ADVISORY BOARD PRE-MEETING

October 11th, 2016

12:10-12:50PM

Debbi Knowles

Office of Community & Homeless Services

Snohomish County

Homelessness and Supportive Housing

North Sound Behavioral Health Organization

301 Valley Mall Way, Suite 110, Mount Vernon, WA 98273

ADVISORY BOARD AGENDA

October 11th, 2016

1:00 pm – 3:00 pm

CALL TO ORDER & INTRODUCTIONS

REVISIONS TO THE AGENDA

ANNOUNCEMENTS

APPROVAL OF MINUTES FROM PREVIOUS MEETING

Approval of September Minutes……..TAB 1

EXECUTIVE/FINANCE COMMITTEE REPORT

Approval of the September Expenditures……..TAB 2

EXECUTIVE DIRECTOR'S REPORT & ACTION ITEMS

Executive Director's Report Items

- Report from Joe (available at meeting)……..TAB 3

Executive Director's Action Items

- Action Items/Memorandum (available at meeting)……TAB 4

OLD BUSINESS

Judge the Visual Art/Poetry Contest Entries

PACT - Oversight via the North Sound BHO AB……..TAB 5

Charles DeElena, Quality Improvement Coordinator – Presentation on the Substance Use Disorder Performance Improvement Project (PIP)

North Sound BHO Mission, Vision, and Values Document – Draft Form……..TAB 6

STANDING COMMITTEE REPORTS (Briefs from Each Committee Attached)

- Planning Committee ……..TAB 7
- Quality Management Oversight Committee (QMOC) ……TAB 8

NEW BUSINESS

Collaborative Alliances

Legislative Advocacy Plan 2017…….TAB 9

REPORT FROM ADVISORY BOARD MEMBERS

Island

San Juan

Skagit

Snohomish

Whatcom

BRIEF COMMENTS OR QUESTIONS FROM THE PUBLIC

REMINDER OF NEXT MEETING

- The next scheduled meeting is November 1st, 2016 in Conference Room Snohomish

ADJOURN

DRAFT not approved by Advisory Board

North Sound Behavioral Health Organization

301 Valley Mall Way, Suite 110, Mount Vernon, WA 98273

ADVISORY BOARD MINUTES

September 6th, 2016

1:00 p.m. – 3:00 p.m.

ATTENDANCE

Advisory Board Members Present

Island: Candy Trautman, Betty Rogers, Chris Garden
San Juan:
Skagit: Faviola Lopez, Joan Lubbe
Snohomish: Carolyn Hetherwick Goza, Greg Wennerberg (by phone), Fred Plappert, Carolann Sullivan, Jennifer Yuen, Marie Jubie, Pat O'Maley-Lanphear, Jack Eckrem
Whatcom: David Kincheloe, Michael Massanari, Mark McDonald, Rachel Herman, Stephen Jackson

Excused Advisory Board Members

Island:
San Juan: Peg Leblanc
Skagit: Ron Coakley, Susie Spencer
Snohomish: Joan Bethel
Whatcom:

Absent Advisory Board Members

Island:
San Juan:
Skagit:
Snohomish:
Whatcom:

NSBHO Staff Present

Joe Valentine (Executive Director)
Joanie Williams (Advisory Board Coordinator)
Maria Arreola (Administrative Assistant)
Charles DeElena (Quality Improvement Coordinator)

Guests Present

Rob Sullivan Director Pioneer Human Services
Becky Wood Ombuds

CALL TO ORDER & INTRODUCTIONS

The Chair called the meeting to order at 1:00pm and initiated introductions

REVISIONS TO THE AGENDA

- The Chair inquired regarding revisions to the. None mentioned.

DRAFT not approved by Advisory Board

APPROVAL OF MINUTES FROM PREVIOUS MEETING MINUTES

August minutes approved by motion and vote

STANDING COMMITTEE REPORTS (Briefs from Each Committee Attached)

- Planning Committee (No August Meeting)
- Quality Management Oversight Committee (QMOC) Report

EXECUTIVE DIRECTOR'S REPORT & ACTION ITEMS

Executive Director Report

Behavioral Health Facilities Planning

- The Regional Behavioral Health Facilities Workgroup met for a 3rd time on August 23 to review the draft proposal for the legislative request including a preliminary cost analysis. The workgroup suggested some changes to the report and cost analysis including a clearer description of how the proposed treatment facilities would be integrated into a Recovery System of Care.
- Proposed treatment facilities and services were divided into two priority groups:
  Priority #1: beds needed to replace the lost beds used at Pioneer Center North (PCN) and the Evaluation & Treatment (E&T) and other beds needed to meet current critical needs and a location is available;
  Priority #2: other facilities and services needed to fill in the gaps in the continuum of care.
- An estimated minimum level of funding needed from the state for priority #1 facilities is from $12 - $31.5 million. The cost of each facility varies depending on whether we can acquire and renovate an existing building or need to purchase land and build a new facility from the ground up.
- In order to put forth a more realistic development and funding plan, a proposed "phase-in" over a period of 4-5 years.
- There is a draft plan. A finalized draft will be at the next meeting of the Behavioral Health Facilities workgroup.
- On September 2nd, there was a meeting with Behavioral Health Organization (BHO) staff, Jennifer Johnson, Tim Holloran, Rebecca Clark, and representatives from Telecare about developing a "Stabilization Campus" in Skagit County that would include both the replacement E&T as well as other stabilization and recovery services.
- There are several responses to our Request For Qualifications (RFQ) for a Project Manager for Behavioral Health Facilities planning. Interviews of the responders were conducted on September 1st.

Refundable Grant Agreement

- Brad Furlong, North Sound BHO attorney recommended some changes to the agreement that would allocate capitol dollars to Snohomish, Whatcom, and Skagit counties to be invested in the development of the needed treatment facilities.
- Initially a thought that North Sound would make "grants" to the counties; but a review of BHO enabling legislation failed to uncover authority for a BHO to make such grants for capital projects. Instead, North Sound, pursuant to its authority as a LLC and in conformance with its Operating Agreement, will make disbursements to its members for use in the development of regional behavioral health-related facilities. A draft agreement that sets forth the process and accounting procedures for the disbursements and the limitations that will control how the counties may use the disbursements was sent to the respective county attorneys for review.

