

**NORTH SOUND MENTAL HEALTH ADMINISTRATION
BOARD OF DIRECTORS MEETING**

117 North 1st Street, Suite 8

Mt. Vernon, WA.

March 13, 2003

1:30 PM

Agenda

- 1. Call to Order; Introductions – Chair**
- 2. Revisions to the Agenda – Chair**
- 3. Approval of January Minutes – Chair**
- 4. Comments & Announcements from the Chair**
- 5. Reports from Board Members**
- 6. Comments from the Public**
- 7. Report from the Advisory Board – Janet Lutz-Smith, Chair**
- 8. Report from Executive/Personnel Committee – Dave Gossett, Chair**
- 9. Report from the QMOC – Andy Byrne, Chair**
- 10. Report from the Planning Committee – Dave Gossett, Chair**
- 11. Report from the Executive Director – Chuck Benjamin, Executive Director**
 - a. System Review Report
- 12. Report from the Finance Officer – Bill Whitlock pg 15**
- 13. Report from the Finance Committee – Mike Shelton**
- 14. Consent Agenda – Chair pgs 16-78**

<p>All matters listed with the Consent Agenda have been distributed to each Board Member for reading and study, are considered to be routine, and will be enacted by one motion of the Board of Directors with no separate discussion. If separate discussion is desired, that item may be removed from the Consent Agenda and placed on the Regular Agenda by request of a Board Member.</p>

Motion 03-003 To adopt the Sound Mental Health Administration 2003-2004 Staff Training Plan.

The purpose of the NSMHA Staff Training plan is to provide an effective, efficient process that builds the requisite skills for optimum performance by all levels of staff. In developing this Plan, an extensive Training Needs Assessment survey was conducted. The NSMHA Staff Training Plan was developed in conjunction with the North Sound's Regional Training Plan.

Motion 03-004 To adopt North Sound's Regional Training Plan.

Per the current contract between the NSRSN and APN, Seamar and VOA, "The NSRSN shall take the lead and facilitate a collaborative process with NSRSN provider network to design and implement a regional training plan by January 1, 2003." The North Sound's Regional Training Plan is the result of these efforts.

Motion 03-006 To name authorized signatures on the NSMHA's account at Skagit County effective March 14, 2003 as follows:

Board Chairperson	Ward Nelson
Skagit County Commissioner	Kenneth Dahlstad
Snohomish County Council	Kirke Sievers
NSMHA Executive Director	Charles R. Benjamin
NSMHA Deputy Director	Greg Long
NSMHA Office Manager	Debra Russell

The authorized signors shall have the authorization privileges for disbursements over petty cash accounts, vouchers and payroll.

Motion 03-007 To review and approve NSRSN claims paid from December 1, 2002 to December 31, 2002. In the amount of \$ 3,528,699.27. Total December payroll of \$77,457.36 and associated benefits of \$24,726.41.

Motion 03-008 To review and approve NSRSN claims paid from January 1, 2003 to January 31, 2003. In the amount of \$ 3,922,836.65. Total January payroll of \$80,204.23 and associated benefits of \$24,853.56.

15. Action Items – None

16. Emergency Action Items

Motion 03-009 To authorize Contract 0169-00339, Amendment 6 between DSHS Mental Health Division and the North Sound Mental Health Administration. Effective January 1, 2003, the ECS allocation and funding are reduced from 3 to 2 Expanded Community Services Phase V (PALS) slots. Maximum monthly consideration shall be reduced to \$7,179.

Motion 03-010 To authorize Contract No. NSRSN-APN-ECS-02, Amendment (2) between North Sound Mental Health Administration and the Associated Provider Network. Effective January 1, 2003, the ECS allocation and funding are reduced from 3 to 2 Expanded Community Services Phase V (PALS) slots. Funding shall be modified, as reflected below:

Timeline	Funding Source	Program Alloc	Payment Method
<i>Effective 1/1/03 to 6/30/03</i>	<ul style="list-style-type: none"> • ECS Phase V - PALS State Funding 	\$43,074	Fee for Service*
<i>Effective 10/1/02 to 12/31/02</i>	<ul style="list-style-type: none"> • FBG ECS - PALS Funding 	<u>21,000</u>	Fee for Service
	<i>Total Funding:</i>	\$64,074	*Paid in 6 equal payments. Reconciled to actual bed days @ \$119 per day/person

The NSMHA staff requested this reduction as it was found that only two (2) individuals qualified for the PALS program at Western State Hospital.

Motion 03-011 To authorize Contract No. NSRSN-PCI-User-01 Amendment (4)

This amendment will extend the dates of the current contract with PCI through June 30, 2003. Maximum consideration of this amendment shall be \$15,125 (\$5,041.67 per month). Maximum consideration of the Agreement shall not exceed \$121,000.08.

Motion 03-012 To authorize amendment to Legal Contract for 2002 **pg 79**

This amendment will increase the maximum consideration for the term of from \$10,000 to \$26,000.

17. Introduction Items - Chair

Motion IN-003 To introduce the NSMHA 2002-2003 Quality Management Plan Updates. **pg 81**

As the NSMHA moves into the second year of our biennial QM Plan, modifications, additions and deletions are being recommended.

Motion IN-005 pg 105 To introduce North Sound Mental Health Administration Health Information and Portability Accountability Act (HIPAA) Policy and Procedure Manual.

Lead Quality Specialist has been working with NSMHA Attorney to develop the NSMHA HIPAA Policy and Procedures Manual that will comply with HIPAA requirements. Attached is the list of Policies and Procedures that will be introduced to the Board in March. Currently these P & P's are in final draft and being reviewed by NSMHA Attorney.

Motion IN-006 pg 109 To recommend the North Sound Mental Health Administration Lead Quality Specialist be appointed NSMHA Privacy Officer and to introduce an update Lead Quality Specialist Job Description that has been modified to incorporate the required HIPAA Privacy Officer job responsibilities.

NSMHA Management Team recommends that the attached Lead Quality Specialist job description replaces the current Lead Quality Specialist Job Description.

Motion IN -007 pg 114 To introduce Business Associates Agreement, Contract No. NSMHA-INFOC-BA-03 between North Sound Mental Health Administration and InfoCare, Inc for storage of NSMHA off-site business records. This Agreement shall become effective May 1, 2003. It is estimated that the initial set-up costs shall not exceed \$125 and the ongoing monthly costs to be approximately \$38.75 per month.

NSMHA recommends moving our current storage to InfoCare, Inc. Not only will this service provide a more secure setting than our current storage unit and meet HIPAA requirements for storing Protected Health Information, but our monthly expense will go from \$60 to an estimated \$38.75. InfoCare, Inc. is knowledgeable about HIPAA requirements and understand the necessity to enter into a Business Associates Agreement with the NSMHA. NSMHA records would be stored in a warehouse that serves other customers like St. Joseph Hospital and Whatcom County.

Motion IN-008 pg 120 To recommend the North Sound Mental Health Administration amend the agreement for legal services. NSMHA agrees to reimburse Attorney at a rate of \$375.00 an hour for specialized health care legal services.

18. Executive Session - Chair

19. Reconvene - Chair

20. Adjournment – Chair

NOTE: The next Board of Directors meeting is scheduled for Thursday, April 10, 2003 at the North Sound Mental Health Administration, Mount Vernon, WA at 1:30 PM.

NORTH SOUND MENTAL HEALTH ADMINISTRATION BOARD OF DIRECTORS MEETING

Cotton Tree Convention Center

2300 Market Street

Mount Vernon, WA

January 9, 2003

1:30 PM

MINUTES

Present:

Ward Nelson, Chair, Whatcom County Council
Maile Acoba, Alternate for Kenneth Dahlstedt, Skagit County Commissioner
Andy Byrne, Alternate for Pete Kremen, Whatcom County Executive
Sharrie Freemantle, Alternate for John Koster, Snohomish County Council
Dave Gossett, Snohomish County Council
Janet Lutz-Smith, NSMHA Advisory Board
Rhea Miller, San Juan County Commissioner
Mike Shelton, Island County Commissioner
Kirke Sievers, Snohomish County Council
Jim Teverbaugh, Alternate for Bob Drewel, Snohomish County Executive

NSMHA Staff Members:

Beckie Bacon, Charles Benjamin, Annette Calder, Sharri Dempsey, Marcia Gunning,
Wendy Klamp, Greg Long, Terry McDonough, Bill Whitlock, Gary Williams

Guests:

Kelly Foster, Mary Good, Larry Harris, Jere LaFollette, Tom MacIntyre

1. Call to Order; Introductions – Chair

Chair Nelson called the meeting to order at 1:30 P.M. Introductions were made.

2. Revisions to the Agenda – Chair

The one introduction item was removed and an amended agenda was distributed.

3. Approval of December Minutes – Chair

A motion was made and seconded to accept the minutes of the December 2002 Board meeting as written, all in favor, **motion carried.**

4. Comments & Announcements from the Chair

None.

5. Reports from Board Members

Jim Teverbaugh stated Snohomish County Mental Health Criminal Justice Planning Committee is working on several alternatives to jail for people with mental illness and said it is an exciting process.

Rhea Miller spoke about a meeting of the San Juan County Commissioners with Chuck Benjamin and Barbara LaBrash about the possible budget cuts facing mental health. She said the whole board was involved and it was a productive meeting.

Mike Shelton reported that Island County is underway in building their new mental health facility. Rhea Miller said San Juan County has hired a consultant to look at facility to combine mental health services and alcohol treatment.

6. Comments from the Public

None at this time.

7. Report from the Advisory Board – Janet Lutz-Smith, Chair

Janet Lutz-Smith informed the Board of Directors about the Advisory Board meeting this week, stating that unfortunately they did not have a quorum for their meeting. She addressed the need for representation from Island and San Juan counties and that the NSMHA Advisory Board bylaws state they cannot have a quorum unless four counties are represented. At the meeting they heard reports from Ombuds and QRT. Janet also reported that they have two new members from Whatcom County and one from Skagit County. Janet stated they have formed a bylaw review committee in order to make some changes to the Advisory Board bylaws. The consent agenda and action items were all approved. The Advisory Board will be doing goal setting at their February meeting. The Advisory Board likes our new name.

8. Report from Executive/Personnel Committee – Dave Gossett, Chair

Dave Gossett stated a change will be made to our personnel policies, regarding HIPAA on the advice of our attorney to cover Breach of Privacy. A motion will come to the Board of Directors for action probably at the next meeting. The committee also had a brief discussion on the Governor's Budget and System Review.

Chair Nelson asked if we are prepared to meet the HIPAA deadline and requirements? Wendy Klamp said we are currently working with the attorney to make sure our policies are all in place for the compliance deadline. Andy relayed thanks from Whatcom County for all the help our staff has provided the county staff in regards to HIPAA.

9. Report from the QMOC – Andy Byrne, Chair

Andy Byrne reported that the committee met on December 18th and are at a stage of receiving a variety of reports: Quality Management Department report, Coordinated Quality Improvement Program report, HIPAA, and also had an announcement that one of the APN members, Mary Cline, term was up and will be replaced with Joan Dudley. Andy said the Corrective Actions from the MHD Audit were presented to QMOC and the committee will be following that. The NSMHA 2002-2003 Quality Management Work Plan was presented and QMOC will act on it at their January 15th meeting. Andy said Bob LeBeau distributed the APN's Voluntary Hospital Certification Policy and Procedure and presented it to QMOC.

10. Report from the Planning Committee – Dave Gossett, Chair

Dave Gossett reported that the Underserved Populations Workgroup Report and Criminal Justice Workgroup reports are not yet finalized as the groups are still meeting. Once the reports are finalized they will be forwarded to the Planning Committee and then presented to the Board of Directors.

Jim Teverbaugh addressed the Board regarding spin-off effects that happened due to the work of the NSMHA Planning Committee. The committee heard about a certain type of model of crisis intervention for people with mental illness who come in contact with the criminal justice system; Crisis Intervention Training (CIT) for law enforcement. NAMI has been actively promoting the CIT approach region-wide in responding to the needs of people with mental illness as they come into contact with the criminal justice system. In the course of sharing this information, the Snohomish County Sheriff has become quite interested in having deputies trained in this particular model. It was one of those unanticipated positive affects that looks like it will take on a life of its own.

11. Report from the Executive Director – Chuck Benjamin, Executive Director

Chuck Benjamin reported briefly on the following:

- Working on system review;
- Implementation of Raintree;
- Regional Training Plan;
- NSMHA Staff Training Plan;
- The Regional Trauma Committee;
- NSMHA and APN are continuing to work with HCS about Geriatric service beds;
- Compass Health will be implementing the Telesage Pilot;
- The Tribal meeting will be reviewing the 7.01 Plan;
- North Sound Mental Health Legislative Committee is working on a position paper;
- Mental Health Summit: Stakeholder Preparation;
- Recovery Conference;
- NSMHA Board of Directors Retreat;
- He shared some sad news of staffing change – Melinda Bouldin resigned due to her husband being transferred. We have advertised and received number of applications;
- Both Boards will need HIPAA training and that will be in the next couple of months. Training should be done in March or early April. We could do the boards together or separate. The training will take two to three hours and we'll need to plan some dates. The attorney is reviewing policies and procedures for HIPAA with Wendy Klamp. Policies should be finalized by the end of January;
- Regarding the Governor's Budget; this is a first glance and they are reducing mental health community services by 40 million dollars, which equates to a 2.5 million dollar impact for this Region. They are increasing the Medicaid eligibility formula, and we do not know what the impact will be. Other budget items to note are:

- Children's Administration is eliminating both crisis residential and secure crisis residential centers. The Family Policy Council and community networks are eliminated. A new Children's Block Grant is created which includes the funds from the Alternate Response System, Family Reconciliation Services, the Hope Center, Children's Special Projects, Street Youth and Victims Assistance. The Children's Administration will determine the level of funding within the total for each program.
- The elimination of the Family Children's Ombuds from the Governor's office.
- From the Department of Community, Trade and Economic Development the Long-Term Care Ombudsman program is eliminated, as well as the Court Guardian Ad-Litem, and the Retired Senior Volunteer Program.
- Under Alcohol and Substance Abuse, 6.6 million dollars has been eliminated for Treatment Alternatives to Street Crimes (TASC) is eliminated. Optional Health Benefits – Dental, Vision and Hearing Ticket to Work the optional healthcare for workers with disabilities is eliminated.
- The Children's Administration may or may not choose to fund the activities that were combined and reduced in total by one-third from current levels to make up this grant.
- The Medically Indigent program is eliminated. Also impacted will be GAU, which will impact our funding. It is hard to measure all of the indirect impacts and how hard we will be hit.

Chuck stated he wanted to end with good news; we are on this vision of hope and path to recovery, we may take a few steps backwards, but don't give up, we will move forward.

12. Report from the Finance Officer – Bill Whitlock

Bill Whitlock reported on November because December's information isn't available from the Skagit County yet. Interest revenue is low by \$36,156.

The State revenues are \$185,636 under and \$277,637 over on the Federal revenues. We're still close to our projections and this includes the 4.4 million dollar budget adjustment passed in November 2002.

The following categories are over budget: Supplies \$3,733; Small Tools \$6,919; Operating rentals and leases \$5,574; Insurance \$3,256; Machinery and Equipment \$2,845. The total RSN Operating Budget is under budget by \$121,796.

The Agency / County / Other Service Budget is over budget by \$156,067 at this time. This includes the \$4,469,625 budget increase passed in November. We hope we will be under budget at year-end.

Chuck Benjamin said it may be worth giving the Board a heads up on the payment received. Bill said there is a six-month adjustment on our payment. The June's Medicaid Population went up by about 13,000 clients. This translated into about a \$500,000 over-payment. We will have to pay it back to the State, once they determine

what went wrong with the population data. Discussion followed about payments and a managed care system.

13. Report from the Finance Committee – Mike Shelton

Mike Shelton reported that the Finance committee met and would like to move 03-001 consent agenda, monthly expense claims, seconded, all in favor, **motion carried unanimously.**

14. Consent Agenda – Chair

All matters listed with the Consent Agenda have been distributed to each Board Member for reading and study, are considered to be routine, and will be enacted by one motion of the Board of Directors with no separate discussion. If separate discussion is desired, that item may be removed from the Consent Agenda and placed on the Regular Agenda by request of a Board Member.

Motion 03-001 To review and approve NSRSN claims paid from November 1, 2002 to November 30, 2002. Total dollar amount of warrants paid in November \$3,816,234.18. Total November payroll of \$76,303.34 and associated benefits in the amount of \$21,749.23.

15. Action Items – Marcia Gunning, Contracts Compliance/Financial Services Manager

Marcia Gunning informed the Board of Directors that for our two action items we do not have the contracts yet. They are to implement Phase VI of the ECS project for which we would do a contract with the APN. HCS told us the contract would be submitted to the NSMHA this month. Chair Nelson asked if our attorney reviews these contracts because they require us to provide a higher level of care, etc. Marcia said we have been very successful with the first five phases of this project. Jere LaFollette provided some background on the ECS project and also some information on what will take place in Phase VI, discussion followed.

Motion 02-077 To authorize NSMHA Executive Director to enter into contract between the NSRSN and Aging and Adult Services Division - Home Care Services (HCS). Maximum consideration for this contract will not exceed \$328,500.

This is a placeholder for contract currently being developed by HCS that implements ECS Phase VI – Geriatric services. The contract will be for 20 individuals, 5 discharged from WSH and 15 to divert from WSH. NSRSN contract will be to provide expanded mental health services at \$45 per day per client.

Motion 02-078 To authorize NSMHA Executive to enter into Contract No. NSRSN-APN-ECS-02, Amendment 2 between the NSRSN and APN for expanded mental health services to ECS Phase VI - Geriatric consumers. Maximum consideration will not exceed \$328,500.

This is a placeholder for contract with APN as a result of the contract between HCS and NSRSN currently being developed by HCS that implements ECS Phase VI – Geriatric services. The contract will be for 20 individuals, 5 discharged from WSH and 15 to divert from WSH. NSRSN will contract with APN to provide expanded mental health services at \$45 per day per client.

Motion to approve 02-077 and 02-078, seconded, all in favor, **motion carried unanimously.**

16. Emergency Action Items

Motion 03-002 To authorize NSMHA Executive Director to enter into Contract No. NSRSN-PCI-User-01 Amendment (3)

This amendment will extend the dates of the current contract with PCI through March 31, 2003. Maximum consideration of this amendment shall be \$10,083.14 (\$5,041.67 per month). Maximum consideration of the Agreement shall not exceed \$105,875.07.

Motion to approve 03-002, seconded, all in favor, **Motion Carried.**

17. Introduction Items – Chair

Motion IN-001 To introduce North Sound Mental Health Administration 2003-2004 Staff Training Plan.

The purpose of the NSMHA Staff Training plan is to provide an effective, efficient process that builds the requisite skills for optimum performance by all levels of staff. In developing this Plan, an extensive Training Needs Assessment survey was conducted. The NSMHA Staff Training Plan was developed in conjunction with the North Sound’s Regional Training Plan.

Motion IN-002 To introduce North Sound’s Regional Training Plan.

*Per the current contract between the NSRSN and APN, Sea Mar and VOA, “The NSRSN shall take the lead and facilitate a collaborative process with NSRSN provider network to design and implement a regional training plan by January 1, 2003.” The North Sound’s Regional Training Plan is the result of these efforts. All in favor, **motion carried.***

A motion was made and seconded to cancel February’s Board of Directors meeting due to conflicts for Board Members, all in favor, **motion carried.**

18. Executive Session - Chair

None.

19. Reconvene - Chair

None.

20. Comments from the Public

Tom McIntyre addressed the group regarding the legislature, and stated he is leaving cards with the group asking them to have folks fill them out and send them in to advocate for mental health services.

Larry Harris, Compass Board of Directors, announced that Community Mental Health has officially merged with Compass.

21. Adjournment – Chair

Adjourned at 2:20 p.m.

NOTE: The Board of Directors meeting scheduled for Thursday, February 13, 2003 has been cancelled. The next meeting of the Board of Directors will take place on Thursday, March 13th at 1:30 PM at the North Sound Mental Health Administration, in Mount Vernon, WA.

Respectfully submitted,

Annette Calder

MEMORANDUM REVISED

DATE: February 20, 2003
TO: NSRSN Advisory Board
FROM: Marcia Gunning
Contracts Compliance & Financial Services Manager
RE: March 13, 2003 NSRSN Board of Director's Agenda

Please find for your review and comment the following that will be discussed with the Board of Directors brought forth at the March 13, 2003 NSRSN Board Meeting.

CONSENT AGENDA

1. To name authorized signatures on the NSMHA's account at Skagit County effective March 14, 2003 as follows:

Board Chairperson	Ward Nelson
Skagit County Commissioner	Kenneth Dahlstad
Snohomish County Council	Kirke Sievers
NSMHA Executive Director	Charles R. Benjamin
NSMHA Deputy Director	Greg Long
NSMHA Office Manager	Debra Russell

The authorized signors shall have the authorization privileges for disbursements over petty cash accounts, vouchers and payroll.

ACTION ITEMS

1. To adopt the Sound Mental Health Administration 2003-2004 Staff Training Plan.

The purpose of the NSMHA Staff Training plan is to provide an effective, efficient process that builds the requisite skills for optimum performance by all levels of staff. In developing this Plan, an extensive Training Needs Assessment survey was conducted. The NSMHA Staff Training Plan was developed in conjunction with the North Sound's Regional Training Plan.

2. To adopt North Sound's Regional Training Plan.

Per the current contract between the NSRSN and APN, Seamar and VOA, "The NSRSN shall take the lead and facilitate a collaborative process with NSRSN provider network to design and implement a regional training plan by January 1, 2003." The North Sound's Regional Training Plan is the result of these efforts.

