

Advisory Board

Pre-meeting

April 2, 2013

12:15

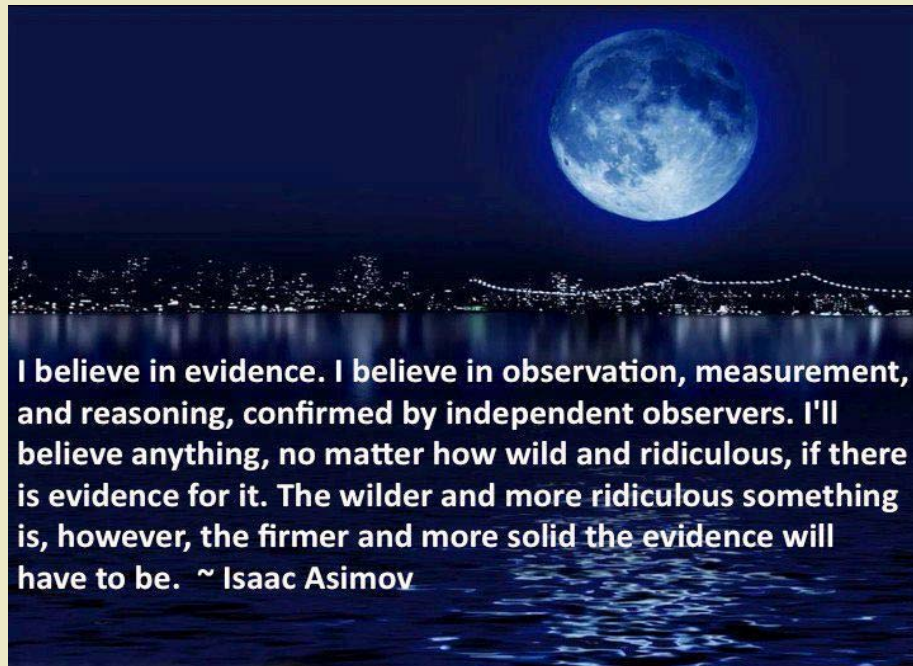
Evidence Based Practices

Greg Long

and

David Kincheloe

EVIDENCE-BASED PROGRAMS AND PRACTICES



I believe in evidence. I believe in observation, measurement, and reasoning, confirmed by independent observers. I'll believe anything, no matter how wild and ridiculous, if there is evidence for it. The wilder and more ridiculous something is, however, the firmer and more solid the evidence will have to be. ~ Isaac Asimov

EVIDENCE-BASED PRACTICES (EBP) ARE COMING!

- Everyone is talking about them
- Washington State Legislature may require them
- Some have already been introduced with success
(PACT, Wraparound, WRAP, etc.)

EVIDENCE-BASED PRACTICES (EBP) ARE COMING!

- They're being used in the U.S., the E.U., Canada, Australia, N.Z., S. Africa, Asia
- They're being used in both somatic and behavioral medicine
- They're being used in education, engineering, product testing, business management, and many other fields

WHAT IS 'EBP'?

"EBP is the conscientious, explicit and judicious use of current best evidence in making decisions about the care of the individual patient. It means integrating individual clinical expertise, with the best available external clinical evidence from systematic research."

— Dr. David Sackett, a pioneer in medical evidence-based practice, in 1996

PROPOSED DEFINITION OF EBPS IN WASHINGTON STATE

"Evidence-based" means a program or practice that has been tested in heterogeneous or intended populations with multiple randomized, or statistically controlled evaluations, or both; or one large multiple site randomized, or statistically controlled evaluation, or both, where the weight of the evidence from a systemic review demonstrates sustained improvements in at least one outcome....

PROPOSED DEFINITION OF EBPS IN WASHINGTON STATE

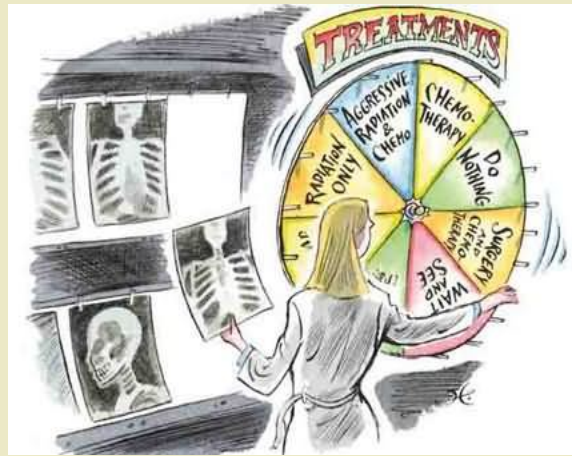
“Evidence-based” also means a program or practice that can be implemented with a set of procedures to allow successful replication in Washington”, and

“When possible, is determined to be cost-beneficial.”

HOW HAVE WE DECIDED WHAT WAS ‘GOOD’ IN THE PAST?