Meeting at Island County regarding service gaps

- On August 15, Joe Valentine met with Jill Johnson, Jackie Henderson, and Sue Closser – the CEO of Sunrise Services, to discuss the concerns Island County had regarding gaps in the services Sunrise is contracted to provider – both those funded directly by Island County and those funded by the BHO.
- Sunrise like other agencies serving Island and San Juan counties have greater difficulties in recruiting and retaining staff in these counties than in the others.
- However, they also need to do a better job of working collaboratively with Island County staff in notifying them ahead of time of pending staff shortages and participating in the regular county/provider networking meetings.
- A letter was sent to the 3 Agency CEOs – Sunrise, Compass, and SeaMar - asking that they each appoint a liaison to the County who would maintain regular contact with Island County and participate in networking meetings.
- An agreement was made to work with those agencies to identify the additional costs of doing business in these counties to determine whether additional capacity payments might be helpful.

August 16 BHO Roundtable Meeting with Congressman Rick Larsen

- On August 16th, Congressman Larsen held a roundtable at the BHO office to discuss upcoming federal legislation related to Behavioral Health Services and to seek input from BHO, County, and provider agencies regarding our needs for federal support. Ken Dahlstedt, Cammy Hart-Anderson, Linda Grant, and Sharon Toquinto and Joe Valentine participated.

- The need for continued federal funding support, including non-Medicaid funds such as the Substance Abuse Block Grant, to fund the fully continuum of care. A discussion to place regarding the need for federal support for housing and Medication Assisted Treatment.
- The Congressman stated that the issues he heard in our meeting were similar to what he has been hearing in other roundtables.

Closure of Seattle Pain Clinic

On August 8, an alert notification was received from Division of Behavioral Health and Recovery (DBHR):

On July 15, 2016, the Washington State Medical Quality Assurance Commission suspended the medical license of Dr. Frank Li, medical director of the Seattle Pain Center, for substandard care. Simultaneously, the Health Care Authority and other commercial insurers ended their provider agreements with The Seattle Pain Center. The Seattle Pain Center (SPC) consists of eight clinics located across the state (Seattle, Renton, Tacoma, Everett, Olympia, Poulsbo, Vancouver, and Spokane). Earlier this week, all clinics closed with the exception of the Renton clinic. We estimate 8,100 patients sought care at the SPC clinic system during the first six months of 2016.

Action Items

- Joe reviewed each of the Action Items with the Advisory Board
- A motion was made to move the Action items to the County Authorities Executive Committee for approval. Motion was seconded and approved
- Motion approved to forward the Action Items to the County Authorities Executive Committee for approval

OLD BUSINESS

Charles DeElena, Quality Improvement Coordinator – Presentation on the Open Access Performance Improvement Project (PIP)

- Charles presented on the Open Access PIP. At this point the Open Access PIP is in the waiting period, data collection phase. The group will meet approximately 45 days after each measurement quarter to review the data.
- An informational online Basecamp that includes an interactive discussion forum and documents was created. Those who want to participate with the online Basecamp should contact Lisa Hudspeth.
- Advisory Board members participating: Mark, Greg, and Carolyn.
- Charles was invited to attend the next Advisory Board meeting to give a detailed presentation on the Substance Use Disorder (SUD) PIP.

September 23rd site tour update – (Information in binder pocket)

Final headcount took place to confirm members that are attending. An informational document was provided for the site tours to Pioneer Center North (PCN) and North Sound E&T.

NEW BUSINESS

Announcements

Becky Wood, Regional Ombuds Representative, was introduced to the Advisory Board. Becky left business cards with Maria for anyone interested in contacting her after the meeting.

Chris Garden, Island County, and Steven Jackson, Whatcom County, spoke of their interest in serving on the North Sound BHO Advisory Board. AB Members were in favor of their membership.

Advisory Board Membership Increases

The Chair announced the increased number of members currently serving on the Advisory Board.

Collaborative Alliances

Topic tabled until October 11th meeting.

Judge the Visual Art/Poetry Contest Entries

2016 Visual Art/Poetry Contest entries were received and sorted by theme relevance. The final judging process will take place during the October 11th meeting, in addition to announcing the winners.

Review Purpose, History, Membership, and Duties Document

Final additions were made to the AB Orientation Document. Changes were adopted by the Board.

PACT Oversight via the North Sound BHO AB

Discussion took place regarding formation of a Regional PACT Advisory Board. A Motion was made to move forward with PACT teams to gather more information and move this topic to the October meeting for further discussion. Motion seconded and approved.

Review Updated County Advisory Board Meetings

County Advisory Board Meetings were updated and the provided document was reviewed.

Open seats on QMOC and Planning Committee

Open AB Member seats on QMOC and Planning were announced.

DRAFT not approved by Advisory Board

ACTION ITEMS

Executive & Finance Committee

The August Expenditures were reviewed and discussed. A motion was made to move the Expenditures to the County Authorities Executive Committee (formally known as the Board of Directors) for approval. Motion was approved

REPORT FROM ADVISORY BOARD MEMBERS

Island – None

San Juan – None

Skagit – None

Snohomish – Marie spoke about the Recovery Celebration taking place on October 22nd. Carolyn spoke about the NAMI Basic Classes which will be offered in late fall or early spring.

Whatcom – None

BRIEF COMMENTS OR QUESTIONS FROM THE PUBLIC

None

ADJOURNMENT

The Chair adjourned the meeting at 3:02 p.m.

NEXT MEETING

The next **Advisory Board meeting** is October 11th, 2016

North Sound
Behavioral Health Organization, LLC
Warrants Paid
September 2016

	Type	Date	Num	Name	Memo	Amount
Advisory Board						
Supplies						
	Bill	09/14/2016	62900-AdBd	Haggen Inc	Batch # 115931	342.95
	Bill	09/27/2016	549320	Mister T Trophies	Batch # 116095	33.64
Total Supplies						376.59
Travel						
	Bill	09/06/2016	Aug2016	AA Dispatch	Batch # 115819	1,332.75
	Bill	09/14/2016	July2016	Kincheloe, David	Batch # 115931	207.36
	Bill	09/14/2016	Aug2016	Kincheloe, David	Batch # 115931	108.00
	Bill	09/14/2016	Sept2016	McDonald, Mark	BAtch # 115931	188.41
	Bill	09/20/2016	May2016	Betty Rogers	Batch # 115998	32.83
	Bill	09/20/2016	Jun2016	Betty Rogers	Batch # 115998	32.83
	Bill	09/20/2016	Jul2016	Betty Rogers	Batch # 115998	37.37
	Bill	09/20/2016	Aug2016	Betty Rogers	Batch # 115998	32.83
	Bill	09/20/2016	Sep2016	Betty Rogers	Batch # 115998	32.83
Total Travel						2,005.21
Total Advisory Board						2,381.80
						2,381.80
TOTAL						**2,381.80**