EMERGENCY ACTION ITEMS

1. To authorize Contract 0169-00339, Amendment 6 between DSHS Mental Health Division and the North Sound Mental Health Administration. Effective January 1, 2003, the ECS allocation and funding is reduced from 3 to 2 Expanded Community Services Phase V (PALS) slots. Maximum monthly consideration shall be reduced to \$7,179.
2. To authorize Contract No. NSRSN-APN-ECS-02, Amendment (2) between North Sound Mental Health Administration and the Associated Provider Network. Effective January 1, 2003, the ECS allocation and funding is reduced from 3 to 2 Expanded Community Services Phase V (PALS) slots. Funding shall be modified, as reflected below:

Timeline	Funding Source	Program Alloc	Payment Method
<i>Effective 1/1/03 to 6/30/03</i>	<ul style="list-style-type: none"> • ECS Phase V - PALS State Funding 	\$43,074	Fee for Service*
<i>Effective 10/1/02 to 12/31/02</i>	<ul style="list-style-type: none"> • FBG ECS - PALS Funding 	<u>21,000</u>	Fee for Service
	<i>Total Funding:</i>	\$64,074	*Paid in 6 equal payments. Reconciled to actual bed days @ \$119 per day/person

The NSMHA staff requested this reduction as it was found that only two (2) individuals qualified for the PALS program at Western State Hospital.

3. To authorize Contract No. NSRSN-PCI-User-01 Amendment (4)

This amendment will extend the dates of the current contract with PCI through June 30, 2003. Maximum consideration of this amendment shall be \$15,125 (\$5,041.67 per month). Maximum consideration of the Agreement shall not exceed \$121,000.08.

ITEMS NOT YET REVIEWED BY THE ADVISORY BOARD

1. To introduce the NSMHA 2002-2003 Quality Management Plan Updates.

As the NSMHA moves into the second year of our biennial QM Plan, modifications, additions and deletions are being recommended. These recommendations will be available at the January Advisory Board Meeting.

2. To introduce North Sound Mental Health Administration Health Information and Portability Accountability Act (HIPAA) Policy and Procedure Manual.

Lead Quality Specialist has been working with NSMHA Attorney to develop the NSMHA HIPAA Policy and Procedures Manual that will comply with HIPAA requirements. Attached is the list of Policies and Procedures that will be introduced to the Board in March. Currently these P & P's are in final draft and being reviewed by NSMHA Attorney.

3. To recommend the North Sound Mental Health Administration Lead Quality Specialist be appointed NSMHA Privacy Officer and to introduce an update Lead Quality Specialist Job Description that has been modified to incorporate the required HIPAA Privacy Officer job responsibilities.

NSMHA Management Team recommends that the attached Lead Quality Specialist job description replaces the current Lead Quality Specialist Job Description.

4. To introduce Business Associates Agreement, Contract No. NSMHA-INFOC-BA-03 between North Sound Mental Health Administration and InfoCare, Inc for storage of NSMHA off-site business records. This Agreement shall become effective May 1, 2003. It is estimated that the initial set-up costs shall not exceed \$125 and the ongoing monthly costs to be approximately \$38.75 per month.

NSMHA recommends moving our current storage to InfoCare, Inc. Not only will this service provide a more secure setting than our current storage unit and meet HIPAA requirements for storing Protected Health Information, but our monthly expense will go from \$60 to an estimated \$38.75. InfoCare, Inc. is knowledgeable about HIPAA requirements and understand the necessity to enter into a Business Associates Agreement with the NSMHA. NSMHA records would be stored in a warehouse that serves other customers like St. Joseph Hospital and Whatcom County.

If you have any questions or concerns you would like to discuss prior to the meeting, please do not hesitate to contact me.

cc: NSRSN Board of Directors
Charles R. Benjamin
County Coordinators
NSRSN Management Team

NORTH SOUND REGIONAL SUPPORT NETWORK

dba North Sound Mental Health Administration

March Board Meeting Financial Notes

December 2002 Financial Statements

- **Total revenue is close to our projections for the year.**
- **The RSN operating budget has some variances in it that will need a budget transfer. The total RSN Operating Budget is under budget by \$87,806.**
- **The Agency / County /other Service budget is over budget by \$507,541. This includes the \$4,469,625 budget increase passed in November. We will add the footnote disclosure in our financial statements.**
- **The unreserved fund balance is a negative \$54,133.72. This is mainly due to change in accounting principal. We will work with the finance committee and the board to alleviate this negative balance. Some options include, not spending the 2003 interest revenue. Reducing risk reserve due to reduced revenue in 2003. Change in contract deferrals. Reducing the administrative budget in 2003.**

NORTH SOUND MENTAL HEALTH ADMINISTRATION

NSMHA Board of Directors Approval Form

TO: **NSRSN Board of Directors**
FROM: **Charles R. Benjamin, Executive Director**
DATE: **March 13, 2003**

Action Requested: The NSMHA Board is asked to approve Motion #03-003

Approval Date: **March 13, 2003**

Source of Request: Marcia Gunning, Contracts Compliance/Fiscal Manager

Motion: To adopt the North Sound Mental Health Administration Annual Training Plan

Executive Recommendations: **Approve** **No Recommendation**
 Further Review Required

Executive Director (Signature)

NORTH SOUND MENTAL HEALTH ADMINISTRATION ANNUAL TRAINING PLAN 2003- 2004

Background

I. Purpose

The purpose of the North Sound Mental Health Administration Annual Staff Training Plan is to provide an effective, efficient process that builds the requisite skills for optimum performance by all levels of staff. The ultimate purpose of the NSMHA Staff Training Plan is to provide a learning environment that supports progressive learning and optimum performance in providing exemplary mental health services for consumers. The NSMHA Training Plan is developed in conjunction with the Regional Training Plan.

II. Philosophy

- Education, training and development) is an ongoing process rather than a single event, that occurs at any time or any place.
- Within the various departments that provide services in the NSMHA, each employee, together with their manager, is responsible for ongoing achievement of competencies and learning objectives.
- Each department within the NSMHA will participate in the development of the annual training plan and is responsible for providing means for employees to develop their knowledge and skills. The annual training plan will be pertinent to each employee's position, improve quality of care and incorporate a recovery, strength-based system of care.
-

III. Goals of the Plan

The goals of the NSMHA's Annual Training Plan are to

- 1) Ensure that employees are provided with an adequate orientation that validates qualifications and assures the employee's ability to perform job duties.
- 2) Provide an environment that supports continuous learning and individual optimum performance to achieve the organization's mission.
- 3) Assure the effective collection and aggregation of data such as needs assessments and evaluations to provide information for improvement of education processes and the performance of the process components.
- 4) Identify areas to achieve cost-effectiveness and efficiency in training to conserve agency resources but continue high quality learning opportunities.

IV. Process

The leaders *establish the organization's vision and mission.*

- A. Leaders **determine the process components** necessary to support the vision, mission and NSMHA requirements.
- B. Leaders **define qualifications and job expectations** of all staff and determine qualifications on hire as well as evaluate the initial and annual competency and performance of individual job expectations.
- C. Leaders use a variety of **needs assessment** methods to determine the education needs of individuals, the department, and the organization.
- D. Based on assessed education needs, leaders determine education and training systems that do not exist and **develop programs** to meet those needs.
- E. Leaders **facilitate development of programs and implement the education and training plans** at the NSMHA agency-wide, department and individual level.
- F. Leaders provide support in assessing existing education and training systems, and **facilitate evaluation of the effectiveness** of those systems.
- G. **Aggregate data** is collected to determine the effectiveness of the education and training programs.
- H. Based on assessed effectiveness of education and training systems, **modifications are made to improve effectiveness.**

V. Process Components

1. The Training Committee– The function of this committee is to bring forth education needs determined from trending of individual needs, assessment of organizational needs and inclusion of all mandated training requirements. This group functions in an advisory capacity to make recommendations regarding education and training program needs and effectiveness and is comprised of the members of the Management Team. The purpose of this group is to:
 - a) Identify, evaluate the effectiveness of existing orientation and other ongoing education and training programs and to recommend improvements to those programs.
 - b) To achieve economies of scale by identifying opportunities for sharing of programs and resources to meet identified education and training needs.
 - c) To work together to develop, recommend and implement new education and training programs.
 - d) To develop delivery and communication strategies for assuring effective utilization of education and training programs.
2. Education Needs Assessment – individual, departmental, organizational needs are assessed on a variety of levels within the organization and with a broad range of methods such as (including but not an exclusive list):
 - Formal surveys
 - Focus groups
 - Interviews
 - Performance Improvement data
 - Risk Management Data
 - Committee participation such as CIRC, CQIP, QMOC,

Aggregate Performance Management Data
Chart/file reviews
Utilization of information systems
Observation
Self-Assessment/evaluation

3. Organizational and Departmental Orientation activities provide initial job training and information including an assessment of a new employee's qualifications, knowledge, and competency.
4. Education and Training programs such as Management Development programs, clinical continuing education and information systems training are designed to maintain or improve staff competency.
5. Coaching, Preceptor & Mentoring, and Cross Training programs provide the employee with individualized, self paced information required to achieve new knowledge and competency or to improve the current level of performance.
6. Performance Management and Evaluation methods provide the employee with specific feedback regarding their actual performance. Additionally, performance management and evaluation methods provide the opportunity for the employee and the evaluator to develop remedial or ongoing education goals and objectives. Performance management and evaluation provides a broad view of education and development needs and opportunities.
7. Competency Assessment is an annual process to objectively validate the employee's current level of competency in performing cognitive and psychomotor skills in the performance of their job duties.
8. Evaluation Methods provide data for the organization regarding the effectiveness of the process components of the education program.
9. Aggregate Data Collection from evaluation methods and performance improvement activities is used to identify those areas and process components that need further refinement/improvement to achieve the purpose of the education plan.

VI. Evaluation

Evaluation is a systematic collection and analysis of data needed to make decisions regarding the effectiveness and improve the quality of the education program. Evaluation will be conducted with a variety of methods to:

1. determine the effectiveness of programs for participants
2. document program objectives have been met
3. provide information about service delivery that will be useful to program directors/instructors

4. assure the desired behavior changes are occurring as a result of the education program
5. measure the impact of the education program on the organization.

The *process, outcome and impact* of the education plan and programs will be evaluated through four levels. The attached grid demonstrates evaluation levels and methods.

Level I is a *process* measure of the participant's opinion of the program, their own participation and learning.

Level II is both a *process and an outcome* measure of the participant's achievements of the behavioral objectives of the program.

Level III is an *outcome* measure of the behavior change as a result of the program.

Level IV is an *impact* measure of the effect a behavior change of a group of learners has on the organization's products and processes.

Responsibility for evaluation: All members of the organization are responsible for evaluation of their own learning and performance. Staff members are expected to keep their manager informed of their on going continuing education needs to achieve the goals of the plan.

Process evaluation (Levels I and II) are the responsibility of the program director/instructor. Data from process evaluation will be collected, aggregated and used to improve the instructional methods and teaching environment to maximize learning.

Outcome evaluation (Levels II and III) are the responsibility of the program director/instructor. Data from outcome evaluation will be collected, aggregated and used to document effectiveness, document competency and validate the transfer of knowledge to performance. Aggregated outcome data will be presented to the Regional Training Committee for use in making decisions about education needs and programs effectiveness.

Impact evaluation (Level IV) is the responsibility of the program director/instructor and Regional Training Committee. Impact data will be used to identify the need for further investigation of education needs, to assure program effectiveness, and to justify costs.

EVALUATION METHODS

Evaluation Levels	Asks the following	Examples of Methods	Appropriate level of evaluation for:
Level I : Participant Opinion	What's your opinion?	Participant evaluation	All programs
Level II: Participant Learning	What do you know?	Post Tests Return Demonstration Competency Testing Observation	Certification programs Competency Training Programs Compliance Programs
Level III: Participant Behavior	What do you do differently as a result of learning?	Competency Testing Observation PI Study results Chart/Documentation Reviews	Skill based training (i.e. restraint management) Unit Inservice Compliance Training
Level IV: Organizational Impact	What has changed or improved as a result of training?	Trend reports PI Studies Financial reports HR Management Aggregate Data Risk Management Data	Organizational training programs (e.g. customer service) Compliance Training Customer Service Survey Climate Surveys

Annual Training Plan for 2003-2004

The plan is developed to span a two year period in order to accommodate the extensive volume of training that is provided in our system.

I. TRAINING REQUIREMENTS PER WAC, RCW

WAC 388-865-0150 Definitions

Mental Health Specialist:

For children: 1) A minimum of 100 actual yours of special training in child development and treatment of seriously disturbed children and youth and their families; and 2) the equivalent of one year of full-time experience in the treatment of seriously emotionally disturbed children and youth and their families under the supervision of a child mental health specialist.

Geriatric: 1) A minimum of 100 actual yours of specialized training devoted to the mental health problems and treatment of persons sixty years of age or older; and 2) the equivalent of one year of full-time experience in the treatment of persons sixty years of age or older, under the supervision of a geriatric mental health specialist.

Ethnic minorities: A mental health professional who has demonstrated cultural competence attained through major commitment, ongoing training, experience and/or specialization in serving ethnic minorities, including evidence of one year of service specializing in serving the ethnic minority group under the supervision of an ethnic minority mental health specialist; and

- (a) Evidence of support from the ethnic minority community attesting to the person's commitment to that community; or
- (b) A minimum of 100 actual hours of specialized training devoted to ethnic minority issues and treatment of ethnic minority consumers.

Note: "Ethnic minority" or "racial/ethnic groups" are defined as any of the following:

- (a) *African American;*
- (b) *An American Indian or Alaskan native, which includes:*
 - (1) *A person who is a member or considered to be a member of a federally recognized tribe;*
 - (2) *A person determined eligible to by the secretary of the interior and*
 - (3) *An Eskimo, Aleut, or other Alaskan native;*
 - (4) *A Canadian Indian, meaning a person of a treaty tribe, Metis community, or non-status Indian community from Canada*
- (c) *Asian/Pacific Island; or*
- (d) *Hispanic*

Disability: A mental health professional with special expertise in working with an identified disability group. For purposes of this section only, "disabled" means an individual with a disability other than a mental illness, including developmental disability, serious physical handicap, or sensory impairment.

If the consumer is deaf, the specialist must be a mental health professional with knowledge about the deaf culture and psychosocial problems faced by people who are deaf; and ability to communicate fluently in the preferred language system of the consumer.

The specialist for consumers with developmental disabilities must be a mental health professional who has at least one year's experience with people with developmental disabilities or is a developmental disabilities professional.

WAC 388-865-0250 Ombuds services

The regional support network must maintain an ombuds service that receives training and adheres to confidentiality consistent with this chapter and chapter 71.05, 71.24, and 70.02 RCW.

Note: This WAC only applies to persons serving in the role of Ombuds.

WAC 388-865-0260 Mental health professionals and specialists

The regional support network must develop a training program using in-service training or outside resources to assist service providers to acquire necessary skills and experience to service the needs of the consumer population.

If there are more than 500 members of an ethnic minority population within the regional support network, the regional support network must:

- (a) Develop a specialized training program for staff members of licensed service providers to become qualified specialists; or
- (b) contract or establish a working relationship with the required specialists to
 - (i) Provide all or part of the treatment services for these populations; or
 - (ii) Supervise or provide consultation to staff members providing treatment services to these populations.

WAC 388-865-0282 Quality Review Teams

The regional support network must assure that quality review teams receive training and adhere to confidentiality standards

Note: This WAC only applies to persons who are serving as members of a quality review team.

WAC 388-865-0405 Community Support Service Providers, competency requirements for staff

An individualized annual training plan must be implemented for each direct service staff person and supervisor in the skills he or she needs for their job description and the population they serve.

Note: This WAC also applies to providers of crisis telephone services only.

WAC 388-865-0530 Competency requirements for staff, certification requirements, inpatient evaluation and treatment facilities

An individualized annual training plan must be implemented for each direct service staff person and supervisor in the skills he or she needs for their job description and the population they serve. Such training must include at least:

- (a) Least restrictive alternative options available in the community and how to access them;
- (b) Methods of patient care;
- (c) Management of assaultive and self-destructive behavior; and
The requirements of chapters 71.05 and 71.34 RCW, this chapter, and protocols developed by the mental health division.

Cross-system core competencies-All Staff in NSMHA

Title	Training Method	How Validated	Time Frame	Frequency	Reference	Priority
The Recovery Model Includes utilizing natural supports/community capacity building/stigma reduction	Self-study Module	Post-test	Orientation	Agency-specific per training plan	NSMHA Contract	Mandatory
Confidentiality/Ethics/HIPAA/Mandatory reporting/dual relationships/fraud and abuse	Self-study module	Post-test	Orientation	Annual update	HIPAA, WAC	Mandatory
Cultural /Disability/Special Populations Sensitivity	Self-study module	Post-test	Orientation	Agency-specific per training plan	NSMHA Contract	Mandatory
Consumer Rights/Respect and Dignity/Relationships/Perspectives/Complaints and Grievances	Self-study module	Post-test	Orientation	Agency-specific per training plan	NSMHA Contract	Mandatory
Blood borne Pathogens/Infection Control	Agency-specific per training plan	Post-test	Orientation	Agency-specific per training plan	Agency-specific per training plan	Mandatory
Patient Safety/Critical Incident Reporting	Agency-specific per training plan	Post-test	Orientation	Agency-specific per training plan	NSMHA Contract	Mandatory
The NSMHA System/Organizational Chart	Agency-specific per training plan	Post-test	Orientation	Agency-specific per training plan	NSMHA Contract	Mandatory
Customer Service & Consumer Satisfaction	Agency-specific per training plan	Post-test/ Supervision	Orientation	Agency-specific per training plan	NSMHA Contract	Mandatory
Contract Language pertinent to position	Agency-specific per training plan	Post-test	Within first year of employment	Agency-specific per training plan	NSMHA Contract	Mandatory
Workplace Violence/ De-escalation/Crisis/Risk Management	Agency-specific per training plan	Post-test	Orientation	Agency-specific per training plan	NSMHA Contract	Mandatory

Cross-system core competencies-all clinical staff at NSMHA

Title	Training Method	How Validated	Time Frame	Reference	Priority
Clinical Risk Assessment	Agency-specific per training plan	Agency-specific per training plan	Clinical Orientation	NSMHA Contract	Mandatory
Community-Based Cross System Collaboration (pertinent to job title)	Agency-specific per training plan	Agency-specific per training plan	Clinical Orientation	NSMHA Contract	Mandatory
Treatment Planning and Documentation	Agency-specific per training plan	Agency-specific per training plan	Clinical Orientation	NSMHA Contract	Mandatory
Co-occurring Disorders	Agency-specific per training plan	Agency-specific per training plan	15 hours over the next two years	NSMHA Contract	Mandatory
PTSD Screening and Treatment of Trauma-based Illnesses	Agency-specific per training plan	Agency-specific per training plan	Second year of employment	NSMHA Contract	Mandatory
Tribal/7.01 Plan	Agency-specific per training plan	Agency-specific per training plan	Second year of employment	NSMHA Contract	Mandatory
Behavior Management for Children	Agency-specific per training plan	Agency-specific per training plan	Within first year of employment	NSMHA Contract	Mandatory
Case Management	Agency-specific per training plan	Agency-specific per training plan	Within first year of employment	NSMHA Contract	Mandatory
Use of Flex Funds	Agency-specific per training plan	Agency-specific per training plan	Within first year of employment	NSMHA Contract	Mandatory
Access and Triage	Agency-specific per training plan	Agency-specific per training plan	Within first year of employment	NSMHA Contract	Mandatory
ICRS Standards and Protocols including consumer and family issues and perspectives	Agency-specific per training plan	Agency-specific per training plan	Within first year of employment	NSMHA Contract	Mandatory
De-escalation (Child-specific) pertinent to position	Agency-specific per training plan	Agency-specific per training plan	Within first year of employment	NSMHA Contract	Mandatory
Use of Natural Supports and Community-Capacity Building	Agency-specific per training plan	Agency-specific per training plan	NSMHA Contract	NSMHA Contract	Mandatory
Best Practices in Treatment of GLBT pertinent to position	Agency-specific per training plan	Agency-specific per training plan	NSMHA Contract	NSMHA Contract	Mandatory
Best Practices in Treatment of Hearing Impaired pertinent to position	Agency-specific per training plan	Agency-specific per training plan	NSMHA Contract	NSMHA Contract	Mandatory
Best Practices in Treatment of Ethnic Minorities pertinent to position	Agency-specific per training plan	Agency-specific per training plan	NSMHA Contract	NSMHA Contract	Mandatory
Best Practices in Treatment of Developmentally Disabled pertinent to position	Agency-specific per training plan	Agency-specific per training plan	NSMHA Contract	NSMHA Contract	Mandatory