- Tradition/Convention/Consensus
- Client wanted the treatment
- Provider was trained in the practice
- Provider felt comfortable with the practice

*RANDOM INTERVENTIONS AREN'T
GOOD!*
SCIENTIFICALLY-PROVEN, EFFECTIVE
TREATMENTS ARE GOOD



HOW DO WE DECIDE NOW
WHAT'S 'GOOD'?

- Effective Outcomes
- Replicated Results
- Peer-Reviewed
- Consensus among Researchers
- Findings supported by a critical mass of research

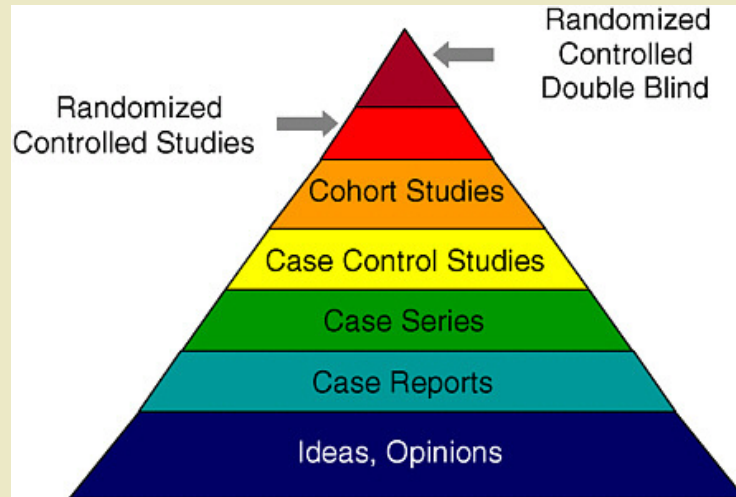
HOW DO WE DECIDE NOW WHAT'S 'GOOD'?

<i>Research question</i>	<i>Randomised controlled studies</i>	<i>Controlled longitudinal studies</i>	<i>Cross-sectional surveys</i>	<i>Qualitative research</i>
Effectiveness: does it work?, does A work better than B?	++	+	-	--
Explanation : how does it work, why does it work?	--	-	+	++
Context: in what circumstances does it work, for whom?	--	-	+	++
Safety: will it do more good than harm?	++	+	+	+
Acceptability: will the target group accept the intervention / new method of working?	--	-	+	++
Prevalence: how often is this intervention / method applied / implemented?	--	--	++	--
Appropriateness: is this the right intervention / method for this target group?	--	-	+	++

TYPES OF EBPS (IN DECLINING ORDER OF SCIENTIFIC LEGITIMACY)

Evidence-Based Practices	<ul style="list-style-type: none"> • Are based on rigorous research designs • Have demonstrated a record of success for improving student outcomes • Have undergone systematic review process using quality indicators to evaluate level of evidence
Research-Based Practices	<ul style="list-style-type: none"> • Are based on rigorous research designs • Have demonstrated a record of success for improving student outcomes
Promising Practices	<ul style="list-style-type: none"> • Are based on research • Have demonstrated limited success • Have used a 'weak' research design
Unestablished Practices	<ul style="list-style-type: none"> • Are not based on research • Have no data to support effectiveness • Based on anecdotal evidence and/or professional judgment

CONTINUUM OF PRACTICES



WHY ARE EBPS SO POPULAR?

- Improved Outcomes
- Accountability
- Efficiency
- Cost-Effectiveness
- Confidence in Tx (Patient)

Why Are EBPs So Popular?

- Guidance for Dx and Tx (Clinician)
- Development/Validation of EBPs are supported by Research Universities and Nat'l/Regional Healthcare Organizations
- Proprietary EBPs Can Be Profitable for Developer/Owner

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CRITICISMS OF EBPS

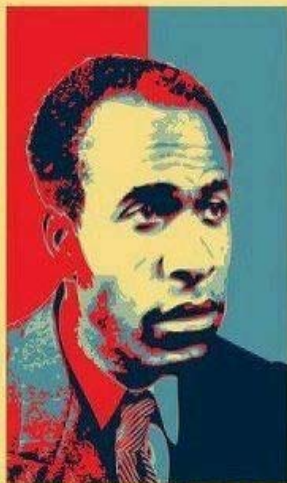
- Seen to Limit Clinician's 'Autonomy'
(Artist/Craftsperson/Humanist vs. Scientist/Droid)
(Multifaceted Complexity vs. Scientific Oversimplification)
- Require Constant Monitoring and Analysis
(Too much work, no staff, expensive)

CRITICISMS OF EBPS

- Too Expensive to Implement
- Too Difficult to Implement
- Not Tested Outside Original Domain — Geography, Ethnicity, Sexual Orientation, Gender Identity, Age, Language, etc.
- Research Findings May Not Be Clear
(No consensus or 'Critical Mass' yet)

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THE MOST COMMON HINDRANCE TO USE OF EBPS



THE IDEALIST

Sometimes people hold a core belief that is very strong. When they are presented with evidence that works against that belief, the new evidence cannot be accepted. It would create a feeling that is extremely uncomfortable, called cognitive dissonance. And because it is so important to protect the core belief, they will rationalize, ignore and even deny anything that doesn't fit in with the core belief.

