54
24	Continue to sponsor the annual NSHMA Tribal Mental Health Conferences.	6.49
10	Increase the number of peers employed in our system.	6.22
20	Redesign the NSMHA Web site to make it more user friendly, better meet the needs of different audiences, and provide quicker access to information and updates.	5.55
21	Communicate stories and information on a regular basis that illustrate the accomplishments of NSMHA services and the successes of our provider agencies.	5.51
19	Continue the monthly NSMHA E-Newsletters and expand the target audience.	5.38

Graph 9



Skagit County Priorities

A total of 71 people indicated they were from or representing Skagit County. Table 20 lists the prioritized goals and the average rating scores. Graph 10 shows the top six Skagit priorities.

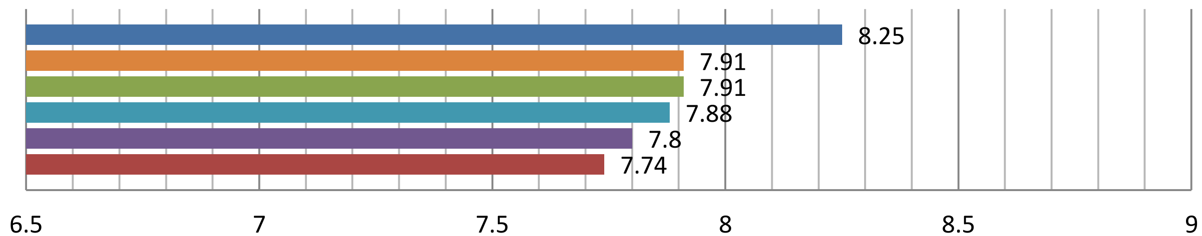
Table 20

Question Number	Goal Statements	Rating Average
9	Support the sustainability of recovery-oriented services such as housing services and supported employment.	8.25
5	Develop regional action steps to improve the integration of health care, behavioral health-care, and long term care services.	7.91
6	Improve the coordination of services to high risk persons who are dually eligible for both Medicaid and Medicare.	7.91
8	Increase the availability of services in rural areas and explore how to use technology to improve care.	7.88
18	Participate in data sharing with health care partners to focus on opportunities where collaboration and integration improve care and reduce cost.	7.80
15	Develop strategies to reduce staff turnover including improved monetary and non-monetary incentives.	7.74
16	Promote sharing of data between Electronic Health Record systems to improve care, increase efficiency, and contain costs.	7.59
7	Expand training in the use of Evidence-based practices (EBP) and cultural competence.	7.48
17	NSMHA will use "reliable data analysis" to make funding decisions that achieve the best outcomes of improved care and cost-containment.	7.38
23	Actively participate on the state workgroup to work with Tribal representatives on the development of a “Tribal Centric Mental Health System.”	7.19
12	Promote youth and family involvement at all levels of the system by exploring the development of a parent partner network and youth advisory committee.	7.13
11	Build a regional peer network and training plan to support consumer empowerment initiatives. This includes Peer training and Wellness Recovery Action Plan (WRAP) training.	7.09
22	Work with Tribal representatives to continue to implement and update the Goals and Activities listed on the NSMHA “7.01 Implementation Plan.”	7.08
13	Address projected workforce shortages as Medicaid funding expands and older workers retire.	7.05
24	Continue to sponsor the annual NSHMA Tribal Mental Health Conferences.	7.00
14	Increase workforce capabilities to provide culturally competent services.	6.95
10	Increase the number of peers employed in our system.	6.61
20	Redesign the NSMHA Web site to make it more user friendly, better meet the needs of different audiences, and provide quicker access to information and updates.	6.06
21	Communicate stories and information on a regular basis that illustrate the accomplishments of NSMHA services and the successes of our provider agencies.	5.92
19	Continue the monthly NSMHA E-Newsletters and expand the target audience.	5.86

Graph 10

Skagit County Top 6 Priorities

- 9. Support the sustainability of recovery-oriented services such as housing services and supported employment.
- 6.Improve the coordination of services to high risk persons who are dually eligible for both Medicaid and Medicare.
- 5. Develop regional action steps to improve the integration of health care, behavioral health-care, and long term care services.
- 8. Increase the availability of services in rural areas and explore how to use technology to improve care.
- 18. Participate in data sharing with health care partners to focus on opportunities where collaboration and integration improve care and reduce cost.



Snohomish County Priorities

A total of 84 people indicated they were from or representing Snohomish County. Table 21 lists the prioritized goals and the average rating scores. Graph 11 shows the top six Snohomish priorities.

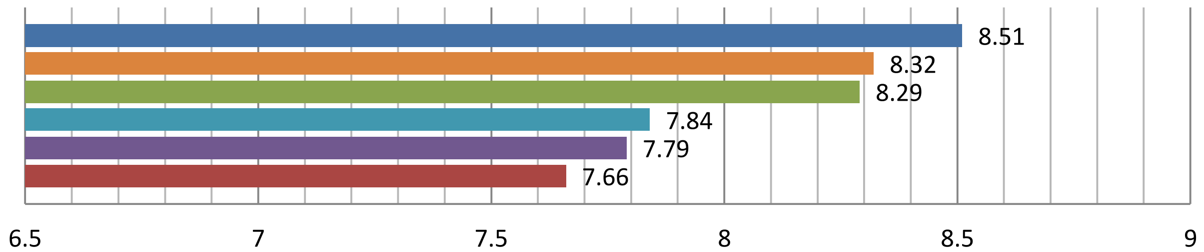
Table 21

Question Number	Goal Statements	Rating Average
9	Support the sustainability of recovery-oriented services such as housing services and supported employment.	8.51
6	Improve the coordination of services to high risk persons who are dually eligible for both Medicaid and Medicare.	8.32
5	Develop regional action steps to improve the integration of health care, behavioral health-care, and long term care services.	8.29
15	Develop strategies to reduce staff turnover including improved monetary and non-monetary incentives.	7.84
18	Participate in data sharing with health care partners to focus on opportunities where collaboration and integration improve care and reduce cost.	7.79
16	Promote sharing of data between Electronic Health Record systems to improve care, increase efficiency, and contain costs.	7.66
8	Increase the availability of services in rural areas and explore how to use technology to improve care.	7.56
13	Address projected workforce shortages as Medicaid funding expands and older workers retire.	7.35
17	NSMHA will use "reliable data analysis" to make funding decisions that achieve the best outcomes of improved care and cost-containment.	7.23
14	Increase workforce capabilities to provide culturally competent services.	6.99
12	Promote youth and family involvement at all levels of the system by exploring the development of a parent partner network and youth advisory committee.	6.86
7	Expand training in the use of Evidence-based practices (EBP) and cultural competence.	6.85
11	Build a regional peer network and training plan to support consumer empowerment initiatives. This includes Peer training and Wellness Recovery Action Plan (WRAP) training.	6.56
23	Actively participate on the state workgroup to work with Tribal representatives on the development of a “Tribal Centric Mental Health System.”	6.56
10	Increase the number of peers employed in our system.	6.50
22	Work with Tribal representatives to continue to implement and update the Goals and Activities listed on the NSMHA “7.01 Implementation Plan.”	6.46
24	Continue to sponsor the annual NSHMA Tribal Mental Health Conferences.	6.26
20	Redesign the NSMHA Web site to make it more user friendly, better meet the needs of different audiences, and provide quicker access to information and updates.	5.85
21	Communicate stories and information on a regular basis that illustrate the accomplishments of NSMHA services and the successes of our provider agencies.	5.60
19	Continue the monthly NSMHA E-Newsletters and expand the target audience.	5.43