NSRSN-specific core competencies

Job Title	Competency	Training Method	How Validated	Time Frame	Frequency	Priority
All	History of NSRSN	Self-study	Post-test	Orientation	Once	Mandatory
All	NSRSN Consumer Confidentiality Policy	Read policy	Acknowledgement of review	Orientation	Annually	Mandatory
All	NSRSN HIPAA policies	Read policy, Training programs annually	Acknowledgement of review and Post-test	Orientation	Annually	Mandatory
All	Critical Incident policy	Read policy	Acknowledgement of review	Orientation	Annually	Mandatory
All	Complaint and Grievance Policy	Read policy	Acknowledgement of review	Orientation	Annually	Mandatory
All staff located in NSRSN office	Building Security and Safety	Demonstration	Demonstration	Orientation	Once	Mandatory
All staff located in NSRSN office	Disaster Plan and Telephone tree	Read policy	Acknowledgement of review	Orientation	Annually	Mandatory
Contracts Compliance/Fiscal/Accounting Specialist	BARS	Self-study	Supervision	Orientation	Once	Mandatory
Contracts Compliance/Fiscal/Accounting Specialist	Contract monitoring	Review of contracts	Supervision	Orientation	Once	Mandatory
Contracts Compliance/Fiscal/Accounting Specialist	Administrative Financial review of providers	Self-study	Supervision	Orientation	Once	Mandatory
Contracts Compliance/Fiscal/Accounting Specialist/Inpatient Managed Care Specialist	Inpatient claims, billing, and reimbursement	Policy and procedure	Acknowledgement of review	Orientation	Once	Mandatory
Quality Specialists	Contractual Requirements	Review of contracts	Supervision	Orientation	At orientation and when revised	Mandatory
Quality Specialists	Quality Assurance/Improvement	Self-study	Post-test	Orientation	Once	Mandatory
Quality Specialists	Data analysis	Self-study	Post-test	Orientation	Once	Mandatory
Quality Specialists	Audit methodology (Selective, Focus, concurrent, Administrative)	Policy and procedure, audit manual	Acknowledgement of review	Orientation	At orientation and when tools or methods are revised	Mandatory
Quality Specialists	Medicaid Personal Care	Self-study	Supervision	Orientation	Once	Mandatory
Quality Specialists	CLIP	Individual training by supervisor	Demonstration	Orientation	Once	Mandatory
Quality Specialists	CHAP	Individual training by supervisor	Demonstration	Orientation	Once	Mandatory
Quality Specialists	Western State protocols, utilization management plan	Review of documentation	Supervision	Orientation	Once	Mandatory
Quality Specialists	NSRSN Standards of Care	Self-study	Acknowledgement of review	Orientation	At orientation and as revised	Mandatory
Quality Specialists	HCS Protocols			Orientation	Once	Mandatory
Quality Specialists	CDMHP Protocols		Acknowledgement	Orientation	At	Mandatory

Job Title	Competency	Training Method	How Validated	Time Frame	Frequency	Priority
			of review		orientation and as revised	y
Ombuds/QRT	Consumer Grievance Process	Ombuds/QRT Manual review	Acknowledgement of review	Orientation	Once	Mandatory
Ombuds/QRT	NSRSN Complaint and Grievance Policy	Read policy	Acknowledgement of review	Orientation	Once	Mandatory
Ombuds/QRT	NSRSN Functional Independence Policy	Read policy	Acknowledgement of review	Orientation	Once	Mandatory
Ombuds/QRT	WAC 388-865-0250	Review WAC	Acknowledgement of review	Orientation	Once	Mandatory
Ombuds/QRT	WAC 388-865-0282	Review WAC	Acknowledgement of review	Orientation	Once	Mandatory
Ombuds/QRT	NSRSN Anti-Retaliation Policy	Read policy	Acknowledgement of review	Orientation	Once	Mandatory
Ombuds/QRT	Ombuds/QRT Code of Ethics policy	Read policy	Acknowledgement of review	Orientation	Once	Mandatory
Ombuds/QRT	Ombuds/QRT Personal Safety Policy	Read policy	Acknowledgement of review	Orientation	Once	Mandatory
Ombuds/QRT				Orientation	Once	Mandatory
QRT	Survey Methodology	Self-study	Supervision	Orientation	Once	Mandatory
Support Staff	Microsoft Word	Self-study	Demonstration	Orientation	Once	Mandatory
Support Staff	Microsoft Excel	Self-study	Demonstration	Orientation	Once	Mandatory
Support Staff	Microsoft Outlook	Self-study	Demonstration	Orientation	Once	Mandatory
Support Staff	Telephone Skills/Call routing	Individual training by supervisor	Demonstration	Orientation	Once	Mandatory
Support Staff	Operation of standard office equipment	Individual training by supervisor	Demonstration	Orientation	Once	Mandatory
Support Staff-secretary/receptionist	Data entry	Individual training by supervisor	Demonstration	Orientation	Once	Mandatory
Support Staff-secretary/Receptionist	Database maintenance	Individual training by supervisor	Demonstration	Orientation	Once	Mandatory
Support Staff-secretary/Receptionist	Access	Self-study	Demonstration	Orientation	Once	Mandatory
Support Staff-secretary/Receptionist	Microsoft Excel Level 1 & 2	Self-study	Demonstration	Orientation	Once	Mandatory
Support Staff-secretary/Receptionist	Microsoft Outlook	Self-study	Demonstration	Orientation	Once	Mandatory
Administrative Secretary	Transcription	Self-study	Demonstration	Orientation	Once	Mandatory
Administrative Secretary	Desktop Publishing	Self-study	Demonstration	Orientation	Once	Mandatory
Administrative Secretary	Database Development and Maintenance	Self-study	Demonstration	Orientation	Once	Mandatory
Administrative Secretary	Project Maintenance	Self-study	Demonstration	Orientation	Once	Mandatory
Administrative Secretary	Multimedia Presentation Preparation	Self-study	Demonstration	Orientation	Once	Mandatory
Support Staff	Critical Incident Processing	Individual Training by supervisor	Demonstration	Orientation	Once	Mandatory
Tribal Liaison	7.01 Plan	Self-Study	Acknowledgement of review	Orientation	Once	Mandatory
Tribal Liaison	Tribal Contracts	Self-Study	Acknowledgement	Orientation	Once	Mandatory

Job Title	Competency	Training Method	How Validated	Time Frame	Frequency	Priority
			of review			y
OCA	MHAB	Self-study	Acknowledgement of review	Orientation	Once	Mandatory

ACCESS, COMMUNICATION, AND RESOURCE ISSUES

The Regional Training Committee is continuing to convert didactic education programs to on-line and self study wherever feasible. Managers will be trained to identify individual education needs, develop individualized education goals and objectives and plan staffing appropriately to accommodate the employee's attendance at a program.

Improving the communication of education programs that are available will also positively impact access. An NSMHA education website is being planned that will provide information regarding educational opportunities across the entire system.

Training Planned for 2003:

A training needs survey was distributed to NSMHA staff and Snohomish County contract staff. A report of the results of that survey is attached. In response to the training survey as well as a review by management team of agency needs, and identification of new regulations requiring mandated training the organization has developed the following as training priorities for 2003.

Agency-wide

Children's Dialectical Behavioral Therapy

HIPAA Privacy and Security

Survey Methodology

Ombuds/QRT Quarterly Trainings through Washington Institute

Recovery Conference

Tribal Conference

Department-Specific

IS: Raintree Training-Michael White and Darrell Heiner

Quality Management: HIPAA Implementation-Wendy Klamp January 2003
(CMHC HIPAA Road Map Conference)

North Sound Regional Support Network

2003

Staff Training

Needs Assessment Survey

Report

NSRSN Training Needs Assessment Survey for 2003 Training Plan

Overview of Training Survey Results

- This is the first time a training needs assessment has been performed at the NSRSN. These results will be used to guide both the development of individual staff training plans, department training plans and the agency-wide 2003 training plan. Staff will continue to be surveyed on an annual basis. Throughout the year, as training is done staff will be provided the opportunity to evaluate each training program, in order to incorporate this feedback into ongoing improvement of NSRSN training.
- As a result of this survey, we have learned that the majority of NSRSN staff prefer external off-site seminars or internal on-site trainings. The training area that received the greatest interest was “*Survey Design and Implementation*”. “*Quality Improvement/Assurance Strategies*” was second overall tied with “*Data Analysis and utilization*”. “*Program and System Evaluation*” ranked third. It will be helpful to look at the agency-wide results in planning training for 2003, but we also found that there are very strong differences between functional areas and departments. Trainings can be targeted more specifically to meet those needs.
- There was a very good response with all surveys returned. Survey results were collated by department and also agency wide. Ombuds/QRT expressed the greatest amount of interest in training, overall.
- Areas of training were ranked and the top three identified for each department and the NSRSN as a whole.
- All departments prefer trainings that are pertinent. Several prefer multi-media presentations, like to learn new skills and enjoy presenters who are energized and excited by their topic.
- Training programs that are not pertinent are felt to be least valuable to NSRSN staff. Programs that are boring or too basic were also not preferred.
- There was little uniformity in determining the best aspects of training at the NSRSN, other than energized presenters and an appreciation that training was offered.
- Management team, Accounting and Support staff cited travel as the worst aspect of training they had received at the NSRSN. There was little other consensus with other factors.
- Each NSRSN supervisor will review the surveys for their departments and employees in order to develop individual staff training plans through the performance appraisal process, and department –specific training plans if needed. Surveys for Snohomish County contract employees will be shared with their supervisor.
- The NSRSN Training Plan for 2003 will include feedback from the survey.

Rating from 5 (Most Preferred) to 1 (Least preferred) evaluate the usefulness of the following training methods:

	Management Team	Accounting/IS	Ombuds/QRT	Support Staff	Quality Specialists	Overall
<i>Training Videos</i>	4-tie	4	6	6	4	5
<i>On-line tutorials</i>	7	3	7	4	7	6-tie
<i>Printed Documentation (Modules)</i>	6	1	4	5	5-tie	4
<i>External Off-site Seminars</i>	3	2	2-tie	3	1	1
<i>Internal On-site Training and speakers</i>	1	5-tie	1	1	2	2
<i>NSRSN Off-site Training and speakers</i>	2	5-tie	2-tie	2	3	3
<i>Two-way audio-video conference</i>	4-tie	5-tie	5	7	5-tie	6-tie

Consider the training programs you prefer. What makes them appealing to you?

Management Team	Accounting/IS	Ombuds/QRT	Support Staff	Quality Specialists
Pertinent (2)	Pertinent	Pertinent (3)	Pertinent	Pertinent (4)
Hands on (2)				
Situational				
Multimedia		Visual & Verbal		
Learn or sharpen skills			Increase knowledge to perform my job better	New clinical or IS skills
Entertaining		Excited Presenter		
Knowledgeable				Trainers who practice what they train on
Computer training		Computer classes fun		
Higher level geek speak				
Follow-up of use of training toward mastery				
	At my pace			
	Local			
		People skills		
		Organized		
		Handouts		
		Short		
		In the morning		
			Can ask questions	

Management Team	Accounting/IS	Ombuds/QRT	Support Staff	Quality Specialists
				Research based
				Best Practices
				Thought Provoking

Consider the training programs that you do not prefer. What makes them not valuable?

Management Team	Accounting/IS	Ombuds/QRT	Support Staff	Quality Specialists
Talking heads (2)	Lots of talk but no substance			
Not pertinent		Not pertinent (4)	Not pertinent (3)	Not pertinent (3)
Rhetoric				Theoretical
Lectures				
Unprepared speakers				
Poor quality A-V materials				Too basic
Slow				
One shot trainings				
Labeled advanced but isn't				
	Traveling long distances			
	Boring	Bored instructor		
		Disorganized		
		Too long		
		Late afternoon		
		Too much info	Comp USA crammed in too much info	
		Repeats		
				Play silly games
				No new ideas (4)
				Poor Quality

What are the best aspects of the training you have received at the NSRSN?

Management Team	Accounting/IS	Ombuds/QRT	Support Staff	Quality Specialists
GLBT				
Off-site specialized to my position				
Convenient				
PTSD/Trauma				Trauma-Portland
Hands on				
	Comp USA was helpful			
	I have only received training on privacy			
		Excited presenters		Energy
		Visual aids		
		Willingness to answer questions		
		Pertinent		
		Feel comfortable, know everyone		
		High quality		
		Group provides insight		
			Ability to use new tools provided	
			Like that training is offered (2)	
				National Mental Health Prov.
				ADHD
				Martha Hodge
				Infusion of knowledge
				Various learning styles
				Diverse Perspectives
				Multi media

What are the worst aspects of the training you have received at the NSRSN?

Management Team	Accounting/IS	Ombuds/QRT	Support Staff	Quality Specialists
Off-site takes time away from our work	Travel		Travel (2)	
	Useless talk around the issues that subtract from the issues			
		Late afternoon		
		Too much sitting		
		State conf. Presentation not beneficial		
		Not relevant		
		If at the office, tend to check on work		
			Not getting the chance to apply what we've learned	
			Unskilled trainers	
				Boring
				Incompetent
				Doctrinaire
				Misinformation re: sexual harassment
				Mandatory
				Out of region perspective
				Pointless
				Process type (Sam Magill)

How would you improve the training offered here?

Management Team	Accounting/IS	Ombuds/QRT	Support Staff	Quality Specialists
More funding				
Regular training via training plan				
Better preparation and follow-up				
	More nuts and bolts			
	Sticking to the subjects being taught			
		In the morning		
		Short breaks		
			Near by	
				More pertinent
				Best Practice
				Use local presenters that are successful in the NSRSN
				Allow us to pick 1-2 quality trainings annually
				National speakers on the cutting edge

What other feedback would you like to provide to the development of the NSRSN Staff Training Plan?

Management Team	Accounting/IS	Ombuds/QRT	Support Staff	Quality Specialists
Use what we've learned				
Share with other staff via in-services				
	Do most of my learning on my own			
	Org. training not the best use of my time			
	Most of the training in the organization is not fiscal			
		Schedule far enough ahead to plan for it		
				Determine outcomes we hope to achieve as the RSN. Then prioritize training

Given your current job, in which of the following areas would you benefit from additional training? (for each item please circle the number that best corresponds with the importance you place on additional training in this area.)

Management Team

Area of Training	Beneficial-1	Very Beneficial-2	Greatly beneficial-3	Total Score	Rank
1. Finance and budgeting	2			2	
2. Personnel Management	2			2	
3. Community/Program Planning (including needs assessment, setting goals and objectives)	2			2	
4. Program/system evaluation		1	1	5	3
5. Methods for improving communication		1	1	5	3
6. Using the Internet	1			1	
7. Legislative/policy advocacy		1		2	
8. Overview of research design and methods	1		1	4	
9. Data analysis and utilization			2	6	2
10. Survey design and implementation	1		2	7	1
11. Statistics	1		1	4	
12. Quality improvement/assurance strategies		1	1	5	
13. Grant writing	1	1	1	6	2
14. Regulatory (HIPAA, Balanced Budget Act, etc.)		1	1	5	3
15. Problem-solving Techniques	1		1	4	
16. Conflict Resolution	1		1	4	
17. Presentation Skills	1	1		3	
18. Negotiating Skills		2		4	
19. Basic Computer Orientation	1			1	
20. Outlook	1			1	
21. Word	1			1	
22. Access	1	1		3	
23. Excel	1	1		3	
24. Project	2			2	
25. Power Point	1			1	
26. Managing Stress	1	1		3	
27. Utilization Management		1	1	4	
28. Valuing Diversity	1			1	
29. Other: (list as many as you wish)					

Accounting/IS

Area of Training	Beneficial-1	Very Beneficial-2	Greatly beneficial-3	Total Score	Rank
1. Finance and budgeting			1	3	3
2. Personnel Management	1			1	
3. Community/Program Planning (including needs assessment, setting goals and objectives)					
4. Program/system evaluation					
5. Methods for improving communication	2	1		4	1
6. Using the Internet					
7. Legislative/policy advocacy					
8. Overview of research design and methods		1		2	
9. Data analysis and utilization		1		2	
10. Survey design and implementation					
11. Statistics					
12. Quality improvement/assurance strategies					
13. Grant writing		1		2	
14. Regulatory (HIPAA, Balanced Budget Act, etc.)			1	3	2
15. Problem-solving Techniques		1		2	
16. Conflict Resolution					
17. Presentation Skills		1		2	
18. Negotiating Skills		1		2	
19. Basic Computer Orientation					
20. Outlook		1		2	
21. Word		1		2	
22. Access			1	3	3
23. Excel			1	3	3
24. Project			1	3	3
25. Power Point		1		2	
26. Managing Stress		1		2	
27. Utilization Management					
28. Valuing Diversity					
29. Other: (list as many as you wish)					
Alarm system					
Understanding why our #1 goal is to not make people angry					

Ombuds/QRT

Area of Training	Beneficial-1	Very Beneficial-2	Greatly beneficial-3	Total Score	Rank
1. Finance and budgeting					
2. Personnel Management					
3. Community/Program Planning (including needs assessment, setting goals and objectives)		2		4	
4. Program/system evaluation		2	2	10	1
5. Methods for improving communication		1	2	8	3
6. Using the Internet		2	1	7	
7. Legislative/policy advocacy	1	2	1	8	3
8. Overview of research design and methods	1	1	1	6	
9. Data analysis and utilization	1		1	4	
10. Survey design and implementation		1	2	7	
11. Statistics			3	9	2
12. Quality improvement/assurance strategies		2	2	10	1
13. Grant writing	3			3	
14. Regulatory (HIPAA, Balanced Budget Act, etc.)	2		1	5	
15. Problem-solving Techniques	1		2	7	
16. Conflict Resolution		2	2	10	1
72. Presentation Skills		1	2	7	
18. Negotiating Skills		1	3	10	1
19. Basic Computer Orientation		1		2	
20. Outlook		1	2	7	
21. Word	1	1	2	8	3
22. Access		1	3	10	1
23. Excel			2	6	
24. Project		1	1	5	
25. Power Point		1	2	7	
26. Managing Stress	1		1	4	
27. Utilization Management	1		1	4	
28. Valuing Diversity		1	2	8	3
29. Other: (list as many as you wish)					
Working with DD clients			1	3	
Psychotic medications		1		2	
General Disorders		1		2	
How to talk to the Mentally ill		1		2	
Contracts		1		2	
Special Populations info & needs			1	3	
How to work with Personality Disorders			1	3	

Quality Specialists

Area of Training	Beneficial-1	Very Beneficial-2	Greatly beneficial-3	Total Score	Rank
1. Finance and budgeting	1	1		3	
2. Personnel Management	1			1	
3. Community/Program Planning (including needs assessment, setting goals and objectives)	2	2	1	10	
4. Program/system evaluation	1	4	1	10	
5. Methods for improving communication	2	1	1	7	
6. Using the Internet	2			2	
7. Legislative/policy advocacy	1			1	
8. Overview of research design and methods	2	1	1	7	
9. Data analysis and utilization		4	2	11	3
10. Survey design and implementation	1	2	2	11	3
11. Statistics	3	1	1	8	
12. Quality improvement/assurance strategies		1	4	13	2
13. Grant writing	2		1	5	
14. Regulatory (HIPAA, Balanced Budget Act, etc.)		3		6	
15. Problem-solving Techniques		3		6	
16. Conflict Resolution		1	1	5	
17. Presentation Skills					
18. Negotiating Skills	1	2	1	8	
19. Basic Computer Orientation	1			1	
20. Outlook	2			2	
21. Word	1	1		3	
22. Access	1	1		3	
23. Excel	3			3	
24. Project	2		1	5	
25. Power Po int	2		1	5	
26. Managing Stress			3	9	
27. Utilization Management	1	1	4	15	1
28. Valuing Diversity	3		1	6	
29. Other: (list as many as you wish)					
State of the art Substance abuse, criminal justice, evaluation of current Tx. Modalities-connected to outcomes/benefit					

NSRSN –All Staff

Area of Training	Beneficial-1	Very Beneficial-2	Greatly beneficial-3	Total Score	Rank
1. Finance and budgeting	3			3	
2. Personnel Management	4			4	
3. Community/Program Planning (including needs assessment, setting goals and objectives)	4			4	
4. Program/system evaluation	1	7	4	27	3
5. Methods for improving communication	2	4		10	
6. Using the Internet	3	3	1	9	
7. Legislative/policy advocacy	2	3	1	8	
8. Overview of research design and methods	4	3	3	19	
9. Data analysis and utilization	1	5	6	29	2
10. Survey design and implementation	2	6	6	32	1
11. Statistics	4	1	5	21	
12. Quality improvement/assurance strategies	0	4	7	29	2
13. Grant writing	7	2	3	20	
14. Regulatory (HIPAA, Balanced Budget Act, etc.)	5	4	3	22	
15. Problem-solving Techniques	3	4	3	20	
16. Conflict Resolution	1	3	4	19	
17. Presentation Skills	2	3	2	14	
18. Negotiating Skills	2	6	4	22	
19. Basic Computer Orientation	2	1		3	
20. Outlook	4	2	2	14	
21. Word	3	4	3	20	
22. Access	2	4	5	25	4
23. Excel	4	1	3	15	
24. Project	4	1	3	15	
25. Power Point	4	2	3	17	
26. Managing Stress	2	3	4	20	
27. Utilization Management	2	2	6	24	5
28. Valuing Diversity	4	1	3	15	
29. Other: (list as many as you wish)					

Department-Specific Training Planned for 2003:

NORTH SOUND MENTAL HEALTH ADMINISTRATION

NSMHA Board of Directors Approval Form

TO: **NSRSN Board of Directors**
FROM: **Charles R. Benjamin, Executive Director**
DATE: **March 13, 2003**

Action Requested: The NSMHA Board is asked to approve Motion #03-004

Approval Date: **March 13, 2003**

Source of Request: Marcia Gunning, Contracts Compliance/Fiscal Manager

Motion: To adopt the North Sounds Regional Training Plan

Executive Recommendations: **Approve** ___ **No Recommendation**
___ **Further Review Required**

Executive Director (Signature)

NORTH SOUND REGIONAL SUPPORT NETWORK REGIONAL TRAINING PLAN 2003-2004

Created by NSRSN Regional Training Committee
Bob LeBeau-APN
Carole Kosturn-Compass Health
Tom Sebastian-Community Mental Health
Tom MacIntyre-Catholic Community Services
Julia Ortiz-Sea Mar
Claudia D'Allegri-Sea Mar
Karen Kipling-Volunteers of America
Charles Albertson-NSRSN Advisory Board
Dan Bilson-NSRSN Advisory Board
Sharri Dempsey-NSRSN
Greg Long-NSRSN
Wendy Klamp-NSRSN

The Regional Training Committee appreciates the contributions and support of all agencies in the North Sound to develop this plan. We also would like to credit the University of California Los Angeles Medical Center for the format of the plan.

Background

VII. Purpose

The purpose of the North Sound Regional Support Network Regional Training Plan is to provide an effective, efficient process that builds the requisite skills for optimum performance at all levels of staff. The ultimate purpose of the NSRSN Plan is to provide a learning environment that supports progressive learning and optimum performance in providing exemplary mental health services for consumers.

