

**NORTH SOUND MENTAL HEALTH ADMINISTRATION
ADVISORY BOARD MEETING**

Agenda

January 7, 2014

1:00 PM

1. Call to Order - Introductions, Chair (2 min)
2. Revisions to the Agenda, Chair (1 Min)
3. Comments from the Public (5 min)
4. Ombuds Snapshot Report (5 min) TAB 1
5. Approval of the December Meeting Minutes, Chair (1 min) TAB 2
6. Executive/Finance Committee Report (10 min) TAB 3
 - Conference Scholarship Criteria (Available at meeting)
7. Standing Board of Directors Committee Reports (5 min) TAB 4
 - Planning Committee
 - Quality Management Oversight Committee
8. Old Business (10 min) TAB 4
 - Election of Vice Chair (Ballot)
9. Executive Director Report (10 min) TAB 5
 - Recognition of Advisory Board Members
 - State Funded Individuals and Services (Available at meeting)
 - 2013-2016 Strategic Plan Progress Report (Available at meeting)
10. Action Items Being Brought To The Board of Directors (5 min) TAB 6
 - Memorandum
11. New Business (3 min) TAB 7
 - Compliance Training-Lisa (Available at meeting)
 - Number of Certified Peers (Available at meeting)
12. Reports from Advisory Board Members
13. Comments from County Advisory Board Representatives (5 min)
 - Island
 - San Juan
 - Skagit
 - Snohomish
 - Whatcom
14. Other Business (3 min)
15. Adjournment

NOTE: The next Advisory Board meeting will be February 4th, in the NSMHA Conference Room.

OMBUDS SNAPSHOT

January 1, 2014

Halfway through this 6-month reporting period we have opened cases on **44** NSMHA clients including 3 children. Two of these people had complaints specifically against hospitals. One had a complaint against Medicaid Transportation.

9 people of these **44** clients (just over 20%) are non-Caucasian. **1** is Latino, **4** are African American, **3** are Native American/Alaskan Native and **1** is Asian/Pacific Islander. There were 23 male and 21 female clients.

We've opened complaints on **41** people. There were **69** complaint occurrences: **21** in Consumer Rights; **12** in Physicians & Meds; **10** in Dignity & Respect; **6** in Services Coordination/Intensity; **5** in Housing; **4** in Quality Appropriateness; **3** in Emergency Services; **2** in Access; **2** in Violation of Confidentiality; **2** in Financial Services; **1** in Transportation; and **1** in Participation in Treatment.

There have been **6** Provider-level grievance cases this period with **11** occurrences: Consumer Rights (3); Physicians & Meds (3); Housing (2); Quality Appropriateness (1); Dignity & Respect (1); and Services Coordination/Intensity (1).

There have been **2** RSN-level Grievance cases with **7** occurrences: Consumer Rights (2); Physicians & Meds (2); Emergency Services (1); Quality Appropriateness (1); and Financial Services (1).

There were **0** Appeal cases.

There is **1** new administrative hearing this period with **7** occurrences: Access, Consumer Rights, Services Coordination/Intensity, Dignity & Respect, Quality Appropriateness, Physicians & Meds and Emergency Services.

Other Report issues:

Physicians & Medications issues: The 12 Physicians & Meds issues break out as follows:

1. Due to side effects, client titrated own meds down. Provider now tightly controls meds issue.
2. Client quit taking a med on their own. Prescriber tapered (cut) client's Benzodiazepine med as a result.
3. Client needs meds but has no DSHS insurance yet. Wants quicker prescription so they can buy them.
4. Client wanted to know how meds would affect them in the long run. Wasn't given a proper answer.
5. Client wanted to titrate off one med and begin another. Prescriber left Client on both.
6. Family member alleges "chemical restraint." Wants Client's meds reduced. Client is OK with current meds.
7. Client wanted different meds while in E&T. Client also wanted a more descriptive facts sheet on meds.
8. Client claims they were given only enough meds for 2 days but wanted a week's worth. Client also stated their meds days change frequently and are inconsistent.
9. Client is concerned about side effects; isn't getting med print-outs with meds.
10. Client claimed a hospital was "injecting them with drugs and sabotaging them."
11. Client wants benzodiazepine meds back. They were taken away following relapse.
12. E & T client complained meds weren't right and client isn't seeing the doctor enough.

Non-Pursued Outcomes: We had two *non-pursued* outcomes: (1) a client failed to return their medical release form and doesn't wish to pursue a complaint any longer. (2) The family member of a client initiated a complaint and provider-level grievance. The complaint was worked but the grievance was denied because the person did not have a proper durable power of attorney or guardianship.