Graph 11

Snohomish County Top 6 Priorities

- 9. Support the sustainability of recovery-oriented services such as housing services and supported employment.
- 6. Improve the coordination of services to high risk persons who are dually eligible for both Medicaid and Medicare.
- 5. Develop regional action steps to improve the integration of health care, behavioral health-care, and long term care services.
- 15. Develop strategies to reduce staff turnover including improved monetary and non-monetary incentives.
- 18. Participate in data sharing with health care partners to focus on opportunities where collaboration and integration improve care and reduce cost.



Whatcom County Priorities

A total of 61 people indicated they were from or representing Whatcom County. Table 22 lists the prioritized goals and the average rating scores. Graph 12 shows the top six Whatcom priorities.

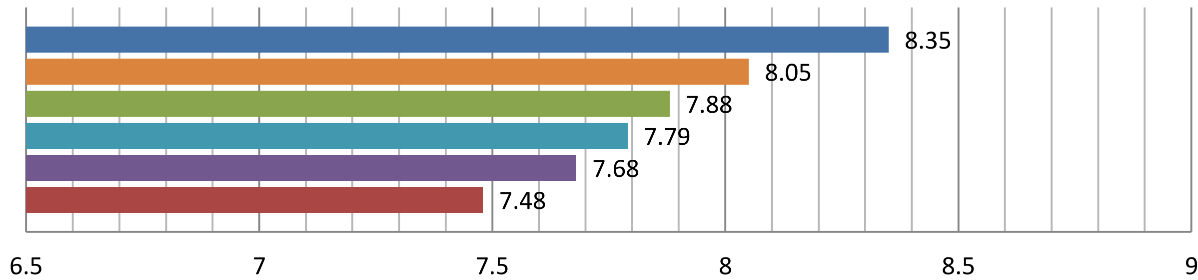
Table 22

Question Number	Goal Statements	Rating Average
6	Improve the coordination of services to high risk persons who are dually eligible for both Medicaid and Medicare.	8.35
9	Support the sustainability of recovery-oriented services such as housing services and supported employment.	8.05
5	Develop regional action steps to improve the integration of health care, behavioral health care, and long term care services.	7.88
15	Develop strategies to reduce staff turnover including improved monetary and non-monetary incentives.	7.79
18	Participate in data sharing with health care partners to focus on opportunities where collaboration and integration improve care and reduce cost.	7.68
16	Promote sharing of data between Electronic Health Record systems to improve care, increase efficiency, and contain costs.	7.48
17	NSMHA will use "reliable data analysis" to make funding decisions that achieve the best outcomes of improved care and cost-containment.	7.34
8	Increase the availability of services in rural areas and explore how to use technology to improve care.	7.14
7	Expand training in the use of Evidence-based practices (EBP) and cultural competence.	6.81
23	Actively participate on the state workgroup to work with Tribal representatives on the development of a “Tribal Centric Mental Health System.”	6.61
22	Work with Tribal representatives to continue to implement and update the Goals and Activities listed on the NSMHA “7.01 Implementation Plan.”	6.57
13	Address projected workforce shortages as Medicaid funding expands and older workers retire.	6.53
24	Continue to sponsor the annual NSHMA Tribal Mental Health Conferences.	6.32
14	Increase workforce capabilities to provide culturally competent services.	6.27
12	Promote youth and family involvement at all levels of the system by exploring the development of a parent partner network and youth advisory committee.	6.23
11	Build a regional peer network and training plan to support consumer empowerment initiatives. This includes Peer training and Wellness Recovery Action Plan (WRAP) training.	5.93
10	Increase the number of peers employed in our system.	5.85
20	Redesign the NSMHA Web site to make it more user friendly, better meet the needs of different audiences, and provide quicker access to information and updates.	4.98
21	Communicate stories and information on a regular basis that illustrate the accomplishments of NSMHA services and the successes of our provider agencies.	4.93
19	Continue the monthly NSMHA E-Newsletters and expand the target audience.	4.87

Graph 12

Whatcom County Top 6 Priorities

- 6. Improve the coordination of services to high risk persons who are dually eligible for both Medicaid and Medicare.
- 9. Support the sustainability of recovery-oriented services such as housing services and supported employment.
- 5. Develop regional action steps to improve the integration of health care, behavioral health care, and long term care services.
- 15. Develop strategies to reduce staff turnover including improved monetary and non-monetary incentives.
- 18. Participate in data sharing with health care partners to focus on opportunities where collaboration and integration improve care and reduce cost.