VIII. Philosophy

- Education, training and development is an ongoing process rather than a single event, that occurs at any time or any place.
- Within the various organizations that provide services in the NSRSN each employee, together with their manager, is responsible for ongoing achievement of competencies and learning objectives.
- Each organization within the NSRSN will develop an annual training plan and is responsible for providing means for employees to develop their knowledge and skills. The annual training plan will be pertinent to each employee's position, improve quality of care and incorporate a recovery, strength-based system of care. The NSRSN, APN, Snohomish County, Volunteers of America and Sea Mar will collaborate to design and implement a regional training plan that identifies core competencies and how to provide competency trainings that are cost-effective, efficient and of high quality.

IX. Goal of the Education Plan

The goal of the NSRSN's Regional Training Plan is to

- 5) Ensure that employees are provided with an adequate orientation that validates qualifications and assures the employee's ability to perform job duties.
- 6) Provide an environment that supports continuous learning and individual optimum performance to achieve the organization's mission.
- 7) Assure the effective collection and aggregation of data such as needs assessments and evaluations to provide information for improvement of education processes and the performance of the process components.

X. Process

The leaders of each organization **establish the organization's vision and mission.**

- J. Leaders **determine the process components** necessary to support the vision, mission and NSRSN requirements.
- K. Leaders **define qualifications and job expectations** of all staff and determine qualifications on hire as well as evaluate the initial and annual competency and performance of individual job expectations.
- L. Leaders use a variety of **needs assessment** methods to determine the education needs of individuals, the department, and the organization.

- M. Based on assessed education needs, leaders determine education and training systems that do not exist and **develop programs** to meet those needs.
- N. Leaders **facilitate development of programs and implement the education and training plans** at the NSRSN, organizational, departmental, and individual level.
- O. Leaders provide support in assessing existing education and training systems, and **facilitate evaluation of the effectiveness** of those systems.
- P. **Aggregate data** is collected to determine the effectiveness of the education and training programs.
- Q. Based on assessed effectiveness of education and training systems, **modifications are made to improve effectiveness.**

XI. Process Components

10. The Regional Training Committee– The function of this committee is to bring forth regional education needs determined from trending of individual needs, assessment of organizational needs and inclusion of all mandated training requirements. This group functions in an advisory capacity to make recommendations regarding education and training program needs and effectiveness and is comprised of representatives across the NSRSN system. The purpose of this group is to:
 - e) Identify, evaluate the effectiveness of existing education and training programs and to recommend improvements to those programs.
 - f) To achieve economies of scale by identifying opportunities for sharing of programs and resources to meet identified education and training needs.
 - g) To work together to develop, recommend and implement new education and training programs.
 - h) To develop delivery and communication strategies for assuring effective utilization of education and training programs.
11. Education Needs Assessment – individual, departmental, organizational needs are assessed on a variety of levels within the organization and with a broad range of methods such as (including but not an exclusive list):
 - Formal surveys
 - Focus groups
 - Interviews
 - Performance Improvement data
 - Risk Management Data
 - Committee participation such as Environment of Care, Safety and Quality Management
 - Aggregate Performance Management Data
 - Chart/file reviews
 - Utilization of information systems
 - Observation
 - Self-Assessment/evaluation

12. Organizational and Departmental Orientation activities provide initial job training and information including an assessment of a new employee's qualifications, knowledge, and competency.
13. Education and Training programs such as Management Development programs, clinical continuing education and information systems training are designed to maintain or improve staff competency.
14. Coaching, Preceptor & Mentoring, and Cross Training programs provide the employee with individualized, self paced information required to achieve new knowledge and competency or to improve the current level of performance.
15. Performance Management and Evaluation methods provide the employee with specific feedback regarding their actual performance. Additionally, performance management and evaluation methods provide the opportunity for the employee and the evaluator to develop remedial or ongoing education goals and objectives. Performance management and evaluation provides a broad view of education and development needs and opportunities.
16. Competency Assessment is an annual process to objectively validate the employee's current level of competency in performing cognitive and psychomotor skills in the performance of their job duties.
17. Evaluation Methods provide data for the organization regarding the effectiveness of the process components of the education program.
18. Aggregate Data Collection from evaluation methods and performance improvement activities is used to identify those areas and process components that need further refinement/improvement to achieve the purpose of the education plan.

XII. Evaluation

Evaluation is a systematic collection and analysis of data needed to make decisions regarding the effectiveness and improve the quality of the education program. Evaluation will be conducted with a variety of methods to:

6. determine the effectiveness of programs for participants
7. document program objectives have been met
8. provide information about service delivery that will be useful to program directors/instructors
9. assure the desired behavior changes are occurring as a result of the education program
10. measure the impact of the education program on the organization.

The *process, outcome and impact* of the education plan and programs will be evaluated through four levels. The attached grid demonstrates evaluation levels and methods.

Level I is a *process* measure of the participant's opinion of the program, their own participation and learning.

Level II is both a *process and an outcome* measure of the participant's achievements of the behavioral objectives of the program.

Level III is an *outcome* measure of the behavior change as a result of the program.

Level IV is an *impact* measure of the effect a behavior change of a group of learners has on the organization's products and processes.

Responsibility for evaluation: All members of the organization are responsible for evaluation of their own learning and performance. Staff members are expected to keep their manager informed of their on going continuing education needs to achieve the goals of the plan.

Process evaluation (Levels I and II) are the responsibility of the program director/instructor. Data from process evaluation will be collected, aggregated and used to improve the instructional methods and teaching environment to maximize learning.

Outcome evaluation (Levels II and III) are the responsibility of the program director/instructor. Data from outcome evaluation will be collected, aggregated and used to document effectiveness, document competency and validate the transfer of knowledge to performance. Aggregated outcome data will be presented to the Regional Training Committee for use in making decisions about education needs and programs effectiveness.

Impact evaluation (Level IV) is the responsibility of the program director/instructor and Regional Training Committee. Impact data will be used to identify the need for further investigation of education needs, to assure program effectiveness, and to justify costs.

EVALUATION METHODS

Evaluation Levels	Asks the following	Examples of Methods	Appropriate level of evaluation for:
Level I : Participant Opinion	What's your opinion?	Participant evaluation	All programs
Level II: Participant Learning	What do you know?	Post Tests Return Demonstration Competency Testing Observation	Certification programs Competency Training Programs Compliance Programs
Level III: Participant Behavior	What do you do differently as a result of learning?	Competency Testing Observation PI Study results Chart/Documentation Reviews	Skill based training (i.e. restraint management) Unit Inservice Compliance Training
Level IV: Organizational Impact	What has changed or improved as a result of training?	Trend reports (e.g. decrease in medication errors) PI Studies Financial reports HR Management Aggregate Data Risk Management Data	Organizational training programs (e.g. customer service) Compliance Training Customer Service Survey Climate Surveys

Regional Training Plan for 2003-2004

The regional training plan is comprised of a matrix that identifies cross-system and agency specific core competencies and training approaches with related curriculum type, methods for validation, time frames, frequency and references to the source for the training requirement. The plan is developed to span a two year period in order to accommodate the extensive volume of training that is provided in our system.

R. TRAINING REQUIREMENTS PER WAC, RCW

WAC 388-865-0150 Definitions

Mental Health Specialist:

For children: 1) A minimum of 100 actual hours of special training in child development and treatment of seriously disturbed children and youth and their families; and 2) the equivalent of one year of full-time experience in the treatment of seriously emotionally disturbed children and youth and their families under the supervision of a child mental health specialist.

Geriatric: 1) A minimum of 100 actual hours of specialized training devoted to the mental health problems and treatment of persons sixty years of age or older; and 2) the equivalent of one year of full-time experience in the treatment of persons sixty years of age or older, under the supervision of a geriatric mental health specialist.

Ethnic minorities: A mental health professional who has demonstrated cultural competence attained through major commitment, ongoing training, experience and/or specialization in serving ethnic minorities, including evidence of one year of service specializing in serving the ethnic minority group under the supervision of an ethnic minority mental health specialist; and

- (c) Evidence of support from the ethnic minority community attesting to the person's commitment to that community; or
- (d) A minimum of 100 actual hours of specialized training devoted to ethnic minority issues and treatment of ethnic minority consumers.

Note: "Ethnic minority" or "racial/ethnic groups" are defined as any of the following:

- (e) African American;
- (f) An American Indian or Alaskan native, which includes:
 - (5) A person who is a member or considered to be a member of a federally recognized tribe;
 - (6) A person determined eligible to by the secretary of the interior and
 - (7) An Eskimo, Aleut, or other Alaskan native;

(8) A Canadian Indian, meaning a person of a treaty tribe, Metis community, or non-status Indian community from Canada

- (g) Asian/Pacific Island; or
- (h) Hispanic

Disability: A mental health professional with special expertise in working with an identified disability group. For purposes of this section only, “disabled” means an individual with a disability other than a mental illness, including developmental disability, serious physical handicap, or sensory impairment.

If the consumer is deaf, the specialist must be a mental health professional with knowledge about the deaf culture and psychosocial problems faced by people who are deaf; and ability to communicate fluently in the preferred language system of the consumer.

The specialist for consumers with developmental disabilities must be a mental health professional who has at least one year’s experience with people with developmental disabilities or is a developmental disabilities professional.

WAC 388-865-0250 Ombuds services

The regional support network must maintain an ombuds service that receives training and adheres to confidentiality consistent with this chapter and chapter 71.05, 71.24, and 70.02 RCW.

Note: This WAC only applies to persons serving in the role of Ombuds

WAC 388-865-0260 Mental health professionals and specialists

The regional support network must develop a training program using in-service training or outside resources to assist service providers to acquire necessary skills and experience to service the needs of the consumer population.

If there are more than 500 members of an ethnic minority population within the regional support network, the regional support network must:

- (c) Develop a specialized training program for staff members of licensed service providers to become qualified specialists; or
- (d) contract or establish a working relationship with the required specialists to
 - (iii) Provide all or part of the treatment services for these populations; or
 - (iv) Supervise or provide consultation to staff members providing treatment services to these populations.

WAC 388-865-0282 Quality Review Teams

The regional support network must assure that quality review teams receive training and adhere to confidentiality standards

Note: This WAC only applies to persons who are serving as members of a quality review team.

WAC 388-865-0405 Community Support Service Providers, competency requirements for staff

An individualized annual training plan must be implemented for each direct service staff person and supervisor in the skills he or she needs for their job description and the population they serve.

Note: This WAC also applies to agencies that provide only crisis telephone services.

WAC 388-865-0530 Competency requirements for staff, certification requirements, inpatient evaluation and treatment facilities

An individualized annual training plan must be implemented for each direct service staff person and supervisor in the skills he or she needs for their job description and the population they serve. Such training must include at least:

- (d) Least restrictive alternative options available in the community and how to access them;
- (e) Methods of patient care;
- (f) Management of assaultive and self-destructive behavior; and
The requirements of chapters 71.05 and 71.34 RCW, this chapter, and protocols developed by the mental health division.

II. Training Requirements per NSRSN CONTRACT

APN and Sea Mar

All direct service staff shall have competency trainings as determined by the NSRSN-Regional training plan. The plan shall address:

- a. Customer service and consumer satisfaction utilizing consumers and family members whenever possible.
- b. Contractual requirements to assure knowledge of contract elements pertinent to their position by April 20, 2002.
- c. Crisis management pertinent to their position.

- d. De-escalating and handling of “out-of-control children” for all staff working with children. This training shall cover how to use these acute incidents for positive change for the child and family.
- e. Cultural, Tribal, and disability sensitivity.
- f. Case manager core competencies to assure uniform and quality case management throughout the region.
- g. Individualized and tailored service plans.
- h. Benefits of utilizing natural supports and community capacity building.
- i. Best practices in clinical services to GLBT, hearing impaired, ethnic minority, developmentally disabled, etc.
- j. Trauma-based illnesses and effective treatments.
- k. Clinical risk assessment and risk management.
- l. Co-occurring Disorder/Mentally Ill Chemical Abuse training for all direct service staff. All staff shall have additional specialized COD/MICA assessment training. Training shall encompass a minimum of 15 hours over the next 2 years.
- m. Community-based cross system training. How to effectively work with cross-systems and what services cross-systems provide within each community (i.e., DASA, DDD, criminal justice, DCFS, etc.).

CONTRACTOR shall provide training to staff **and** the community relevant to provision of crisis response services. This training shall include:

- a. How staff develops meaningful and effective Individual Crisis Plans and Alerts.
- b. How staff access and effectively utilize flex funds for crisis response staff.
- c. Community-based cross system training and protocol implementation. How to effectively work with cross- systems and what services cross-systems provide within each community (i.e., DCFS, HCS, DDD, DASA, etc.).
- d. Access & Triage training and education within each local community. This training shall be accomplished in partnership with VOA.

- e. Integrated Crisis Response Standards of Care Training for all CONTRACTOR Crisis Response staff. The goal of this training shall be to develop and implement consistency of Standards of Care throughout the NSRSN service area.
- f. Co-occurring Disorder/Mentally Ill Chemical Abuse training for all direct service staff. All staff shall have additional specialized COD/MICA assessment training. Training shall encompass a minimum of 15 hours over the next 2 years.
- g. Consumer and family issues and perspectives on crisis services.

- (a) Volunteers of America

“The CONTRACTOR must ensure that all staff are qualified for the position they hold and have at a minimum the education, experience and skills to perform their job requirements, per WAC 388-865. In addition, each direct service staff, including case managers, supervisors, MHP, MHS, CDMHP, therapists, psychiatrists, etc., must implement an annual training plan that is pertinent to their position, improves quality of care and incorporates a recovery, strength-based system of care.”

Cross-system core competencies-All Staff in NSRSN

Title	Training Method	How Validated (as pertinent to job description and position)	Time Frame	Frequency	Reference	Priority	Source of Training Material
The Recovery Model Includes utilizing natural supports/community capacity building/stigma reduction	Self-study Module	Post-test	Orientation	Agency-specific per training plan	NSRSN Contract	Mandatory	NSRSN Recovery Committee
Confidentiality/Ethics/HI PAA/Mandatory reporting/dual relationships/fraud and abuse	Review of policies and procedures	Written documentation or post test	Orientation	Annual update	HIPAA, WAC	Mandatory	Agency
Cultural /Disability/Special Populations Sensitivity	Self-study module	Post-test	Orientation	Agency-specific per training plan	NSRSN Contract	Mandatory	
Consumer Rights/Respect and Dignity/Relationships/ Perspectives/Complaints and Grievances	Review of agency policies and procedures	Written documentation or post test	Orientation	Agency-specific per training plan	NSRSN Contract	Mandatory	Agency
Blood borne Pathogens/Infection Control	Agency-specific per training plan	Post-test	Orientation	Agency-specific per training plan	Agency-specific per training plan	Mandatory	Agency
Patient Safety/Critical Incident Reporting	Review of agency policies and procedures	Written documentation or post test	Orientation	Agency-specific per training plan	NSRSN Contract	Mandatory	Agency
The NSRSN System/Organizational Chart	Review of agency policies and procedures	Written documentation or post test	Orientation	Agency-specific per training plan	NSRSN Contract	Mandatory	Agency
Customer Service & Consumer Satisfaction	Review of agency policies and procedures	Written documentation or post test	Orientation	Agency-specific per training plan	NSRSN Contract	Mandatory	Agency
Contract Language pertinent to position	Agency-specific per training plan	Supervision documentation	Within first year of employment	Agency-specific per training plan	NSRSN Contract	Mandatory	Agency
Workplace Violence/ De-escalation/Crisis/Risk Management	Agency-specific per training plan	Demonstration or post-test	Orientation	Agency-specific per training plan	NSRSN Contract	Mandatory	Agency
MHD Outcomes System	Self-study module	Demonstration, written documentation or Post-test	Orientation	Agency-specific per training plan	MHD	Mandatory	MHD/Telesage

Cross-system core competencies-all direct services/clinical staff in NSRSN

Title	Training Method	How Validated	Time Frame	Frequency	Reference	Priority	Source of Training Material
Clinical Risk Assessment	Agency-specific per training plan	Agency-specific per training plan	Clinical Orientation	Agency-specific per training plan	NSRSN Contract	Mandatory	Agency
Community-Based Cross System Collaboration (pertinent to job title)	Agency-specific per training plan	Agency-specific per training plan	Clinical Orientation	Agency-specific per training plan	NSRSN Contract	Mandatory	Agency
Treatment Planning and Documentation	Agency-specific per training plan	Agency-specific per training plan	Clinical Orientation	Agency-specific per training plan	NSRSN Contract	Mandatory	Agency
Co-occurring Disorders	Agency-specific per training plan	Agency-specific per training plan	15 hours over the next two years	Once, completed within two years of start date or two year period for current employees	NSRSN Contract	Mandatory	Agency
PTSD Screening and Treatment of Trauma-based Illnesses	Agency-specific per training plan	Agency-specific per training plan	Second year of employment	Agency	NSRSN Contract	Mandatory	Agency
Tribal	Agency-specific per training plan	Agency-specific per training plan	Second year of employment	Agency	NSRSN Contract	Mandatory	Agency
Behavior Management for Children	Agency-specific per training plan	Agency-specific per training plan	Within first year of employment	Agency	NSRSN Contract	Mandatory	Agency
Case Management	Agency-specific per training plan	Agency-specific per training plan	Within first year of employment	Agency	NSRSN Contract	Mandatory	Agency
Use of Flex Funds	Agency-specific per training plan	Agency-specific per training plan	Within first year of employment	Agency	NSRSN Contract	Mandatory	Agency
Access and Triage	Agency-specific per training plan	Agency-specific per training plan	Within first year of employment	Agency	NSRSN Contract	Mandatory	Agency
ICRS Standards and Protocols including consumer and family issues and perspectives	Agency-specific per training plan	Agency-specific per training plan	Within first year of employment	Agency	NSRSN Contract	Mandatory	Agency
De-escalation (Child-specific) pertinent to position	Agency-specific per training plan	Agency-specific per training plan	Within first year of employment	Agency	NSRSN Contract	Mandatory	Agency
Use of Natural	Agency-	Agency-	Clinical Orientation	Agency	NSRSN	Mandatory	Agency

Title	Training Method	How Validated	Time Frame	Frequency	Reference	Priority	Source of Training Material
Supports and Community-Capacity Building	specific per training plan	specific per training plan			Contract		
Best Practices in Treatment of GLBT pertinent to position	Agency-specific per training plan	Agency-specific per training plan	Second year of employment	Agency	NSRSN Contract	Mandatory	Agency
Best Practices in Treatment of Hearing Impaired pertinent to position	Agency-specific per training plan	Agency-specific per training plan	Second year of employment	Agency	NSRSN Contract	Mandatory	Agency
Best Practices in Treatment of Ethnic Minorities pertinent to position	Agency-specific per training plan	Agency-specific per training plan	Second year of employment	Agency	NSRSN Contract	Mandatory	Agency
Best Practices in Treatment of Developmentally Disabled pertinent to position	Agency-specific per training plan	Agency-specific per training plan	Second year of employment	Agency	NSRSN Contract	Mandatory	Agency

Agency-specific core competencies: (Volunteers of America)

Job Title	Competency	Training Method	How Validated	Time Frame	Frequency	Reference	Priority
Crisis Line Clinicians	Crisis theory and crisis management	Self-study	Post-test	orientation	once	AAS certification manual	High
Crisis Line	Basic Suicidology, risk assessment	Self-study	Post Test	orientation	Recommended yearly	AAS	High
Clinicians	Victimology Including risk of assaulting others, workplace violence	Self-study	Post-test	orientation	once	AAS	High
Crisis Line	Legal/Ethical Issues, including HIPAA, confidentiality, mandatory reporting, fraud and abuse	Self-study	Post-test	orientation	Recommended yearly	AAS	High
Clinicians	Community Resources	Self-study	Post-test	orientation	As needed	AAS	High
Crisis Line	Program Policies and procedures	Self-study/trainer	Post-test	orientation	Recommended yearly	NSRSN contract	High
Clinicians	ICRS Policies and Protocols, including cross-system collaboration, use of flex funds	Self-study/trainer	Post-test	orientation	Recommended every 2 years	NSRSN contract	High
Crisis Line	Involuntary Treatment	Self-study	Post-test	1 st year	once	AAS	High
Clinicians	Psychiatric Diagnoses And Intervention Strategies, including co-occurring disorders and PTSD	Self-study	Post-test	1 st year	once	AAS	High
Crisis Line	Psychotropic Medications	Self-study	Post-test	1 st year	once	AAS	High
Clinicians	Raintree/MIS, including documentation	Trainer	Training checklist	orientation	once	NSRSN contract	High
Crisis Line	On the job training	Trainer	Training checklist/ observation	orientation	once	NSRSN contract	High
Clinicians	Customer Service	Inservice	Post-test/observation	1 st year	Offered yearly	NSRSN contract	High
Crisis Line	APN Access	Trainer	Training checklist	orientation	once	NSRSN contract	High
Clinicians	Consumer and Advocates, Use of natural Supports	Inservice/self-study	None	Recommended in 1 st year	Offered yearly	NSRSN contract	High
Crisis Line	Behavior management and de-escalation of children	Self-study	Post-test	1 st year	Once	NSRSN contract	High
Clinicians	Recovery Model	Self-study	Post-test	orientation	once	NSRSN contract	High
Crisis Line	Consumer rights	Self-study	Checklist	Orientation	Once	NSRSN contract	High

Job Title	Competency	Training Method	How Validated	Time Frame	Frequency	Reference	Priority
Clinicians	NSRSN Overview/chart/ VOA contract	Self-study	Checklist	Orientation	Once	NSRSN contract	High
	Cultural Diversity	Self-study	Post test	1 st year	Once	NSRSN contract	High

Agency-specific core competencies: (Sea Mar Community Health Centers/Behavioral Health)

