

NORTH SOUND MENTAL HEALTH ADMINISTRATION ADVISORY BOARD MEETING

Agenda

October 1, 2013
1:00 PM

1. Call to Order - Introductions, Chair
 - a. Last month's Pre-Meeting Snohomish County PACT (Program of Assertive Community Treatment)
 - b. 2014 Pre-Meeting Topics
 - c. 2012 / 2013 Pre-Meeting reviewTAB 1
2. Revisions to the Agenda, Chair (1 minute)
3. Comments from the Public (5 minutes)
4. Ombuds Semi-Annual Report (10 minutes) AVAILABLE AT MEETING TAB 2
5. Approval of the September Meeting Minutes, Chair (1 minute) TAB 3
6. Executive/Finance Committee Report (10 min) TAB 4
7. Standing Board of Directors Committee Reports (5 minutes) TAB 5
 - a. Planning Committee AVAILABLE AT MEETING
 - b. Quality Management Oversight Committee AVAILABLE AT MEETING
8. Old Business (10 minutes)
9. Executive Director Report (10 minutes)
10. Action Items Being Brought To The Board of Directors (5 minutes) TAB 6
 - a. Action Items AVAILABLE AT MEETING
11. New Business (20 minutes) TAB 7
 - a. Co-Occurring Disorders Conference Report
 - b. Bylaws Revisions
 - c. Nomination Committee
 - d. Crisis Redesign AVAILABLE AT MEETING
12. Comments from County Advisory Board Representatives (5 minutes)
 - a. Island
 - b. San Juan
 - c. Skagit
 - d. Snohomish
 - e. Whatcom
13. Other Business (3 minutes)
 - a) Peer EmploymentTAB 8

Adjourn:

NOTE: The next Advisory Board meeting will be **November 5**, in the NSMHA Conference Room.

2012 Pre-Meetings	
January	--
February	Mobile Outreach Team (MOT) Whatcom and Skagit Counties
March	--
April	Dignity and Respect
May	(CVAB) Consumer Voices are Born Skagit Reach Center
June	Novartis Pharmaceutical
July	--
August	--
September	--
October	(CVAB) Consumer Voices are Born Skagit REACH Peer Center
November	Opportunity Council
December	--

Advisory Board Pre-Meetings 2013

Meeting	Presentation	Notes
January 8th	Pioneer Human Services Skagit Co STEP Program Jail Transitions	DeAnn Gibbs & Josie Boggs
February 5th	Evidence Based Practices	Greg Long & David Kincheloe
March 5th	Sun Community Emergency Shelter with MHBG Funding	Denise Rosenstein
April 2nd	Evidence Based Practices	Greg Long & David Kincheloe
May 7 th	None	
June 3rd	None	
July 9 th	None	Retreat Burlington Library
August 6 th	Peer Specialists Compass Snohomish Bailey Center	Nicholas Carpenter and Maria Hong
September 3rd	Snohomish County PACT	Kay Tillema
October 1st	Tulalip MHBG Program	Tony Hatch
November 5th		
December 3rd		

Pre-Meeting Topics and Suggestions

Topic	Contact/Notes

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

Present:	Island: Candy Trautman San Juan: Skagit: Snohomish: Marie Jubie, Joan Bethel, Jennifer Yuen Whatcom: David Kincheloe, Russ Sapienza, Mark McDonald, Larry Richardson, Mark Massanari
Excused Absence:	Island: San Juan: Peg Leblanc Skagit: Snohomish: Fred Plappert, Megan Anderson, Carol Ann Sullivan Whatcom:
Absent:	Island: San Juan: Skagit: Joan Lubbe Snohomish: Jeff Ross Whatcom:
Staff:	Joe Valentine, Margaret Rojas, Joanie Williams
Guests:	

MINUTES

TOPIC	DISCUSSION	ACTION
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CALL TO ORDER AND INTRODUCTIONS

Chair	Meeting convened at 1:03 Candy initiated introductions Candy asked Joanie to follow up on folks who did not call in. Candy briefly spoke about the Pre-Meeting presentation given today by Kay Tilemma of Snohomish County on their PACT Program (Program of Assertive Community Treatment). The group engaged in positive conversation regarding the presentation.	Candy asked Joanie to call on individuals who didn't make it to the meeting
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REVISIONS TO THE AGENDA