Advisory Board Budget
September 2016

	Total	All Conferences	Board Development	Advisory Board Expenses	Stakeholder Transportation	Legislative Session
		Project # 1	Project # 2	Project # 3	Project # 4	Project # 5
Budget	$ 42,000.00	$ 16,736.00	$ 1,910.00	$ 19,329.00	$ 225.00	$ 3,800.00
Expense	(25,986.13)	(4,904.14)	(3,115.81)	(16,700.97)		(1,265.21)
Under / (Over) Budget	$ 16,013.87	$ 11,831.86	$ (1,205.81)	$ 2,628.03	$ 225.00	$ 2,534.79

BHC , NAMI, COD, OTHER	BOARDS SUMMIT (RETREAT)	Costs for Board Members (meals mileage, misc.)	Non- Advisory Board Members, to attend meetings and special events	Shuttle, meals, hotel, travel

NORTH SOUND BEHAVIORAL HEALTH ORGANIZATION

2015

2013 - 2016 Strategic Plan Dashboard Year Two Update

Strategy	Accomplishments	Percent
Goal # 1 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.		
01.01 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.	Regional Health Alliance Workgroup on Boarding developed specific local strategies to reduce boarding. This engaged all the regional hospitals in working with us on strategies to transition from the loss of the ability to use Single Bed Certifications	**75%**
	A Long Range succession plan has been developed and a planning grant application submitted to the state to transition the RHA to an "Accountable Community of Health"	
01.02 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.	NSMHA has signed an MOU with the Northwest Regional Council, one of the regional "Home Health Network" lead entities to assist with the care coordination of complex behavioral health cases.	**50%**
01.03 Invest in sufficient staffing and resources to increase the capacity of the NSMHA information technology infrastructure to support our role as an active participant in Health Care Reform initiatives.	A process to receive electronic notifications from VOA on hospitalizations is in place. NSMHA IT staff are developing an automated process to provide electronic notifications to the Healthy Options plans when one of their members has been hospitalized for psychiatric services.	**75%**
	Access to the "Emergency Department Information System" [EDIE] has been procured. The mental health crisis plans for high risk NSMHA consumers are now being uploaded and are available to Emergency Department staff.	
	A new data base administrator position has been created to continue building the interfaces for health information exchange with health plans and other care coordination organizations	
01.04 Fund a pilot providing a high level of care coordination to a defined population of the highest cost/highest utilizers who have been defined as suffering from mental illness.	Joint operating agreements have been signed with all 5 Healthy Options Plans. Detailed care coordination agreements, including agreements for health information exchange, are being worked on with 2 of the Plans - Molina and United Health Care.	**40%**
	NSHMA staff have been trained in the use of "PRISM" as one data source to identify high risk persons with severe mental health issues. Enhancements are being made to the NSMHA Care Coordination data base to identify high utilizers	
NEW: 1.05 Develop a detailed plan for a North Sound Behavioral Health Organization.	Letters of support to begin preliminary planning have been obtained from all county councils.	**25%**
	A fiscal consultant and a clinical consultant have been hired to help develop the program structure. A BHO provider/county coordinator workgroup has been formed and begun to meet to assist in development of the plan.	
Goal # 2 Develop innovative strategies to ensure all eligible individuals have equal access to quality behavioral health services.		
02.01 Expand the use of Evidence Based Practices and the level of cultural competence in NSMHA services through training and contractual requirements.	Requirements for use of EBPs continue to be incorporated into new and revised contracts for services.	**50%**
	An On-Line Learning system was procured and over 1200 North Sound agency staff are now registered on it and another 400 slots purchased for expansion in 2015. NSMHA sponsored training on WISe, Motivational Interviewing, Native American Behavioral Health, Peer Certification, and DSM-5. The NSMHA Training Committee was re-established to identify future training needs especially as they relate to Evidence Based Practices and Cultural Competency.	
	Tribes have been briefed on the new state requirements to develop RSN specific coordination agreements with each tribe regarding Crisis Services and Psychiatric Hospitalization. NSMHA has begun the process of meeting individually with each tribe to work on the agreements.	
	An internal NSMHA staff workgroup has conducted a literature review of strategies to increase organizational cultural competence and has developed a proposed list of specific strategies to increase the cultural responsiveness of NSMHA services.	
	Launched the "Dignity and Respect Campaign" and held the first annual D&R conference.	
	A successful Tribal Mental Health conference was held that focused on the use of traditional Native American healing practices	
02.02.01 Increase the availability of services in all geographic areas in the Region.	Successfully procured 3 FEMA grants plus re-allocated Mental Health Block grant dollars to provide comprehensive mental health services to the communities affected by the OSO Slide Disaster	**80%**
	Arranged for access to a Triage Crisis Bed for Island County	
	Further expanded school based mental health services in the Lake Stevens school district	
	Included additional resources for voluntary crisis mental health services in rural areas	
02.02.02 Plan and implement a redesign of the North Sound Mental Health Crisis Response System	Implementation plan developed and approved by the Board. Contract changes have been implemented and a RFP for the new integrated Voluntary Mental Health Crisis Services program has been released.	**75%**
	A proposal to jointly fund a pilot integrated mental health/CD crisis services program in Skagit County has been developed	
	A protocol for Emergency Department/Mental Health Crisis Services has been developed and implemented. Meetings have been held with all hospitals in the region to brief ED staff	
	Tracking system has implemented to monitor on a daily basis all persons who have been assessed in need of involuntary treatment services	
	A plan to-reopen the North Sound E&T has been developed and funding proposal submitted to the state	
	Funding has been obtained to support on-site nurses at the Triage Centers	
02.02.03 Work with county coordinators to develop service strategies that meet individual county needs blending NSMHA and County local funds	A plan for a jointly funded pilot for an integrated mental health/crisis services program has been developed - see above	**50%**
	Funding for transitional housing vouchers [HARPS program] have been allocated to the counties, some of whom have supplemented these funds with local dollars.	
02.03 Support the sustainability of recovery-oriented services such as housing services and supported employment .	Funding has been obtained from the state to implement a pilot supportive housing services program - HARPS. Funding for vouchers have been distributed to the counties [see 02.02.03] and an RFP issued to select an agency to provide the supportive services.	**70%**
	NSMHA has been selected as one of the pilot sites for the "Ticket to Work" program to increase revenue to support the Supported Employment Program	
	Training and technical assistance has been provided to E&T and Triage staff on incorporating recovery-oriented principles into crisis stabilization services. Funding has been provided to make the necessary facility changes to the Mukilteo E&T to support implementation of a recovery-oriented approach to crisis stabilization.	
Goal # 3 Lead the North Sound Region in the development and promotion of peer support and consumer involvement strategies.		
03.01 Increase the number of peers employed in our system through clear contract performance measures.	Performance requirements have been included in 2013 and 2014 contracts and the number of certified peer counselors employed by NSMHA contractors has increased	**50%**
03.02 Build a regional peer network and training plan to support consumer empowerment initiatives.	A survey on strategies to increase the use of peer counselors has been completed and reviewed by the Advisory Board	**50%**
	A NSMHA funded training for certifying Peer Counselors was provided in May.	
03.03 Promote youth and family involvement at all levels of the system.	A plan to increase youth and family involvement was developed at the 2014 retreat of the North Sound "Children's Policy Executive Team" [CPET].	**25%**
	The initial implementation of WISe program began with 88 slots. The WISe program model includes youth and parent involvement as equal partners on the treatment team.	**50%**
Goal # 4 Increase the capacity and skills of the public mental health workforce		
04.01 Develop strategies to increase the size of the mental health workforce in preparation for Medicaid expansion	An increase in provider rates was approved by the Board in December and will be implemented in January along with an increase in budget caps to expand services in areas where the demand is exceeding capacity. A NSMHA meeting with provider CEOs in December identified the need for a regional approach to recruiting psychiatrists and for a re-examination of the current NSMHA funding structure to cover some of the increased costs of doing business such as technology costs.	**50%**
04.02 Increase the availability of mental health clinicians in remote geographic areas	see 02.02.01	**80%**
04.03 Support training to increase the skills of the workforce in serving persons with more complex conditions	see 02.01	**50%**
04.04 Develop a plan to increase the Cultural Competency of the workforce.	see 02.01	**25%**