Job Title	Competency	Training Method	How Validated	Time Frame	Frequency	Reference	Priority
Receptionist I	Competency Protocol job-specific	Agency - specific per training plan	New Hire Orientation, Competency Tests, Quality Improvement (QI) system	90 day probation, periodic testing throughout the year according to QI calendar, annual staff evaluation	Agency – specific per training & competency protocol plans	NSRSN Contract, Job Descriptions, Competency Protocols, Quality Improvement system, JCAHO standards, DASA Manual, & MH Manual, Sea Mar Policies & Procedures	Mandatory
Receptionist II	Competency job-specific	Agency - specific per training plan	Same as above	Same as above	Same as above	Same as above	Mandatory
Billing Specialist I	Competency job-specific	Agency - specific per training plan	Same as above	Same as above	Same as above	Same as above	Mandatory
Billing Specialist II	Competency job-specific	Agency - specific per training plan	Same as above	Same as above	Same as above	Same as above	Mandatory
Billing Specialist II	Competency job-specific	Agency - specific per training plan	Same as above	Same as above	Same as above	Same as above	Mandatory
Billing Specialist III	Competency job-specific	Agency - specific per training plan	Same as above	Same as above	Same as above	Same as above	Mandatory
Case Manager I	Competency job-specific	Agency - specific per training plan	Same as above	Same as above	Same as above	Same as above	Mandatory
Case Manager II	Competency job-specific	Agency - specific per training plan	Same as above	Same as above	Same as above	Same as above	Mandatory
Child Care Worker/SA Program	Competency job-specific	Agency - specific per training plan	Same as above	Same as above	Same as above	Same as above	Mandatory
Counselor Trainee/ SA Program	Competency job-specific	Agency - specific per training plan	Same as above Intern Hours of Supervision	Same as above	Same as above	Same as above	Mandatory
CDP I	Competency job-specific	Agency - specific per training plan	Same as above	Same as above	Same as above	Same as above	Mandatory
CDP II	Competency job-specific	Agency - specific per training plan	Same as above	Same as above	Same as above	Same as above	Mandatory
CDP III	Competency	Agency -	Same as	Same as	Same as	Same as above	Mandatory

Job Title	Competency	Training Method	How Validated	Time Frame	Frequency	Reference	Priority
	job-specific	specific per training plan	above	above	above		
Mental Health Therapist I	Competency job-specific	Agency - specific per training plan	Same as above	Same as above	Same as above	Same as above	Mandatory
Mental Health Therapist II	Competency job-specific	Agency - specific per training plan	Same as above	Same as above	Same as above	Same as above	Mandatory
MH Therapist III	Competency job-specific	Agency - specific per training plan	Same as above	Same as above	Same as above	Same as above	Mandatory
Behavioral Health Program Manager	Competency job-specific	Agency - specific per training plan	Same as above	Same as above	Same as above	Same as above	Mandatory

Agency-specific core competencies: (Snohomish County Mental Health/ ITA)

Job Title	Competency	Training Method	How Validated	Time Frame	Frequency	Reference	Priority
Designated Mental Health Professional	State-wide CDMHP protocols	Self-study/ Trainer	Written documentation or post-test	Orientation	Every 3 years	State-wide protocols RCW 71.05 RCW 71.34	Mandatory
Designated Mental Health Professional	Assessment of dangerousness	Self-study	Written documentation or post-test	Orientation	Yearly	NSRSN Contract	Mandatory
Designated Mental Health Professional	Court evaluation and testimony	Self-study/ Observation	Written documentation or post-test	1 st 6 months	Every 2 years	NSRSN Contract RCW 71.05 RCW 71.34	Mandatory
Designated Mental Health Professional	Court processes	Self-study/ Consultation	Written documentation or post-test	1 st 6 months	Every 2 years	NSRSN Contract RCW 71.05 RCW 71.34	Mandatory
Designated Mental Health Professional	Adolescent ITA issues	Self-study/ Trainer	Written documentation or post-test	1 st year	Every 2 years	NSRSN Contract RCW 71.34	Mandatory
Designated Mental Health Professional	Manifestations of mental illness in adolescents	Self-study/ Consultation	Written documentation or post-test	1 st year	Every 3 years	NSRSN Contract	Mandatory
Designated Mental Health Professional	Older adults/ evaluation and consent issues	Self-study/ Consultation	Written documentation or post-test	1 st year	Every 3 years	NSRSN Contract RCW 71.05	Mandatory
Designated Mental Health Professional	Non-emergency detention process	Self-study	Written documentation or post-test	Orientation	Every 2 years	NSRSN Contract RCW 71.05	Mandatory
Designated Mental Health Professional	NSRSN contract	Self-study/ Trainer	Written documentation or post-test	Orientation	As needed, every 2 years	NSRSN Contract	Mandatory
Designated Mental Health Professional	Program Policies and procedures	Self-study/ Trainer	Written documentation or post-test	Orientation	Annual update	NSRSN contract RCW 71.05 RCW 71.34	Mandatory
Designated Mental Health Professional	Physiological issues in assessment	Self-study/ Trainer	Written documentation or post-test	1 st year	Once	NSRSN Contract	Mandatory
Designated Mental Health Professional	Raintree/ MIS, including documentation	Trainer	Training checklist	Orientation	Annual update	NSRSN contract	Mandatory
Senior Secretary	Raintree/ MIS	Trainer	Training checklist	Orientation	Annual update	NSRSN contract	Mandatory
Senior Secretary	Competency job-specific	Trainer/ Observation	Training checklist	Orientation	Annual update	NSRSN contract	Mandatory
Senior Secretary	Court processes	Self-study/ Consultation	Written documentation or post-test	Orientation	Annual update	NSRSN Contract RCW 71.05 RCW 71.34	Mandatory

Agency-specific core competencies: (Compass Health)

Job Title	Competency	Training Method	How Validated	Time Frame	Frequency	Reference	Priority
Residential Staff	Red Cross CPR	Certified Trainer	Demonstration, post-test	Annually	2x/year	WAC Required	Mandatory
	Red Cross First Aid	Certified Trainer	Demonstration, post-test	1 x every 3 years	2 x year	Wac Required	Mandatory
	Fundamentals of Caregiving	Approved Trainer	State approved test	Within 120 days of hire	As needed	WAC Required	Mandatory
	Mental Health Specialty for Boarding Homes	Approved Trainer	State approved test	Within 120 days of hire	As needed	Wac Required	Mandatory
	CPI (Crisis Prevention)	Certified Trainer	Demonstration, post-test	Initial certification; then renewed every 2 years	4 x year	Compass required for all clinical staff & representative support staff at each site.	Mandatory
Outpatient Clinical Staff	Red Cross CPR	Certified Trainer	Demonstration, post-test	Annually	2x year	Compass required for representative staff at each site	Mandatory
	Red Cross First Aid	Certified Trainer	Demonstration, post-test	1x every 3 years	2x year	Compass required for representative staff at each site	Mandatory
	CPI (Crisis Prevention)	Certified Trainer	Demonstration, post-test	Initial certification; then renewed every 2 years	4x year	Compass required for all clinical staff & representative support staff at each site	Mandatory
FORWARD	Behavior Management for Children	Reading material w/attached sign off sheet	Sign off sheet acknowledging receipt & clear understanding	Within 1 year of hire (prefer within 6 mos)	As needed	BRS contract (DCFS)	Mandatory for FORWARD staff
	Children Administrative Behavior Mgmt Guidelines	Reading material w/attached sign off sheet	Sign off sheet acknowledging receipt & clear understanding	Within 1 year of hire (prefer within 6 mos)	As needed	BRS Contract (DCFS)	Mandatory for FORWARD staff
	Positive Behavior Supports	Trainings in community and part of SECURE cert and recert training	Secure Certificate or Certificate from community training	Within 1 year of hire (prefer within 6 mos)	Covered in SECURE recert	BRS Contract (DCFS)	Mandatory for FORWARD staff
	Indian Child Welfare Act	DCFS sponsored training	Certificate documenting attendance	Within 1 year of hire (prefer within 6 mos)	As needed	BRS Contract (DCFS)	Mandatory for FORWARD staff
CHAP (FORWARD) and KIT	Making a CPS Referral	CA Videotape	Sign off sheet acknowledging viewing & clear understanding	Within 14 days of hire	As needed	BRS Contract, CHAP contract, KIT contract (DCFS contracts)	Mandatory for CHAP, FORWARD and KIT staff
	SECURE	Certified trainer	Trainer signed proof of attendance for all parts of training as well as Certificate	Within 1 year of hire (prefer within 6 mos)	Recert annually		Mandatory

NSRSN-specific core competencies

Job Title	Competency	Training Method	How Validated	Time Frame	Frequency	Priority
All	History of NSRSN	Self-study	Post-test	Orientation	Once	Mandatory
All	NSRSN Consumer Confidentiality Policy	Read policy	Acknowledgement of review	Orientation	Annually	Mandatory
All	NSRSN HIPAA policies	Read policy, Training programs annually	Acknowledgement of review and Post-test	Orientation	Annually	Mandatory
All	Critical Incident policy	Read policy	Acknowledgement of review	Orientation	Annually	Mandatory
All staff located in NSRSN office	Building Security and Safety	Demonstration	Demonstration	Orientation	Once	Mandatory
All staff located in NSRSN office	Disaster Plan and Telephone tree	Read policy	Acknowledgement of review	Orientation	Annually	Mandatory
Contracts Compliance/Fiscal/Accounting Specialist	BARS	Self-study	Supervision	Orientation	Once	Mandatory
Contracts Compliance/Fiscal/Accounting Specialist	Contract monitoring	Review of contracts	Supervision	Orientation	Once	Mandatory
Contracts Compliance/Fiscal/Accounting Specialist	Administrative Financial review of providers	Self-study	Supervision	Orientation	Once	Mandatory
Contracts Compliance/Fiscal/Accounting Specialist/Inpatient Managed Care Specialist	Inpatient claims, billing, and reimbursement	Policy and procedure	Acknowledgement of review	Orientation	Once	Mandatory
Quality Specialists	Contractual Requirements	Review of contracts	Supervision	Orientation	At orientation and when revised	Mandatory
Quality Specialists	Quality Assurance/Improvement	Self-study	Post-test	Orientation	Once	Mandatory
Quality Specialists	Data analysis	Self-study	Post-test	Orientation	Once	Mandatory
Quality Specialists	Audit methodology (Selective, Focus, concurrent, Administrative)	Policy and procedure, audit manual	Acknowledgement of review	Orientation	At orientation and when tools or methods are revised	Mandatory
Quality Specialists	Medicaid Personal Care	Self-study	Supervision	Orientation	Once	Mandatory
Quality Specialists	CLIP	Individual training by supervisor	Demonstration	Orientation	Once	Mandatory
Quality Specialists	CHAP	Individual training by supervisor	Demonstration	Orientation	Once	Mandatory
Quality Specialists	Western State protocols, utilization management plan	Review of documentation	Supervision	Orientation	Once	Mandatory
Quality Specialists	NSRSN Standards of Care	Self-study	Acknowledgement of review	Orientation	At orientation and as revised	Mandatory
	HCS Protocols			Orientation	Once	Mandatory
	CDMHP Protocols		Acknowledgement of review	Orientation	At orientation and as revised	Mandatory
Ombuds/QRT	Consumer Grievance Process	Ombuds/QRT Manual review	Acknowledgement of review	Orientation	Once	Mandatory
Ombuds/QRT	NSRSN Complaint and Grievance Policy	Read policy	Acknowledgement of review	Orientation	Once	Mandatory
Ombuds/QRT	NSRSN Functional Independence Policy	Read policy	Acknowledgement of review	Orientation	Once	Mandatory
Ombuds/QRT	WAC 388-865-0250	Review WAC	Acknowledgement of review	Orientation	Once	Mandatory
Ombuds/QRT	WAC 388-865-0282	Review WAC	Acknowledgement	Orientation	Once	Mandatory

Job Title	Competency	Training Method	How Validated	Time Frame	Frequency	Priority
			of review			
Ombuds/QRT	NSRSN Anti-Retaliation Policy	Read policy	Acknowledgement of review	Orientation	Once	Mandatory
Ombuds/QRT	Ombuds/QRT Code of Ethics policy	Read policy	Acknowledgement of review	Orientation	Once	Mandatory
Ombuds/QRT	Ombuds/QRT Personal Safety Policy	Read policy	Acknowledgement of review	Orientation	Once	Mandatory
Ombuds/QRT				Orientation	Once	Mandatory
QRT	Survey Methodology	Self-study	Supervision	Orientation	Once	Mandatory
Support Staff	Microsoft Word	Self-study	Demonstration	Orientation	Once	Mandatory
Support Staff	Microsoft Excel	Self-study	Demonstration	Orientation	Once	Mandatory
Support Staff	Microsoft Outlook	Self-study	Demonstration	Orientation	Once	Mandatory
Support Staff	Telephone Skills/Call routing	Individual training by supervisor	Demonstration	Orientation	Once	Mandatory
Support Staff	Operation of standard office equipment	Individual training by supervisor	Demonstration	Orientation	Once	Mandatory
Support Staff - secretary/receptionist	Data entry	Individual training by supervisor	Demonstration	Orientation	Once	Mandatory
Support Staff - secretary/receptionist	Database maintenance	Individual training by supervisor	Demonstration	Orientation	Once	Mandatory
Support Staff - secretary/receptionist	Access	Self-study	Demonstration	Orientation	Once	Mandatory
Support Staff - secretary/receptionist	Microsoft Excel Level 1 & 2	Self-study	Demonstration	Orientation	Once	Mandatory
Support Staff - secretary/receptionist	Microsoft Outlook	Self-study	Demonstration	Orientation	Once	Mandatory
Administrative Secretary	Transcription	Self-study	Demonstration	Orientation	Once	Mandatory
Administrative Secretary	Desktop Publishing	Self-study	Demonstration	Orientation	Once	Mandatory
Administrative Secretary	Database Development and Maintenance	Self-study	Demonstration	Orientation	Once	Mandatory
Administrative Secretary	Project Maintenance	Self-study	Demonstration	Orientation	Once	Mandatory
Administrative Secretary	Multimedia Presentation Preparation	Self-study	Demonstration	Orientation	Once	Mandatory
Support Staff	Critical Incident Processing	Individual Training by supervisor	Demonstration	Orientation	Once	Mandatory
Tribal Liaison	7.01 Plan	Self-Study	Acknowledgement of review	Orientation	Once	Mandatory
	Tribal Contracts	Self-Study	Acknowledgement of review	Orientation	Once	Mandatory
OCA	MHAB	Self-study	Acknowledgement of review	Orientation	Once	Mandatory

ACCESS, COMMUNICATION, AND RESOURCE ISSUES

The Regional Training Committee is continuing to convert didactic education programs to on-line and self study wherever feasible. Managers will be trained to identify individual education needs, develop individualized education goals and objectives and plan staffing appropriately to accommodate the employee's attendance at a program.

Improving the communication of education programs that are available will also positively impact access. An NSRSN education website is being planned that will provide information regarding educational opportunities across the entire system.

**NORTH SOUND MENTAL HEALTH ADMINISTRATION
NSMHA Board of Directors Approval Form**

TO: **NSRSN Board of Directors**
FROM: **Charles R. Benjamin, Executive Director**
DATE: **March 13, 2003**

Action Requested: The NSMHA Board is asked to approve Motion #03-006

Approval Date: **March 13, 2003**

Source of Request: Marcia Gunning, Contracts Compliance/Fiscal Manager

Motion: To name authorized signatures on the NSMHA's account at Skagit County effective March 14, 2003 as follows:

Board Chairperson	Ward Nelson
Skagit County Commissioner	Kenneth Dahlstad
Snohomish County Council	Kirke Sievers
NSMHA Executive Director	Charles R. Benjamin
NSMHA Deputy Director	Greg Long
NSMHA Office Manager	Debra Russell

The authorized signors shall have the authorization privileges for disbursements over petty cash accounts, vouchers and payroll.

Executive Recommendations: **Approve** **No Recommendation**
 Further Review Required

Executive Director (Signature)

**NORTH SOUND MENTAL HEALTH ADMINISTRATION
NSMHA Board of Directors Approval Form**

TO: **NSRSN Board of Directors**
FROM: **Charles R. Benjamin, Executive Director**
DATE: **March 13, 2003**

Action Requested: The NSMHA Board is asked to approve Motion #03-007

Approval Date: **March 13, 2003**

Source of Request: Marcia Gunning, Contracts Compliance/Fiscal Manager

Motion: To review and approve NSMHA claims paid from December 1, 2002 to December 31, 2002. In the amount of \$3,528,699.27. Total December payroll of \$77,457.36 and associated benefits of \$24,726.41.

Executive Recommendations: **Approve** ___ **No Recommendation**
___ **Further Review Required**

Executive Director (Signature)

NORTH SOUND MENTAL HEALTH ADMINISTRATION

NSMHA Board of Directors Approval Form

TO: **NSRSN Board of Directors**
FROM: **Charles R. Benjamin, Executive Director**
DATE: **March 13, 2003**

Action Requested: The NSMHA Board is asked to approve Motion #03-008

Approval Date: **March 13, 2003**

Source of Request: Marcia Gunning, Contracts Compliance/Fiscal Manager

Motion: To review and approve the NSMA+HA claims paid from January 1, 2003 to January 31, 2003. In the amount of \$3,922,836.65. Total January payroll of \$80, 204.23 and associated benefits of \$24,853.56.

Executive Recommendations: **Approve** **No Recommendation**
 Further Review Required

Executive Director (Signature)

NORTH SOUND MENTAL HEALTH ADMINISTRATION

NSMHA Board of Directors Approval Form

TO: **NSRSN Board of Directors**
FROM: **Charles R. Benjamin, Executive Director**
DATE: **March 13, 2003**

Action Requested: The NSMHA Board is asked to approve Motion #03-009

Approval Date: **March 13, 2003**

Source of Request: Marcia Gunning, Contracts Compliance/Fiscal Manager

Motion: To authorize Contract 0169-00339, Amendment 6 between DSHS Mental Health Division and the North Sound Mental Health Administration. Effective January 1, 2003, the ECS allocation and funding is reduced from 3 to 2 Expanded Community Services Phase V (PALS) slots. Maximum monthly consideration shall be reduced to \$7,179.

Executive Recommendations: **Approve** ___ **No Recommendation**
___ **Further Review Required**

Executive Director (Signature)



CONTRACT AMENDMENT

DSHS CONTRACT NUMBER:

0169-00339

Amendment No. 06

This Contract Amendment is between the State of Washington Department of Social and Health Services (DSHS) and the Contractor identified below.

Program Contract Number

Contractor Contract Number

CONTRACTOR NAME North Sound Regional Support Network		CONTRACTOR doing business as (DBA)	
CONTRACTOR ADDRESS 117 North First Street, Suite 8 Mount Vernon, WA 98273-2858		WASHINGTON UNIFORM BUSINESS IDENTIFIER (UBI) 601-291-840	DSHS INDEX NUMBER 1553
CONTRACTOR CONTACT Charles R. Benjamin	CONTRACTOR TELEPHONE (360) 416-7013 Ext:	CONTRACTOR FAX (360) 416-7017	CONTRACTOR E-MAIL ADDRESS executivedirector@nsrsn.org
DSHS ADMINISTRATION Health and Rehabilitative Services Administration	DSHS DIVISION Mental Health Division	DSHS CONTRACT CODE 4000LC	
DSHS CONTACT NAME AND TITLE Andrew Toulon	DSHS CONTACT ADDRESS 14th & Jefferson 4th Floor PO Box 45320 Olympia, WA 98504-5320		
DSHS CONTACT TELEPHONE (360) 902-0818 Ext:	DSHS CONTACT FAX (360) 902-0809	DSHS CONTACT E-MAIL ADDRESS touloan@dshs.wa.gov	
IS THE CONTRACTOR A SUBRECIPIENT FOR PURPOSES OF THIS CONTRACT? Yes		CFDA NUMBERS 93.958	
AMENDMENT START DATE 01/01/2003	CONTRACT END DATE 06/30/2003		
PRIOR MAXIMUM CONTRACT AMOUNT \$0.00	AMOUNT OF INCREASE OR DECREASE \$0.00	TOTAL MAXIMUM CONTRACT AMOUNT \$0.00	
REASON FOR AMENDMENT; CHANGE OR CORRECT CONTRACT TERMS OR SOW, SEE PAGE TWO			
ATTACHMENTS. When the box below is marked with an X, the following Exhibits are attached and are incorporated into this Contract Amendment by reference: <input type="checkbox"/> Additional Exhibits (specify):			
This Contract Amendment, including all Exhibits and other documents incorporated by reference, contains all of the terms and conditions agreed upon by the parties as changes to the original Contract. No other understandings or representations, oral or otherwise, regarding the subject matter of this Contract Amendment shall be deemed to exist or bind the parties. All other terms and conditions of the original Contract remain in full force and effect. The parties signing below warrant that they have read and understand this Contract Amendment, and have authority to enter into this Contract Amendment.			
CONTRACTOR SIGNATURE	PRINTED NAME AND TITLE Charles R. Benjamin, Executive Director North Sound Regional Support Network		DATE SIGNED
DSHS SIGNATURE	PRINTED NAME AND TITLE Ramona Bushnell, Contracts Manager DSHS/Mental Health Division		DATE SIGNED

This Contract between the State of Washington Department of Social and Health Services (DSHS) and the Contractor is hereby amended as follows:

Effective January 1, 2003 the Contractor's allocation of ECS funding is reduced from 3 to 2 slots. Services shall be provided in accordance with ECS approved plan.

Reimbursement and minimum outcomes section is hereby amended as follows;

The contractor's awarded funding is reduced from 3 to 2 Phase 5 Expanded Community Services slots in accordance with their approved plan and amendments. The contractor's monthly payment is reduced from per Medicaid enrollee (10,769)/Medicaid enrollees to per Medicaid enrollee (\$7,179)/Medicaid enrollees. The contractor's minimum required ECS days of services in the community to ECS approved PALS residents are reduced from 543 to 362.