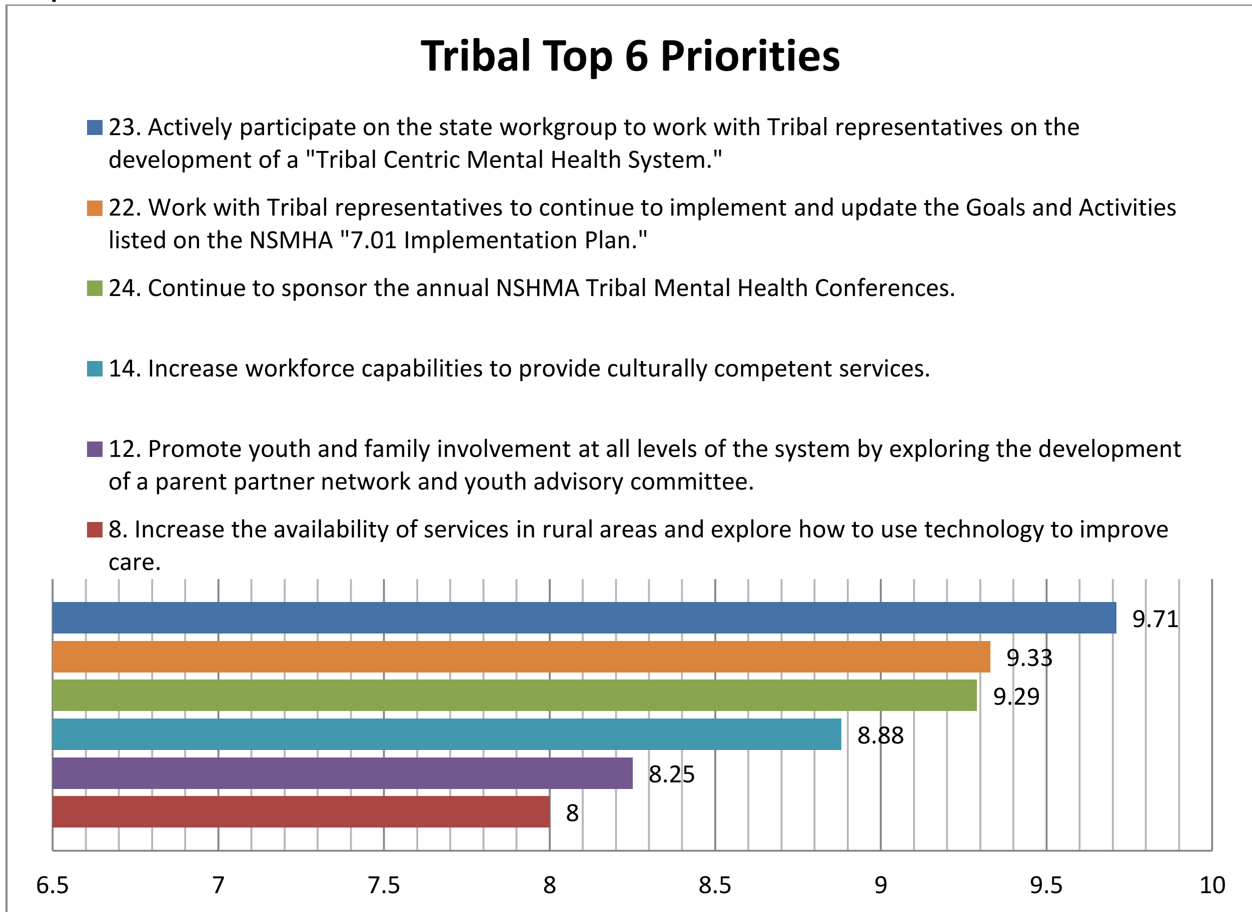
Tribal Representative Priorities

A total of 11 people indicated they were from or representing a Tribe. Table 23 lists the prioritized goals and the average rating scores. Graph 14 shows the top six Tribal priorities.

Table 23

Question Number	Goal Statements	Rating Average
23	Actively participate on the state workgroup to work with Tribal representatives on the development of a "Tribal Centric Mental Health System."	9.71
22	Work with Tribal representatives to continue to implement and update the Goals and Activities listed on the NSMHA "7.01 Implementation Plan."	9.33
24	Continue to sponsor the annual NSHMA Tribal Mental Health Conferences.	9.29
14	Increase workforce capabilities to provide culturally competent services.	8.88
12	Promote youth and family involvement at all levels of the system by exploring the development of a parent partner network and youth advisory committee.	8.25
8	Increase the availability of services in rural areas and explore how to use technology to improve care.	8.00
9	Support the sustainability of recovery-oriented services such as housing services and supported employment.	8.00
6	Improve the coordination of services to high risk persons who are dually eligible for both Medicaid and Medicare.	7.88
15	Develop strategies to reduce staff turnover including improved monetary and non-monetary incentives.	7.88
17	NSMHA will use "reliable data analysis" to make funding decisions that achieve the best outcomes of improved care and cost-containment.	7.86
16	Promote sharing of data between Electronic Health Record systems to improve care, increase efficiency, and contain costs.	7.57
7	Expand training in the use of Evidence-based practices (EBP) and cultural competence.	7.56
19	Continue the monthly NSMHA E-Newsletters and expand the target audience.	7.50
18	Participate in data sharing with health care partners to focus on opportunities where collaboration and integration improve care and reduce cost.	7.43
11	Build a regional peer network and training plan to support consumer empowerment initiatives. This includes Peer training and Wellness Recovery Action Plan (WRAP) training. Click here to learn about WRAP.	7.38
13	Address projected workforce shortages as Medicaid funding expands and older workers retire.	7.25
5	Develop regional action steps to improve the integration of health care, behavioral health care, and long term care services.	7.22
10	Increase the number of peers employed in our system.	7.00
21	Communicate stories and information on a regular basis that illustrate the accomplishments of NSMHA services and the successes of our provider agencies.	6.86
20	Redesign the NSMHA Web site to make it more user friendly, better meet the needs of different audiences, and provide quicker access to information and updates.	6.14

Graph 13



Priority Area Individual Comments

The following section contains the written comments that were submitted by survey respondents. The comments are organized according to strategies that were voted highest priority to lowest priority. Comments are in the participant's original wording (minor editing provided).

1) Support the sustainability of recovery-oriented services such as housing services and supported employment.
   A. With focus on something for our teens.
   B. Would like to see availability of more funding support especially for Supported Employment.
   C. Best done through the coordination of community partners who specialize in these areas.
   D. I think other agencies will pick up on these areas if access to care is broader.
   E. State funding to support such services would be beneficial. Locally, privately donated funds are less available for such services. Most of the consumers in this category are single folks in our community. Families with children are prioritized for housing.
   F. Need in our community is for more critical, crisis-driven services.
   G. Services to the homeless mentally ill have been long neglected.
   H. Enormous need for more shelter space.
   I. If people have somewhere to call home their self esteem will increase, thus their willingness to find a job and feel successful.
   J. Do not know - primarily work with children.
   K. Both of these are low priorities for only ONE reason: Even where they are well-funded, they are implemented poorly and with little effect on the recovery process except among the most dysfunctional (most severely ill) members of the population. The one exception seems to be in the single area of consumer advocacy and peer-services to other consumers of the same services. All of the rest appears to be mere frosting.
   L. Again two different issues - housing the most important.
   M. For clients with complex needs, housing is often prerequisite to the effective use of other services.
   N. If children in middle school who have problems with reading, but seem to be artistic could be identified, could a half day of active involvement in a sustainability focused art gallery include both creation of art and practical aspects of making art a viable career...this could be faux painting, design, wood work, silk screening, computer generated art as well as the business aspects of operating a gallery or performing every aspect from creating to marketing the products of their efforts. If these people were recognized, applauded for their contribution like football players are, they would avoid the sense of incompetence and disgrace that goes with low performance in other areas of education. By the time they finish High School they should have a viable career in some phase of art in which they are most talented.
   O. Housing is a big issue.
   P. At present very inadequate.
2) Develop regional action steps to improve the integration of health care, behavioral health-care, and long term care services.
   A. Providing direct services & adequate payment for them is more important than another, regional level of administrative cost and bureaucracy.
   B. Integration into what?
   C. Avenues for clients in MH services to be discharged to primary care provide for ongoing medication management once stable; no longer needing MH/BH support.
   D. This is a major change to the current system and could take years to implement properly.
   E. "Regional action steps," whatever that means, is not as great a concern as local countywide efforts. There's not that much movement of those needing help within and between counties.