- Frantz Fanon

CHARACTERISTICS OF BEHAVIORAL HEALTH EBPS

- Address Well-Defined Disorder(s) or Problems
- Based on Peer-Reviewed Research
- Achieve Intended Outcomes
- Better results than Other Methods

CHARACTERISTICS OF BEHAVIORAL HEALTH EBPS

- Valid — Results are Consistent across Studies
- Standardized/Reproducible by Others
- Manualized/Operationalized Skills (Defined, Specific, Trainable/Teachable)

HOW DO WE USE EBPS?



EBPS IN THE NORTH SOUND REGION

Currently Available

- PACT
- Wraparound for children/families
- Fidelity Supported Employment
- Motivational Interviewing
- IDDT
- TF-CBT of children
- DBT
- WRAP

CHARACTERISTICS OF BEHAVIORAL HEALTH EBPS

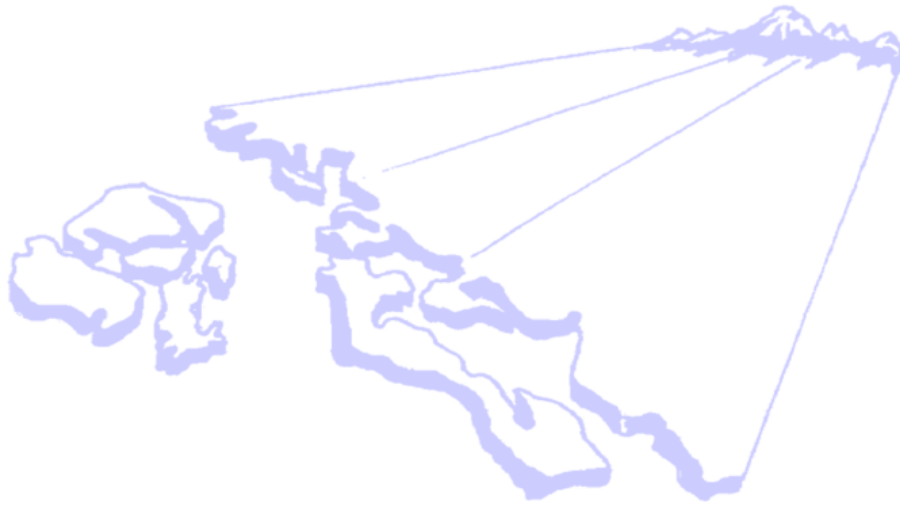
- Under Consideration or Development
- Illness Management and Recovery
- CBT+ for children with depression and anxiety
- Homebuilders' Mental Health Short-Term Crisis Intervention

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THANK YOU FOR YOUR
ATTENTION!

Questions & Discussion

NSMHA ADVISORY BOARD



April 2, 2013

1:00 – 3:00

ADVISORY BOARD GUIDING PRINCIPLES

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

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

NORTH SOUND MENTAL HEALTH ADMINISTRATION ADVISORY BOARD MEETING

Agenda

**April 2, 2013
1:00 PM**

1. Call to Order - Introductions, Chair
2. Revisions to the Agenda, Chair TAB 1
3. Comments from the Public
4. Ombuds Semi-Annual Report TAB 2
5. Approval of the March Meeting Minutes, Chair TAB 3
6. Executive/Finance Committee Report
7. Standing Board of Directors Committee Reports TAB 4
 - a. Planning Committee
 - b. Quality Management Oversight Committee
8. Old Business
 - a. Retreat/Brainstorming Session – Lunches
 - b. Peer Counselors Pre-Meeting Scheduling
9. Executive Director Report
10. Action Items Being Brought To The Board of Directors TAB 5
 - a. Action Items
 - i. 2013 RFQ Award Recommendations
 - ii. Ombuds budget increase
11. New Business
 - a.
12. Comments from County Advisory Board Representatives
 - a. Island
 - b. San Juan
 - c. Skagit
 - d. Snohomish
 - e. Whatcom
13. Other Business
14. Adjournment

NOTE: The next Advisory Board meeting will be **May 7, 2013**, in the NSMHA Conference Room.

NORTH SOUND MENTAL HEALTH ADMINISTRATION

ADVISORY BOARD

April 2, 2013 at 1 p.m.

AGENDA ITEM: Ombuds Semiannual Report

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

PRESENTER: Chuck Davis and Kim Olander-Mayer

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

SIGNIFICANT POINTS OR EXECUTIVE SUMMARY:

This is a presentation of Ombuds complaints, grievances and administrative hearings for the period of October 1, 2012 to March 31, 2013. It includes recommendations.

