

MEMORANDUM

TO: NSRSN Board of Directors and All Interested Parties
FROM: Rae A. Benjamin, NSRSN Office Manager
RE: Meeting Information
DATE: March 8, 2000

Please note the next meeting of the NSRSN Board of Directors will be held on:

**Thursday, March 23, 2000
North Sound Regional Support Network
Conference Room
117 North 1st Street, Suite 8
Mt. Vernon, WA
1:30 PM**

The Board of Directors Packet is attached for your review. I look forward to seeing you there.

For Special Disability accommodation needs, please call Rae at (360) 416-7013, ext. 222 at least 48 hours in advance, if possible.

**NORTH SOUND REGIONAL SUPPORT NETWORK
BOARD OF DIRECTORS MEETING**

**North Sound Regional Support Network
Conference Room
117 North 1st Street, Suite 8
Mt. Vernon, WA
March 23, 2000
1:30 PM**

AGENDA

1. Call to Order; Introductions – Chair
2. Revisions to the Agenda – Chair
3. Approval of February Minutes – Chair
4. Comments & Announcements from the Chair
5. Board Discussion – Chair

“ In an ideal world, what is your idea of what Mental Health Services would look like?”
6. Comments from the Public
7. Report from the Advisory Board, Dan Bilson – Chair
8. Report from Executive/Personnel Committee, Dave Gossett, Chair
9. Report from the Executive Director, Merle Adrian
 - NSRSN Staff Activities Reports
 - Dr. Keith Brown, NSRSN Medical Director
10. Report from the Fiscal Officer, Bill Whitlock
11. Consent Agenda, Merle Adrian

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.

The NSRSN Board of Directors moves to approve the Consent Agenda:

Motion #00-008 To review and approve NSRSN claims paid from February 2000 to February 29, 2000. Total dollar amount of warrants paid in February 2000 \$ (not available at this time). Total February payroll of \$(not available at this time), and associated benefits.

Motion #00-009 To authorize NSRSN to develop and publish Request for Proposal (RFP) for janitorial services of NSRSN offices located at 117 N. First Street, Mount Vernon Washington and to authorize the NSRSN Executive Director to contract with the successful bidder (the bidder whose proposal is most advantageous to the NSRSN), effective July 1, 2000 through June 30, 2001.

Motion #00-010 To authorize NSRSN Staff to solicit private foundations and other funding resources in order to secure funding for a Mobile FAS/E (Fetal Alcohol Syndrome/Fetal Alcohol Effects Disorders) Diagnostic Unit that would travel between the eight tribes within the NSRSN Service area.

12. Action Items, Merle Adrian

Motion #00-006 To authorize NSRSN Executive Director to enter into contract amendment NSRSN-APN-99-10-01 (5) with Associated Provider Network for Children's Hospital Alternative Program Services (CHAP) effective April 1, 2000 through December 31, 2000. Maximum consideration for this nine (9) month statement of work would not exceed \$518,193.

Motion #00-07 To authorize NSRSN Level of Care Manual, Revision #1, as attached.

13. Motions Not Yet Reviewed by the Advisory Board

Motion #99-IN04 To introduce the revised NSRSN Personnel Policies and Procedures Manual.

14. Executive Session

15. Reconvene

16. Adjournment

NOTE: The next Board of Directors meeting is scheduled for Thursday, April 27, 2000, at 117 North First Street, Suite 8, Mt. Vernon, WA 98273-2858.

**NORTH SOUND REGIONAL SUPPORT NETWORK
BOARD OF DIRECTORS MEETING**

**NSRSN Conference Room
117 N. First Street, Suite 8
Mt. Vernon, WA
February 24, 2000
1:30 PM**

MINUTES

Board Members Present:

Rhea Miller, Chair, San Juan County Council
Ward Nelson, Vice Chair, Whatcom County Council
Dan Bilson, Chair, NSRSN Advisory Board
Marianna Conner, Alternate for Bob Drewel, Snohomish County Executive
Dave Gossett, Alternate for Gary Nelson, Snohomish County Council
Bob Hart, Skagit County Council
Robin Hazen, Alternate for Kirke Sievers, Snohomish County Council
Susan Neely, Alternate for Rick Larsen, Snohomish County Council
Gary Ramey, Tulalip Tribes
Bill Thorn, Alternate for Mike Shelton, Island County Council

NSRSN Staff Members:

Merle Adrian, Rae Benjamin, Sharri Dempsey, Marcia Gunning, Dolores Holtcamp,
Greg Long, Francene Thompson, Michael White, Bill Whitlock

County Staff:

Linda Morris, Gary Williams

Guests:

Vickie Allen, Ross Cline, Jeff Dyer, Karen Efron, Susan Ekman, Mary Good, Josefa Gonzalez, Madaleine Lippert, Rodney Lund, Maureen Masterson, Rita Meehan, Ken Morgan, Kevin Paul, Jane Relin, Kevin Scully, Katherine Sharke, Sandy Stork, Ellie Thompson, Diane Vendiola, Alan Windsor, Josselyn Winslow, Yu-Ming Zhu

1. Call to Order; Introductions – Chair

Rhea Miller called the meeting to order at 1:27 PM. Introductions were made.

2. Revisions to the Agenda – Chair

There were none. Chair Miller stated that an Executive Session would take place today and would last approximately twenty minutes.

3. **Approval of February 3rd Minutes – Chair**

A motion was made, seconded and carried to approve the minutes of February 3rd as written. Mr. Bilson had question on the definition of TANF. The acronym stands for Temporary Assistance for Needy Families.

4. **Comments & Announcements from the Chair**

Chair Miller presented certificates to the funding recipients of the NSRSN Consumer-Oriented Projects. She expressed appreciation for the projects and all who contributed to the success of the RFP process. For a list of recipients, see attachment A.