New Issues:

1. We recommend NSMHA include its grievance process into future Mental Health Block Grant (MHBG) contracts if possible. This may require changes to the State-RSN MHBG contract process. We received a complaint from a terminated employee of a MHBG contracted organization. The complaint eventually generated other non-employment related complaints about the organization from a non-employee and former employees. While we are aware we can't be involved in employer-employee issues, we were surprised to find that there is no reference to complaints, grievances or Ombuds services in NSMHA's contracts with MHBG contractors. We are skeptical as to how well the non-employment related complaints were dealt with.
2. In treatment there is lots of interest in best practices and emphasis on finding what works best. Why not seek something similar in grievance resolutions? Ombuds will go back through several years of records to see if we can detect elements of grievance resolutions that prove most valuable in effectively resolving a grievance and keeping the resolution on track afterwards.
3. High no-show rates. We are reluctant to bring this issue up. We wish the providers would get together, conduct a study and develop measures on their own to solve this problem. One large provider agency told us they experience somewhere around a 20 to 30% client no-show rate for appointments. As far as we know there have been no studies on this high no-show rate to determine if all providers experience something similar. Perhaps analysis would clarify the root problem and propose solutions. It may be necessary to break out children verses adults and meds appointments verses clinician and other appointments. Questions that come to mind (some we are afraid to ask) are: is DSHS insurance charged for no-shows? Are no-shows counted against those who cancelled 24 or more hours in advance? What is that cancellation rate? How often do clinicians or prescribers cancel appointments and how often are clients not notified of that cancellation until they arrive for the appointment? Do treatment providers plan for no-shows in their schedules and if no-shows are reduced will that adversely affect those schedules? Do all providers hand clients a written appointment slip? Do all providers call clients a day or so prior to the appointment? This subject might lend itself to a performance improvement project someday.
4. Situations involving developmentally disabled clients who also experience mental disorders treatable by community mental health providers are often difficult. Without a joint, "mental health-developmental disabilities" strategy they are exceptionally difficult. We commend NSMHA for reviewing each grievance case of this type carefully and trying to ensure both areas are targeted.
5. Ombuds was already receiving calls in late December from "Medicaid expansion" clients who would become Medicaid eligible January first. Most calls so far have been requests for information. Ombuds was heartened to see that newly Medicaid eligible people are finding us quickly. Ombuds is prepared for a surge in client numbers and complaints if that occurs.

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

December 3, 2013

1:00 – 3:00pm

Present:	Island: - San Juan: Peg Leblanc Skagit: Joan Lubbe Snohomish: Marie Jubie, Joan Bethel, Fred Plappert, Jeff Ross Whatcom: Mark McDonald
Excused Absence:	Island: Candy Trautman San Juan: - Skagit: - Snohomish: Carolann Sullivan, Jennifer Yuen, Whatcom: Larry Richardson, Michael Massanari, David Kincheloe
Absent:	Island: - San Juan: - Skagit: - Snohomish: Megan Anderson Whatcom: -
Staff:	Marta Hammond, Jessica Ellis, Joe Valentine, Margaret Rojas, Joanie Williams
Guests:	Marilyn Plappert

MINUTES

TOPIC	DISCUSSION	ACTION
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CALL TO ORDER AND INTRODUCTIONS		
Chair	Mark initiated introductions. Greg introduced the two new NSMHA staff members, Marta Hammond and Jessie Ellis. He talked about their roles at NSMHA and asked them to speak on their past experience. Joe pointed out one of NSMHA's major strategic goals was to prepare for Health Care Reform. He said Marta's position as an RN is a direct result of planning efforts. Her position will assist NSMHA in working directly with the health care system. He spoke about Jessie's position being re-structured to focus on care coordination for individuals in intensive services. He also stated NSMHA is in the process of building out the information technology infrastructure.	Informational
REVISIONS TO THE AGENDA		
Chair	Adding Reports from the Board under New Business	Adding item under New Business
COMMENTS FROM THE PUBLIC		
Chair	none	
APPROVAL OF MINUTES		
Chair	Mark asked the group to review the November minutes, no revisions were requested. A motion was made to approve minutes, motion approved.	November minutes approved
EXECUTIVE/FINANCE COMMITTEE		
	2014 Budget Approval Fred spoke about the Proposed Budget, which was initially announced	2014 Advisory Board Budget approved