All other terms and conditions of this Contract remain in full force and effect.

NORTH SOUND MENTAL HEALTH ADMINISTRATION
NSMHA Board of Directors Approval Form

TO: **NSRSN Board of Directors**
FROM: **Charles R. Benjamin, Executive Director**
DATE: **March 13, 2003**

Action Requested: The NSMHA Board is asked to approve Motion #03-010

Approval Date: **March 13, 2003**

Source of Request: Marcia Gunning, Contracts Compliance/Fiscal Manager

Motion: To authorize Contract No. NSRSN-APN-ECS-02, Amendment (2) between North Sound Mental Health Administration and the Associated Provider Network. Effective January 1, 2003, the ECS allocation and funding is reduced from 3 to 2 Expanded Community Services Phase V (PALS) slots. Funding shall be modified, as reflected below:

Timeline	Funding Source	Program Alloc	Payment Method
<i>Effective 1/1/03 to 6/30/03</i>	• ECS Phase V - PALS State Funding	\$43,074	Fee for Service*
<i>Effective 10/1/02 to 12/31/02</i>	• FBG ECS - PALS Funding	<u>21,000</u>	Fee for Service
	<i>Total Funding:</i>	\$64,074	*Paid in 6 equal payments. Reconciled to actual bed days @ \$119 per day/person

The NSMHA staff requested this reduction as it was found that only two (2) individuals qualified for the PALS program at Western State Hospital.

Executive Recommendations: **Approve** **No Recommendation**
 Further Review Required

Executive Director (Signature)

**NORTH SOUND REGIONAL SUPPORT NETWORK
CONTRACT AMENDMENT**

**CONTRACT NO. NSRSN-APN-ECS-02
Amendment (2)**

The above-referenced Contract between the North Sound Regional Support Network (NSRSN) and Associated Provider Network (APN) is hereby amended as follows:

- 1. Effective January 1, 2003 ECS Phase V (PALS) slots shall be reduced from three (3) to two (2) slots.**
- 2. Maximum consideration for this Amendment shall be reduced to \$43,074 in State ECS Funds.**

ALL TERMS AND CONDITIONS OF PERFORMANCE OUTLINED IN CONTRACT NO. NSRSN-APN-ECS-02 THROUGH AMENDMENT TWO (2) ARE INCORPORATED BY REFERENCE AS THOUGH FULLY SET FORTH HEREIN.

THIS AMENDMENT IS EXECUTED BY THE PERSONS SIGNING BELOW, WHO WARRANT THAT THEY HAVE THE AUTHORITY TO EXECUTE THIS AMENDMENT.

NORTH SOUND REGIONAL SUPPORT NETWORK

ASSOCIATED PROVIDER NETWORK

Charles R. Benjamin, Executive Director Date

Jere LaFollette, Executive Director Date

Approved as to form: 1/24/01
Bradford E. Furlong, Attorney At Law

NORTH SOUND MENTAL HEALTH ADMINISTRATION

NSMHA Board of Directors Approval Form

TO: **NSRSN Board of Directors**
FROM: **Charles R. Benjamin, Executive Director**
DATE: **March 13, 2003**

Action Requested: The NSMHA Board is asked to approve Motion #03-011

Approval Date: **March 13, 2003**

Source of Request: Marcia Gunning, Contracts Compliance/Fiscal Manager

Motion: This amendment will extend the dates of the current contract with PCI through June 30, 2003. Maximum consideration of this amendment shall be \$15,125 (\$5,041.67 per month). Maximum consideration of the Agreement shall not exceed \$121,000.08.

Executive Recommendations: **Approve** **No Recommendation**
 Further Review Required

Executive Director (Signature)

**NORTH SOUND REGIONAL SUPPORT NETWORK
CONTRACT AMENDMENT**

**CONTRACT NO. NSRSN-PCI-User-01
Amendment (4)**

The above-referenced Contract between the North Sound Regional Support Network, dba North Sound Mental Health Administration (NSMHA) and PCI Network Solutions, Inc., a Washington Corporation (the “contractor”) is hereby amended as follows:

1. The effective dates of this Agreement shall be extended through June 30, 2003.
2. Maximum consideration of this amendment shall be \$115,125 (\$5,041.67 per month).
3. Maximum consideration for the term of this Agreement shall not exceed \$121,000.08.

ALL TERMS AND CONDITIONS OF PERFORMANCE OUTLINED IN CONTRACT NO. NSRSN-PCI-User-01 THROUGH AMENDMENT FOUR (4) ARE INCORPORATED BY REFERENCE AS THOUGH FULLY SET FORTH HEREIN.

THIS AMENDMENT IS EXECUTED BY THE PERSONS SIGNING BELOW, WHO WARRANT THAT THEY HAVE THE AUTHORITY TO EXECUTE THIS AMENDMENT.

NORTH SOUND MENTAL HEALTH
ADMINISTRATION

PCI NETWORK SOLUTIONS, INC.

Charles R. Benjamin, Date
Executive Director

Craig Bellusci, Date
President

NORTH SOUND MENTAL HEALTH ADMINISTRATION

NSMHA Board of Directors Approval Form

TO: **NSRSN Board of Directors**
FROM: **Charles R. Benjamin, Executive Director**
DATE: **March 13, 2003**

Action Requested: The NSMHA Board is asked to approve Motion #03-012

Approval Date: **March 13, 2003**

Source of Request: Marcia Gunning, Contracts Compliance/Fiscal Manager

Motion: To authorize amendment to Legal Contract for 2002

This amendment will increase the maximum consideration for the term of from \$10,000 to \$26,000.

Executive Recommendations: **Approve** **No Recommendation**
 Further Review Required

Executive Director (Signature)

AGREEMENT FOR LEGAL SERVICES

Whereas, North Sound Regional Support Network (hereinafter "client") wishes to engage Lane, Powell, Spears & Lubersky - Jeffrey Gingold (hereinafter "attorney") to render specialized healthcare legal services, the following agreement for legal services is hereby made:

1. Client agrees reimburse Attorney at a rate of \$350.00 an hour for specialized healthcare legal services. Attorney will bill client on a monthly basis (unless otherwise agreed) for attorney's fees. Maximum consideration for the term of this Agreement shall not exceed \$26,000.
2. No funds have been received as a retainer for use by the attorney to pay fees and costs. Any funds received on retainer to cover attorney fees will be deposited to the Law Office of Lane, Powell, Spears & Lubersky Trust Account and charges and expenses will be removed from the trust account within seven days after the date of any billing, unless the client notifies the attorney that there is a question or dispute about the billing or wishes not to have the trust money applied. No money will be removed from the trust account for payment of attorney fees or expenses when a dispute exists. At other times, the attorney may advance funds from the trust account upon notice to the client. All trust account funds will be accounted for by the attorney in the monthly billing statements.
3. The attorney agrees to use his best efforts in providing legal opinions and representation of the client, but cannot guarantee any result. Client agrees to provide attorney with full information concerning the legal and factual issues presented and to cooperate fully in the representation.
4. The attorney agrees to keep the client informed as to major developments in the case and will not settle or compromise a claim or lawsuit without permission of the client.
5. This Agreement shall take effect January 1, 2002 and shall continue in full force and effect until such time as either party chooses to terminate this Agreement. This Agreement may be terminated in whole or in part by Client for any reason at any time or by Attorney by giving 30 calendar days written notice to Client where the Attorney's continued representation of the client does not violate the Washington Rules of Professional Conduct.

Dated:_____

Dated:_____

CHARLES R. BENJAMIN, Executive Director
North Sound Regional Support Network
117 North 1st Street, Suite 8
Mount Vernon, WA 98273

Jeffery Gingold, Attorney At Law
Lane, Powell, Spears & Lubersky
1420 5th Avenue, Suite 4100
Seattle, WA 98101-2338
206 223-7955

Approved as to form: 1/24/01
Bradford E. Furlong, Attorney At Law

\\shared\contract\2002\professional services\J Gingold Agreement

NORTH SOUND MENTAL HEALTH ADMINISTRATION

Introduction Form

TO: NSMHA Board of Directors
FROM: Charles R. Benjamin, Executive Director
DATE: [March 13, 2003](#)

Introduction: **Motion IN-003**
To introduce the NSMHA 2002-2003 Quality Management Plan Updates

As the NSMHA moves into the second year of our biennial QM Plan, modifications, additions and deletions are being recommended. These recommendations will be available at the January Advisory Board Meeting

Board Action
Request Date: [April 10, 2003](#)

Source of Request: Marcia Gunning, Contracts Compliance/Fiscal Manager

Executive Recommendations: **Approve** **No Recommendation**
XXXX Further Review Required

Executive Director (Signature)

NSMHA Quality Management Plan 2002-2003

WorkPlan Revisions

- Concurrent Review process- formerly described as occurring, NSRSN wide, during the 1st and 3rd biennial quarters. Done only by Quality Management Team staff. Now listed as performed in conjunction with the combined NSHMA/MHD Administrative Audit and Licensing Review occurring each contract period. Done by members of the Quality Management Dept, Fiscal/Contracts Dept. and Quality Review Team.
 - Revisions occur in Focus Areas 1.1, 1.2, 1.3, 1.4, 1.5 and 1.6
- NSMHA Ombuds Dept- add the Ombuds Dept as a report source to be included in the Jail Episode of Care Report, the Supervised Living Report and housing support services reports. Ombuds staff sometime receive information related to these topics and this information needs to be included in reports regarding these areas.
 - Revisions occur in Focus Area 1.4
- NSMHA Focused Inpatient Services Review- change the proposed Focused Review of APN's Acute Care Team's records to a Focused Inpatient Services Review, to include the APN's Acute Care Team's records. The proposed Inpatient Services in a more comprehensive review, and to also include a review of the Acute Care team would be unnecessarily duplicative.
 - Revision occurs in Focus Area 1.6
- NSMHA Focused Review of Consumers receiving Court-ordered Services (LRO's)- The current WorkPlan identifies the review of LRO services as a separate Focused review. The MHD "Voluntary and Involuntary Outpatient Record Review Tool", used by NSMHA Quality Specialists (QS) when doing Concurrent Reviews, contains a specific section related to court-ordered services provided to consumers. Therefore, as opposed to doing a separate Focused review of LRO services, NSMHA QS staff will utilize the LRO section of the MHD tool in all cases where it applies while performing Concurrent Reviews at provider agencies.
 - Revision occurs in Focus Area 1.4

Addition to the Work Plan

- Focus Area 2.2- Add a Quality Improvement Initiative objective regarding the plan to implement a review of Raintree reports utilized by the NSMHA, once these reports become available.

Deletion from the Work Plan

- Focus Area 2.1- Remove the Quality Improvement Initiative objective regarding the NSMHA seeking national accreditation, at this time. Note that this plan has been considered and deferred. The plan may be pursued at a later time, if appropriate.

Section 3: QUALITY MANAGEMENT WORK PLAN

This work plan lays out the tasks and timelines for the quality assurance / improvement plan of the NSRSN for 2002-2003.. Each objective in the Quality Management Work Plan is monitored as noted in the Measurement column of the plan, followed by thorough analysis, and implementation of appropriate quality improvement steps if objectives are not met. Biennial quarterly reports are presented every six months to the Quality Management Oversight Committee (QMOC). These reports combine input from all responsible departments, featuring analysis of regional trends, progress in QM Plan implementation, and recommendations for corrective actions, sanctions, and/or other quality improvement activities. Note that the last column lists the WAC/Contract reference supporting each objective, as well as NSRSN tools used to assess performance.

QMOC receives biennial quarterly updates on the status of completion and performance of this work plan, allowing the committee to make recommendations about plan alterations, additions, and enhancements as appropriate. A final report on implementation of the NSRSN Quality Management Plan is issued following compilation of results of all aspects of the plan, within 60 days of completion of the fourth quarter 2002. That report will highlight a table of accomplishments for the year 2002, as well as information about goals and objectives not met, with recommendations regarding quality improvement actions necessary for the NSRSN Quality Management Plan 2002-2003.

Goal: Quality Assurance Strategies

Focus Area 1.1	Crisis system standards: measure/analyze performance and report findings				
	Objective	Measurement	NSRSN Accountability Department	Timelines / Implementation Steps	Source/Reference/ Measurement Tool
	Objective	Measurement	NSRSN Accountability Department	Timelines / Implementation Steps	Source/Reference/ Measurement Tool
1.12	Crisis response services are available, 24 hours per day, 365 days per year	<p>a) QRT makes test calls to VOA Crisis Line during business hours</p> <p>b) Quality Management Team makes test calls to provider agencies during and after business hours</p> <p>a) QRT staff ask consumers about their ability to access VOA crisis response services in the QRT consumer satisfaction surveys.</p> <p>b) <u>Ombuds staff tabulate any complaints related to crisis service availability</u></p>	<p>a) Quality Review Team</p> <p>b) Clinical / Quality Management Dept.</p> <p>a) Quality Review Team</p>	<p>a) Perform test calls at least twice monthly and report to QMOC each annual quarter</p> <p>b) Perform test calls and report results to QMOC at least once each biennial quarter</p> <p>a) <u>Include any information related to problems accessing crisis services in their quarterly reports to QMOC, the NSMHA Advisory Board and Board of Directors, to NAMI, MHD and other interested parties. This information is also included in the NSMHA Integrated Report for the appropriate biennial quarter.</u></p> <p>b) <u>Include any information related to problems accessing crisis services in their quarterly reports to QMOC, the</u></p>	<p>WAC 388-865-290 CMS Waiver</p> <p>NSRSN/Provider Contract 2002-03</p> <p>NSRSN Admin Tool per 2002-03 contract</p>

		<p>c) Quality Specialists tabulate any complaints related to crisis service availability</p> <p>d) <u>IS/IT reports verify that crisis response services are available 24 hours per day, 365 days per year</u></p>	<p><u>b) Ombuds Dept</u></p> <p><u>c) Clinical Quality Management Dept.</u></p> <p><u>d) IS/IT Dept, Fiscal/Contracts Dept</u></p> <p><u>Quality Management Team</u></p>	<p><u>MHA Advisory Board, Board of Directors, Executive Director, Office of Consumer Affairs, NAMI and the MHD. This information is also included in the NSMHA Integrated Report for the appropriate biennial quarter.</u></p> <p><u>c) Include any information related to problems accessing crisis services in the NSMHA Complaint, Grievance and Fair Hearing report to MHD, as well as in the NSMHA Integrated Report for the appropriate biennial quarter.</u></p> <p><u>d) Reports from VOA, to include notification of Symphony System “downtime” are sent to the NSMHA IS/IT Dept. monthly. NSMHA Administrative Audits also examine this measurement. Results from both measurement sources are included in the NSMHA Integrated Report for the appropriate biennial quarter.</u></p>	
	Objective	Measurement	NSRSN Accountability Department	Timelines / Implementation Steps	Source/ Reference/ Measurement Tool
1.14	Crisis Plans contain	90% of Crisis Plans include the name and	a) IS/IT Dept.	a) Reports are presented to QMOC each biennial quarter	WAC 388-865-390 CMS Waiver

	information about natural supports	phone number of at least one natural support	b) Quality Management Team	<p>b) Concurrent Reviews are conducted and reported during the 1st and 3rd biennial quarters and presented to QMOC in the NSRSN Integrated Report for that biennial quarter.</p> <p>b) <u>Clinical records at provider agencies are reviewed during the combined NSMHA/MHD Administrative Audit and Licensing Review each contract period.</u></p>	<p>NSRSN/Provider Contract 2002-03</p> <p>MHD Outpatient Record Review Tool</p>
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Focus Area 1.2	Monitor standards for access to system of care; measure/analyze performance and report findings.				
1.21	Access to all services is available throughout the Region	NSRSN Administrative On-Site Audits show availability of contractually required services in each county in the Region	<p>Fiscal/Contracts Dept</p> <p><u>Quality Management Dept</u></p> <p><u>Quality Review Team</u></p>	<p>Administrative On-Site Audits are performed at provider agencies every two years with results of audits presented to QMOC each biennial quarter in which administrative audits are completed</p> <p><u>NSMHA and MHD combined Admin. Audits and Licensing Reviews are performed at provider agencies each contract period. The results are presented to QMOC in the appropriate biennial quarter.</u></p>	<p>WAC 388's HCFA Waiver</p> <p>NSRSN/Provider Contract 2002-03</p> <p>NSRSN Admin Tool per 2002-03 contract</p> <p>MHD Outpatient Record Review Tool</p>

	Objective	Measurement	NSRSN Accountability Department	Timelines / Implementation Steps	Source/ Reference/ Measurement Tool
1.24	Consumers receive outreach (out of facility) assessment when needed (i.e. if mental illness, physical limitations, lack of transportation, or other circumstances prevent consumer from making an office visit)	a) Concurrent Reviews show outreach services provided, if needed, in at least 90% of charts reviewed b) Location of service provision is tracked through data reports	a) Quality Management Dept. b) IS/IT Department	a) Concurrent Reviews are conducted and reported during the 1st and 3rd biennial quarters and presented to QMOC in the NSRSN Integrated Report for that biennial quarter a) <u>Clinical records at provider agencies are reviewed during the combined NSMHA/MHD Administrative Audit and Licensing Review each contract period.</u> b) IS/IT reports are presented to QMOC each biennial quarter	WACs 388-865-380 & 388-865-420 CMS Waiver NSRSN Admin Tool per 2002-03 contract MHD Outpatient Record Review Tool

	Objective	Measurement	NSRSN Accountability Department	Timelines / Implementation Steps	Source/ Reference/ Measurement Tool
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Focus Area 1.3	Monitor standards to insure qualified professionals are involved at critical treatment junctures.				
1.31	Qualified staff and/or consultants are available for	a) IS/IT reports indicate the number of specialists at provider agencies	a) IS/IT Department	a) IS/IT reports are generated and reported to QMOC each biennial quarter	WAC 388-865-320 CMS Waiver NSRSN/Provider

	consumers from special populations	b) NSRSN Administrative On-Site Audits track agency staff specialists, policies and procedures for serving special populations, and contracts with special population consultants	b) Fiscal/Contracts Dept <u>Quality Management Dept</u> <u>Quality Review Team</u>	b) Administrative On-Site Audits are performed at provider agencies every two years. Results are reported to QMOC each biennial quarter, following completion of each audit. b) <u>NSMHA and MHD combined Admin. Audits and Licensing Reviews</u> are performed at provider agencies each contract period. The results are presented to QMOC in the <u>appropriate biennial quarter.</u>	Contract 2002-03 NSRSN Admin Tool per 2002-03 contract
	Objective	Measurement	NSRSN Accountability Department	Timelines / Implementation Steps	Source/ Reference/ Measurement Tool
1.32	Qualified clinical services are being delivered by qualified professionals throughout the Region	a) Clinical records are reviewed pertaining to: <ul style="list-style-type: none"> • Access • Evaluation and Assessment • Treatment plans and Treatment plan reviews, to include crisis and pre-crisis planning, placement in restrictive or residential settings and discharge planning 	a) Quality Management Department	a) Concurrent Reviews are conducted and reported during the 1st and 3rd biennial quarters and presented to QMOC in the NSRSN Integrated Report for that biennial quarter a) <u>Clinical records at provider agencies are reviewed during the combined NSMHA/MHD Administrative Audit and Licensing</u>	WACs 388-865-380, 388-865-410 CMS Waiver NSRSN/Provider Contract 2002-03 NSRSN Admin Tool per 2002-03 contract NSRSN Inpatient Services Review Tool

		<ul style="list-style-type: none"> • Inpatient treatment • Jail episodes showing competent services are provided at least 90% of the time. <p>b) Administrative On-Site Audits evaluate;</p> <ul style="list-style-type: none"> • policies and procedures relating to delivery of competent services, • personnel files, to determine that staff meet the expected WAC qualifications for the duties they perform. <p>c) IS/IT reports show that special consults occur within the first 30 days of the most recent assessment at least 90% of the time</p>	<p>b) Fiscal/Contracts Dept</p> <p><u>Quality Management Dept</u></p> <p><u>Quality Review Team</u></p> <p>c) IS/IT Department</p>	<p><u>Review each contract period.</u></p> <p>A focused Inpatient Services Review is performed and reported to QMOC during the 2nd and 4th biennial quarters as part of the NSRSN Integrated Report</p> <p>A focused Jail Episode Review is performed and reported to QMOC during the 2nd and 4th biennial quarters as part of the NSRSN Integrated Report</p> <p>b) Administrative On-Site Audits are performed at provider agencies biennially. Results are reported to QMOC each biennial quarter, following completion of each audit.</p> <p>b) <u>NSMHA and MHD combined Admin. Audits and Licensing Reviews are performed at provider agencies each contract period. The results are presented to QMOC in the appropriate biennial quarter.</u></p> <p>c) IS/IT reports are presented to QMOC each biennial quarter</p>	<p>NSRSN Tribal 7.01 Plan</p>
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		d) Reports on Tribal 7.01 Plan implementation show that culturally appropriate services are being delivered to American Indians/ Alaska Natives by	d) NSRSN Tribal Liaison	d) Tribal Liaison tracks the use of culturally competent staff and use of consultation with appropriate traditional healers and reports to QMOC each biennial quarter	
	Objective	Measurement	NSRSN Accountability Department	Timelines / Implementation Steps	Source/ Reference/ Measurement Tool
1.32 cont.		culturally competent staff and/or through consultation with appropriate traditional healers at least 90% of the time			

Focus Area 1.4	Monitor clinical appropriateness/continuity of care provided to consumers served by NSRSN				
	Objective	Measurement	NSRSN Accountability Department	Timelines / Implementation Steps	Source/ Reference/ Measurement Tool
1.41	Continuity of care is provided by ensuring ongoing mental health services maintained during all	a) Concurrent and Focused Reviews show that continuity of care is maintained when consumers are served by other systems (DSHS, DCFS, DDD, DASA, HCS, schools, the courts, other mental health service	a) Quality Management Department	a) Concurrent Reviews are conducted and reported during the 1 st and 3 rd biennial quarters and presented to QMOC in the NSRSN Integrated Report for that biennial quarter. a) <u>Clinical records at provider</u>	WACs 388-865-390, 388-865-420, 388-865-440, 388-865-450 CMS Waiver NSRSN/Provider Contract 2002-03 Administrative On-