Effective Date: 6/17/2010; 3/4/2009; 8/30/2007
Revised Date: 7/20/2016
Review Date:

North Sound Behavioral Health Organization

Section 1500 – CLINICAL: Program of Assertive Community Treatment (PACT)

Authorizing Source: DSHS Contract; North Sound BHO Contracts
Cancels:
See Also: Approved by: Executive Director
Providers must comply with this policy and may develop individualized implementation guidelines as needed
Responsible Staff: Deputy Director Signature: Date: 7/22/2016

POLICY #1563.00

SUBJECT: PROGRAM OF ASSERTIVE COMMUNITY TREATMENT (PACT)

PURPOSE

To define PACT procedures, eligibility requirements and admission and discharge processes in this fidelity model program.

POLICY

The North Sound Behavioral Health Organization (North Sound BHO) has PACT teams in three (3) service areas: Skagit, Snohomish and Whatcom Counties. Individuals referred to PACT may come from any of the North Sound BHO's five (5) counties but they must live in the PACT service area to receive PACT services.

PACT teams in the North Sound Region comply with Washington State PACT Program Standards as a minimum set of regulations (see Attachment 1563.01) in addition to other applicable state and federal regulations.

PACT is a person-centered, recovery-oriented team model of service delivery. The PACT teams have a trans-disciplinary approach and provide the majority of recovery services that individuals need.

PACT programs have a maximum ratio of 10 individuals to 1 clinical staff person. The PACT teams deliver services in community locations. Each individual's plan of care will be tailored to their individual recovery needs, which may include multiple contacts per day. The approach with each individual emphasizes relationship building and active involvement in assisting the individual to make improvements in functioning, better manage symptoms, achieve individual recovery goals and maintain optimism.

PROCEDURES

ELIGIBILITY CRITERIA

1. For full eligibility criteria, please see Attachment 1563.01, pages 7 and 8.
2. Individuals admitted to PACT must have a current diagnosis of a severe and persistent mental illness, be experiencing severe symptoms and have significant impairments. The individuals must also experience continuous high service needs, functional impairments and have difficulty effectively utilizing traditional office-based services or other less intensive community-based programs.

3. Priority is given to people with schizophrenia, other psychotic disorders (e.g., schizoaffective disorder) and bipolar disorder. Individuals with a primary diagnosis of Substance Use Disorder (SUD), mental retardation, brain injury, or personality disorder are not clinically appropriate for PACT services.
4. Individuals must have a current Level of Care of 4, 5, or 6, per the Level of Care Utilization System (LOCUS), in order to be considered for admission. For those individuals for whom it is not possible to include a current LOCUS level, the submitted documentation will be used to determine if it appears the individual is in need of care at a level of 4, 5, or 6.

SCREENING AND ADMISSION PROCESS

Screening

Screening forms for each program are available at www.nsmha.org or by request from North Sound BHO. Screening forms may be completed by professionals, family members, individuals, or other interested parties. The screening form should be filled out as completely as possible and should include documentation of the need for a PACT level of care, including current symptoms and level of functioning.

Screening forms should be submitted directly to North Sound BHO as specified on the form. Referrals are reviewed by a designated North Sound BHO Quality Specialist and the PACT Team Leader to determine whether or not the individual meets minimum admission criteria within seven (7) business days of receipt of the referral. This timeline may be extended if additional documentation is required to make a determination. When a referred individual is receiving services from a North Sound BHO contracted provider agency, that agency will be contacted by the PACT team leader in order to discuss the individual's needs.

After screening, individuals may be referred to other more appropriate resources, denied PACT services, or seen for an assessment for PACT eligibility.

Assessment

If the individual meets minimum criteria, the PACT Team Leader notifies the referral source. The PACT team schedules the assessment (including submitting a request for service if the individual is not already enrolled with their agency). The assessment is performed by PACT staff.

After the assessment is complete, the individual is prioritized for admission to the program, referred to other more appropriate resources, or denied PACT services.

Individuals not admitted

Individuals who are not clinically appropriate for PACT services may be redirected to other, mutually agreeable services that better meet their needs. If a mutually agreeable plan cannot be developed, they may be denied PACT services. This may occur following screening or following assessment. Denial of PACT services will follow Policy 1005.00 – Notice Requirements.

Capacity

PACT teams do not keep a waiting list. Once PACT programs reach their full capacity, admissions continue as discharges occur. When PACT teams near their capacity, they may reserve their final three (3) slots for individuals who are discharging from Western State Hospital (WSH) and rapid readmits. PACT teams may go over their census to serve individuals who are rapidly readmitted.