	in October. He asked if there were any modifications to the budget document and gave an overview of the line items. No modifications were mentioned. He spoke about last year's budget, 2014 allocations and referenced each line item. A motion was made to approve the budget for 2014, motion was seconded and approved.	
STANDING BOARD OF DIRECTORS COMMITTEE REPORTS		
	Planning Committee	
	No meeting in November	
	Quality Management Oversight Committee (QMOC) Report	
	No meeting in November	
OLD BUSINESS		
Chair	<p>2014 Pre-Meeting Topics</p> <p>Conversation took place regarding the upcoming Pre-Meeting in January regarding the presentation from the Skagit County Mental Health Court system participants. The group also talked about the Peer Support Model Presentation, many board members expressed interest in this topic. Marie was interested in a tour of the Skagit REACH Center and possibly Brad Berry coming back and speaking to the Advisory Board again. Margaret and Joe gave a brief overview of Dr. Brown's consultant role with NSMHA.</p> <p>Joe said we will keep the Pre-Meeting forms in the binders so the upcoming topics are readily available.</p> <p>Peg stated she would like to present to Advisory Board information regarding co-occurring disorder of chemical dependency and mental health. Joe and the Board concurred. Joanie will add this to the Pre-Meeting spread sheet and follow up with Peg for a presentation date.</p>	<p>Informational</p> <p>Pre-Meeting page to stay in packets.</p> <p>Peg Leblanc will present @ a future Pre-Meeting</p>
EXECUTIVE DIRECTOR'S REPORT		
	<p>Governor Inslee's Approach to Behavioral Health Care Purchasing</p> <p>Joe spoke about the letter NSMHA received from DBHR regarding the CMS (Centers for Medicare and Medicaid Services). The letter held Washington is in violation of procurement policies, due to not utilizing an open procurement process in contracting for mental health services. Joe went on to speak about the Governor's proposal to CMS, processes and time lines. He also talked about the alternative plan, or second option. Group conversation ensued with the Board Members. Joe said he will keep the Board informed each month as updated information becomes available.</p>	Informational
ACTION ITEMS BEING BROUGHT TO THE BOARD OF DIRECTOR		
	<p>Memorandum</p> <p>Conversation took place regarding each of the action items being approved separately. There was a decision to vote on each item individually. A motion was made to approve the first action item, all were in favor, with one abstention. The second item was discussed, all were in favor, none opposed. The third item was discussed, all were in favor, none opposed.</p>	Action items approved for recommendation to the Board of Directors

	<p>2014 Proposed NSMHA Budget</p> <p>Joe gave the group an overview of the 2014 Proposed NSMHA Budget. He answered the Board Member's questions. A motion was made to forward the proposed budget to the Board of Directors, motion was seconded and approved.</p>	<p>Motion approved to forward Proposed Budget to Board of Directors</p>
NEW BUSINESS		
Chair	<p>Report from Board Members</p> <p>Marie talked about a trip she took to Olympia. She was asked to speak to a group of attorneys. Fred briefly mentioned attending the Certificate of Need hearing on the proposed 75 bed facility in Smokey Point. He also spoke about the new court house which will hold mental health court. Russ talked about the Whatcom Chapter of NAMI having their annual Christmas party on Thursday, December 12th. He also announced NAMI's monthly education forum on December 12th.</p>	<p>Informational</p>
<i>COMMENTS FROM COUNTY ADVISORY BOARD REPRESENTATIVES</i>		
Island		
San Juan		
Skagit		
Snohomish	<p>Marie gave an update on the bus shelter issue and talked about the individuals she recently contacted and the new actions taken. Fred talked about the Senator, John McCoy.</p>	<p>Informational</p>
Whatcom		<p>Informational</p>
OTHER BUSINESS		
Chair	<p>The Chair mentioned the introduction of NSMHA Staff and noted this was done previously in the meeting.</p> <p>NSMHA 2014 Meeting Calendar</p> <p>Margaret said the Meeting Calendar was in the Board Member's binders. It shows the 2014 dates of all NSMHA's meetings.</p>	<p>Informational</p>
<p>ADJOURNMENT: Mark acknowledged Russ's Advisory Board tenure of 9 years and noted this is his last meeting. Russ was asked to attend the January Advisory Board Meeting so he could be acknowledged for his time served on the Board. Russ asked for us to confirm this with him. Mark ended the meeting with a note on the potential dismissal of a Board Member due to unexcused absences.</p>		
Chair	<p>Meeting adjourned at 2:09</p>	

North Sound Mental Health Administration

Regional Support Network for Island, San Juan, Skagit, Snohomish, and Whatcom Counties
Improving the mental health and well being of individuals and families in our communities

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Planning Committee Brief December 6, 2013

Centers for Medicare/Medicaid Services (CMS) Letter

The state has asked for an extension on the timeline for submitting a corrective action plan for the procurement process of mental health services. The Governor and the State have begun planning for an open procurement process which would also integrate mental health and chemical dependency. The state would be divided into service areas with the north sound thought to remain as it is. The counties have stressed how important it would be for them to have authority on any governing board set up as these services are all done with much county involvement and funding.