F. NSMHA needs to partner more with the resources available as described above and continue to reach out to communitypartners for recommendations on the population being served.
G. Often persons with mental health issues fall through the cracks. More information about services, educate each service provider to pass along information.
H. I don't know what this statement means?? "Integrate?" We just need to improve the availability of services...and that's a very high priority!
I. Especially steps toward effective integration of CD and MH services.
J. Mental health parity, while legislated, continues to be unrealized.
K. My caveat is that some action steps will vary county by county because of resources, culture, etc.
L. On of our top planning priorities as present!
M. Support systems are not known as well as they should be.
N. I think you should not forget the role of schools. Indeed, they might even serve as a model in that with school nurses/counselors/psychologists there is already a fair amount of integration of these systems.
O. I would add that integrating housing stability services to the mix is very important for the most complex NSMHA clients.
P. My son, 56 years old, was a successful artist working in high end homes in Naples, Florida until an emotional breakdown 18 of 53 ten years ago left him unable to work because of paranoia. Diagnosed as schizophrenic. Please take genetic mutations (distal18q-) into consideration. He had the classic hernia/hydrocele surgery at age 1 1/2 years, dyslexia, single epileptic attack paralyzed him while driving during a stressful period at age 20; If treated by a neurologist I believe he could recover to be able to work again and interact with people without an occasional period of emotional trauma. He is a very gentle person, a talented artist...Could people in that category be organized to operate a co-op gallery which might be successful enough to develop co-op housing?
Q. There needs to be recognition of the individual needs of different people and not make the action steps a "one size fits all" solution.
R. Start with focus groups.

3) Develop strategies to reduce staff turnover including improved monetary and non-monetary incentives.
   A. Extremely important in MH field--high turnover rate of staff which impacts client care and stability.
   B. It is criminal the way our staffs are compensated.
   C. The best way to reduce staff turnover is incorporating strategies to empower staff as well as providing monetary incentives.
   D. Can I rate this HIGHEST PRIORITY of all?! Therapist turnover is the #1 issue at San Juan Compass Health.
   E. Better salaries for the highly motivated is essential to retain the best staff. Recovery is enhanced if there's continuity of care and a chance to build relationship.
   F. Staff turnover relates to satisfaction with the job; leadership and facilitation needed more than monetary incentives.
   G. Is this staff turnover at NSMHA or in the contractors?
   H. Set a higher standard for professional competence.
   I. The state and county have much better pay structures. We do need to adjust to keep recruit and retain a skilled workforce.
   J. This goes aright long with addressing workforce shortages.
   K. Provide adequate personal time (paid or unpaid).

4) Improve the coordination of services to high risk persons who are dually eligible for both Medicaid and Medicare.

A. Providing direct services & adequate payment for them is more important than another, regional level of administrative cost and bureaucracy.
B. Issues with clients receiving disability benefits that cause them to lose Medicaid making them ineligible for MH/BH services or pay out of pocket for services.
C. The establishment of the MOT and having Pioneer Human Services taking over the Crisis Center was an excellent move by NSMHA. Difficulties still exist with crisis reporting and response, coordination with community partners involved with managing high risk persons and overall functioning of systems. There needs to be a reduction of bureaucratic "red tape" that limits the access of services to high risk persons.
D. I don't have enough information on current coordination.
E. Those whom are non elderly and barely above low income are also at risk.
F. High risk persons generally don't have the capability -- frustration tolerance -- to deal with Medicaid.
G. The coordination is not nearly as important as getting appropriate services to those in need.
H. A specific waiver for MH would be highly appropriate for this population.
I. There is very little known about what is available.
J. Do not know, primary work with children.
K. I do not know any high risk persons, so cannot answer this question.
L. Private pay clients should be included as well.

5) Increase the availability of services in rural areas and explore how to use technology to improve care.
   A. Since we only serve people on Medicaid/Medicare with all of the budget cuts, I am highly discouraged regarding services and how others without insurance can get their needs met. We need to advocate for real community mental health.
   B. Always a need.
   C. Rural communities need more services for young children and their families. We need more trained professionals who can work with this population. Rural communities need more bilingual therapists. Attracting these folks to live in our isolated area (SJ County) is very, very difficult. How can we use technology to make such services more available? I don't see on-screen treatment for children under the age of 10 or 12 years, but perhaps greater availability of telecommunications for older consumers could be made available in order to improve care to some of the population. Is it possible to combine more services with DSHS as it serves our rural communities - although that occurs less and less over time.
   D. Technology is a poor substitute for in-person services, also the link between poverty and mental health often means technological services don't reach those in need of them.
   E. These two concerns should be addressed separately.
   F. Areas such as Whidbey Island and upper Skagit County are very limited in their behavioral health resources.
   G. Telemedicine would be a great program to bring to our area to support medication compliance with the mentally ill.
   H. This requires us to think outside the box in terms of how we fund these services. Current funding models don't support rural service delivery.
   I. Video teleconferencing for consumer-provider interactions, provider-provider interactions, and consumer and/or provider interactions with NSMHA (including participation in meetings and boards) is useful in rural AND urban areas, especially in helping with 'cultural competence' as it pertains to disability-related mobility issue
   J. Genetics, genetics, genetics...
   K. Provide transportation access to existing service areas.
6) Participate in data sharing with health care partners to focus on opportunities where collaboration and integration improve care and reduce cost.

A. Fund services rather than bureaucratic drains on the dollars available.
B. Anything to reduce the runaway cost of health care.
C. There will be concerns for tribes on how this is done.
D. Highest priority would be for improved care and cost reduction for good care. It would be excellent, if health care partners could really collaborate and integrate services. We seem to be moving toward meeting these goals, but it would be excellent if greater progress could be made. Silos still need to be broken down.
E. Again, rural communities are challenged tremendously and data sharing is important, but not as a means to average care dollars in rural places.
F. What does NSMHA bring to this? There are many initiatives that are being proposed and developed and I'm not sure that there is a unique role for NSMHA in this.
G. Do so only with minimal administrative expenditures.
H. Perhaps some data collection systems need changing to better facilitate sharing info. Very often NSMHA and Raintree are down so no info is available from VoA...or updates are behind and patient services have changed to other case-managers or agencies...or IOP and PACT membership incorrect.
I. As long as the data moves beyond usage data. Lets develop a set of core meaningful outcome data that we can also collect and report on.
J. No knowledge about this.
K. Concentrate on the best bang for the buck.