OBJECTIVE:

Regular semiannual report to brief the Advisory Board on these issues.

BACKGROUND:

PREVIOUS ACTION(S) TAKEN:

CONCLUSIONS/ACTION REQUESTED:

This is a briefing only.

FISCAL IMPACT:

None

ATTACHMENTS:

Semi-annual PowerPoint presentation

**North Sound Mental Health Administration (NSMHA)
MENTAL HEALTH ADVISORY BOARD**

March 5, 2013

1:00 – 3:00

Present:	Island: <i>Candy Trautman, Chair</i> Skagit: <i>Joan Lubbe</i> Snohomish: <i>Fred Plappert, Carolann Sullivan and Megan Anderson</i> Whatcom: <i>David Kincheloe, Larry Richardson and Russ Sapienza</i>
Excused Absence:	San Juan: <i>Peg LeBlanc</i> Whatcom: <i>Mark McDonald, Vice Chair</i>
Staff:	<i>Joe Valentine, Greg Long, Margaret Rojas and Rebecca Pate</i>
Guests:	<i>Mike Manley</i>

MINUTES

TOPIC	DISCUSSION	ACTION
CALL TO ORDER AND INTRODUCTIONS		
Chair Trautman	Candy convened the meeting at 1:07 and introductions were made.	Informational
REVISIONS TO THE AGENDA		
Chair Trautman	Candy asked for any revisions to the agenda and Candy added under “Old Business” the Board Retreat.	Informational
COMMENTS FROM THE PUBLIC		
Chair Trautman	There were no comments from the public.	Informational
APPROVAL OF MINUTES		
Chair Trautman	Candy asked for any revisions to the minutes and Fred made a motion to approve as amended, seconded and motion carried.	Informational Motion carried
EXECUTIVE/FINANCE COMMITTEE		
Fred Plappert	Fred brought forward a recommendation from committee to move expenditures forward to the Board of Directors (BOD) for approval, seconded and motion carried. Candy mentioned current members will continue to serve on their committees. She encouraged others to apply. Discussion followed. Candy called the discussion to an end and moved the meeting forward.	Informational Motion carried
STANDING BOARD OF DIRECTORS COMMITTEE REPORTS		
	Planning Committee	
	Brief included in members binder for their review. Candy asked that the record reflect a thank you to Barb for doing a nice job on these committee brief's. Fred mentioned the next Planning Committee meeting is March 15 th versus the 22 nd .	Informational
	Quality Management Oversight Committee (QMOC) Report	
	Brief included in members binder for their review.	Informational
OLD BUSINESS		
Chair Trautman	Fred made a motion to conduct the site visit at VOA and ITA for March 21 st . Rebecca will confirm visit for 10-12. Candy called for the vote and motion carried.	Informational Motion carried Rebecca

	<p>Candy thanked Sun House for their pre-meeting presentation and asked Rebecca to arrange a site visit.</p> <p>Rebecca is still working on Western State Hospital (WSH) visit.</p> <p>Joe said recruitment to the Advisory Board was discussed at County Coordinators. He stated Snohomish is working hard to fill their positions. Discussion followed.</p> <p>Candy mentioned the Board Retreat will be Tuesday, July 2nd. Discussion followed. Russ made a motion to hold the retreat on July 2nd, seconded and motion carried. Joan mentioned the holiday might interfere. Russ made a friendly amendment to have the retreat on July 9th, seconded and motion carried. Rebecca will begin to look for locations.</p> <p>Candy requested reminding members the Behavioral Healthcare Conference (BHC) will be June 20-22 and members need to decide if they wish to attend.</p>	<p>arrange site visit at Sun House & continue to work on WSH visit</p> <p>Motion carried</p> <p>Motion carried Look for locations</p>
EXECUTIVE DIRECTOR'S REPORT		
Joe Valentine	<p>Joe distributed and reviewed a list of pending House and Senate Bills and reviewed them with the Board. Discussion followed.</p> <p>Joe distributed and reviewed a list of issues discussed at the Board of Directors Planning Session regarding Strategic Planning for “theme or issue” and “how to address” them. Discussion followed.</p>	Informational
ACTION ITEMS BEING BROUGHT TO THE BOARD OF DIRECTORS		
Joe Valentine	Joe stated there are no contracts or amendments going before the Board at their March 14 th meeting. However, the 2013 Requests for Qualifications (RFQ) award recommendations and Mental Health Block Grant (MHBG) Request for Proposal (RFP) will be introduced to the Board.	Informational
NEW BUSINESS		
Chair Trautman	<p>Joe reviewed the 2013 RFQ award recommendations with the Advisory Board and Margaret reviewed the MHBG RFP. Joe mentioned these are only being introduced and will come back in April for approval. The awards are broken out into three categories: 1) Adult Outpatient, 2) Child Outpatient and 3) Intensive Adult Outpatient Services. Joe summarized each award category for clarity.</p> <p>Margaret provided information regarding the Strategic Priorities Survey. She stated 208 individuals responded to the survey and the top three strategies were very similar for all the counties. Margaret stated this survey was designed to identify strategic priorities for the MHBG and/or fund balance dollars. Discussion followed. She shared all the MHBG dollars will be included in the RFP, approximately \$1.1M.</p>	Informational