Chair Miller noted that the May meeting of the Northwest Regional Council will be held in San Juan County, specifically on San Juan Island, and that it happens to take place on the same day at the NSRSN Board of Directors meeting. As several members of the NSRSN Board of Directors are on that committee, Chair Miller recommended that the May meeting of the NSRSN Board of Directors also be held on San Juan Island, asking that feedback regarding this be registered with Rae Benjamin.

Mr. Adrian asked all meeting attendees to sign in on the official attendance record.

5. **Board Discussion – Chair**

Chair Miller noted the Nation's foremost business consultants are discovering that any problem in an organization can be solved by addressing one of three things: the vision or identity of the organization; assuring abundant sharing of information; and recognizing the primacy of building relationships over trying to control outcomes.

Chair Miller stated her desire to promote dialogue among Board members regarding the following question: **“What has been most inspiring about the area of mental health that you have seen?”**

She encouraged all to speak. She referred members to Board Protocol for replying to the question, see attachment B for more information. Responses included the following:

Mr. Bilson cited the value of SB 5400 and formation of NSRSN.

Mr. Nelson noted the positive development of the NSRSN Board and relationships with advocates, consumers and communities. He is also inspired by the strength of the Board and staff in making a difference in the lives of consumers.

Mr. Gossett praised the reduced stigma around consumers and stated how inspired he is by those who have created and run their own businesses.

Mr. Hart noted his admiration regarding the strong commitments of providers, advocates, the Board and the NSRSN to deal effectively with mental health issues.

Ms. Connor noted all of the positive changes in the Mental Health system over the past several years. She praised the commitment to family and community-oriented services, as well as the stability and maturity of the system in helping people more effectively, closer to home.

Mr. Ramey stated he is inspired by the commitment and hard work of both RSN staff and Board members to make a positive difference in the lives of those touched by mental illness. As a provider, seeing individuals grow and heal touches him.

Chair Miller noted that she was inspired by a recent Reactive Attachment Disorder workshop that dealt with the results of children 0-3 years old who had been severely abused or neglected. Average recovery time is normally six years, but in these children it was six months. She was amazed that by reaching out, changes can be made in such a short time.

6. Comments from the Public

Josefa Gonzales thanked the Board of Directors for allowing her to speak. She stated that she had worked in Skagit County for ten years, then was away due to mental illness, and has recently returned. She has come back to provide services to the migrant farm workers letting them know what services are available in this area. They are here, although we tend not to see them. They need kindness, heart and love. It is very important to respect everyone and do the best that we can.

Rodney Lund stated that he is involved with NAMI and employed by Whatcom Counseling and Psychiatric Clinic as well as involved with vocational services at the Rainbow Center. He said he was moved by Chair Miller's comment and that it ties into why he is speaking. As a family advocate he has seen great changes. There are many options now that were not available ten years ago. He has seen significant progress of people getting help within their communities, looking for jobs and participating in the community. Whatcom County is trying a PACT (Program of Assertive Community Treatment) Plus pilot project. He said he is very impressed with that pilot project. He asked everyone to contact their representatives to urge support and funding for the PACT Plus pilot project HB3125 so those most in need get the services they need.

Josselyn Winslow thanked the Board for supporting the program the Alzheimer Society of Washington will be starting on March 17th, running for ten weeks. The program addresses persons both in the early stages of dementia and the secondary stages of dementia. She invited all to attend. Further information can be obtained from Attachment C, Alzheimer Society Support Program information. She introduced Sandy Stork and Madaleine Lippert as the two group leaders of the program.

7. Report from the Advisory Board, Dan Bilson – Chair

Mr. Bilson reported that the Advisory Board canceled its regularly scheduled meeting in February for an Advisory Board Retreat. A summary of the retreat will be provided by facilitator Amanda Madorno. He stated that feedback from members has been positive. He is looking forward to constructive suggestions coming from the Advisory Board to the Board of Directors.

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

Mr. Gossett reported that the committee met today to discuss whether or not Ombuds Services should be contracted outside the organization. They received a report from a County Coordinator workgroup recommending the development of an RFP in order to contract these services outside the NSRSN offices. Mr. Gossett also reported that NSRSN staff will develop an RFP to be submitted to the Board of Directors in the near future. See Attachment D, Ombudsman Location report for more information.

Mr. Gossett also reported that the committee is working on the NSRSN Personnel Policies and Procedures that will be introduced at the next meeting.

9. Report from the Executive Director, Merle Adrian

- NSRSN Staff Activities Reports

Mr. Adrian informed the Board that the NSRSN is in the process of revising its Strategic Plan. Ward Nelson is chairing the Strategic Planning subcommittee of the Planning Committee. Community forums and a postcard survey are being developed to assist with feedback and analysis processes.

Mr. Long provided the group with a presentation on the NSRSN Monthly Mental Health Services Reports. He explained that the purpose of these reports is to provide an overview of the five county system including income revenues, outpatient service activities, crisis line activity and inpatient service activities as well as Medicaid eligibles. Brief discussion took place. See attachment E for more information.

10. Report from the Fiscal Officer, Bill Whitlock

Mr. Whitlock reported that the December and January statements will be presented in March due to year-end adjustments. The February payment from the state does not include the Temporary Assistance for Needy Families payment that includes about 100,000 people statewide. The new contract effective January 1st states that the NSRSN will be paid for them, however the state has not yet added this payment. NSRSN received a February adjustment was paid to APN in the amount of \$182,773. Next month TANF will be added to payment. See attachment F for more information.

11. Consent Agenda, Merle Adrian

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.

The NSRSN Board of Directors moves to approve the Consent Agenda:

Motion #00-003 to review and approve NSRSN claims paid from January 1, 2000 to January 31, 2000. Total dollar amount of warrants paid in January: \$2,784,448.35. Total January payroll of \$66,247.34, and associated benefits in the amount of \$9,510.28.

Motion #00-004 to review and approve the NSRSN purchase of a Security/Burglar Alarm System at NSRSN offices located at 117 N. First Street, Suite 8, Mt. Vernon, Washington.