7) Promote sharing of data between Electronic Health Record systems to improve care, increase efficiency, and contain costs.
   A. Fund services rather than bureaucratic drains on the dollars available
   B. It would be great if EHR systems would work in our local community. We certainly believe in increasing efficiency and containing costs! We struggle, constantly, with cross-system collaboration. Eliminating silos between agencies and within agencies would be a huge improvement!
   C. Don't know how effective sharing electronic data and containing costs would be; could well increase costs.
   D. This is a high gain area. There are many initiatives that are being planned. Does NSMHA have something to add to what is being proposed elsewhere? It is also a real can of worms in terms of how to protect patient privacy in this era of shared data.
   E. Extremely high priority. Eliminate the gate keeping of information currently maintained by the VOA.
   F. The less paperwork for health care provider the better.
   G. Within the confines of 42 CFR.
   H. With access at the RSN level too!
   I. Excellent.
   J. Collect data from PCP's. Data analysis expensive.

8) NSMHA will use "reliable data analysis" to make funding decisions that achieve the best outcomes of improved care and cost-containment.
   A. Fund services rather than bureaucratic drains on the dollars available.
   B. What exactly is "reliable data analysis"?
   C. Reliable data analysis is important but that data also has to reflect what is actually happening in the field.
   D. Emphasis on "reliable data."
   E. "Reliable data analysis"...what does THIS mean? You expect consumers to understand this language? We "like" cost-containment and improved care.

F. Data does not show quality of services. Data is open to interpretation. People with mental health issues are individuals with individual recovery goals and data does not always capture this. As your data analyst says, he can make the data prove anything he wants it to.
G. Yes, but how will this serve rural communities when cost are already high due to the challenges of delivery services.
H. Define reliable data analysis in mental health services.
I. Reliable, meaningful, and risk adjusted are pre-requisites. This is much more difficult than people expect.
J. What in the world does that mean? Speak plainly.
K. I hope so...
L. Waist not, want not.
M. What has been used to this point?
N. Clear definitions on reliable data analysis to prevent bias is imperative. Non-partisan evaluation of the "reliable data" is necessary to create an equitable assessment.
O. Not sure what exactly you mean by this...sounds like jargon to me.
P. Improved care needs to be primary to cost containment.
Q. Please keep in mind that "reliable data analysis" if improperly utilized, may offer inaccurate assumptions about how to achieve best outcomes. Data can be manipulated to prove any outcome useful with the correct sample size and factors.
R. Hard to answer. Term is not defined.
S. I believe the program I suggest would not only be self-sustaining (including housing) but might be profitable
T. What is the test for reliable data?

9) Address projected workforce shortages as Medicaid funding expands and older workers retire.
A. We must raise salaries. Not currently a living wage and first we should pay people what they deserve.
B. Not really a role of NSMHA.
C. And how would you make this work? What does "strategies for retention" mean? Retention of what/whom/where?
D. I think advocacy and education about this are good. I don't think this should be central to NSMHA.
E. Not just people power, but skills and pay to attract skilled workforce.
F. Better start planning now!
G. I know nothing about this area.
H. For workforce do you mean the current mental health case managers? Even now before they retire workforce seems short regardless of them retiring. I think this is funding issue though.
I. Those with MH issues usually on SS disability.

10) Promote youth and family involvement at all levels of the system by exploring the development of a parent partner network and youth advisory committee.
A. Struggling folks need services, not networks.
B. Need tribal representation.
C. Involving family and community members in recovery efforts with economic support for those family members would be wonderful. Youth involvement at any level would be a major change and beneficial. Youth advisory committee? Great -especially if it could be combine with the youth prevention community/advisory council.
D. Avoid development of subsidized activities other than direct clinical services.
E. We don't need any more committees! Youth and family involvement is optimal...just invite their input.
F. The more family understand mental illness the more they can offer support instead of blame.

G. As long as there is operational support for the network - perhaps engage EDASC? I'm not sure if a parent network is right for us in the 2 yr window. Would take a lot of reshaping current provider roles w/parent partner staff. But, if it were planned well it would be a strong asset.
H. Led by persons with strong leadership skills who are objective and have common sense.
I. NSMHA can be a leader here in helping us figure this out. How do you engage a representative YAC? What will happen is that we will hold the meetings in Mount Vernon and get a bunch of kids from MVHS and BEHS but not any kids from rural communities....how do we fix this?
J. I believe the entire community, parents and just people who love would love to see the otherwise marginal youth of the community thrive would volunteer to advise and promote through purchases.

11) Increase workforce capabilities to provide culturally competent services.
A. I think this will naturally develop whether NSMHA focuses on it or not.
B. I don't know if it is through workforce that such services can be provided, but it is imperative that rural, remote communities be able to provide translation services (primarily Spanish speaking in our community). Can mental health funds provide educational scholarships and transportation stipends to assist bilingual residents become qualified to take the required test/s to become translators in DSHS, court, medical cases? There are educated, bilingual adults who could provide such services, if only they had the financial assistance to take the classes on the mainland and then go to Olympia to take the tests. Local funds could probably be found to help with transportation to Olympia WA for testing, but not for regular travel and overnights for classes.
C. Thus far, the ways in which NSMHA tries to accomplish this seem to be high cost and hassle and poor in results. Do you have a better vision for doing this?
D. Increase workforce capabilities in general.
E. Let the tribes do their own.
F. Yes, it but would need to know more about our current deficits. Would like to see self-assessment in CLC by all providers and RSN.
G. I think we are fairly OK at present.
H. Statement not clear.

12) Expand training in the use of Evidence-based practices (EBP) and cultural competence.
A. Professionals should bring this knowledge to their jobs.
B. More important to me is cultural competence. I know EBP is highly regarded in institutional settings, I see that taking more time for skilled professionals than the direct services they render.
C. "Evidence-based practices" are too subjectively and normed more often on academic and/or middle-class populations and not relevant to our greatest need populations.
D. Sometimes too much time, effort and financial resources go to trainings that are not germane to the targeted populations. I have often found that there is a disconnect between statisticians and clinicians, where the data-crunching folks reap the financial benefits that should be going to direct services. I would use funding for this cause with extreme caution to ensure that what is being promised by such trainings is really worth using the scant resources available.
E. Include community partners.
F. EBP might bring in more money in special grants, but will training in these practices really: "ensure all individuals have equal access to ...."? We need more quality services delivered by well-trained professionals who have been trained in their fields of expertise.
G. With very few exceptions among mental health professionals, EBP/cultural competence is a long established practice.
H. We have a very large Latino population in Skagit county. I know their culture is different when it comes to mental health and seeking help. So I hope in some way we can reach out to them in a

way that the stigma of mental illness is not so strong. I think training on cultural competence is very important.

I. EBP is vital to the survival of Human Services.
J. A better use of resources is to assign services to the cultural group where possible....tribes.
K. This is the future of behavioral healthcare.
L. And we might start by ensuring people that EBP do not conflict with cultural competence.
M. Ethnicity, elderly, gender orientation, sexual orientation, language differences, visual and auditory differences, among other differences, have all been historically ignored or minimally addressed. 'Spiritual' concerns do NOT exist (though they're often lumped in with these other, tangible differences) and should be ignored, but socio-emotional aspects of our brain function are real, very important, and should be addressed. Religious institutions' ability to function as effective BH/MH/SA agencies should be promoted.
N. EBP and cultural competence seem like two categories.
O. Again, not being involved in the mental health system, beyond diagnosis and social security I cannot judge this. Again, suggest that genetic studies would be useful in diagnosing those in which the spectrum of dyslexia, epilepsy, schizophrenic-like symptoms occur that are often misdiagnosed.
P. Yes to cultural competence training. Again, my daughter's experience with evidence-based practice often makes her feel isolated since her symptoms haven't always responded to evidence based practices. Her counselor seems to rely on them too much.
Q. Include PCP's in training.