COMMENTS FROM COUNTY ADVISORY BOARD REPRESENTATIVES		
Island	Candy stated they did not meet so there was no report.	Informational
San Juan	Report included in members binder for their review.	Informational
Skagit	Report included in members binder for their review.	Informational
Snohomish	Report included in members binder for their review.	Informational
Whatcom	Report included in members binder for their review. Russ stated he attended the forum at Bellingham High School and much of what was discussed was for youth and teens. He said March 14 th NAMI Whatcom will have their educational meeting at St. Luke's from 7-9. On Saturday, May 18 th , Rainbow Recovery Center will be conducting a fundraising event at Mt. Baker Theater at 8 pm. Larry thanked everyone for their support during the recent loss of their son.	Informational
OTHER BUSINESS		
Chair Trautman	No report.	Informational
ADJOURNMENT		
Chair Trautman	Candy asked for a motion to adjourn. Fred made a motion to adjourn, seconded and motion carried. The meeting was adjourned at 3:03. The next Advisory Board meeting will be April 2, 2013.	Informational Motion carried

MEMORANDUM

DATE: March 28, 2013
TO: NSMHA Advisory Board
FROM: Joe Valentine, Executive Director
RE: March 14, 2013, & April 11, 2013 Board of Director's Agenda

Please find as an FYI the following that went before the NSMHA Board of Directors at the March 14, 2013, meeting:

Professional Service Contract

To approve NSMHA-SUNRISE SERVICES-PSC-12-13 AMENDMENT 1 for the purpose increasing the budget for the development of an electronic health record by \$15, 540 in Medicaid funds which will cover 84% of the request received by Sunrise Services. The new maximum consideration on this contract is \$87,757 with the term of this agreement expiring on December 31, 2013.

16.2

NSMHA will be releasing the Mental Health Block Grant (MHBG) Request for Proposals (RFP) during the month of March. The RFP is being designed around the top 3-6 strategic goal strategies identified in the Strategic Plan Goals Survey which was conducted during the month of January. The RFP will be broken out by county, with the top strategies for the respective counties identified as priority funding categories. As with the Counties, the Tribes will have an opportunity to apply for funding focused on Tribal youth with an emphasis on cultural activities and/or co-occurring services. Additionally, DBHR requires we align our MHBG plan with the State Plan. Fortunately, our Strategic Plan Strategies will align well with the State Plan, such as priority funding for Health Care Reform, Supported Employment and Housing. NSMHA is anticipating the release of the Division of Behavior Health and Recovery (DBHR) State Plan during March and submitted to the Federal Government on or before April 1, 2013. The 2013 MHBG will run on a 2 year cycle.

NSMHA MHBG funding is currently at \$1,100,750, we will proceed with this funding assumption in the release of the RFP. However, we do anticipate a cut to the grant due to sequestration, however, it's unclear at this time how much of a cut will be realized.

Please find for your review the following that will go before the NSMHA Board of Directors at the April 11, 2013 meeting:

ACTION ITEMS

Motion #13-012

Award Recommendations for the 2013 RFQ for Mental Health Services

Motion #13-013

Ombuds budget increase

cc: Joe Valentine, Executive Director
County Coordinators
NSMHA Leadership Team

NSMHA Discussion Form-2013 RFQ Award Recommendations For Advisory Board 2013 04 02

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

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

PRESENTER: Joe Valentine/Greg Long

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

SIGNIFICANT POINTS OR EXECUTIVE SUMMARY:

- Twelve providers submitted bids for Children's Outpatient Services, Adult Outpatient Services, Adult Intensive Services and the Evaluation and Treatment Center.
- RFQ Committees comprised of consumers, advocates, county coordinators, allied systems staff, and NSMHA Staff reviewed the bids individually. The RFQ Committees met on February 11-13 to clarify issues and finalize their ratings. NSMHA again expresses thanks to the RFQ Committee Members for their days of work which included a weekend for many people.
- The NSMHA leadership met February 19-21 and used the following criteria to make award and fund distribution recommendations. The criteria used for these decisions included:
 - Ranking of the proposals by the RFQ Selections Committee
 - Choice for smaller counties
 - Maximize use of Medicaid dollars
 - Capacity for Medicaid expansion
 - Capacity for Children's Mental Health expansion
 - Cultural competence
 - Federal requirement for contracts with Federally Qualified Health Centers (FQHC)
 - Balance of services across needs of Medicaid population
 - Minimal level of capacity for each Provider to efficiently provide services in each county
- The proposed 2013 RFQ Award Recommendations was subsequently reviewed and approved by the County Coordinators, introduced to and approved by the Planning Committee, and introduced to the Advisory Board and Board of Directors.