Motion #00-005 to review and approve contract amendment NSRSN-BDS-99-MIS (1) with Behavioral Data Systems, Exhibit A-1 effective March 1, 2000 through June 30, 2001. Maximum consideration will not exceed 2000 Adopted Budget.

A motion was made to approve the consent agenda, seconded and approved unanimously.

12. Action Items, Merle Adrian

Motion #00-002 to approve the NSRSN/Tribal 2000 Annual 7.01 Plan as introduced at the January 2000 Board meeting held on February 3, 2000.

Sharri Dempsey stated that the first NSRSN Tribal training of the year would take place on March 22nd and would be on Fetal Alcohol Syndrome and Effect on treatment methodologies. See attachment G for more information.

Ms. Dempsey provided a presentation on the NSRSN 7.01 plan. See attachment H for further information.

Mr. Ramey complimented Ms. Dempsey for her accomplishment in putting together a plan in which all the tribes agree. She received high praise from the Board of Directors.

Motion made, seconded and approved. Motion carried.

13. Motions Not Yet Reviewed by the Advisory Board

Motion #99-IN02 to introduce contract amendment NSRSN-APN-99-10-01 (5) with Associated Provider Network for Children's Hospital Alternative Program Services (CHAP) effective April 1, 2000 through December 31, 2000. Maximum consideration for this nine (9) month statement of work would not exceed \$518,193.

This contract will be presented in full at the next meeting of the Board of Directors.

Motion #99-IN03 to introduce NSRSN Level of Care Manual Revision #1. This issue will be fully presented at the next meeting of the Board of Directors.

14. Executive Session

The Board went into executive session at 3:10 p.m.

15. Reconvene

The Board reconvened at 3:30 p.m.

16. Adjournment

Chair Miller adjourned the meeting at 3:32 p.m.

Respectfully submitted,

**/s
Rae Benjamin**

Edited by Merle Adrian

NSRSN STAFF ACTIVITIES REPORT

March 23, 2000

TOPIC	PROGRESS
Assistant Director/Planner – Greg Long	
1999 MHD Audit Response	NSRSN submitted its response to the 1999 MHD Audit on February 15, 2000. The NSRSN had corrected the three findings and proposed responses to the twenty-six quality improvement issues to be implemented during the next year. On March 3, 2000, the received written notification from the Mental Health Division that it had giving the NSRSN Full Certification status.
Western State Hospital Census	NSRSN and its providers are focusing on minimizing the number of consumers being sent to Western State Hospital and arranging for the most rapid discharge possible. This effort involves working with providers and Home and Community Services to use all of the resources within the North Sound Region as effectively as possible.
NSRSN Strategic Planning Process	The Strategic Planning Sub-Committee has approved a brief strategic planning survey done as a half-page postcard. Its purpose is to get broad input on strategic planning priorities for the next three years. Community meetings will be conducted in partnership with the counties in all part of the region in April.
Children's Planning	NSRSN Staff is participating in several initiatives to improve children's services. NSRSN staff is participating in APN's planning grant looking at improving services to high need children. The NSRSN is also meeting with the Division of Children and Family Services to look at improved services to high need children that are served by both the child welfare system and the mental health system.
Planning Committee	NSRSN Planning Committee reviewed the Older Adult Services report and it is now being circulated for public comment. The Committee also began reviewing the use of inpatient savings dollars and participation of providers on the NSRSN Planning Committee and Sub-Committees.

NSRSN STAFF ACTIVITIES REPORT

March 23, 2000

TOPIC	PROGRESS
Clinical/Quality Assurance – Francene Thompson	
Clinical/Quality Management	<ul style="list-style-type: none"> • Planning and work sessions continue in development of the NSRSN Quality Management Plan 2000. Completion of the project is expected by the end of the month. • The Quality Management Team is now conducting a Concurrent Review of charts for consumers at levels two, three, and four. The review will be completed by the end of the month. • The complaint and grievance process is being re-examined by staff and an improved report and tracking method is under development. Included will be an integration of information from complaints/grievances at the provider level, as well as data from quarterly Ombuds reports. Information from this combined report will be presented to QMOC for their review and recommendations. • Departmental attention is being focused on issues of utilization of Western State Hospital, with intensified efforts to find appropriate placements for consumers who are developmentally disabled. Another issue of great concern to NSRSN is the building of capacity to serve older adults locally rather than at the state hospital. Ongoing meetings are occurring between NSRSN Quality Management staff and Home and Community Services to address this need. • NSRSN's application for Washington State Department of Health Certification as a Coordinated Quality Improvement Program is being prepared for submission. Inherent in this process is clarification of the difference between the quality assurance and quality improvement functions of a managed care organization. This certification by the DOH will enhance the Region's ability to carry out effective quality improvement activities.