Chair	Marie asked to have discussion regarding people waiting for the bus @ Compass Health Everett (other business). Candy had a revision regarding the NAMI conference, (other business). Megan emailed a hand out (other business)	Revisions to agenda Under Other Business
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COMMENTS FROM THE PUBLIC

Chair	No public present	
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APPROVAL OF MINUTES

Candy asked for mention of the Pre-Education presentation regarding Peer Counselors be listed in the August minutes. Joanie took note and will add to minutes. She also asked Joanie to put all Pre-Meetings in the Minutes, moving forward. Motion was requested to approve the August minutes, with the one revision, motion was seconded and approved.

EXECUTIVE/FINANCE COMMITTEE REPORT

	<p>Candy asked Mark or David if they would like to give a synopsis of the meeting. David pointed out the benefit of the budget title head revisions. Candy asked for approval of expenditures. Motion was brought forward from the Executive Finance Committee, the group voted and approved. Candy said in the future full board meetings we will include the budget page, as well as the warrants paid portion.</p> <p>Executive /Finance Committee is re-shaping the duties and limitations of the process for grievances, which could lead to resignation or termination, with good checks and balances in place. Candy stated the topic will be brought forward to the next meeting.</p> <p><u>Conference Scholarships</u></p> <p>Candy stated the Conference Scholarship Criteria topic will be brought forward to the next meeting. David spoke about SAMSHA's (Substance Abuse Mental Health Services Administration) criteria and mini-application, which he will bring to the next meeting to be used as a screening tool. It was suggested the screening criteria be brief rather than in depth. There was a further suggestion made requiring non-advisory board members, seeking a NSMHA scholarship, to participate in a mini-interview with advisory board members. The benefits were noted by the group and in depth discussion followed.</p> <p><u>NAMI</u></p> <p>Candy asked Mark to speak about his NAMI Conference experience. Mark said NAMI is not a large conference, maybe 200-250 people. He said there was in depth conversation regarding the ACA, (Affordable Care Act). He also said Judges were there talking about drug court cases and the criteria they implemented. Prosecutors and Public Defenders were speaking on elements of crime and mental illness, criteria and debate. The Governor's Office Secretarial Aid gave a talk on mental health, and showed invested interest, Mark added.</p>	<p>a. Motion approved, re: Expenditures</p> <p>b. Warrants paid form added in future meeting packets</p> <p>c. Grievance process to be brought forward to next meeting</p> <p>David will bring SAMSHA's scholarship criteria to next meeting</p>
STANDING BOARD OF DIRECTORS COMMITTEE REPORTS		
	Planning Committee and Quality Management Oversight Committee (QMOC) Report	
	<p>The motion was made to read the Planning Committee report, as well as the QMOC report on individual's own time.</p> <p>Motion seconded and approved.</p>	Motion approved
	EXECUTIVE DIRECTOR REPORT	Informational