Strategic Plan Progress Report

This is the progress report for the year with a dashboard showing progress toward the goals. Four goals were prioritized and NSMHA works on all the goals as time permits. This is year one of the three year plan and progress has been made on the goals.

2014 State Funding Reductions

The State, non-Medicaid, funding allocation to NSMHA will be reduced by \$1.6 million in Calendar Year 2014 plus a 50% cut - \$ 373,104 – in state funding for Jail Transition Services. NSMHA is able to maintain the current level of contracted state and jail transition service funding until June 30, 2014. Areas to cut state funding would be outpatient, peer centers or mobile outreach teams. Input is being sought on what areas to make the cuts; all from outpatient or from other areas as well. Planning has asked for a more detailed breakdown of the distribution of state only funds.

Crisis Services Redesign

NSMHA has completed Phase One of its Crisis Services Redesign Process – gathering key informant and community stakeholder input. Phases 2 and 3 will identify priorities based on this input, recommend options for the redesign, and conduct procurement and/or contract negotiations to implement the options. At this point input is being sought on the proposed timeline and what the most critical strategies would be to pursue.

QMOC Brief
December 11, 2013

Draft State Quality Assurance Plan for Wraparound with Intensive Services

Driven by the T.R. v. Dryfuss Settlement, the State restructured their quality improvement process to include an Executive Team, Family, Youth, System Partner Roundtables (FYSPRTs), a Data and Quality Team, and the DBHR Quality Improvement Program. The Data and Quality Team is responsible for the State Quality Assurance Plan and has developed a draft that was reviewed by a subcommittee which agreed revision will be needed as the WISE implementation plan is developed. The subcommittee will meet again on January 14, 2014.

ICRS Policy 1703 – Duration of Crisis Services

This policy was last reviewed in 2008 and was up for review. The Integrated Crisis Response Services (ICRS) subcommittee made only minor revisions and QMOC passed a motion to approve the policy. The policy will go into effect 60 days after posting to the web.

Recovery Resiliency Plan Review

With the recent Washington Administrative Code (WAC) revision, the requirement to review the Recovery/Resiliency Plan at a minimum of every 180 days was eliminated. At the October meeting strategies were called for to ensure timely review. Providers noted that as many are mid-way through the implementation of Electronic Health Records (EHR) where much of this is already programmed it made sense to keep the same requirements. The policy around this will be revised and sent out for 30 day review.

Planning for Upcoming Reductions in State Funding

The funding allocation chart was reviewed and discussed with emphasis on the importance of getting every individual in our system qualified for Medicaid if possible. NSMHA is proposing a cap on State funds allocated to each agency along with changes to the authorization process for the issue of individuals that lose Medicaid for periods of time. Providers expressed concern over continuity of care with the loss of State funding to outpatient services.

Regional Training Plan

NSMHA is looking into purchasing an online Regional Training System that would ensure consistent, quality training region-wide. Another important element would be the ability to document and track the training that provider clinicians have obtained.

2012-14 NSMHA Quality Management Plan

QMOC approved the 2012-14 NSMHA Quality Management Plan at the October 23, 2013 QMOC meeting. The Committee Discussion Form is attached for a brief background and overview of this new document. The full plan is available upon request.

North Sound Mental Health Administration Advisory Board Ballot

For Vice Chair of the Advisory Board,

Vote for one:

Fred Plappert

David Kincheloe

North Sound Mental Health Administration Advisory Board Ballot

For Vice Chair of the Advisory Board,

Vote for one:

Fred Plappert

David Kincheloe

MEMORANDUM

DATE: January 2, 2014
TO: NSMHA Advisory Board
FROM: Joe Valentine, Executive Director
RE: January 9, 2013, Board of Director's Agenda

Please find for your review the following that will go before the NSMHA Board of Directors at the January 9, 2013, meeting:

Action

SNOHOMISH COUNTY-NSMHA-INTERLOCAL AGREEMENT-2014 for the purpose of funding the Snohomish County Triage Center operated by Compass Health. The consideration on this Agreement is \$494,000 for a term of January 1, 2014 through December 31, 2014.

cc:
County Coordinators
NSRSN Management Team