	<p>episodes of care</p>	<p>providers, etc.) in at least 90% of charts reviewed</p> <p>b) Administrative On-Site Audits show policies and procedures, and appropriate memorandums of understanding with allied systems</p>	<p>b) Fiscal/ Contracts Dept</p> <p><u>Quality Management Dept</u></p> <p><u>Quality Review Team</u></p>	<p><u>agencies are reviewed during the combined NSMHA/MHD Administrative Audit and Licensing Review each contract period.</u></p> <p>The focused Inpatient Services Review is performed and reported to QMOC during the 2nd and 4th biennial quarters as part of the NSRSN Integrated Report for that biennial quarter.</p> <p>The Jail Episode Review is performed and reported to QMOC during the 2nd and 4th biennial quarters as part of the NSRSN Integrated Report for that biennial quarter.</p> <p>b) Administrative On-Site Audits are performed at provider agencies every two years. Results of audits are presented to QMOC each biennial quarter, following completion of each audit.</p> <p>b) NSMHA and MHD combined <u>Admin. Audits and Licensing Reviews are performed at provider agencies each contract period. The results are presented to QMOC in the appropriate biennial quarter.</u></p>	<p>site Audits, per 2002-03 contracts</p> <p>MHD Outpatient Record review Tool</p> <p>NSRSN Inpatient Services Tool</p> <p>NSRSN Jail Services Tool</p>
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	Objective	Measurement	NSRSN Accountability Department	Timelines / Implementation Steps	Source/ Reference/ Measurement Tool
1.42	Services are provided for mentally ill persons, who, due to their mental illness, are involved with the Criminal Justice System	<p>a) Concurrent Reviews review records of jail episodes, revision of treatment plans as appropriate, and demonstration of mechanisms for outreach and engagement, per conditions outlined in APN/NSRSN contract</p> <p>Note: See Appendix A, NSRSN QM Plan 2002-03 (APN/NSRSN contract, pg 23-24) for specific conditions.</p> <p>b) IS/IT reports track Criminal Justice consults and location of service delivery</p> <p>c) <u>Ombuds Dept. reports</u></p>	<p>a) Quality Management Department</p> <p>b) IS/IT Department</p> <p>c) Ombuds</p>	<p>a) Concurrent Reviews are conducted and reported during the 1st and 3rd biennial quarters and presented to QMOC in the NSRSN Integrated Report for that biennial quarter.</p> <p>a) <u>Clinical records at provider agencies are reviewed during the combined NSMHA/MHD Administrative Audit and Licensing Review each contract period.</u></p> <p>The Jail Episode Review is performed and reported to QMOC during the 2nd and 4th biennial quarters as part of the NSRSN Integrated Report for that biennial quarter.</p> <p>b) IS/IT reports are presented to QMOC each biennial quarter</p> <p>c) <u>Include any information in their quarterly reports to QMOC, the MHA Advisory Board, Board of</u></p>	<p>WAC 388-865-390, 388-865-420 CMS Waiver</p> <p>NSRSN/Provider Contract 2002-03</p> <p>NSRSN Admin Tool per 2002-03 contract</p> <p>NSRSN Criminal Justice Review Tool</p>

	Objective	Measurement	NSRSN Accountability Department	Timelines / Implementation Steps	Source/ Reference/ Measurement Tool
		<u>any issues received by their staff involving services provided to consumers involved with the Criminal Justice System.</u>	Dept.	<u>Directors, Executive Director, Office of Consumer Affairs, NAMI and the MHD. This information is also included in the NSMHA Integrated Report for the appropriate biennial quarter.</u>	
1.43	Services are provided for NSRSN mentally ill consumers who are under court ordered treatment (LRO's)	<p>a) A review of clinical records for consumers on LRO's shows that consumers receive adequate care and individual treatment, to include;</p> <ul style="list-style-type: none"> • Development and implementation of an individual treatment plan which addresses the conditions of the LRO and a plan for transition to voluntary treatment; • That the consumer receives psychiatric treatment including medication management for the assessment and prescription of 	Quality Management Dept	<p>A Focused Review of consumers currently receiving court-ordered treatment services is performed and reported to QMOC during the 2nd and 4th biennial quarters as part of the NSRSN Integrated Report</p> <p>a) <u>Clinical records at provider agencies are reviewed during the combined NSMHA/MHD Administrative Audit and Licensing Review each contract period. A review of consumers currently receiving court-ordered treatment will be part of each clinical record review performed at provider agencies during the contract period. The document used to assess such treatment will be the MHD's "Voluntary and Involuntary Outpatient Record review Tool."</u></p>	Mental Health Division's " <u>Voluntary and Involuntary Outpatient Record review Tool.</u> "

	Objective	Measurement	NSRSN Accountability Department	Timelines / Implementation Steps	Source/ Reference/ Measurement Tool
		<p>psychotropic medications appropriate to the needs of the consumer. Such services must be provided;</p> <ul style="list-style-type: none"> • At least weekly during the initial 14 day period • Monthly during the 90 and 180 day periods of involuntary treatment, unless otherwise indicated, clinically. <p>b) IS/IT reports track LRO services provided to consumers</p> <p>c) NSRSN Administrative On-Site Audits show availability of contractually required services in each county in the Region</p>	<p>b) IS/IT Dept</p> <p>c)Fiscal/Contracts Dept.</p> <p>Quality Management Dept</p> <p><u>Quality Review Team</u></p>	<p>b) IS/IT reports are presented to QMOC each biennial quarter</p> <p>c) Administrative On-Site Audits are performed at provider agencies every two years with results of audits presented to QMOC each biennial quarter in which administrative audits are completed</p>	

	Objective	Measurement	NSRSN Accountability Department	Timelines / Implementation Steps	Source/ Reference/ Measurement Tool
				c) <u>NSMHA and MHD combined Admin. Audits and Licensing Reviews are performed at provider agencies each contract period. The results are presented to QMOC in the appropriate biennial quarter.</u>	

	Objective	Measurement	NSRSN Accountability Department	Timelines / Implementation Steps	Source/ Reference/ Measurement Tool
1.44	Services are appropriate for the level of need of consumers	a) Concurrent Reviews show appropriate level of service provided in at least 90% of charts reviewed b) IS/IT reports (Blue Sheets) track utilization of services within the Region	a) Quality Management Department b) IS/IT and Quality Management	a) Concurrent Reviews are conducted and reported during the 1 st and 3 rd biennial quarters and presented to QMOC in the NSRSN Integrated Report for that biennial quarter. <u>a) Clinical records at provider agencies are reviewed during the combined NSMHA/MHD Administrative Audit and Licensing Review each contract period.</u> b) IS/IT Utilization reports are provided to NSRSN Boards on a monthly basis and included in	WAC 388-865-410, 388-865-420, 388-865-450, 388-865-460 CMS Waiver NSRSN/Provider Contract 2002-03 NSRSN Admin Tool per 2002-03 contract MHD Outpatient Record Review Tool

	Objective	Measurement	NSRSN Accountability Department	Timelines / Implementation Steps	Source/ Reference/ Measurement Tool
		<p>c) Ombuds staff work with consumers to resolve complaints and grievances regarding quality/appropriateness of services they receive.</p> <p>d) QRT staff conduct surveys, including questions about consumer satisfaction with the level of service they receive.</p>	<p>Departments</p> <p>c) Ombuds Dept</p> <p>d) Quality Review Team</p>	<p>biennial quarterly reports to QMOC</p> <p>c) The Ombuds Department compiles, analyzes and reports raw and trend data to QMOC, <u>the NSMHA Advisory Board, Board of Directors, Executive Director, Office of Consumer Affairs, as well as NAMI and the MHD</u> each annual quarter. This information is also included in the NSRSN Integrated Report for that biennial quarter</p> <p>d) QRT surveys consumers on an on-going basis and reports results to QMOC, <u>the NSMHA Advisory Board and Board of Directors, as well as NAMI, MHD and other interested parties,</u> each annual quarter. This information is also included in the NSRSN Integrated Report for that biennial quarter</p>	
1.45	Consumers using Supervised Living services meet the criteria for that level of care	<p>Clinical records are assessed through Concurrent and Focused Residential Reviews to determine if:</p> <ul style="list-style-type: none"> • People using Supervised Living 	Quality Management Department	a) Concurrent Reviews are conducted and reported during the 1 st and 3 rd biennial quarters and presented to QMOC in the NSRSN Integrated Report for that biennial quarter.	<p>WAC 388-865-410, 38-865-420, 388-865-430, 388-865-460 CMS Waiver</p> <p>NRSN/Provider</p>

	Objective	Measurement	NSRSN Accountability Department	Timelines / Implementation Steps	Source/ Reference/ Measurement Tool
		<p>services meet the criteria for that Level of Care</p> <ul style="list-style-type: none"> • Appropriate community based resources are investigated for Discharge Planning placement <p>b) <u>Ombuds Dept. reports any issues received by their staff involving services provided to consumers involved with the Supervised Living System.</u></p>	b) Ombuds Dept.	<p>a) <u>Clinical records at provider agencies are reviewed during the combined NSMHA/MHD Administrative Audit and Licensing Review each contract period.</u></p> <p>A Supervised Living Review is performed and reported during the 2nd and 4th biennial quarters and presented to QMOC in the NSRSN Integrated Report for that biennial quarter.</p> <p>b) <u>Ombuds reports are presented to QMOC, the NSMHA Advisory Board, Board of Directors, Executive Director, Office of Consumer Affairs and MHD quarterly. The results are included in the NSMHA Integrated Report for the appropriate biennial quarter.</u></p>	<p>Contract 2002-03</p> <p>NSRSN Supervised Living Concurrent Rev. Tool</p>
1.46	Housing support services are available throughout the NSRSN	<p>a) Clinical records are assessed through Concurrent and Focused Residential Reviews to determine if:</p> <ul style="list-style-type: none"> • All levels of care have access to consumer housing • Housing supports 	Quality Management Department	<p>Concurrent Reviews are conducted and reported during the 1st and 3rd biennial quarters and presented to QMOC in the NSRSN Integrated Report for that biennial quarter.</p> <p>a) <u>Clinical records at provider agencies are reviewed during the combined NSMHA/MHD</u></p>	<p>WAC 388-865-410, 38-865-420, 388-865-430, 388-865-460 CMS Waiver</p> <p>NRSN/Provider Contract 2002-03</p>

	Objective	Measurement	NSRSN Accountability Department	Timelines / Implementation Steps	Source/ Reference/ Measurement Tool
		<p>emphasize least restrictive, stable living situations appropriate to age, cultural, linguistic and residential/housing needs of each recipient</p> <p>b) NSRSN Administrative On-Site Audits show availability of contractually required housing support services in each County in the Region.</p> <p>c) <u>Ombuds Dept. reports any issues received by their staff involving services provided to consumers involved with housing support services.</u></p>	<p>b) Fiscal/Contracts Dept</p> <p><u>Quality Management Dept.</u></p> <p><u>Quality Review Team</u></p> <p>c) Ombuds Dept.</p>	<p><u>Administrative Audit and Licensing Review each contract period.</u></p> <p>b) Administrative On-Site Audits are performed at provider agencies every two years with results of audits presented to QMOC each biennial quarter in which administrative audits are completed</p> <p>b) <u>NSMHA and MHD combined Admin. Audits and Licensing Reviews are performed at provider agencies each contract period. The results are presented to QMOC in the appropriate biennial quarter.</u></p> <p>c) <u>Ombuds reports are presented to QMOC, the NSMHA Advisory Board, Board of Directors, Executive Director, Office of Consumer Affairs and MHD quarterly. The results are included in the NSMHA Integrated Report for the appropriate biennial quarter.</u></p>	<p>MHD Outpatient Record Review Tool</p>

Focus Area 1.5	Consumer/Advocate/Family Voice is monitored by the NSRSN				
	Objective	Measurement	NSRSN Accountability Department	Timelines / Implementation Steps	Source/ Reference/ Measurement Tool
1.53	Consumer voice is evidenced by membership and involvement in NSRSN/ provider committees, work groups, and boards	<p>a) Consumers are members of planning, monitoring, and other committees and boards representing NSRSN in various community activities</p> <p>b) Administrative On-Site Audits review the level of such involvement at provider agencies</p> <p>Note: There may be HIPAA challenges in implementation of this objective</p>	<p>a) Office of Consumer Affairs</p> <p>b) Fiscal/ Contracts Dept</p> <p><u>Quality Management Dept</u></p> <p><u>Quality Review Team</u></p>	<p>a) Consumer, family, and advocate participation in relevant NSRSN activities is monitored on an ongoing basis with reports to QMOC each biennial quarter</p> <p>b) Administrative On-Site Audits are performed at provider agencies every two years. Results of audits are presented to QMOC each biennial quarter in which audits are completed</p> <p>b) <u>NSMHA and MHD combined Admin. Audits and Licensing Reviews are performed at provider agencies each contract period. The results are presented to QMOC in the appropriate biennial quarter.</u></p>	<p>CMS Waiver</p> <p>NSRSN/Provider Contract 2002-03</p> <p>Administrative On-Site Audit Tool – per 2002-03 contract</p>

Focus Area 1.6	Service Capacity/Utilization is monitored by NSRSN				
	Objective	Measurement	NSRSN Accountability Department	Timelines / Implementation Steps	Source/ Reference/ Measurement Tool
	Objective	Measurement	NSRSN Accountability Department	Timelines / Implementation Steps	Source/ Reference/ Measurement Tool
1.62	Alternative community resources, including crisis services and hospital diversion activities, have been considered prior to hospitalization	Concurrent Reviews track hospital diversion activities	Quality Management Department	<p>Concurrent Reviews are performed and reported during the 1st and 3rd biennial quarters and presented to QMOC in the NSRSN Integrated Report for that biennial quarter.</p> <p><u>Clinical records at provider agencies are reviewed during the combined NSMHA/MHD Administrative Audit and Licensing Review each contract period.</u></p> <p>The focused Inpatient Services Review is performed and reported during the 4th biennial quarter and presented to QMOC in the NSRSN Integrated Report for that biennial quarter.</p> <p>A Focused Review of the APN Acute Care Team's records is performed and reported during the 2nd and 4th biennial quarters and presented to QMOC in the NSRSN Integrated</p>	<p>CMS Waiver</p> <p>NSRSN/Provider Contract 2002-03</p> <p>NSRSN Inpatient Services Tool</p>

				Report for that biennial quarter.	
1.63	Hospitalized Consumers meet medical necessity criteria for in-patient admission	Clinical record reviews, per Inpatient Services Review standards, evaluate documentation of medical necessity for hospitalization	Quality Management Department	<p>The Focused Inpatient Services Review is performed and reported during the 2nd and 4th biennial quarters and presented to QMOC in the NSRSN Integrated Report for that biennial quarter.</p> <p>A Focused Review of the APN Acute Care Team's records is performed and reported during the 2nd and 4th biennial quarters and presented to QMOC in the NSRSN Integrated Report for that biennial quarter.</p>	<p>CMS Waiver</p> <p>RCW 71.05 and 71.4, WAC 388-862-390</p> <p>NSRSN/Provider Contract 2002-03</p> <p>NSRSN Admin Tool per 2002-03 contract</p>

GOAL 2: Quality Improvement Initiatives

Focus Area 2.1	(c) Assess feasibility and, if approved, develop plan for seeking national accreditation for NSRSN				
	Objective	Measurement	NSRSN Accountability Department	Timelines / Implementation Steps	Source/ Reference/ Measurement Tool
2.11	Assess systems of accreditation nationally available, determine if NSRSN wishes to seek such accreditation, and develop a plan pursuing this objective, if deemed appropriate	<p>Clinical/Quality Management and Fiscal/ Contracts Department examine systems of accreditation available to NSRSN</p> <p>NSRSN determines if seeking national accreditation is appropriate for NSRSN</p> <p>A plan for implementation is developed, if appropriate</p>	Quality Management and Fiscal/ Contracts Departments	<p>An appropriate accreditation organization is identified, barriers and/or challenges are identified, and a recommendation is presented to QMOC and the Board of directors during the 2nd biennial quarter of 2002-2003.</p> <p>If a decision is made to seek national accreditation, a plan for implementation is developed for presentation to QMOC and the NSRSN Board of Directors during the 4th biennial quarter.</p> <p>This process has been completed. The decision has been made not to pursue national accreditation at this time. The issue of national accreditation will be addressed in the next NSMHA Quality Management Plan.</p>	CMS Waiver

Focus Area 2.1	(c) Assess feasibility and, if approved, develop plan for seeking national accreditation for NSRSN				
	Objective	Measurement	NSRSN Accountability Department	Timelines / Implementation Steps	Source/ Reference/ Measurement Tool
Focus Area 2.2	Develop and implement a plan to respond to findings / quality improvement recommendations arising from the most recent MHD Licensing and Integrated Audits.				
2.21	Develop and implement a plan in response to findings and quality improvement recommendation of the MHD Integrated Review 2002	Appropriate departments of NSRSN develop a plan for implementation of corrective actions and quality improvement recommendations generated in the MHD Integrated Review 2002	All appropriate departments of NSRSN	The plan for corrective actions and quality improvement recommendations will be generated by NSRSN within the time limit required by the MHD, and reported to QMOC <u>The Corrective Action Plan in response to MHD's Integrated review of the NSRSN has been developed, sent to the MHD and reported to QMOC.</u>	CMS Waiver

Focus Area 2.2	Develop and implement a plan to respond to findings / quality improvement recommendations arising from the most recent MHD Licensing and Integrated Audits.				
	Objective	Measurement	NSRSN Accountability Department	Timelines / Implementation Steps	Source/ Reference/ Measurement Tool
2.22	<u>Develop and implement a plan to review all NSMHA IS/IT reports generated by the Raintree report menus 90 days after the System becomes operational.</u>	<u>NSMHA IS/IT and Clinical/Quality Management Departments review all data reports generated by the Raintree to determine the validity and usage of the reports.</u>	<u>IS/IT Dept Clinical/Quality Management Dept</u>	<u>A review of the data elements utilized by NSMHA in the Raintree reports will be conducted by appropriate NSMHA Departments 90 days after the data system becomes operational.</u> <u>NOTE: Any relevant HIPAA regulations will be addressed in this data review.</u>	<u>Reports developed by NSMHA IS/IT and Clinical/Quality Management Depts</u>

**NORTH SOUND MENTAL HEALTH
ADMINISTRATION**

Introduction Form

TO: NSMHA Board of Directors
FROM: Charles R. Benjamin, Executive Director
DATE: [March 13, 2003](#)

Introduction: **Motion IN-005**
To introduce North Sound Mental Health Administration
Health Information and Portability Accountability Act
(HIPAA) Policy and Procedure Manual

Lead Quality Specialist has been working with NSMHA Attorney to develop the NSMHA HIPAA Policy and Procedures Manual that will comply with HIPAA requirements. Attached is the list of Policies and Procedures that will be introduced to the Board in March. Currently these P & P's are in final draft and being reviewed by NSMHA Attorney.

Board Action
Request Date: [April 10, 2003](#)

Source of Request: Marcia Gunning, Contracts Compliance/Fiscal Manager

Executive Recommendations: **Approve** **No Recommendation**
 XXXX Further Review Required

Executive Director (Signature)

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REVISED

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Focus Area 1.6	Service Capacity/Utilization is monitored by NSRSN				
	Objective	Measurement	NSRSN Accountability Department	Timelines / Implementation Steps	Source/ Reference/ Measurement Tool
	Objective	Measurement	NSRSN Accountability Department	Timelines / Implementation Steps	Source/ Reference/ Measurement Tool
1.62	Alternative community resources, including crisis services and hospital diversion activities, have been considered prior to hospitalization	Concurrent Reviews track hospital diversion activities	Quality Management Department	<p>Concurrent Reviews are performed and reported during the 1st and 3rd biennial quarters and presented to QMOC in the NSRSN Integrated Report for that biennial quarter.</p> <p><u>Clinical records at provider agencies are reviewed during the combined NSMHA/MHD Administrative Audit and Licensing Review each contract period.</u></p> <p>The focused Inpatient Services Review is performed and reported during the 4th biennial quarter and presented to QMOC in the NSRSN Integrated Report for that biennial quarter.</p> <p>A Focused Review of the APN Acute</p>	<p>CMS Waiver</p> <p>NSRSN/Provider Contract 2002-03</p> <p>NSRSN Inpatient Services Tool</p>

				Care Team's records is performed and reported during the 2 nd and 4 th biennial quarters and presented to QMOC in the NSRSN Integrated Report for that biennial quarter.	
1.63	Hospitalized Consumers meet medical necessity criteria for in-patient admission	Clinical record reviews, per Inpatient Services Review standards, evaluate documentation of medical necessity for hospitalization	Quality Management Department	<p>The Focused Inpatient Services Review is performed and reported during the 2nd and 4th biennial quarters and presented to QMOC in the NSRSN Integrated Report for that biennial quarter.</p> <p>A Focused Review of the APN Acute Care Team's records is performed and reported during the 2nd and 4th biennial quarters and presented to QMOC in the NSRSN Integrated Report for that biennial quarter.</p>	<p>CMS Waiver</p> <p>RCW 71.05 and 71.4, WAC 388-862-390</p> <p>NSRSN/Provider Contract 2002-03</p> <p>NSRSN Admin Tool per 2002-03 contract</p>

NORTH SOUND MENTAL HEALTH ADMINISTRATION

Introduction Form

TO: NSMHA Board of Directors
FROM: Charles R. Benjamin, Executive Director
DATE: [March 13, 2003](#)

Introduction: **Motion IN-006**
To recommend the North Sound Mental Health Administration Lead Quality Specialist be appointed NSMHA Privacy Officer and to introduce an update Lead Quality Specialist Job Description that has been modified to incorporate the required HIPAA Privacy Officer job responsibilities.