	<ul style="list-style-type: none">➤ Joe talked about the Planning Committee report regarding the Expansion of the Involuntary Treatment Act. He gave an overview of the report and referenced the hand out. He said NSMHA (North Sound Mental Health Administration) submitted a proposal last Friday, August 30, 2013 regarding the ITA Act to DSHS (Department of Health and Social Services. He talked about the contents of the proposal. Conversation followed to include the strictness in criteria regarding the ITA and individual rights.➤ An overview was given of the TR Lawsuit and settlement, which is pending judge approval. There will be a changes taking place, the WrapAround model will utilized, as well as a new tool to measure child mental health improvement. The board has set aside money to help jump start the program. Conversation followed.➤ NSMHA is reviewing the entire Crisis Services System. Joe elaborated on the communications NSMHA has gathered and stated the responses will be compiled soon. He talked about NSMHA working with counties. <p>One AB Member inquired of dual diagnosis treatment integration, immediacy and follow through of COD, (Co-occurring Disorders). Conversation ensued regarding proposals, the VOA call center and drug crisis involvement, NSMHA stipulations, MH dollars, Medicaid, evidence based treatments, RFP's and outpatient stipulations, parallel treatment and integrated treatment. The new WACs were talked about, as well as issuing the code verses the implementation process. Washington state policy was discussed, in addition to Health Care Reform.</p> <ul style="list-style-type: none">➤ He talked about NSMHA's financial State audit, there were no findings.➤ EQRO (External Quality Review Organization) will be here next week.➤ Joe talked about the federal CMS (Center for Medicaid and Medicare) and the procurement process and policy. An extension was requested. We now have national support for the position stating the CMS issues do not apply. <p>Action Items being brought to the Board of Directors: Memorandum</p> <ul style="list-style-type: none">➤ Joe referenced the action items on the memorandum on the hand out pages. Conversation followed on some of the items. Motion was made for approval of the action items, motion seconded and approved.	<p>Motion approved</p>
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NEW BUSINESS		
<p>a. Strategy 3-Peer Support and Consumer Involvement Initiatives</p> <p>Candy deferred to Margaret to discuss this topic. Margaret stated CVAB will be conducting Peer Support training October 14th-18th. Margaret said David is working on a “white paper” (framework of national and state level description of Peer Support). Multiple topics will be addressed which were discussed at the retreat in addition to the implementation processes. She said NSMHA’s Advisory Board will be asked their opinions as to implementation. Criteria and supervision conversation will be covered, as well David said. Conversation followed. Margaret stated more conversation will take place at additional meetings.</p>		
COMMENTS FROM COUNTY ADVISORY BOARD REPRESENTATIVES		
Island	Candy stated that Island County is doing very good. She talked about July’s meeting having challenges . She spoke on conversations regarding communication solutions for the future. She also referenced a CIT meeting (with the public) intended to de-escalate potentially dangerous individuals. She talked about the school based mental health program. She said Jail Transition Services will be returning. Crisis Redesign will start tomorrow in Island county.	Informational
San Juan	No report	
Skagit	No report	
Snohomish	Joan Bethel gave a report on Snohomish county stating the pertinent need for improvement, due to continuous staff and member changes.	Informational
Whatcom	David said Whatcom County combined two of their boards. He said the county is fully funded to build the new jail and is finally making changes to the triage center. Residential Services and the Housing Stabilization program is working very well. He went on to talk about other positive changes occurring in Whatcom County. Michael was asked to introduce himself and speak about his background, to which he conformed.	Informational
OTHER BUSINESS		
<ul style="list-style-type: none"> ○ Marie talked about her conversation with Compass Health Baily Center in Everett and a needed bus shelter. Conversation ensued regarding dignity and respect, smoke going into the building, confidentiality and privacy. She inquired of NSMHA’s assistance. It was decided NSMHA would be looking at Rainbow Center’s new policies and changes. ○ NAMI was discussed above. ○ One member sent and email with an attachment to be distributed to the board members. <p>Joanie made copies and distributed them, per Candy’s request.</p>		
ADJOURNMENT		
The meeting adjourned at 3:06		

Joanie Williams

From: Margaret Rojas, M Ed.
Sent: Friday, September 13, 2013 4:59 PM
To: Joanie Williams; Barbara Jacobson
Subject: FW: FYI: Stateline.org 9-11-13 "Peers" may ease mental health worker shortage under ACA

Please print out this article for the AB binder, thanks!

Subject: FYI: Stateline.org 9-11-13 "Peers" may ease mental health worker shortage under ACA

'Peers' may ease mental health worker shortage under Obamacare

By Christine Vestal
Pew/Stateline Staff Writer
September 11, 2013

When he was 44, Ben Achord recently recalled, he was "the picture of success." Married with three kids, he was a manager at a Charlotte, N.C., manufacturing company and owned a handsome four-bedroom house.

What he didn't know was he was suffering from schizoaffective disorder, a serious mental illness that can cause severe depression, delusions and hallucinations. Unaware of his condition, he self-medicated with alcohol, and before his 45th birthday he had lost everything—his family, his job and his house. He lived on the streets, twice attempted suicide and spent several months in a mental hospital in Georgia.

Twenty-five years later, Achord is helping others with mental illness as a "certified peer specialist" licensed by the state of Georgia. Armed with non-clinical training from the state, Achord helps people with mental illness stay on their medications, find jobs and housing and build social support networks.

Peer programs such as Georgia's could become especially important once the Affordable Care Act takes effect early next year.