Priority for admission to the PACT program is based on a number of factors including, but not limited to:

1. Current and recent WSH admissions;
2. Current and recent Children's Long-Term Inpatient Program (CLIP) admissions;
3. Community hospital admissions;
4. Jail/prison episodes;
5. Residential program participation;
6. Intensity of current symptoms; and
7. Availability and efficacy of other supports.

DUAL ENROLLMENT

With North Sound BHO approval, individuals enrolled in PACT may also be enrolled in mental health services provided in a residential setting or a mental health Intensive Outpatient Program (IOP) in order to facilitate transitions between levels of care. When it appears an individual would benefit from dual enrollment, the PACT provider should contact the designated North Sound BHO Quality Specialist. Requests for dual enrollment are considered on a case-by-case basis and must be screened by the designated Quality Specialist prior to enrollment in a second program.

While PACT programs incorporate Substance Use Disorder (SUD) treatment, there may be instances in which a PACT-enrolled individual would benefit from SUD treatment outside of the PACT team. This does not require special approval by the North Sound BHO Quality Specialist. The PACT team will work very closely with the SUD treatment provider.

COORDINATION WITH OTHER SYSTEMS

PACT provides coordination with community resources and other systems involved with the enrolled individual.

When PACT-enrolled individuals are incarcerated, the PACT team will collaborate with jail mental health professionals. Whenever possible, PACT will visit enrolled individuals who are incarcerated. They will coordinate around current needs and assist in planning for services following the individual's release.

DISCONTINUATION OF PACT SERVICES

All discharges from PACT must be approved by the designated North Sound BHO Quality Specialist prior to closing the PACT episode. This includes transfers to different levels of care within the North Sound network. PACT programs should refer to Policy 1540.00 – Discharge from Treatment for policy and procedure surrounding discharge. However, in keeping with fidelity standards, PACT discharges should differ from standard discharge policy as follows.

1. Individuals enrolled in PACT should **not** be discharged from treatment for the following reasons:

    a. Lack of engagement in treatment; and
    b. Lack of progress in treatment.

2. Engagement efforts for individuals enrolled in PACT utilize assertive outreach (i.e., are typically substantially greater than indicated by Policy 1540.00).
3. Discharge may occur when clients are out of contact with the program for 90 days despite persistent efforts by the team to re-engage.
4. Individuals should be discharged from PACT upon request (unless treatment is mandated by Less Restrictive Order (LRO) or Conditional Release (CR)). PACT providers are committed to serving individuals who are difficult to engage and will make every effort to work with enrolled individuals to come to a mutually agreeable plan of care to continue working together. If this is not possible, PACT will make every effort to assist the individual to find and enroll in other services suitable to the individual prior to closing the individual's episode of treatment in the program.
5. Transitions to less intensive services should be carried out when individuals meet the criteria outlined in Attachment 1563.01, Washington State PACT Program Standards.

Examples of times treatment episodes may be closed, as outlined in Policy 1540.00 include:

1. When individuals no longer meet the North Sound BHO continued stay criteria;
2. Move out of the PACT service area;
3. Request to end their services;
4. Have been admitted to an institutional setting for a prolonged period; or
5. Meet criteria for transition to less intensive treatment.

Additionally, PACT teams should notify the designated Quality Specialist when an individual's treatment episode is closed due to their death.

Whenever possible, PACT should work with the individual to develop a discharge plan, including connecting them with services appropriate to their level of need.

TRANSFERS BETWEEN NORTH SOUND PACT TEAMS

Transfers to other PACT teams will be arranged by the Team Leaders in conjunction with the designated Quality Specialist. All transfers between PACT programs must be approved by the designated Quality Specialist. Referrals of individuals currently receiving services from other PACT teams will be considered on an expedited basis.

PACT transfers should follow Policy 1510.00 – Intra-Network Consumer Transfers and Coordination of Care. Since individuals enrolled in PACT typically have complex needs, PACT teams may wish to share additional information, such as weekly schedules, crisis plans, etc.

Individuals transferring between PACT teams may not meet the criteria for newly admitting to PACT, especially if the treatment has been effective in meeting their needs. Their need for PACT level services should be assessed as it is for continuing PACT enrollees.

RAPID RE-ADMISSION

Individuals who have been discharged from PACT for any reason may be rapidly re-admitted to the program. PACT may go over its census in order to serve these individuals. The program should not resume admissions of new individuals until it is back below census. Re-admission to PACT should take place only when it is medically necessary.

Individuals are financially eligible for rapid re-admission if they:

1. Have Washington Apple Health with a Behavioral Health Organization benefit, or
2. Are eligible for state only funded services, per Policy 1574.00 – State Only Funding Plan Mental Health Services.

CLINICAL DISPUTE RESOLUTION

If agreement between the Team Leader and North Sound BHO Quality Specialist cannot be reached about whether or not an individual is appropriate to admit into PACT services, to close from a PACT episode, or other clinical decisions subject to approval by the designated Quality Specialist, the reasons for the recommended decision will be put in writing by the PACT team, signed by the Team Leader, the PACT Psychiatrist and the Executive Director (or formal designee*) of the contracting agency. The North Sound BHO Medical Director will review the documentation (referral information, assessment and any other additional information available) and make a determination about admission. If the final determination by North Sound BHO's Medical Director is not acceptable by PACT contracting agency, a formal contract dispute resolution process may be initiated.

*(*The formal designee must be identified in correspondence to North Sound BHO from the Executive Director of PACT contracted agency.)*

STAKEHOLDER ADVISORY COMMITTEE

PACT programs shall each have a Stakeholder Advisory Committee whose role is to:

1. Promote quality programs;
2. Monitor fidelity to PACT Standards;
3. Guide and assist the administering agency's oversight of the PACT program;
4. Problem solve and advocate reducing barriers to PACT implementation; and
5. Monitor/review trends in individual and family grievances or complaints.

The Stakeholder Advisory Committee shall include a North Sound BHO representative.

As an alternative to having program-specific, provider-managed Stakeholder Advisory Committees, the PACT Stakeholder Advisory Committees may be included in the BHO Advisory Board. If a PACT team wishes to pursue this possibility, they should work with their designated Quality Specialist and the North Sound BHO Advisory Board to determine if and/or how this inclusion should take place

The Stakeholder Advisory Committee shall meet at least quarterly.