NSMHA Management Team recommends that the attached Lead Quality Specialist job description replaces the current Lead Quality Specialist Job Description

Board Action
Request Date: [April 10, 2003](#)
Source of Request: Marcia Gunning, Contracts Compliance/Fiscal Manager

Executive Recommendations: **Approve** **No Recommendation**
 XXXX Further Review Required

Executive Director (Signature)

DRAFT

NORTH SOUND MENTAL HEALTH ADMINISTRATION Job Description

Job Title: Lead Quality Specialist
Department: Clinical Quality Management
Reports To: Deputy Director
Salary Range: 18
FLSA Status: Exempt
Prepared By: NSMHA Regional Office
Prepared Date: February 2003
Approved By:
Approved Date:

Summary:

The Lead Quality Specialist provides coordination and leadership to clinical quality issues including monitoring quality improvement of the NSRSN and Provider Network; staffing various committees as assigned, such as the Quality Management Oversight Committee (QMOC); evaluation and reports on quality and clinical issues of contracted providers; and performance of onsite quality assurance reviews of contracted providers.

Essential Functions and Peripheral Functions:

- Coordinates Quality Management Oversight Committee with chair and QMOC Members. Integrates information from QRT, Ombuds, Advisory Board, Resource Managers, accrued complaint and grievance incidents, and family advocates into the agenda of the QMOC.
- Develops bi-annual Quality Management Plan-semi-annually (every six months) reviews and revises the Quality Management Plan. Assure NSRSN's compliance with the Mental Health Division's contract requirements for Quality Assurance/Quality Improvement. Researches, monitors and analyzes information on federal and State requirements relative to quality issues. Assures coordination of Quality Management Plan with Continuous Quality Improvement Plan
- Leads and/or serves on committees as assigned, such as the Quality Management Oversight Committee (QMOC).
- Responds to the Mental Health Division annual Integrated Review in regard to Quality Improvement issues.
- Develops and analyzes clinical utilization management reports in conjunction with IS Department. Analyzes and reports utilization trends regularly to QMOC, Advisory Board, and NSRSN Board.
- Provides liaison and coordinates collaboration with other systems that impact the lives of NSRSN consumers.
- Monitors provider agencies for contract compliance on the quality improvement programs including corrective action plans on clinical issues.

- Liaison to the Management Team, as needed
- Maintain confidentiality and privacy of Consumer Healthcare Information
- Acts as NSMHA Privacy Officer (see NSMHA Privacy Officer Duties)
- Accomplishes other duties as assigned.

Minimum Qualifications:

Master's degree in health-related field and 4 years experience with or knowledge of State licensure requirements for publicly funded health facilities, monitoring and/or auditing contractor compliance with contract terms, and continuous quality improvement principles. Two years of human services supervisory experience. Must have working knowledge of adult and child mental health clinical issues. *Knowledge and experience in health information privacy laws, including access and release of information*

Skills and Abilities Required:

- Work cooperatively with and provide leadership among a wide variety of people including mental health consumers, advocates, the general public, public officials, mental health professionals, and others.
- Work independently in developing and managing a range of complex projects and programs.
- Ability to communicate both orally and in writing.
- Ability to get along well with others and provide good customer service.
- Ability to analyze clinical data and reports to identify trends in system performance.

Supervisory Responsibilities:

The Lead Quality Specialist reports to the Deputy Director. The Lead Quality Specialist directly supervises the NSRSN Quality Specialist. Coordinates work of the contracted Quality Specialists (Mental Health Community Support Specialists at Snohomish County). Supervision of the Quality Specialists includes scheduling, performing staff evaluations, and initiating strategies for performance improvement, authorizing vacation, sick leave, and/or overtime, signing time sheets, staff training, administering disciplinary measures, resolving complaints, and structuring team-oriented work approaches among NSRSN staff as well as between other units inside and outside the organization.

Physical Requirements:

The physical requirements described here are representative of those that must be met by an employee to successfully perform the essential functions of this job. Sufficient mobility is required for the use of office equipment such as computers, telephones, and files. Lifting a maximum of 30 pounds may be required. The ability to hear and communicate at a level sufficient to perform the essential functions of the position is required. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

Work Environment:

Work is performed in an office environment with some outside assignments. There is potential exposure to repetitive stresses and/or eyestrain due to prolonged use of computers. The work environment characteristics described here are representative of those an employee encounters while performing the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

Disclaimer:

The statements contained herein reflect general details as necessary to describe the principal functions of this job, the level of knowledge and skill typically required and the scope of responsibility, but should not be considered an all-inclusive listing of work requirements. Individuals may perform other duties as assigned including work in other functional areas to cover absences or relief, to equalize peak work periods or otherwise to balance the workload.

Privacy Officer Duties

General Purpose:

The privacy officer oversees all ongoing activities related to the development, implementation, maintenance of, and adherence to the organization's policies and procedures covering the privacy of, and access to, patient health information in compliance with federal and state laws and the healthcare organization's information privacy practices.

Responsibilities:

1. Provides development guidance and assists in the identification, implementation, and maintenance of organization information privacy policies and procedures in coordination with organization management and administration, the Privacy Oversight Committee, and legal counsel.
2. Works with NSMHA management team to establish an organization-wide Privacy Oversight Committee.
3. Serves in a leadership role for the Privacy Oversight Committee's activities.
4. Performs initial and periodic information privacy risk assessments and conducts related ongoing compliance monitoring activities in coordination with the entity's other compliance and operational assessment functions.
5. Works with legal counsel and management, key departments, and committees to ensure the organization has and maintains appropriate privacy and confidentiality consent, authorization forms, and information notices and materials reflecting current organization and legal practices and requirements.
6. Oversees, directs, delivers, or ensures delivery of initial and privacy training and orientation to all employees, volunteers, medical and professional staff, contractors, alliances, business associates, and other appropriate third parties.
7. Participates in the development, implementation, and ongoing compliance monitoring of all business associate agreements, to ensure all privacy concerns, requirements, and responsibilities are addressed.
8. Establishes with management and operations a mechanism to track access to protected health information, within the purview of the organization and as required by law and to allow qualified individuals to review or receive a report on such activity.
9. Works cooperatively with the IS/IT Specialist and other applicable organization units in overseeing patient rights to inspect, amend, and restrict access to protected health information when appropriate.

10. Establishes and administers a process for receiving, documenting, tracking, investigating, and taking action on all complaints concerning the organization's privacy policies and procedures in coordination and collaboration with other similar functions and, when necessary, legal counsel.
11. Ensures compliance with privacy practices and consistent application of sanctions for failure to comply with privacy policies for all individuals in NSMHA's workforce, extended workforce, and for all business associates, in cooperation with Human Resources, the information security officer, administration, and legal counsel as applicable.
12. Initiates, facilitates and promotes activities to foster information privacy awareness within the NSMHA and related entities.
13. Serves as a member of, or liaison to, the organization's Privacy Committee, should one exist. Also serves as the information privacy liaison for users of clinical and administrative systems.
14. Reviews all system-related information security plans throughout the organization's network to ensure alignment between security and privacy practices, and acts as a liaison to the information systems department.
15. Works with all NSMHA personnel involved with any aspect of release of protected health information, to ensure full coordination and cooperation under the organization's policies and procedures and legal requirements
16. Maintains current knowledge of applicable federal and state privacy laws, and monitors advancements in information privacy technologies to ensure organizational adaptation and compliance.
17. Serves as information privacy consultant to the NSMHA for all departments and appropriate entities.
18. Cooperates with the Office of Civil Rights, other legal entities, and NSMHA officers in any compliance reviews or investigations.
19. Works with NSMHA administration, legal counsel, and other related parties to represent the organization's information privacy interests with external parties (state or local government bodies) who undertake to adopt or amend privacy legislation, regulation, or standards.

**NORTH SOUND MENTAL HEALTH
ADMINISTRATION**

Introduction Form

TO: NSMHA Board of Directors
FROM: Charles R. Benjamin, Executive Director
DATE: [March 13, 2003](#)

Introduction: **Motion IN-007**
To introduce Business Associates Agreement, Contract No. NSMHA-INFOC-BA-03 between North Sound Mental Health Administration and InfoCare, Inc for storage of NSMHA off-site business records. This Agreement shall become effective May 1, 2003. It is estimated that the initial set-up costs shall not exceed \$125 and the ongoing monthly costs to be approximately \$38.75 per month.

NSMHA recommends moving our current storage to InfoCare, Inc. Not only will this service provide a more secure setting than our current storage unit and meet HIPAA requirements for storing Protected Health Information, but our monthly expense will go from \$60 to an estimated \$38.75. InfoCare, Inc. is knowledgeable about HIPAA requirements and understand the necessity to enter into a Business Associates Agreement with the NSMHA. NSMHA records would be stored in a warehouse that serves other customers like St. Joseph Hospital and Whatcom County.

Board Action
Request Date: [April 10, 2003](#)
Source of Request: Marcia Gunning, Contracts Compliance/Fiscal Manager

Executive Recommendations: Approve No Recommendation
XXXX Further Review Required

Executive Director (Signature)

A BUSINESS ASSOCIATE AGREEMENT

North Sound Mental Health Administration

and

InfoCare, Incorporated

This Business Associate Agreement (“Agreement”), is entered into by and between North Sound Regional Support Network, dba North Sound Mental Health Administration (“NSMHA”) on behalf of itself, and its current and future subsidiaries and affiliates, and InfoCare, Inc. (“Business Associate”), including all current and future lines of business, affiliates, and subsidiaries. NSMHA and Business Associate may have entered into various arrangements, and may in the future enter into additional arrangements (collectively, the “Contracts”) pursuant to which Business Associate provides various items or services to NSMHA or for NSMHA’s clients. This Agreement modifies and supplements the terms and conditions of the Contracts, and the provisions set forth herein shall be deemed a part of the Contracts.

1. **Definitions.** The federal privacy regulations at 45 C.F.R. parts 160 and 164 and the Health Insurance Portability and Accountability Act (42 USC Section 201, et seq.), shall be collectively referred to herein as “HIPAA”. All capitalized terms used in this Agreement have the meaning defined in HIPAA, unless otherwise defined herein.
2. **Purpose: Protected Health Information.** The purpose of this Agreement is to provide assurances regarding our respective responsibilities to maintain strict confidentiality under applicable federal and state laws and regulations relating to NSMHA’s patient medical information, financial information, and other patient identifiable health information to which Business Associate gains access pursuant to the Contracts (collectively “Protected Health Information”). For purposes of this Agreement, Protected Health Information shall be defined consistent with 45 CFR, Section 164.501. The provisions of this Agreement are specifically intended to meet the business associate contract requirements of the HIPAA privacy standards spelled out in Section 45 CFR, Section 164.504. Business Associate and NSMHA intend that their respective privacy and security policies, procedures and practices shall meet (or exceed to the extent provided herein) all applicable federal and state requirements pertaining to the privacy and confidentiality of Protected Health Information as soon as possible, but in no event later than the mandatory HIPAA compliance date.
3. **Confidentiality of Protected Health Information.** Business Associate shall comply with all applicable federal and state laws and regulations relating to maintaining and safeguarding the confidentiality of Protected Health Information. Business Associate shall assure that Business Associate’s employees, subcontractors and agents comply with such laws and regulations and the provisions of this Agreement. Neither Business Associate nor any of its employees, subcontractors or agents shall use or further disclose Protected Health Information in any manner that would violate the requirements of this Agreement or the HIPAA privacy regulations as set forth in 45 CFR, Sections 160 and 164. Business Associate may use and disclose Protected Health Information when necessary for Business Associate’s proper management and administration, or to carry out Business Associate’s specific legal responsibilities pursuant to the Contracts. Business Associate shall not request

or disclose more information than the minimum amount necessary to allow Business Associate to perform its functions pursuant to the Contracts. Business Associate shall not use or further disclose Protected Health Information in any manner that would violate the HIPAA privacy standards as set forth in 45 CFR, Sections 160 and 164.

4. **Safeguards for Protected Health Information.** Business Associate shall use appropriate safeguards to prevent the use or disclosure of Protected Health Information other than expressly provided for in this Agreement. Business Associate shall assure that any agents or subcontractors to whom it provides any Protected Health Information under this Agreement shall agree to the same restrictions and conditions of Business Associate under this Agreement to assure that such agent or subcontractor complies in all respects with the provisions of this Agreement and the HIPAA privacy standards.
5. **Individual Access to Protected Health Information.** Business Associate agrees to provide individuals with access to their PHI in a Designated Record Set as requested by NSMHA or as otherwise required to meet requirements of HIPAA privacy standards including 45 CFR 164.524.
6. **Third Party Requests for Access to Protected Health Information.** Business Associate agrees to promptly notify NSMHA of Business Associate's receipt of any request, subpoena, qualified protective order, or other legal process to obtain PHI. The provisions of this section shall survive the termination of this Agreement.
7. **Amendments to Protected Health Information.** Business Associate agrees to make amendment(s) to PHI in a Designated Record Set as authorized by NSMHA in compliance with 45 CFR 164.526.
8. **Accounting for Disclosures of Protected Health Information.** Business Associate shall cooperate with NSMHA by providing appropriate information to NSMHA to fulfill both parties' responsibilities under 45 CFR, Section 164.528. Business Associate agrees to provide an accounting of any disclosures of Protected Health Information for up to the six-year period preceding the date of the request for an accounting. Such information shall include:
 - the date of the disclosure;
 - the name and address of the person or entity who received the Protected Health Information;
 - a brief description of the disclosed Protected Health Information; and
 - a brief statement of the purpose of the disclosure including an explanation of the basis for such disclosure.
 - such other information as may be required by applicable laws or regulations.

Business Associate must provide all such information to NSMHA on a timely basis not later than 7 calendar days after NSMHA requests such information, unless otherwise specified by NHMSA. The provisions of this section shall survive termination of this Agreement.

9. **Access to Business Associate's Books and Records.** Business Associate shall make available to the Secretary of the Department of Health and Human Services its

internal practices, books and records relating to the use and disclosure of Protected Health Information received from, or created or received by, Business Associate on behalf of NSMHA for the purpose of determining Business Associate's compliance with the requirements of this Agreement and the HIPAA privacy standards. The provisions of this section shall survive termination of this Agreement.

10. **Reporting and Auditing of Improper Use of Protected Health Information.** Business Associate shall promptly report to NSMHA any use or disclosure of NSMHA client Protected Health Information that is unauthorized or otherwise violates the terms of this Agreement.
11. **HIPAA Requirements.** Business Associate and NSMHA agree to work cooperatively to meet applicable requirements of the HIPAA regulations.
12. **Termination of Applicable Contract** NSMHA shall have the right to terminate any or all of the Contracts if Business Associate has violated a material term of this Agreement. Upon any such termination, Business Associate shall promptly return or destroy all Protected Health Information received from NSMHA in connection with the terminated Contracts. If the return or destruction of Protected Health Information is not feasible, Business Associate shall continue the protections required under this Agreement to the Protected Health Information consistent with the requirements of this Agreement and the HIPAA privacy standards. In the event that Business Associate ceases to do business or otherwise terminates its relationship with NSMHA, Business Associate agrees to promptly return or destroy all Protected Health Information, received from NSMHA, in a timely manner. Business Associate may not assign this Agreement, in whole or in part, without NSMHA's prior consent. All terms and conditions of this Agreement will be binding upon and inure to the benefit of and be enforced by the parties hereto and their respective successors and permitted assigns.
13. **Business Associate's Privacy and Security Policies and Practices.** Business Associate's privacy and security policies and practices shall meet or exceed current standards set by applicable state and federal law for the protection of Protected Health Information including, without limitation, user authentication, data encryption, monitoring and recording of database access, internal privacy standards and a compliance plan designed to provide assurances that the requirements of this Agreement are met. Business Associate shall:
 - Implement administrative, physical and technical safeguards that reasonably and appropriately protect the confidentiality, integrity and availability of NSMHA's electronic PHI;
 - Ensure that Business Associate's agents and subcontractors to whom it provides PHI, implement administrative, physical and technical safeguards that reasonably and appropriately protect the confidentiality, integrity and availability of NSMHA's PHI;
 - Report to NSMHA any security incident of which it becomes aware.

14. Miscellaneous.

14.1 Indemnification. Business Associate hereby agrees to indemnify and hold NSMHA and its officers, directors, employees and agents harmless from and against

any and all loss, liability, or damages, including reasonable attorneys' fees, arising out of or in any manner occasioned by a breach of any provision of this Agreement by Business Associate, or its employees or agents. The provisions of this section shall survive termination of this Agreement.

14.2 Insurance. Upon written request of NSMHA, Business Associate shall obtain and maintain, at its sole expense, during the term of this Agreement liability insurance on an occurrence basis with responsible insurance companies acceptable to NSMHA and covering claims based upon a violation of any of the HIPAA Privacy standards or any applicable state law or regulation concerning the privacy of patient information in amount specified by NSMHA in its request. NSMHA reserves the right to require that such insurance policy shall name NSMHA as an additional named insured and shall provide for 30 days prior written notice to NSMHA in the event of any decrease, cancellation, or non-renewal of such insurance. A copy of such policy or a certificate evidencing the policy shall be provided to NSMHA upon written request.

14.3 Independent Contractor. Under this Agreement, Business Associate shall at all times be acting and performing in the status of independent contractor to NSMHA. Business Associate shall not by virtue of this Agreement be deemed a partner or joint venturer of NSMHA. No person employed by Business Associate will be an employee of NSMHA, and NSMHA shall have no liability for payment of any wages, payroll taxes, and other expenses of employment for any employee of Business Associate. Business Associate is constituted the agent of NSMHA only for the purpose of, and to the extent necessary to, carrying out its obligations under this Agreement.

14.4 Notices. Any notice, request, demand, report, approval, election, consent or other communication required or permitted under the terms of this Agreement (collectively, "Notice") shall be in writing and either delivered personally, by registered or certified mail, return receipt requested, postage prepaid, or by reputable overnight courier, addressed as follows:

North Sound Mental Health Administration
117 North 1st, Suite 8,
Mount Vernon, WA 98273
Attention: Executive Director
With a copy to: Wendy Klamp, Privacy Officer

To Business Associate:

InFoCare, Incorporated
2001 Iowa Street, Suite F
Bellingham, WA 98226
Attn: Howard Furst, Owner

14.5 Amendment. This Agreement may not be amended, modified or terminated orally, and no amendment, modification, termination or attempted waiver shall be valid unless in writing signed by both parties.

If the foregoing meets with your understanding and approval, please show your acceptance and agreement by signing and returning one copy of this Agreement to the undersigned, at which point this Agreement shall become effective as of the date indicated below. By

signing below, the undersigned warrants that he/she is an authorized agent of Business Associate, and his/her signature is binding upon Business Associate.

NORTH SOUND MENTAL HEALTH ADMINISTRATION

Charles R. Benjamin, Executive Director

Date

ACCEPTED AND AGREED TO:

Howard Furst, Owner

Date

NORTH SOUND MENTAL HEALTH ADMINISTRATION

Introduction Form

TO: NSMHA Board of Directors
FROM: Charles R. Benjamin, Executive Director
DATE: [March 13, 2003](#)

Introduction: **Motion IN-008**
To recommend the North Sound Mental Health Administration amended agreement for Legal Services for 2003.

Board Action
Request Date: [April 10, 2003](#)

Source of Request: Marcia Gunning, Contracts Compliance/Fiscal Manager

Executive Recommendations: **Approve** **No Recommendation**
 XXXX Further Review Required

Executive Director (Signature)

AGREEMENT FOR LEGAL SERVICES

Whereas, North Sound Regional Support Network (hereinafter "client") wishes to engage Lane, Powell, Spears & Lubersky - Jeffrey Gingold (hereinafter "attorney") to render specialized healthcare legal services, the following agreement for legal services is hereby made:

1. Client agrees reimburse Attorney at a rate of \$375.00 an hour for specialized healthcare legal services. Attorney will bill client on a monthly basis (unless otherwise agreed) for attorney's fees. Maximum consideration for the term of this Agreement shall not exceed \$10,000.
2. No funds have been received as a retainer for use by the attorney to pay fees and costs. Any funds received on retainer to cover attorney fees will be deposited to the Law Office of Lane, Powell, Spears & Lubersky Trust Account and charges and expenses will be removed from the trust account within seven days after the date of any billing, unless the client notifies the attorney that there is a question or dispute about the billing or wishes not to have the trust money applied. No money will be removed from the trust account for payment of attorney fees or expenses when a dispute exists. At other times, the attorney may advance funds from the trust account upon notice to the client. All trust account funds will be accounted for by the attorney in the monthly billing statements.
3. The attorney agrees to use his best efforts in providing legal opinions and representation of the client, but cannot guarantee any result. Client agrees to provide attorney with full information concerning the legal and factual issues presented and to cooperate fully in the representation.
4. The attorney agrees to keep the client informed as to major developments in the case and will not settle or compromise a claim or lawsuit without permission of the client.
5. This Agreement shall take effect January 1, 2003 and shall continue in full force and effect until such time as either party chooses to terminate this Agreement. This Agreement may be terminated in whole or in part by Client for any reason at any time or by Attorney by giving 30 calendar days written notice to Client where the Attorney's continued representation of the client does not violate the Washington Rules of Professional Conduct.

Dated: _____ Dated: _____

CHARLES R. BENJAMIN, Executive Director
North Sound Regional Support Network
117 North 1st Street, Suite 8
Mount Vernon, WA 98273

Jeffery Gingold, Attorney At Law
Lane, Powell, Spears & Lubersky
1420 5th Avenue, Suite 4100
Seattle, WA 98101-2338
206 223-7955

Approved as to form: 1/24/01
Bradford E. Furlong, Attorney At Law

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Agreement