The federal health law will require Medicaid and all other health plans to cover mental health services on par with insurance coverage of physical illnesses. It also will add an estimated 8 million people to the Medicaid rolls in the first year, many of whom will have untreated mental

illnesses. Another 7 million people are expected to get federal tax subsidies to purchase health insurance, many for the first time.

That surge in demand, combined with an already severe shortage of mental health workers, has many worried there won't be enough providers to serve everyone in need. States have deployed a variety of strategies to alleviate the longstanding shortage of mental health professionals. But experts agree peer specialists are the most successful.

Research shows that by using peer specialists, states can save mental health money by reducing hospitalizations and other emergency interventions. And people with mental illness who are helped by peers tend to experience more thorough and longer-lasting recoveries.

"They are a terribly important new addition to the workforce," says Bob Glover, director of the National Association of State Mental Health Program Directors. "When peers are involved, outcomes are dramatically better across the board," he says.

Achord believes that if it weren't for his 23-year-old daughter, who retrieved him from Georgia's Central State Hospital and took custody of him, he would still be hospitalized — or dead. "It only takes one person," Achord says, "to make a difference in someone's life."

Made in Georgia

For hundreds of years, peer support has been a recovery strategy for people wrestling with alcoholism or post-traumatic stress — Native Americans were utilizing it as far back as the 18th century. But the U.S. health system didn't fully embrace peer support for people suffering from mental illness until less than a decade ago, when multiple state-run Medicaid programs began to pay for it.

In 1999, Georgia became the first state to get federal approval to pay for peer services through Medicaid. The program was such a success that by 2007, the federal Centers for Medicare and Medicaid Services (CMS) urged other states to follow Georgia's lead. Since then, at least 30 states (including Washington) and the District of Columbia have launched peer programs. Several others are seeking federal approval.

Beyond Medicaid, at least as many states are spending scarce mental health dollars to train and certify peer specialists to work in a variety of public and private settings. One such program, called peer mentoring, assigns a peer specialist to an individual who is discharged after a long-term stay in a state mental hospital. By helping discharged patients find housing, employment and social support, peer specialists have succeeded in lowering readmissions.

Private insurers and other public programs such as the Veterans Administration are also ramping up their use of peers, in part to fill a widening gap in the number of clinically trained mental health workers.

"Peer support is absolutely part of a national strategy to get more boots on the ground quickly," says Sita Diehl, who heads state policy for the National Alliance on Mental Illness. "Because of their life experience and their relatively low cost, they can provide more face time for people with serious mental illness."

Diehl cautions that peers should not be placed into volatile situations without being backed up by medical professionals. But she says the concern is only theoretical so far: CMS rules require peers to work under the supervision of mental health professionals.

In Georgia, a 2003 study compared patients diagnosed with schizophrenia, bipolar disorder and major depression whose treatment had included peer support, with patients who received traditional day treatment services without peers. The patients who had peer support had better health outcomes—and at a lower cost. The average annual cost of day treatment services is \$6,400 per person, while support services cost about \$1,000.

Whole health

The next step is to train peer specialists to help people in recovery improve and maintain their physical health. On average, people with serious mental illness die 25 years earlier than the general population, largely due to preventable conditions such as diabetes and cardiovascular disease, according to a 2006 study by medical directors in state Medicaid programs.

"I've never seen anything like it," says consultant Larry Fricks, who is credited with starting the peer program in Georgia. The peer program caught on pretty quickly, he says, "but this is where the workforce is really going to take off."

Last June, Georgia got federal approval to bill Medicaid for peer support specialists who provide health coaching. Since then, Fricks and his colleagues have been travelling across the country training peers on what is known as Whole Health Action Management or WHAM.

Achord and most of the peers he works with at Benchmark Human Services in Georgia have completed the WHAM training. "We work with nurses in clinics to do preliminary checks," he says. "If their blood pressure is real high, we make sure they see a physician." He said all of his clients have a physical exam once a year and receive advice about weight gain, smoking cessation, exercise, stress reduction and healthy diets.

In working with medical professionals, Achord says he's found that most are receptive to the peer program. A few, he says, aren't so sure they want to work on a team with "crazy" people. "But once they see the doors we can open, they're amazed."

Stateline is a nonpartisan, nonprofit news service of the Pew Charitable Trusts that provides daily reporting and analysis on trends in state policy.

STATELINE INFOGRAPHIC: [States where Medicaid pays for peer specialists](#)