NSRSN STAFF ACTIVITIES REPORT

March 23, 2000

TOPIC	PROGRESS
Contract Compliance/Financial Services – Marcia Gunning	
Year –End Finance:	<ul style="list-style-type: none"> ◆ Continuing to work on the 1999 year-end financial processing; contracts reconciliation, quarterly and year-end financial reports to MHD, etc.
Department Budgets:	<ul style="list-style-type: none"> ◆ Implementing Departmental Budget system for the NSRSN. In prior years the NSRSN Administrative Budget was not by Department. Each Department Manager will be responsible for monitoring and adhering to their approved 2000 budget. We are in the process of implementing a system to report and monitor expenditures by department.
SLA's and Salary Survey:	<ul style="list-style-type: none"> ◆ Intensive review, analysis and additional survey of Contracts, Financial Services and MIS staff job descriptions and related salaries. Made formal report of finding to Management and Washington Firm.
Medicaid Eligibles:	<ul style="list-style-type: none"> ◆ Continue to develop and fine tune NSRSN system to reconcile Medicaid eligibles with State MHD and MAA.
Inpatient Subcommittee:	<ul style="list-style-type: none"> ◆ Member of state-wide RSN Inpatient sub-committee who will be meeting monthly to address inpatient payment and reconciliation issues that occur when RSN's dispute MAA payments and/or dispute RSN to RSN payment transfers, in order to bring recommendations forward to RSN Administrators
Inpatient Reconciliation:	<ul style="list-style-type: none"> ◆ Continue to develop and fine tune NSRSN system to reconcile Inpatient and Inpatient Savings payments with MHD and MAA. We are running into irregularities and concerns with State Payment system. Working with MHD and other RSN's to develop processes. Our efforts have resulted in savings to the NSRSN.
MHD Contract Committee:	<ul style="list-style-type: none"> ◆ Active participant in MHD/RSN/Other stakeholder MHD Contract review for 2001-2003 Biennium. This is a monthly meeting.
Administrative On-Site Audit Preparation:	<ul style="list-style-type: none"> ◆ Drafted 2000-2001 Biennium Administrative Monitoring Tool.
QMOC Subcommittee:	<ul style="list-style-type: none"> ◆ Participated in QMOC 1999 QM Plan Review and 2000 Plan Development Subcommittee.
RFP 99-01 Awards:	<ul style="list-style-type: none"> ◆ Continued contract negotiations and execution process with the 18 RFP 99-01 award recipients.
Advisory Board:	<ul style="list-style-type: none"> ◆ Continue to work with Advisory Board Finance Committee in establishing process and priorities, budget, expenditure approval process, etc.
Staff Retreat:	<ul style="list-style-type: none"> ◆ Participated in ½ day Staff Retreat follow-up meeting.
Monthly Meetings:	<ul style="list-style-type: none"> ◆ Participated in and/or facilitated various meetings/committees/workgroups throughout the month (ie., QMOC, Finance Committee meetings, MHD/RSN Inpatient Roundtable meetings, staff meetings, management team meetings, on-site audit committee meetings, etc.
Board Retreat	<ul style="list-style-type: none"> ◆ Participated in 1.5 day Board Retreat (March 23rd and 24th)

NSRSN STAFF ACTIVITIES REPORT
March 23, 2000

TOPIC	PROGRESS
Management Information Systems – Christine Austin	
SLA Agreement	Joined in the project of development of Service Level Agreements, 2 .5 day sessions
Provider Transmissions	Continued communication regarding transmission of data to RSN database with Marsha Murray.
Code Changes	Reviewed codes transmitting to MHD for all transactions implemented in January 2000 Core Data Dictionary. As codes were found to need updating, the data was resent to reflect the changes.
Met with Diana Striplin and Linda Vaughan	1.5 hour Meeting held at Snohomish County reviewed Level of Care Manual description of Inactive Status and reported on how Behavioral Data System software is capable of handling. Reviewed Discharge and Disenrollment Descriptions. As a result of the meeting codes are being reviewed to be sure these descriptions are being captured in a meaningful way through the database.
Development of Data Analysis form	A simple form listing a topic and details will be accompanying the monthly packet of Standard Reports. This analysis will take on different forms as the NSRSN Core Data Dictionary is defined and implemented. Base lines for measuring and analyzing will need to be established.
MIS Meeting	A meeting with BDS, NSRSN, NSRSN providing agencies, APN, APN individual providing agencies. This meeting included follow up Question and Answer Discussion on data transmission. Quality improvement issues also discussed.
Procedure to look at Weekly Status Report	Created a procedure to download and analyze the Weekly Status Report from the MHD. To analyze number of minutes reported, number of clients, and error transactions.

NSRSN STAFF ACTIVITIES REPORT
March 23, 2000

TOPIC	PROGRESS
Office Manager's Report – Rae Benjamin	
Support Staff Projects	The support staff continue to work on the support staff projects in order to address issues such as preparation procedures for Board and Advisory Board packets, central filing system, records retention protocols, staff training, mail procedures, crisis protocols, etc.
Staff Retreat	Support staff participated in the half-day Staff Retreat on February 7, 2000 and will also to participate in the full day retreat scheduled for March 17, 2000.
Computer Training	Two support staff attended a one day PowerPoint seminar in order to create presentations and assist staff with presentations using the multimedia projector.
Security System	A security system is being installed this month as a reasonable safeguard for the protection of the NSRSN staff, equipment and facility. Measures are already in place to provide security for the doors and for staff remaining in the office after the close of business.

NORTH SOUND REGIONAL SUPPORT NETWORK
NSRSN Board of Directors
Approval Form

TO: NSRSN Board of Directors
FROM: Merle D. Adrian, Executive Director
DATE: March 8, 2000

Action Requested: The NSRSN Board is asked to approve **Motion #00-008**

Approval Date: March 23, 2000

Source of Request: Bill Whitlock, Fiscal Officer

Motion: To review and approve NSRSN claims paid from February 2000 to February 29, 2000. Total dollar amount of warrants paid in February 2000 \$ (not available at this time). Total February payroll of \$ (not available at this time), and associated benefits.

Background: Reviewed by Bob Hart and Kirke Sievers March 23, 2000.

Fiscal Implications: We do not anticipate exceeding the annual budget.

Attachment(s): None.

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

/s
Executive Director (Signature)

NORTH SOUND REGIONAL SUPPORT NETWORK
NSRSN Board of Directors
Approval Form

TO: NSRSN Board of Directors
FROM: Merle D. Adrian, Executive Director
DATE: March 8, 2000

Action Requested: The NSRSN Board is asked to approve **Motion #00-009**

Approval Date: March 23, 2000

Source of Request: Marcia Gunning, Contracts Compliance/Financial Services Manager

Motion: To authorize NSRSN to develop and publish Request for Proposal (RFP) for janitorial services of NSRSN offices located at 117 N. First Street, Mount Vernon Washington and to authorize the NSRSN Executive Director to contract with the successful bidder (the bidder whose proposal is most advantageous to the NSRSN), effective July 1, 2000 through June 30, 2001.

Background: Current Janitorial Services Contract with Service Alternatives Sunsets June 30, 2000. The NSRSN would like to RFP for this service and enter into a 12 month contract with the successful bidder.