PROGRAM EVALUATION

PACT teams will participate in fidelity reviews conducted by Washington Institute for Mental Health Research and Training (WIMHRT), and reviews by Department of Social and Health Services (DSHS) in addition to North Sound BHO utilization reviews and audits.

ATTACHMENTS

1563.01 – WA State Program of Assertive Community Treatment (PACT) Program Standards – (FINAL) 4-16-07

NAMI MINNESOTA
National Alliance on Mental Illness

Fact Sheet

800 Transfer Road, Suite 31, St. Paul, MN 55114 Tel: 651-645-2948 or 888-NAMI-HELPS Fax: 651-645-7379 www.namihelps.org

Assertive Community Treatment (ACT)

What is ACT?

ACT is a service-delivery model that provides comprehensive, locally based treatment to people with serious and persistent mental illnesses. Unlike other community-based programs, ACT is not a linkage or brokerage case-management program that connects individuals to mental health, housing, or rehabilitation agencies or services. Rather, it provides highly individualized services directly to consumers. ACT recipients receive the multidisciplinary, round-the-clock staffing of a psychiatric unit, but within the comfort of their own home and community. To have the competencies and skills to meet a client's multiple treatment, rehabilitation, and support needs, ACT team members are trained in the areas of psychiatry, social work, nursing, substance abuse, and vocational rehabilitation. The ACT team provides these necessary services 24 hours a day, seven days a week, 365 days a year.

How did ACT begin?

Now in its 26th year, the ACT model evolved out of work led by Arnold Marx, M.D., Leonard Stein, M.D., and Mary Ann Test, Ph.D., on an inpatient research unit of Mendota State Hospital, Madison, Wisconsin, in the late 1960s. Noting that the gains made by clients in the hospital were often lost when they moved back into the community, they hypothesized that the hospital's round-the-clock care helped alleviate clients' symptoms and that this ongoing support and treatment was just as important - if not more so - following discharge. In 1972, the researchers moved hospital-ward treatment staff into the community to test their assumption and, thus, launched ACT.

What are the primary goals of ACT?

ACT strives to lessen or eliminate the debilitating symptoms of mental illness each individual client experiences and to minimize or prevent recurrent acute episodes of the illness, to meet basic needs and enhance quality of life, to improve functioning in adult social and employment roles, to enhance an individual's ability to live independently in his or her own community, and to lessen the family's burden of providing care.

What are the key features of ACT?

Treatment:
psychopharmacologic treatment, including new atypical antispyschotic and antidepressant medications
individual supportive therapy
mobile crisis intervention
hospitalization
substance abuse treatment, including group therapy (for clients with a dual diagnosis of substance abuse and mental illness)
Rehabilitation:
behaviorally oriented skill teaching (supportive and cognitive-behavioral therapy), including structuring time and handling activities of daily living
supported employment, both paid and volunteer work
support for resuming education
Support services:
support, education, and skill-teaching to family members
collaboration with families and assistance to clients with children
direct support to help clients obtain legal and advocacy services, financial support, supported housing, money-management services, and transportation

Who benefits from the ACT model?

The ACT model is indicated for individuals in their late teens to their elderly years who have a severe and persistent mental illness causing symptoms and impairments that produce distress and major disability in adult functioning (e.g., employment, self-care, and social and interpersonal relationships). ACT participants usually are people with schizophrenia, other psychotic disorders (e.g., schizoaffective disorder), and bipolar disorder (manic-depressive illness); those who experience significant disability from other mental illnesses and are not helped by traditional outpatient models; those who have difficulty getting to appointments on their own as in the traditional model of case management; those who have had bad experiences in the traditional system; or those who have limited understanding of their need for help.

What is the difference between ACT and traditional care?

Most individuals with severe mental illnesses who are in treatment are involved in a linkage or brokerage case-management program that connects them to services provided by multiple mental health, housing, or rehabilitation agencies or programs in the community. Under this traditional system of care, a person with a mental illness is treated by a group of individual case managers who operate in the context of a case-management program and have primary responsibility only for their own caseloads. In contrast, the ACT multidisciplinary staff work as a team. The ACT team works collaboratively to deliver the majority of treatment, rehabilitation, and support services required by each client to live in the community. A psychiatrist is a member of, not a consultant to, the team. The consumer is a client of the team, not of an individual staff member. Individuals

with the most severe mental illnesses are typically not served well by the traditional outpatient model that directs patients to various services that they then must navigate on their own. ACT goes to the consumer whenever and wherever needed. The consumer is not required to adapt to or follow prescriptive rules of a treatment program.

Is there a difference between ACT and PACT?

There is no difference between the PACT (Program of Assertive Community Treatment) model and the ACT (Assertive Community Treatment) model. Not only does NAMI use ACT and PACT interchangeably, but ACT or PACT is also known by other names across the country. For example, in Wisconsin, ACT programs are called Community Support Programs, or CSP. In Florida, ACT programs are called FACT (Florida Assertive Community Treatment); in Rhode Island and Delaware ACT programs are called Mobile Treatment Teams (MTT), while Virginia uses PACT for its assertive community treatment teams. While the official name that a state, county, or locality uses for ACT varies widely, there is only one set of standards that NAMI sets forth for all programs of assertive community treatment.

How do ACT clients compare with those receiving hospital treatment?

ACT clients spend significantly less time in hospitals and more time in independent living situations, have less time unemployed, earn more income from competitive employment, experience more positive social relationships, express greater satisfaction with life, and are less symptomatic. In one study, only 18 percent of ACT clients were hospitalized the first year compared to 89 percent of the non-ACT treatment group. For those ACT clients that were rehospitalized, stays were significantly shorter than stays of the non-ACT group. ACT clients also spend more time in the community, resulting in less burden on family. Additionally, the ACT model has shown a small economic advantage over institutional care. However, this finding does not factor in the significant societal costs of lack of access to adequate treatment (i.e., hospitalizations, suicide, unemployment, incarceration, homelessness, etc.).

How available are ACT programs?

Despite the documented treatment success of ACT, only a fraction of those with the greatest needs have access to this uniquely effective program. Only six states (DE, ID, MI, RI, TX, WI) currently have statewide ACT programs. Nineteen states have at least one or more ACT pilot programs in their state. In the United States, adults with severe and persistent mental illnesses constitute one-half to one percent of the adult population. It is estimated that 20 percent to 40 percent of this group could be helped by the ACT model if it were available.

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North Sound Behavioral Health Organization
Mission, Vision and Values

Revised Draft – September 22, 2016

Mission Statement

Empowering individuals and families to improve their health and well - being.