OBJECTIVE:

To review, discuss and obtain recommendation and approval of the overall process and proposed 2013 RFQ Award Recommendations from the Advisory Board to advance the proposed 2013 RFQ Award Recommendations to the Board of Directors for consideration.

BACKGROUND:

1. The 2013 RFQ is for Mental Health Outpatient Services:
 - a. Outpatient and Medication Services for all ages and fee for service intensive services for Children/Youth in San Juan County only
 - b. Intensive Outpatient for Adults and Older Adults
 - c. Evaluation & Treatment
2. The Board of Directors approved release of 2013 RFQ at their 10/11/2012 meeting
3. The 11 person Scoring Team was comprised of representatives from all five counties. There were consumers, Advisory Board Members, a Home and Community Service Representative, County Representatives and NSMHA staff members involved. They reviewed and scored the applications on their own and then met on February 11-13.
4. The NSMHA Leadership Team reviewed the Scoring Team recommendations for funding allocation based on above criteria, 02/19-21/2013
5. The proposed 2013 RFQ Award Recommendations were introduced to the Planning Committee on 02/22/2013
6. The proposed 2013 RFQ Award Recommendations were introduced and reviewed at the County Coordinators meeting on 02/26/2013
7. The proposed 2013 RFQ Award Recommendations were introduced to the Advisory Board on 03/05/2013
8. The proposed 2013 RFQ Award Recommendations were posted on the NSMHA website and interested party applicants notified by E-mail and provided link to the public document

NSMHA Discussion Form-2013 RFQ Award Recommendations
For Advisory Board 2013 04 02

PREVIOUS ACTION(S) TAKEN:

1. FEBRUARY 2013
 - a. 02/01 Applications received from Interested Parties
 - b. 02/04 Applications reviewed and screened
 - c. 02/05 Scoring Team Orientation Meeting
 - d. 02/11-13 Scoring Team met and made scoring recommendations
 - e. 02/19-21 NSMHA Leadership review scoring recommendations for award/funding
 - f. 02/22 Introduced to the Planning Committee, review and feedback by 03/13 for 03/22/2013 meeting
 - g. 02/26 Introduced and reviewed by the County Coordinators
 - h. 03/05 Introduced to the Advisory Board; review and feedback by 03/19 for 04/02/2013 meeting; posted on the NSMHA website as part of the Advisory Board packet with notice to all interested party applicants
 - i. 03/14 Introduced to the Board of Directors; review and feedback by 03/28 for 04/11/2013 meeting
 - j. 03/22 Reviewed and received approval from the Planning Committee for the overall process and the proposed 2013 RFQ Award Recommendations to advance the recommendations to the Advisory Board for consideration at their 04/02/2013 meeting.

CONCLUSIONS/ACTION REQUESTED:

Request approval of the process and proposed 2013 RFQ Award Recommendations from the Advisory Board to advance the document to the Board of Directors for consideration at their 04/11/2013 meeting.

FISCAL IMPACT:

Subject to negotiation; the total projection for the Outpatient fee for service is \$27,330,171; the E&T projection is \$3,170,190

ATTACHMENTS:

Proposed RFQ Award Recommendations
Interested Party Applicant by County/Service Grid
2013 RFQ Timeline as of 20130327

NSMHA 2013 RFQ for Mental Health Services Award Recommendations – Advisory Board 2013 04 02

The following is an explanation of the proposed 2013 RFQ Award Recommendations.

For each provider agency who submitted an application, the proposed 2013 RFQ Award Recommendations is for 4 areas: Adult Outpatient Recommendation, Child Outpatient Recommendation, Intensive Outpatient Recommendation, and Evaluation and Treatment Center.

For the first 3 areas, each have 3 sections, (1) Current Budget FTE level, (2) the proposed Award Recommendations represented by the amount of FTE and color coded to denote increases or selected, decreases, same, no bid or not funded/not selected to the Current Budget allocation, and (3) the Current Utilization information for each provider agency in each County. The 4th area, Evaluation and Treatment Center was scored by a subset of the core Scoring Team and included evaluation of budget submissions.

A color key is included to denote in which areas the proposal for award allocation for FTEs is for either: New (YELLOW), Same (WHITE) Increased or Selected (GREEN), Decreased (RED), No bid (GREY) or Not Funded or Not Selected (NONE-WHITE).

ADDITIONAL INFORMATION:

FTE = Full Time Equivalent.
 The blended cost of an FTE: \$127,241
 The blended annual FTE available for RFQ Cost: \$127,241
 The blended hour cost: \$140.38
 The bended billable annual hours: 906.42 hours

Each FTE consist of 3.6% MD, 4.8% NP, 58.9% MA etc.