13) Actively participate on the state workgroup to work with Tribal representatives on the development of a “Tribal Centric Mental Health System.”
    A. Only if this is what the tribes think is useful.
    B. Not applicable to San Juan County but very important.
    C. This would go well with the cultural competency training.
    D. Excellent and exciting work.
    E. Given that Tribes have a different track within the future health reform changes, we need to figure out how things (services and data) are coordinated.
    F. 'Tribal-Centric' is often 'Superstition-Centric' in many aspects, although there are many aspects which are also beneficial. NSMHA should work with tribal leaders and healthcare providers to determine which are effective and which are not, using scientific methods. Evidence-based practices cannot be ignored merely because a 'culture' chooses to ignore them.
    G. As long as there is sufficient funding for other objectives as well.
    H. The Coast Salish tribes could participate in this school program, couldn't they or because their art is so distinctive, they might like to keep it in a separate program?
14) Work with Tribal representatives to continue to implement and update the Goals and Activities listed on the NSMHA “7.01 Implementation Plan.”
    A. Only if this is what the tribes think is useful.
    B. Culturally relevant service delivery is a must, but there is little or no tribe representation in the San Juan’s.
    C. Not applicable to San Juan County but very important.
    D. Know nothing about this.
    E. If this plan is the most current, it is inexcusable. The dates are 4-5 years out of date. We need to take these plans seriously and it is apparent that this one needs to be updated.
    F. Given that Tribal financing for services is higher and enrollment criteria is less restrictive, discuss payment options for Tribal members.
    G. Pacific Northwest Art is hugely successful in the marketplace.
15) Build a regional peer network and training plan to support consumer empowerment initiatives. This includes Peer training and Wellness Recovery Action Plan (WRAP) training.

A. With focus of teen support.
B. Struggling folks need services, not networks.
C. Trainings good but need more ongoing support & budget.
D. This would seem best handled through NAMI and/or other community groups and not a wise use of limited MH funds.
E. Conversations about how such things would work in our small, rural and remote community would work.
F. Doesn't address the basic need of providing basic and responsive mental health services.
G. Avoid pursuing the latest politically correct agendas.
H. No need to reinvent the wheel. DBT was developed here in WA, the experts are here, and counselors are already trained. DBT and support/therapy groups are evidence-based systems already in place...they just need to be offered! Members of groups are already peers and are encouraged to support each other.
I. As long as there is operational support for the network - perhaps engage EDASC?
J. WRAP has been in existence for a number of years. However, when working with individuals and families who have participated in WRAP, there is no evidence of long-term success.
K. I believe that the art gallery (which would sell art supplies), for framing, sell mugs as well as fine art would be a viable program that could be profitable enough to provide housing that would give these young adults a respected place in society. My son opened a beautiful art gallery in Anacortes two or three years ago. He created the interior design including a coral faux fireplace, internal walls with several types of unique finishes he had put into multi-million dollar homes in Naples...He found eleven very talented artists (many of whom were living surreptitiously in their art studios, without kitchen or bath, because they could not afford proper housing. Talented, lovely people who needed help in marketing. But my son was paralyzed with paranoia when strangers came into the gallery, so it closed in a year. The training program in Middle and High School should include day after day performing the work involved in sales, so after six years of doing this within the program, it would seem less daunting and they would be able to function in the commercial environment.
L. Local rather than regional emphasis.

16) Continue to sponsor the annual NSMHA Tribal Mental Health Conferences.
A. Only if this is what the tribes think is useful.
B. My favorite CE conference, have never missed. It's so great to have the tribal presence and not be in a hotel at Sea-Tac!
C. I am disturbed that you conference will have workshop on Suboxone but unwilling to have Methadone workshop. As professionals we need to present at proven treatment options. They are both medically assisted treatment. We are not supporting patients in recovery and pathways to health and recovery if we are unwilling to discuss this. We need to have courage to have these tough conversations. We serve tribal members all tribes in Snohomish, Skagit & Whatcom.
D. Not applicable to San Juan County but very important.
E. Don't know.
F. I am disturbed that you will not consider anything about Methadone. Best practice to give all options. You only present some medically assisted medication.
G. I know a lot of individuals who appreciate this conference and the wholesomeness of the messages/entertainment provided
H. This is not about the Tribal Mental Health Conference, but I did not see a place to address this, so I will do it here. One of the primary issues that needs to be addressed is our societal and cultural bias against the mentally ill. We, as mental health professionals, must somehow educate the public about the realities of mental illness and the mentally ill. The stereotypical person with mental illness is an inaccurate and harmful force as it is portrayed in books, movies,

and other media. These stereotypes, beyond being inaccurate, hamstring the recovery of the mentally ill. There is an attitude of derision and disrespect that kills the recovery of the mentally ill. They are saddled with epithets that are clearly hate speech: "Ding" "One brick shy of a load" "One sandwich shy of a picnic" "Crazy" "Looney" etc. The list of hate speech is endless and impacts the mentally ill in a way that causes them to loath themselves, identify themselves as defective rather than ill, and so destroys their self-image that it becomes impossible for them to believe that there is hope they can get better. They do not have a chance. I know this comes from fear, ignorance, and prejudice. If we, as mental health professionals do not step up and educate the public and find a way to help them understand and become comfortable with mental illness in people. With one in four people in America suffering this it is logical that all people will be impacted. We cannot allow them to live in ignorance as it makes our jobs exponentially harder and unnecessarily blocks the mentally ill from recovery. This needs to be a primary focus. Hope this helps!

I. It has always bothered me that the tribal conference costs big dollars, but the mainstream conference has been free.
J. Haven't noted the cost in recent years.
K. I've never understood why NSMHA has such a strong presence/leadership of that conference
L. Not sure why the Tribes and state can't do it as a statewide event since it seems to be more statewide every year anyway.
M. Ask the tribes.
N. Because there are so many young people in tribes that might drop out of school and productive society, a program like that at Skidegate, On Haida Gwaii (Queen Charlotte Islands) among the Haida, for a cultural museum and art school might work very well for our tribes? Thank you so much for the opportunity to express my ideas for developing a self sustaining program beginning in Middle School and throughout High School for students who are gifted in art, as often happens with dyslexic students but marginal and discouraged in academics because their brains simply work differently. Sincerely, Iona Kargel, 360-293-9820
O. Mental Health Conference for the rest of us?