Vision of the North Sound BHO

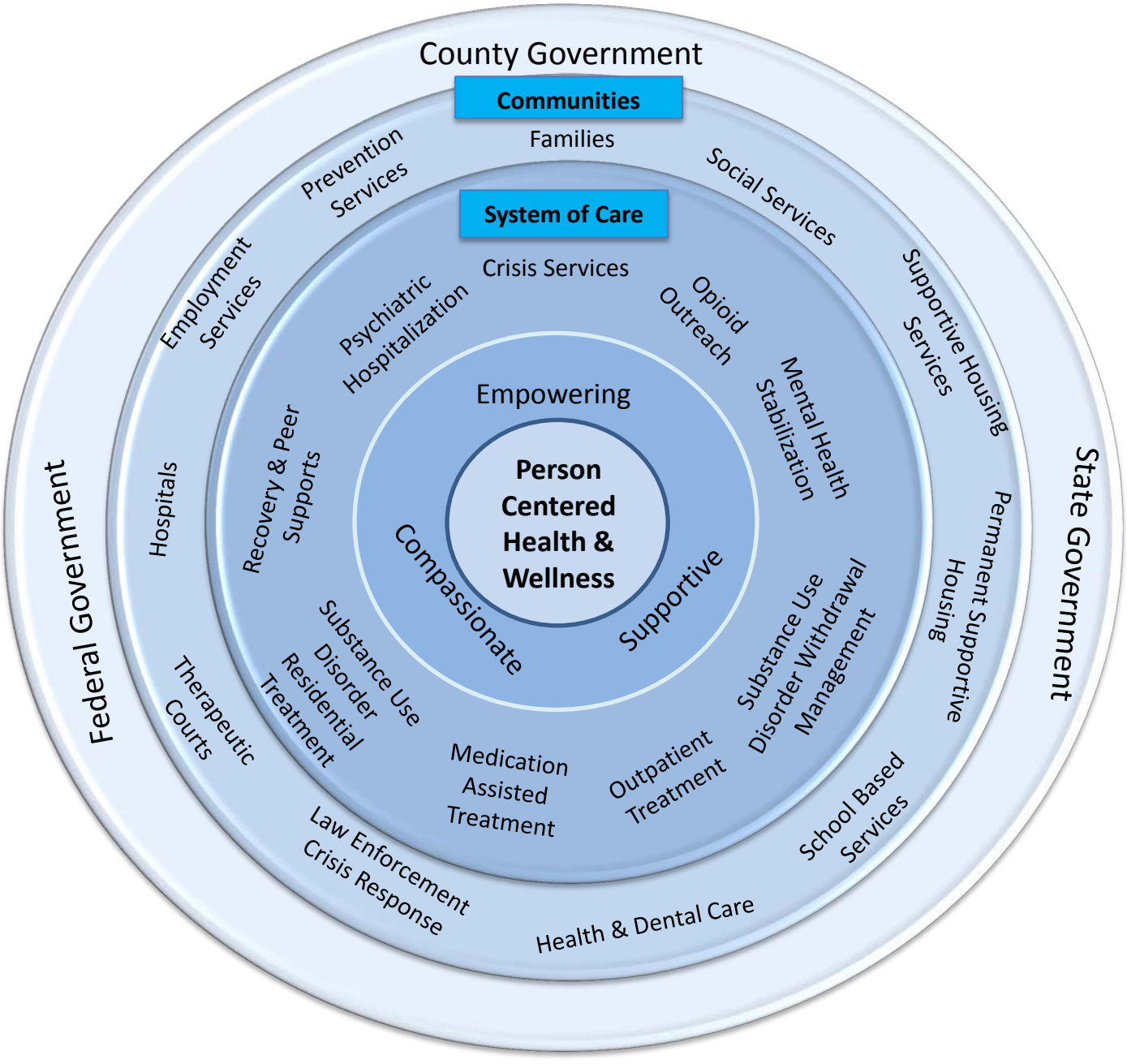
A system of care that is shaped by the voices of our communities and people using behavioral health services. The people who work in this system are compassionate, and empowering and supportive of personal health and wellness.

Values

- ✓ **Integrity:** We nurture an environment of transparency, trust and accountability
- ✓ **Collaboration:** We believe every voice matters
- ✓ **Respect:** We accept and appreciate everyone we encounter
- ✓ **Excellence:** We strive to be the best in everything we do
- ✓ **Innovation:** We endeavor to try new things, be forward thinking, learn from mistakes and be adaptable.

The Vision of the North Sound Behavioral Health Organization

A system of care that is shaped by the voices of our communities and people using behavioral health services. The people who work in this system are compassionate, and empowering and supportive of personal health and wellness.



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Planning Committee Brief

September 16th, 2016

Review Planning Grants

The Planning Grants will be used to determine future needs assessments for expansion. The needs assessments for each county required to explain the current services and what the needs are of those not being met. Each County Coordinator had the opportunity to present their needs assessment for their respected county.

Barbara LaBrash presented the needs assessment for San Juan County

Jackie Henderson presented the needs assessment for Island County

Rebecca Clark presented the needs assessment for Skagit County

Anji Jorstad presented the needs assessment for Snohomish County

Anne Deacon presented the needs assessment for Whatcom County

A motion was made to approve all five Planning Grants. Motion was seconded and approved.

Update on BHO Implementation Plan

The BHO Implementation tasks were reviewed. All 62 tasks listed staff lead(s), a Leadership Advisory, and status of each task.

Update of Phase 2 of the Request for Proposal-Expanding the Substance Use Disorder (SUD) network

The expansion of the SUD network will:

- Reduce waiting lists
- Increase the geographic availability
- Increase access to Opiate Substitution Treatment and other Medication Assisted Treatment
- Increase access to withdrawal management services
- Increase overall access to outpatient services

A draft Request for Qualifications (RFQ) will be presented at the County Coordinators October meeting for feedback.

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QMOC Brief
September 14, 2016

Workforce Development

Per request of Holly Morgan, Sunrise Services, a brief conversation ensued regarding development of the behavioral health workforce and challenges providers are facing in hiring and maintaining qualified, experienced staff. Common themes were: pay rate (vs. private), benefits and vacation, and student loan forgiveness (or lack of).

QMOC Charter

This is a continuation of the discussion from the July and August QMOC meetings. The QMOC charter continues to be due for revision and update. Betsy Kruse, North Sound BHO Deputy Director, briefly overviewed revisions made. Following brief conversation, the revised Charter was approved.