Fiscal Implications: None

Attachment(s): No

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

/s
Executive Director (Signature)

NORTH SOUND REGIONAL SUPPORT NETWORK
NSRSN Board of Directors
Approval Form

TO: NSRSN Board of Directors
FROM: Merle D. Adrian, Executive Director
DATE: March 8, 2000

Action Requested: The NSRSN Board is asked to approve **Motion #00-010**

Approval Date: March 23, 2000

Source of Request: Sharri Dempsey, Tribal Liaison

Motion: To authorize NSRSN Staff to solicit private foundations and other funding resources in order to secure funding for a Mobile FAS/E (Fetal Alcohol Syndrome/Fetal Alcohol Effects Disorders) Diagnostic Unit that would travel between the eight tribes within the NSRSN Service area.

Background: The closest Medicaid reimbursement Diagnostic Centers are in Seattle; the University of Washington and Children's Hospital. Both currently have a waiting list of up to two years for FAS/E diagnostic testing. Recent nationwide statistics indicate that up to 40% of the Tribal populations may be affected by FAS/E. Individuals diagnosed with FAS/E have behavioral disorders that mirror those of children, adolescents and adults who are emotionally disturbed/mentally ill.

Fiscal Implications: None

Attachment(s): No

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

/s
Executive Director (Signature)

NORTH SOUND REGIONAL SUPPORT NETWORK
NSRSN Board of Directors
Approval Form

TO: NSRSN Board of Directors
FROM: Merle D. Adrian, Executive Director
DATE: March 8, 2000

Action Requested: The NSRSN Board is asked to approve **Motion #00-006**

Approval Date: March 23, 2000

Source of Request: Marcia Gunning, Contracts Compliance/Financial Services Manager

Motion: To authorize NSRSN Executive Director to enter into contract amendment NSRSN-APN-99-10-01 (5) with Associated Provider Network for Children's Hospital Alternative Program Services (CHAP) effective April 1, 2000 through December 31, 2000. Maximum consideration for this nine (9) month statement of work would not exceed \$518,193.

Background: As a result of the concluded NSRSN/DCFS CHAP review, the NSRSN Review committee and staff recommend entering into a nine (9) month contract with APN for CHAP services as stated in attached Statement of Work. The NSRSN CHAP Negotiating Team has successfully negotiated this CHAP Statement of Work with Associated Provider Network (APN).

Fiscal Implications: None

Attachment(s): Yes

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

/s
Executive Director (Signature)

**NORTH SOUND REGIONAL SUPPORT NETWORK
CONTRACT AMENDMENT**

**CONTRACT NO. NSRSN-APN-99-10-01
Amendment (5)**

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

1. Effective April 1, 2000 Exhibit I – Children’s Hospital Alternative Program Statement of Work shall be replaced by Exhibit I -A, Children’s Hospital Alternative Program Statement of Work, see attached.
2. Effective April 1, 2000 Addendum I - North Sound Regional Support Network Children’s Hospital Alternative Program Standards of Care shall be incorporated as a contract requirement, see attached.
3. Exhibit G shall be replaced by attached Amended Exhibit G (5)
4. Maximum consideration of this Amendment shall not exceed \$518,193.

ALL TERMS AND CONDITIONS OF PERFORMANCE OUTLINED IN CONTRACT NO. NSRSN-APN-99-10-01 THROUGH AMENDMENT FOUR 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

Merle Adrian, Executive Director Date

Authorized Signature Date

(Name of Authorized Signature Above – print or type)

EXHIBIT I-A

NORTH SOUND REGIONAL SUPPORT NETWORK

CHILDREN'S HOSPITAL ALTERNATIVE PROGRAM

This Exhibit shall be effective April 1, 2000 through December 31, 2000.

I. PURPOSE

This Statement of Work is Exhibit I -A of the Integrated Community Support Mental Health Program Services Agreement between North Sound Regional Support Network (referred to herein as "NSRSN") and Associated Provider Network (referred to herein as "Contractor" and "APN"). The purpose of this Statement of Work is to provide Regional Children's Hospital Alternative Program Services (CHAP) to children/youth, in conjunction with DSHS -DCFS, throughout the NSRSN Service Area .

II. POPULATION TO BE SERVED

Services funded under this Exhibit will be available to all persons located within the NSRSN Service Area who meet program eligibility criteria, and are between the ages of 5 thru 17.

III. CLIENT ELIGIBILITY

Seriously emotionally disturbed children with a Children's Global Assessment (CGAS) of 40 or below and who would be compatible with and benefit from community based (foster/family based) mental health treatment program.

IV. COMPENSATION

APN agrees to perform all services described herein for \$57,577 per month, not to exceed \$518,193 for the nine (9) months this Exhibit shall be in effect. This does not preclude APN utilizing other funding resources to meet the terms and conditions of this Statement of Work.

V. SERVICES TO BE PROVIDED

NSRSN CHAP Services shall be defined as a long -term specialized treatment foster care program that provides intensive community -based wrap around services to high -need children and families.