17) Increase the number of peers employed in our system.

A. Questionable value-added for expenditures.
B. I would rather see $$ go towards services rather than salaries.
C. There is a serious need for this to happen in Skagit County.
D. For my community, I do not see that this would be the best expenditure of dollars.
E. Anything that will get the help and the info about help out there.
F. Definition of peers?
G. Clinical training and supervision of local mental health professionals needs improvement on an urgent basis.
H. This is a valuable idea, however, I think each peer support specialist needs to have a debriefing session after each shift of work. We are peers because in some way we have experienced hard times. Often what we hear during shift can trigger memories and perhaps relapse. Having someone who is available to talk at the end of a shift would probably help in the retention of peer support specialists.
I. Absolutely essential to bring hope and grounding to people with MI.
J. Peers that have a strong recovery and willing to receive training.
K. But how?????
L. Peers Support services is an excellent avenue to increase employment for those in recovery. However, in addition to continued Peer Support training and employment, there needs to be an increase in available jobs and job training for others in recovery. Everyone cannot become a Peer Support Specialist.

M. This should be begun as the older students volunteer to teach and counsel the younger ones through the school training program. Volunteering would continue naturally, not as employees, but as successful artists who have overcome their handicaps. These are "giving" people, just need the opportunity to find their place in a difficult competitive society.
N. What is "our system"?

18) Redesign the NSMHA Web site to make it more user friendly, better meet the needs of different audiences, and provide quicker access to information and updates.
A. Fund services rather than bureaucratic drains on the dollars available.
B. I don't know the website, but having it provide quicker access is good.
C. The current website seems to provide adequate information.
D. Improve and better promote the dignity and respect page.
E. Did not know there was a web site and would probably not use it anyway. For clients who need help, person to person contact is far more effective. Clients not able to use the internet easily or to their satisfaction.
F. Only if you have time and money left over after accomplishing service delivery and provider training.
G. Excellent idea.
H. Redesign and test the redesign before implementation.
I. Web site is secondary to traditional forms of marketing and public awareness.
J. Needs focus group input.

19) Communicate stories and information on a regular basis that illustrate the accomplishments of NSMHA services and the successes of our provider agencies.
A. Fund services rather than bureaucratic drains on the dollars available.
B. Again, marketing yourself is self-serving and unnecessary.
C. I love this idea. Being the important people behind the scenes into the light so we can thank them. We need to see real individuals are helping make the decisions for the county and why
D. More access to services rather than naming NSMHA's accomplishments should be the priority
E. What about consumer success stories?
F. Explore FIRST by what means such stories would be communicated, and to what end.
G. Consumers have to know that you are out there before this can happen. Present marketing insufficient.
H. NAMI Skagit should be considered a provider agency.

20) Continue the monthly NSMHA E-Newsletters and expand the target audience.
A. Fund services rather than bureaucratic drains on the dollars available.
B. I don't get the E-Newsletter, so I can't really tell.
C. Do not receive, so no understanding.
D. Never heard of the NSMHA e-newsletter in my 4 years with county mental health services.
E. Unfortunately, there is not a strategic goal listed of reducing administrative burden and bureaucracy associated with delivering services through NSMHA. Being a provider through NSMHA is the most administratively burdensome and bureaucratic experience that I've encountered in a very long career in health care. It consumes lots of resources, discourages clinical staff, and detracts from patient care. I would consider this to be NSMHA's most important strategic objective.
F. NSMHA is a monopoly. You don't need to market yourselves.
G. I've never seen a newsletter. 211 seems to be the main source of resources available to the public? And they are only available during the day.
H. I appreciate these newsletters.
I. If cost and time are concerns here, perhaps a quarterly NSMHA E-Newsletter would help cut costs, but still get information out.
J. Avoid duplication.

Appendix I

2013 NSMHA Strategic Plan, Goals Strategies

Goal 1. Organizational Structure and Health Care Reform- Adapt the organizational structure of NSMHA to play a vital role in the regional implementation of Health Care Reform initiatives to improve care coordination between primary health care and Behavioral Health Services.

a. Adapt the organizational structure of NSMHA to play a vital role in the regional implementation of Health Care Reform initiatives to improve care coordination between primary health care and Behavioral Health Services.
b. Facilitate the development of a North Sound Regional Health Alliance to develop regional strategies to improve the integration of health care, behavioral health care, and long term care services.
c. Actively participate in the development of a regional and/or multi-county "Health Home Network" to improve the coordination of services to high risk persons who are dually eligible for both Medicaid and Medicare.
d. Invest in sufficient staffing and resources in the NSMHA network to build the NSMHA information technology infrastructure to support our role as an active participant in Health Care Reform initiatives.

Goal 2. Access to Quality Services- Develop innovative strategies to ensure all eligible individuals have equal access to quality behavioral health services.

a. Expand the use of Evidence Based Practices and the level of cultural competence in NSMHA services through training and contractual requirements.
b. Increase the availability of services in all geographic areas in the Region.
c. Support the sustainability of recovery-oriented services such as housing services and supported employment.

Goal 3. Peer Support and Consumer Involvement Initiatives- Lead the North Sound Region in the development and promotion of peer support and consumer involvement strategies.

a. Increase the number of peers employed in our system through clear contract performance measures.
b. Build a regional peer network and training plan to support consumer empowerment initiatives.
c. Promote youth and family involvement at all levels of the system

Goal 4. Work Force Development- Enhance work force development of the public mental health system through increased education, training opportunities and strategies for retention.

a. Address future workforce needs as Medicaid expands and older workers retire.
b. Provide supervisory training for middle level supervisory and management staff throughout the net work.
c. Increase workforce capabilities to provide culturally competent services through long-term consistent training.
d. Develop strategies to reduce staff turnover of direct service staff including improved material and non-material compensation.

Goal 5. Information Technology- Expand the capabilities of our information technology infrastructure to support the organizational and marketing needs of the Region, promoting quality improvement, health integration and cross-system collaboration.

a. Promote sharing of data between Electronic Health Record systems to improve care, increase efficiency, and contain costs.
b. Train, hire or sub-contract for an increased level of data analysis to meet our role in Health Care Reform initiatives
c. Demonstrate through reliable data analysis how decisions for NSMHA funded services achieve the fundamental outcomes of improved care and cost-containment
d. Partner with other systems of care and service through data sharing to identify people who are high system users and target opportunities for improved care through integration of services as well as cost-containment
e. Redesign the NSMHA Web site to make it more consumer friendly, better meet the needs of different audiences, and provide quicker access to information and updates.

Goal 6. Communications and Marketing- Implement a NSMHA Communications and Marketing Plan that increases public awareness of NSMHA services and accomplishments and facilitates public access to information about services and consumer resources.

a. Continue with the monthly NSMHA E-Newsletters and expand the target audience.
b. Redesign the NSMHA Web site to make it more consumers friendly, better meet the needs of different audiences, and provide quicker access to information and updates.
c. Communicate stories and information on a more regular basis that illustrate the accomplishments of NSMHA services and the success of our provider agencies.