Disaster Planning

Sandy Whitcutt, North Sound BHO, quickly shared current disaster planning and encouraged providers to continue to develop their agency disaster plans. Special emphasis was made towards active shooter training.

Policy 1702.00 – ICRS Outreach

Purpose of this policy is to assure a responsive and consistent safety screen process for crisis outreaches for individuals, family members, community members, and ICRS staff. This policy was due for review and revision. Changes made in the policy were minor, with some reformatting. ICRS had already approved the revised policy. Policy was approved as submitted.

Policy 1505.00 – Authorization and Reauthorization for Outpatient Behavioral Health Services

This policy was submitted to QMOC previously for review and comments. The policy was updated to include Substance Use Disorder (SUD) services which are now part of the BHO. This policy was approved as submitted.

Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Data Report to North Sound BHO

Results from the EPSDT Data Report were reviewed. During the audit, the process of how information is reported to North Sound BHO was documented with each agency. This highlighted processes that were working, just starting up, as well as the need to work with providers to ensure that the data is flowing up. It was noted that each provider will be given tailored comments as to the specific successes and goals with reporting EPSDT to North Sound BHO.

Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Audit Report

In June 2016, North Sound BHO pulled a report of the "physician referred" individuals from the Volunteers of America (VOA) report. In July, BHO staff went to provers to do a review of random selection of the charts that were identified. Conclusion is that there still needs to be proactive working towards meeting the contract

specifics and the policy for EPSDT. Brief conversation ensued regarding potential obstacles that may be occurring. North Sound BHO will be contacting providers with observations from their charts, including success and areas of improvement.

Gender Dysphoria Treatment Update

Earlier in 2016 there were questions regarding whether North Sound BHO provided coverage for treatment of gender dysphoria. At this time, the answer is: Gender dysphoria is not a diagnosis listed in the Access to Care Standards. Likewise, HCA provider guides now clearly indicate that the MCOs are responsible for this treatment. In summary, treatment for gender dysphoria is not covered by North Sound BHO.

No-Show Data

At this time, only three (3) agencies have submitted any no-show transactions. The data that has been submitted appears incomplete. Conversation ensued regarding if there are barriers to this data be submitted.

Open Access Procedures

Open Access procedures were reviewed. Specific points of review are (1) VOA will continue to take Requests for Service (RFS) for all calls unless the provider tells them otherwise (2) VOA will continue to collect consents for treatment when necessary unless the provider asks them to do otherwise and (3) the requirement for expedited appointments still exists. It was also noted that VOA would prefer to know agency open access hours so they can direct individuals to a location/agency that suits there schedule. Brief conversation ensued regarding provider concerns regarding VOA communication.

North Sound Behavioral Health Organization
Advisory Board

Advocacy Priorities

Priority #1: Children, youth & adolescents

- E&T (Evaluation and Treatment) for children & youth
- RCW changes in ITA (Involuntary Treatment Act)
- Provide awareness of services to children/youth
- Treatment available in schools

Priority #2: Advocacy, education, and stigma reduction among legislators, and educational institutions

Priority #3: Homeless of all ages, to include Vets

- Attainment of housing
- Community meals & shelter
- Opportunities for engagement in services

Aspects to Consider:

- Substance Use Disorder Treatment and Mental Health Services Integration
- Rural (e.g., Access to Care, Integration of Care, Community Schools)
- Culture, Language, Ethnicity
- Age Groups (e.g., Children, Adolescents, TAY, Seniors)
- Special Populations (e.g., Vets, LGBT, Religious Organizations)
- Peer Involvement (e.g., United Peers of WA, CPCs)
- Disabilities/Comorbidities (e.g., Diabetes, Obesity, DD/ID)
- Criminal Justice / Alternatives to Jail
- Crises (e.g., Suicide, Disasters, Crime)

Advisory Board Advocacy Priorities

Issues that result in the biggest impact for the people

0	Traumatic Brain Injury; Support for Individuals, Family and Caregivers
0	Global Community; Research How Other Countries Support Individuals With Mental Illness and What We Can Learn
0	Individuals Who Have Attempted Suicide; Research and Education in Suicidality
1	Greater Community; Improvement in Healthcare Delivery; Development, Education and Involvement of Individuals/Families in Improving Healthcare Delivery; Cultural Awareness and Sensitivity Toward Those Experiencing Disparities in Care
1	Individuals With Disabilities; Protection of Civil Rights
2	Individuals Involved in the Criminal Justice System; Mental Health Court
2	Non-English Speakers; Navigating the Healthcare System; Accessibility and Assistance in Resource Attainment
3	Older adults, Accessibility; Transportation to Health Care Facilities
4	Homeless of All Ages, to Include Vets; Attainment of Housing; Community Meals & Shelter; Opportunities for Engagement in Services
5	Incarcerated Individuals; Availability of Treatment While in Jail; Support for Family Members
5	Legislators, Schools & Colleges; Stigma Reduction
7	Children, Youth & Adolescents E&T for Children & Youth; RCW Changes in ITA; Provide Awareness of Services to Children/Youth; Treatment Available in Schools

Recovery ROCKS

Let's Celebrate Recovery!

Thursday, October 20th

4:30 PM to 7:30 PM

Days Inn, 2009 Riverside Drive
Mount Vernon

Music* *Food* *Fun

Recovery from what? We're all in recovery from something – mental health and/or addiction, etc.

Free Raffle $100.00 Fred Meyer Gift Card

Sponsored the Northern Washington Peer Recovery Action Network.

For information call 360-770-5483

Program of Assertive Community Treatment

What is PACT?

PACT is for people with severe mental health disorders, who frequently need care in a psychiatric hospital or other crisis service. These clients often have challenges with traditional services, and may have a high risk or history of arrest and incarceration.

PACT serves up to 800 people statewide with effective and intensive outreach services. These services are evidence-based, recovery-oriented, and provided through a team approach. With small caseloads, PACT teams can address each person's needs and strengths to provide the right care at the right time.

Peer specialists help people transition back into their communities. Up to 85% of services are available within communities.

Program reviews are conducted at least once a year to measure progress with the following goals:

- Reduce the need for care within state hospitals;
- Increase satisfaction and quality of life;
- Decrease the use of community inpatient and crisis services;
- Increase employment; and
- Reduce involvement with criminal justice.

Resources

- WA-PACT Program Standards
- PACT Policies & Procedures Guidelines
- WA-PACT Comprehensive Assessment Template
- Practice Guidelines for Recovery Oriented Behavioral Health Care
- SAMHSA PACT Toolkit