APN shall provide the following Regional CHAP Program Services:

- a) Provision of medically necessary mental health clinical services in a manner designed to avoid inappropriate use of hospitalization and inappropriate extrusion of children from the Mental Health regional system of care;

- b) Development and implementation of a documented service configuration that emphasizes timely service for children with the most extensive needs, who meet client eligibility and as approved by CHAP Interagency Review Committee.
- c) Implement a Regional CHAP Services Management Plan and Process that provides the flexibility for CHAP Services to be provided to those 43 children most in need, regardless of their NSRSN county of residence.
- d) Coordination of the gatekeeper process with the Division of Children and Family Services ("DCFS") and NSRSN;
- e) Cooperation with DCFS and NSRSN with respect to community placement decision making processes;
- f) Maintain out-of-home capacity throughout the NSRSN Service Area for a minimum of 43 children per month.
- g) Maintain full CHAP service capacity throughout the NSRSN Service Area for a minimum of 43 children per month;
- h) Maintain full CHAP emergency and regular respite service capacity throughout the NSRSN Service Area for a minimum of 43 children per month;
- i) Provide in-home CHAP services as an alternative to out-of-home placement when stipulated as the most beneficial course of child(ren)'s treatment as determined by CHAP Interagency Review Committee and/or their Individual Treatment Plan.
- j) Establish standardized CHAP Interagency Review Committees throughout the NSRSN Service Area consistent with the NSRSN/DCFS Intake Process requirements. Each Committee shall:
 - Implement NSRSN/DCFS developed Regional Protocols that address rules of procedures (i.e., what constitutes quorum, CHAP placement approval by consensus or majority vote, who chairs the committee, confidentiality protection, membership, conflict of interest, etc.)
 - Ensure membership of each Committee includes at a minimum representation from NSRSN/County, DCFS, local Tribal social services representative, individuals from local community allied systems, consumer/advocate and APN/designee.
 - Maintain formal minutes;
 - Maintain pre-approved CHAP placement list updated on a monthly basis. Lists shall include clients name, date of application approval and identification for in-home or out-of-home placement;
 - Implement standardized NSRSN/DCFS application and referral summary;

- Meet at a frequency necessary to maintain capacity.
- k) Ensure medically necessary wrap around Aftercare Services Plan is developed 30 days prior to planned discharge from CHAP Treatment Services and implemented upon discharge.
- l) Conduct or provide appropriate and necessary training for CHAP staff, parents and foster parents
- m) Ensure that all NSRSN CHAP services shall be provided in accordance with the NSRSN CHAP Standards of Care Manual (Addendum I, attached).

VI. REGIONAL MONITORING TEAM

The Contractor is required to participate as an active member of the NSRSN/DCFS Regional CHAP Monitoring Team. This Team shall review CHAP services on a regular basis, identify areas of concern based on contractor's monthly performance reports and NSRSN/County Clinical Staff reviews and make recommendations regarding quality of care to the Quality Management Oversight Committee (QMOC).

In addition the CHAP Regional Monitoring Team shall work with the NSRSN Quality Review Team (QRT) to assure the design of a CHAP Consumer Satisfaction Survey that will be implemented throughout the NSRSN by August 1, 2000. This Satisfaction survey shall be given to all NSRSN CHAP clients, parents foster families and collateral systems. All completed survey will be directly submitted to the NSRSN and will be reviewed by the CHAP Regional Monitoring team

VII. PERFORMANCE REPORTING

By the tenth work date of the month, APN shall submit to the NSRSN the following information for previous month's services by county and in aggregate:

- List of all clients receiving out-of-home CHAP Treatment Services,
- List of all clients receiving in-home CHAP Treatment Services,
- Ethnicity and any special needs of clients,
- Dates of regular/scheduled and emergency respite provided to each client during the month, and the name of respite provider,
- List of each client who has an Aftercare Plan and date of planned discharge,
- List of each client discharged, reason for discharge and where they were discharged to,
- # of children referred for CHAP services with their ethnicity and any special needs documented
- List of children on pre-approved list and date of approval,
- List of children who received intake,

- Names of children who had extensions approved and length of extension,
- Names of children hospitalized, name of hospital and dates of hospitalization,
- # nights children received CHAP Treatment Services (for example; Child is discharged March 3 at 10 a.m. - # bed nights = 2 [March 1 -2], child is hospitalized or placed in juvenile detention – count each night, as CHAP Treatment Services continue to be provided at these locations).

In addition, by the 10th work date following each contract quarter (7/15/00, 10/15/00 and 1/15/01) submit to the NSRSN copies of each Crisis log for the prior month that documents number of telephone interventions and number of face-to-face interventions provided by CHAP crisis 24-hour on-call staff after hours /weekends/holidays.

VIII. OUTCOMES

- Maintain a minimum bed night utilization rate of 85% per month,
- Aftercare Plan developed prior to discharge and implemented upon discharge for 100% of all scheduled discharges from CHAP clients,
- Scheduled respite care occurs monthly for 95% of CHAP clients,
- APN is committed to reduce the use of and dependence upon inpatient psychiatric services. During the current contract period, inpatient use by children admitted to services will be monitored closely. The NSRSN will receive monthly reports and analysis regarding number of admissions and inpatient days used for children receiving CHAP services. This data will be used to establish inpatient bed-day targets for the next contract period.

IX. QUALITY IMPROVEMENT

Failure to meet contractually defined outcomes will result in an immediate focused joint review by the NSRSN and APN. The purpose of this review will be to gain a greater and more specific understanding of those factors that have resulted in the failure to meet contract expectations. Options available following this review include:

- Requiring a plan for corrective action which includes specific action steps and timelines for implementation;
- Repayment for bed days of service not provided
- The implementation of financial sanctions.

The NSRSN may immediately impose sanctions to Contractor when they fail to meet CHAP Treatment Services as described in this Statement of Work and the NSRSN CHAP Standards of Care, Addendum I.

The NSRSN shall withhold up to \$10,000 of the monthly CHAP carve out payment for each month CONTRACTOR fails to meet CHAP Treatment Services requirements. For the purpose of this Statement of Work, these sanctions replace those specified elsewhere in the Contract. After three months, or any approved extension, liquidated damages will be equal to the full amount of withheld payments.

X. TERMS AND CONDITIONS OF PERFORMANCE

All terms and conditions of performance outlined in Contract No. NSRSN -APN-99-10-01 are incorporated by reference as though fully set forth herein.