	In	Out	Total
Medical Doctor/Doctor of Osteopathic Medicine (MD/DO)	3.5231%	0.0418%	3.5649%
Nurse Practitioner/Physician Assistant (NP/PA)	4.7618%	0.0381%	4.7999%
Registered Nurse (RN)	0.3381%	0.0003%	0.3384%
Master Degree/Masters in Social Work (MA/MSW)	55.3864%	3.4817%	58.8681%
Bachelor of Arts Degree/Associate of Arts (BA/AA)	22.4237%	9.5441%	31.9679%
Para-Professional	0.1767%	0.2841%	0.4608%
TOTAL	86.6098%	13.3902%	100.0000%

In = Service at agency office
 Out = Outreach service occurring outside the agency office

For utilization, the percent under is the percent of the budget cap for which a given agency provided services. Negative numbers represent the percent of service under the budget cap.

**NSMHA 2013 RFQ for Mental Health Services
Award Recommendations - Advisory Board 2013 04 02**

Adult Outpatient Recommendation

FTE COLOR KEY

Current FTE/Funding		FTE COLOR KEY					Decrease	
		New	Increased	Same	NONE =	No bid	Not Funded	
Score rank		Island	San Juan	Skagit	Snohomish	Whatcom	Grand Total	
1	Whatcom Counseling & Psychiatric Clinic					16.75	16.75	
3	Sunrise Services			3.89	11.28		15.17	
4	Compass Health	5.37	1.56	13.60	36.86		57.39	
5	bridgeways				4.53		4.53	
7	Interfaith					3.19	3.19	
7	Sea Mar			1.66	4.89	2.55	9.10	
9	Lake Whatcom Center (Treatment)					5.40	5.40	
11	Therapeutic Health Centers							
	Total	5.37	1.56	19.15	57.56	27.89	111.53	

Proposed FTE/Funding

Score rank		Island	San Juan	Skagit	Snohomish	Whatcom	Grand Total
1	Whatcom Counseling & Psychiatric Clinic	0.00	0.00	0.00	0.00	17.75	17.75
3	Sunrise Services	4.00	0.00	4.87	19.62	NONE	28.49
4	Compass Health	5.37	2.05	13.60	37.00	0.00	58.02
5	bridgeways	0.00	0.00	1.00	2.00	0.00	3.00
7	Interfaith	0.00	0.00	0.00	0.00	3.60	3.60
7	Sea Mar	0.00	0.00	1.66	4.89	2.75	9.30
9	Lake Whatcom Center (Treatment)	0.00	0.00	0.00	0.00	6.67	6.67
11	Therapeutic Health Centers	0.00	0.00	0.00	NONE	0.00	0.00
	Total	9.37	2.05	21.13	63.51	30.77	126.83

Current Utilization

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

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

**NSMHA 2013 RFQ for Mental Health Services
Award Recommendations - Advisory Board 2013 04 02**

Child Outpatient Recommendation

FTE COLOR KEY

Current FTE/Funding							FTE COLOR KEY	
							Decrease	
							12.84	No bid
							NONE =	Not funded
Score rank		Island	San Juan	Skagit	Snohomish	Whatcom	Grand Total	
1	Catholic Community Services			5.03	6.56	8.79	20.38	
1	Whatcom Counseling & Psychiatric Clinic					2.45	2.45	
3	Sunrise Services							
4	Compass Health	2.69	0.56	2.93	22.79		28.97	
5	Northwest Education Service District 189							
7	Sea Mar			0.64	2.61	0.40	3.65	
9	Center for Human Services							
11	Therapeutic Health Centers							
	Total	2.69	0.56	8.61	31.96	11.64	55.46	

Proposed FTE/Funding

Score rank		Island	San Juan	Skagit	Snohomish	Whatcom	Grand Total
1	Catholic Community Services	0.00	0.00	5.03	7.56	9.00	21.59
1	Whatcom Counseling & Psychiatric Clinic	0.00	0.00	0.00	0.00	2.45	2.45
3	Sunrise Services	NONE	0.00	NONE	NONE	NONE	NONE
4	Compass Health	2.69	0.50	2.93	21.79	0.00	27.91
5	Northwest Education Service District 189	0.50	0.50	1.00	NONE	1.00	3.00
7	Sea Mar	0.00	0.00	0.64	2.61	0.40	3.65
9	Center for Human Services	0.00	0.00	0.00	4.00	0.00	4.00
11	Therapeutic Health Centers	0.00	0.00	0.00	NONE	0.00	NONE
	Total	3.19	1.00	9.61	35.96	12.85	62.61