Goal 7. Tribes- Collaborate and partner with the 8 North Sound Sovereign Tribes to establish a culturally competent work force and service delivery system that promotes a tribal centric mental health system.

a. Work with Tribal representatives to continue to implement and update the Goals and Activities listed on the NSMHA “7.01 Implementation Plan”.
b. Actively participate on the state workgroup to work with Tribal representatives on the development of a “Tribal Centric Mental Health System”.
c. Continue to sponsor the annual NSMHA Tribal Mental Health Conferences

North Sound Mental Health Administration (NSMHA) Discussion Form

March 5, 2013

AGENDA ITEM: Mental Health Block Grant (MHBG) Request for Proposal (RFP)

REVIEW PROCESS: Planning Committee ( ) **Advisory Board (X)** Board of Directors ( ) QMOC ( )

PRESENTER: Margaret Rojas

BOARD/COMMITTEE ACTION: Action Item ( ) **FYI & Discussion (X)** FYI Only ( )

SIGNIFICANT POINTS OR EXECUTIVE SUMMARY: For this year's MHBG we will be basing our RFP development and funding priorities on the NSMHA Strategic Priority Survey. The survey has identified the top 3 regional and individual county strategies. For this year's MHBG we will be designing the RFP based on the top priorities by county. Additionally, we will need to align our plan with the Division of Behavior Health and Recovery's (DBHR) State Plan which to date has not been provided to the RSNs. However, based on preliminary conversations it shouldn't be difficult for the NSMHA plan to align with the DBHR plan.

This year's MHBG funding will be on a 2 year contract cycle.

OBJECTIVE: To solicit other factors/criteria from the Advisory Board to take into consideration in the development of the RFP. Such as, type of outcomes, type of service/delivery, location of service, etc.

BACKGROUND: NSMHA applies annually for the MHBG, historically we RFP every other year and when possible, ensure that all 5 counties have a MHBG project. There hasn't been a strategic direction for MHBG funding in the past, the criteria was loose and projects were funded based on the amount of funding available.

Timeline for RFP-

- March release of RFP
- April RFP Evaluation
- May Funding Recommendations
- June Contract approval
- July Contract start date

PREVIOUS ACTION(S) TAKEN: N/A

CONCLUSIONS/ACTION REQUESTED: N/A

FISCAL IMPACT: N/A

ATTACHMENTS: None

MEMORANDUM

DATE: February 26, 2013

TO: NSMHA Advisory Board

FROM: Joe Valentine, Executive Director

RE: March 14, 2013, Board of Director's Agenda

Note: There are no items going before the NSMHA Board of Directors at the March 14, 2013, meeting. If this changes, there will be a revised memorandum available at the meeting.

cc: Joe Valentine, Executive Director
County Coordinators
NSRSN Management Team

San Juan County Report

I [LaBrash] participated in the North Sound Mental Health Administration's (NSMHA) Request for Qualification (RFQ) process as a member of the RFQ Review Committee for outpatient services. Committee members individually reviewed seventeen proposals in preparation and met for two days as a group in Mount Vernon to rate them. For San Juan County there was one applicant for outpatient services including children and one applicant who was focused on children's mental health services exclusively.

Council Member Jamie Stephens and I attended the NSMHA Board of Director's planning session with elected officials from all five northern counties, regional advisory board members, NSMHA staff, and county coordinators. The planning session was facilitated by Sam Magill. There was a great deal of discussion around: critical challenges for the region as a whole; specific challenges for individual counties; and hot issues that we need to be mindful of. Themes included such topics as coordination and leveraging resources at the local and regional level, improving access to services, thinking outside the box especially when it comes to small counties, and of course, health care reform.

Beth Williams-Gieger, Administrative Director at Peace Island has submitted a request to be invited to apply for a Substance Abuse and Mental Health Services (SAMHSA) grant that would provide funding for a behavior health telemedicine learning community that could train providers in using telemedicine. Beth reached out to me for help with coordination of the behavioral health providers. I approached Joe Valentine at NSMHA, and Joe has agreed to partner with Peace Health in preparing the grant application if invited to apply. If approved the training could be provided to an unlimited number of providers at little or no cost. I am hoping that chemical dependency treatment services can be included and will be working to achieve that aim.

Skagit County Report, March 2013

The Skagit County Mental Health Court is at capacity and we are at a crossroads regarding whether or not we expand or create a waiting list. A decision will require ongoing discussions. In May the Bureau of Justice Administration will visit Skagit County Mental Health Court to review, observe and provide feedback and suggestions.

Skagit County was approved for a Trauma Informed training for criminal justice personnel. Thirty five criminal justice personnel will receive a half day training in May from BJA trainers. Invitees include court, law enforcement, jail, and juvenile court.

Skagit County Community Services has been working with NSMHA to establish and develop the Regional Health Alliance (RHA), a regional forum for exchange of ideas and information with the goal of supporting one or more health improvement projects. It is chaired by Jennifer Kingsley, and committee members include mental health and substance abuse coordinators, a NSMHA Advisory Board representative, provider representatives, public health and county health imitative representatives. The projects that RHA is looking at include ways to reduce unnecessary use of Emergency Departments (ED) and reduction of boarding in the EDs.

Snohomish County Report

Snohomish and King Counties are moving forward with our participation in the Duals Strategy 2 pilot project. This pilot targets Dual eligibles (people who are Medicare eligible because of their age or disability and are Medicaid eligible because of their low income). The Snohomish County representatives include Mary King, Greg Long and Cammy Hart-Anderson. Seven health plans have submitted applications which are currently being reviewed and scored. It is assumed that only one or two plans will ultimately be selected to participate in the Duals pilot project.

Dual eligibles make up 13% of the Medicaid population in the state BUT the Duals make up 30% of the Medicaid spending. This is the basis for the pilot in King and Snohomish counties. The premise is that a fully capitated model will give the health plans the ability to better meet the physical health, MH, CD and long-term care needs of the Duals which would give the individuals a better quality of life while saving federal and state funding.

There are 115,000 Duals in the state of Washington with 41,264 in King and Snohomish Counties (approximately 10,000 in Snohomish County).

Snohomish County Sales Tax Board approved a 4% COLA for Sales Tax Funded Programs at their February meeting. Currently a Sales Tax Board subcommittee is reviewing the performance of all programs with the intention of expanding programs that are producing positive results. Additionally, the subcommittee is gaining a better understanding to the detox and sobering center needs in South County and is interested in exploring enhancements in the Children's MH Crisis services.

Whatcom County Report

Our 1st advisory board meeting for the new "Integrated Behavioral Health Board" will be held Monday, May 13 from noon to 1:30 PM. We are currently awaiting appointments for various positions on the board by the County Executive.