ADDENDUM I

NORTH SOUND REGIONAL SUPPORT NETWORK CHILDREN'S HOSPITAL ALTERNATIVE PROGRAM

STANDARDS OF CARE

Definition

The Children's Hospital Alternative Program (CHAP) is a treatment foster care program that is intended to provide intensive, community -based, wraparound services to children/youth with serious emotional/behavioral disturbances and their families. The values inherent in the CHAP philosophy define the practice. Values, policies and practice are inextricably linked. Core values include, child/family voice (the parent/child are heard and listened to at all junctures of planning) and choice (the parent/child had a valid option at inclusion in the decision making process), integration of services and systems, flexibility in approaches to working with families, care that is unconditional, individualized, strengths -based, family -centered, culturally competent, and community -based.

Eligibility Criteria

Children/youth ages 5 through 17 with serious emotional/behavioral disturbances
Global Assessment of Functioning of 40 or below
Compatibility with a community -based program
Voluntary

Intake Process

The NSRSN/DCFS approved. Intake Process will be inserted here upon completion.

Program Standards

1) Self-Contained Treatment Team

- a) Services shall be provided by a treatment team of skilled CHAP clinicians who share a common identity and purpose and serve a limited number of clients. CHAP clinicians will have expertise in serving children/youth with serious emotional/behavioral disturbances, and be trained and supported to implement the CHAP model.
- b) Programs will provide sufficient staff to support the service plan and the child's success in the home/foster home.

2) Crisis Response

- a) Crisis services shall be provided on a 24 -hour basis by CHAP staff that are familiar with the children and their families.
- b) Children/youth in the program and their families (biological and foster) shall have 24 -hour direct access to an on -call staff member who is available for telephone and/or face -to-face intervention.

- c) Every child/youth will have a crisis plan that contains specific interventions/strategies (i.e., who does what, when). This plan will be updated as dictated by changing circumstances, but at least every 180 days.

3) Foster-home based Treatment Model

- a) Each child/youth accepted into the program shall be matched with a specific family who will provide either the out-of-home placement and/or the ongoing respite (regularly scheduled and emergency) for that child, regardless of their in-home or out-of-home status.
- b) Foster parents are professional team members. They are active participants in the treatment planning process and play a key role in the implementation of those in-home treatment strategies, which are part of the overall treatment plan.
- c) Foster parents are supported with respite (both regularly scheduled and emergency), frequent face-to-face contact with clinical staff, assistance during crisis, ongoing training, peer support groups and other necessary services to prevent burnout.

4) Respite

- a) A minimum of two nights (48 hours) respite per month shall be provided for every CHAP client, regardless of in-home or out-of-home status.
- b) Emergency respite shall be available to all CHAP clients. Emergency respite shall be provided by the child's regular respite provider whenever possible.

5) Intensity of Services

- a) A comprehensive array of therapeutic services shall be provided at the level of intensity necessary to stabilize the child and family, promote positive change and assure successful community integration.
- b) Staff will have the flexibility to use resources as needed to intensify services.
- c) Treatment teams will have the capability to change strategies and revise the service mix in order to achieve desired outcomes.

6) Psychiatric Services

- a) The CHAP psychiatrist shall evaluate all children at intake and shall participate in all subsequent 90-Day Reviews/Quarterly Meetings.
- b) The psychiatrist provides medication evaluation and ongoing management/monitoring or consultation with community prescribers/primary care providers, as needed, for all CHAP clients.
- c) The psychiatrist shall be available for consultation with CHAP staff a minimum of one hour per week, and for emergency consultations as needed.

7) Community-Based Services

- a) The majority of CHAP services shall be provided in the home or in other community environments, rather than in the office. CHAP staff shall provide intensive modeling and training through face-to-face interventions in community settings.
- b) Services shall include the development and enhancement of natural supports. The community is enlisted to provide support and assist the family with problem solving. The goal is for families to become more independent and self-reliant, in preparation for transition to less intensive services.

8) Individualized Treatment Plan

- a) Each CHAP client shall have an individualized treatment plan.
- b) Treatment plans shall be individualized, developed in collaboration with the child and family, and build upon child/family strengths.
- c) The treatment plan will outline a clear strategic plan that will be used to guide the provision of service and focus the team's efforts on achieving specific goals.
- d) The treatment plan will break goals into do-able steps that enable the child and family to recognize and celebrate progress at each accomplishment.
- e) Treatment plans will be updated as needed to reflect the changing circumstances of the child/family and revisions in treatment strategies.

9) Quarterly Team Meetings and Progress Reports

- a) Quarterly team meetings will be scheduled for all CHAP clients.
- b) A Quarterly Report summarizing progress and detailing goals/strategies for the next quarter will be generated from this meeting and distributed to all team members.
- c) Discharge/Aftercare planning is addressed at each Quarterly Review.

- d) The final Quarterly Report will include a summary of treatment progress and recommendations for future services.

10) Extension Requests

- a) All requests for extensions beyond the expected length of stay (six months for in-home, twelve months for out-of-home), shall be submitted in writing to the Interagency Review Committee.
- b) All requests shall include a summary of the progress to date, rationale for extended treatment, and a specific plan for accomplishing the identified needs.
- c) The CHAP team is responsible for formulating an alternate discharge plan in the event that an extension is denied by the Committee.

11) Discharge to Aftercare

Aftercare is a six-month transitional period that follows the completion of formal CHAP services. The purpose of Aftercare is to gradually reduce services and continue to support the child/family as they transition to outpatient or less intensive services.

- d) All CHAP clients shall have an Aftercare Plan developed prior to discharge from CHAP Treatment Services.
- e) The CHAP team will formulate an individualized Aftercare Plan that is based on the specific needs of the child/family.
- f) The CHAP team either implements the follow-up plan directly or arranges for its effective implementation. CHAP continues to offer consultation as needed.
- g) All CHAP team members are formally notified when Aftercare services will begin.
- h) All team members are informed about service expectations, team members' responsibilities, and goals for this phase of treatment.
- i) The CHAP treatment team assures a planful transition into Aftercare services.