Current Utilization

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

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

**NSMHA 2013 RFQ for Mental Health Services
Award Recommendations - Advisory Board 2013 04 02**

Adult IOP Recommendation

FTE COLOR KEY

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

Proposed FTE/Funding

Score rank		Island	San Juan	Skagit	Snohomish	Whatcom	Grand Total
1	Whatcom Counseling & Psychiatric Clinic	0.00	0.00	0.00	0.00	2.39	2.39
1	Sunrise Services	NONE	0.00	1.00	5.00	NONE	6.00
3	Compass Health	1.91	NONE	3.64	5.00	0.00	10.55
4	Lake Whatcom Center (Treatment)	0.00	0.00	0.00	0.00	3.77	3.77
5	Sea Mar	0.00	0.00	NONE	2.64	NONE	2.64
		0.00	0.00	0.00	0.00	0.00	0.00
		0.00	0.00	0.00	0.00	0.00	0.00
		0.00	0.00	0.00	0.00	0.00	0.00
	Total	1.91	0.00	4.64	12.64	6.16	25.35

Current Utilization

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

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

Evaluation and Treatment Center Recommendation

		Island	San Juan	Skagit	Snohomish	Whatcom	Grand Total
1	Compass Health				Selected		
2	Sea Mar				Not Selected		

2013 RFQ Applications from Interested Parties – Geographic Service Grids

OUTPATIENT

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

Outpatient Adult

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

2013 RFQ Applications from Interested Parties – Geographic Service Grids

Outpatient Child

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

IOP

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

NSMHA SYSTEMS OPERATIONS TEAM

Plan of Action and Milestones – Phase 1 Development to Release 2013 RFQ for Community Mental Health Services

Wednesday, March 27, 2013

ID	Task Name	Start	Finish	Duration	Q1 12			Q2 12			Q3 12			Q4 12			Q1 13		
					Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
1	Open Review of Draft 2013 RFQ by Staff	1/9/2012	2/6/2012	21d															
2	Draft List of Services for RFQ	2/1/2012	5/15/2012	75d															
3	Assignment of Groups to Review Draft RFQ	5/16/2012	6/29/2012	33d															
4	Schedule Room for Bidder's Conference	6/5/2012	6/5/2012	1d															
5	Re-Announcement of RFQ and MH Services at Integrated Provider meeting	6/18/2012	6/18/2012	1d															
6	Announcement, Introduction & Reviews of RFQ by County Coordinators, Planning Committee and Advisory Board	7/2/2012	9/11/2012	52d															
7	Prepare and Approval of RFQ by BOD for Release	9/6/2012	10/11/2012	26d															
8	RFQ Administrative Review, Finalize, Distribute	10/12/2012	10/30/2012	13d															
9	Release RFQ	10/31/2012	2/4/2013	69d															

NSMHA SYSTEMS OPERATIONS TEAM

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

Wednesday, March 27, 2013

ID	Task Name	Start	Finish	Duration	Q4 12		Q1 13			Q2 13			Q3 13			Q4 13		
					Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	
1	RFQ Bidder's Conference	11/9/2012	11/9/2012	1d														
2	Questions from Bidders Due	11/26/2012	11/26/2012	1d														
3	Letter of Interest from Bidders Due	11/28/2012	11/28/2012	1d														
4	Response to Bidders Questions	12/12/2012	12/19/2012	6d														
5	RFQs Applications Due at NSMHA	10/30/2012	2/1/2013	69d														
6	Internal Review of RFQ Applications for Completeness	2/4/2013	2/4/2013	1d														
7	Scoring Team Orientation and Evaluations	2/5/2013	2/13/2013	7d														
8	RFQ Results Reviewed at LT	2/19/2013	2/21/2013	3d														
9	RFQ Results presented to Planning Committee (Introduction 2/22 /Decision 3/22)	2/22/2013	3/22/2013	21d														
10	RFQ Results presented to County Coordinators (Introduction & Decisions)	2/26/2013	2/26/2013	1d														
11	RFQ Results presented to Advisory Board (introduction 3/5 //Decision 4/2)	3/5/2013	4/2/2013	21d														
12	RFQ Results presented to Board of Directors (Introduction 3/14 /Decision 4/11)	3/14/2013	4/11/2013	21d														
13	NSMHA Announces Contract Awards	4/15/2013	4/15/2013	1d														
14	RFQ Mandatory Contractor Forum for Selected Contractors	4/22/2013	4/22/2013	1d														
15	RFQ E&T Contract Negotiation/ Preparation/ BOD Approval	4/15/2013	6/13/2013	44d														
16	RFQ Outpatient/IOP Service Contract Negotiation/ Preparation/ BOD Approval	5/31/2013	9/16/2013	77d														
17	Transition Planning for ALL Service Contract Changes	4/15/2013	10/1/2013	122d														
18	New Contract Begins-Evaluation & Treatment (E&T Center)	7/1/2013	7/1/2013	1d														
19	New Contracts Begin-Outpatient Medication & Intensive Outpatient (IOP), Adults/Older Adults	10/1/2013	10/1/2013	1d														