EXHIBIT G (5)

NORTH SOUND REGIONAL SUPPORT NETWORK APN ESTIMATED CONTRACT FUNDING

The available amounts to APN from primary funding sources during the term of this Agreement shall be as follows:

1. PHP Funding

The RSN/PHP Title XIX funding from the State of Washington which the NSRSN is entitled to receive based on Medicaid recipients. Said amount shall vary monthly based on Medicaid rates, Service Area Population by type of Eligible Recipient, and the State of Washington's capitated consolidated calculation. Funding is based on the estimated PHP Title XIX Upper Payment Limit Payment 7/1/99 through 6/30/2001, less estimated State Consolidated Funds not required for Federal Title XIX Match, which amounts to approximately \$64,892,616 less NSRSN Board approved carve-outs.

2. State Consolidated Funds not required for Federal Title XIX Match

The Contractor shall provide medically necessary community mental health program services for the chronically mentally ill, severely emotionally disturbed and seriously disturbed adults, youth/children who are at risk for hospitalization, jail, losing their homes or access to basic human needs and not eligible for Medicaid.

3. Federal Block Grant Funding

The Contractor shall provide medically necessary community mental health program services for the chronically mentally ill, severely emotionally disturbed and seriously disturbed adults, youth/children who are at risk for hospitalization, jail, losing their homes or access to basic human needs and not eligible for Medicaid. Maximum consideration shall not exceed \$ 640,274.

4. Inpatient Savings

Per Board Motion #98 -066, the NSRSN shall distribute 85% the current NSRSN Inpatient Savings Fund Balance and any ongoing Inpatient Savings funds received from the Mental Health Division to Contractor. This funding shall be paid to the Contractor in the following manner:

- 85% of the funds accumulated to date for payment to Contractor shall be paid out in 24 equal monthly payments,
- 85% of monthly State Inpatient Savings payments received by NSRSN shall be paid out each month to contractor,
- 85% of any monthly State reconciliation's (additions or deductions) received by NSRSN for Inpatient Services will be added or deducted from Contractor's monthly payment.

5. NSRSN Carveout – CHAP Services

NSRSN shall purchase Children's Hospital Alternative Program Services for 43 children per month as described required in Exhibit I of this Agreement for a nine (9) month period of time at \$ 1,339.00 per month per child. Effective March 1, 2000 NSRSN shall purchase Children's Hospital Alternative Program Services for 43 children per month as described required in Exhibit I -A of this Agreement for a nine (9) month period of time at \$1,339.00 per month per child. Total payment to Contractor for the 18 month period shall not exceed \$1,036,386.

6. NSRSN Reserves

NSRSN shall distribute a portion NSRSN Unreserved Undesignated Reserves and Undesignated Interest earned on NSRSN Reserves to Contractor in the following manner:

- 85% of the interest accrued on accumulated Inpatient Savings funds (at 6/30/99) and Unreserved Undesignated Fund Balance (at 6/30/99) shall be paid out to Contractor in 24 equal monthly payments,
- 100% of Unreserved Undesignated fund balance at 12/31/98 less 1999 Adopted Budget Allocation (\$306,573 - \$34,260) shall be paid out to Contractor in 24 equal monthly payments.

7. SAMSHA Grant No 1 KD1 Funds

The Contractor shall provide Gatekeeper Model of Case Finding of At risk Older Adults services as described in Exhibit J of this Contract, Amendment (2) for a twelve month period, July 1, 1999 through June 30, 2000. Total payment to contractor shall not exceed \$13,266 (100% of the Grant funds available to the NSRSN for the 12 month time period.

The estimate is not a guaranty. The available amount from funding sources is subject to change at the discretion of the State of Washington. Funding is subject to increase, decrease or termination, and may be deducted, withheld or recouped by NSRSN at any time. NSRSN reserves the right to adjust carve -outs upon a good faith determination of necessity by the NSRSN Board of Directors.

The following Table represents NSRSN Estimated Funding, Carve -outs, and APN Annual Payment:

APN ESTIMATED FUNDING TABLE

7/1/1999 – 6/30/2001

DESCRIPTION	1999-2001 ANNUALIZED ESTIMATED \$	TOTAL ESTIMATE BIENNIAL \$
NSRSN PHP Outpatient:		
1. Estimated PHP/Title 19 Payment	31,366,308	62,732,616
1. Estimated State Consolidated Funding not required for Federal Match	1,080,000	2,160,000
Less: E & T	0	0
Inpatient Certification	0	0
Total Estimated PHP Outpatient Funding	32,446,308	64,892,616
Additional Funding:		
1. E & T	0	0
2. Inpatient Certification	0	0
3. Federal Block Grant	513,270	1,026,540
4 Designated Reserves:		
. Inpatient Savings – 85% estimated Fund Balance at 6/30/99	526,073	1,052,147
. Inpatient Savings – 85% Monthly Estimated Payment	918,000	1,836,000
<i>* Note: estimated payments (based on APN invoicing) to APN at 6/30/99 = \$336,000</i>		
5. SAMSHA Grant (At risk Older Adults)	13,266	13,266
6. Unreserved Undesignated Reserves		
. Unreserved Undesignated Fund Balance – 100% of estimated NSRSN Undesignated Fund balance at 12/31/98 less 1999 Budget allocation.	136,156	272,313
. Interest Earned – 85% Estimated Accumulated Interest Earned from NSRSN Undesignated Fund Balance and Inpatient Savings at 6/30/99	27,444	54,888
. Unreserved Undesignated Fund Balance		
Total Estimated Additional Funding	2,134,209	4,255,154
Total Estimated NSRSN Funding	34,580,517	69,147,770
Estimated NSRSN/PHP Carve-outs		
1. NSRSN Operating Budget - 4.75% County Payments from NSRSN Operating Budget (annual):	1,541,200	3,082,400
Island \$13,064		
San Juan \$47,492		
Skagit \$18,064		
Snohomish \$50,000		
Whatcom \$ -0-		
2. MIS		
• BDS	93,050	186,099
• SeaMar		
• VOA	11,656	23,312
• APN	9,409	18,818
	130,734.5	261,469

DESCRIPTION	1999-2001 ANNUALIZED ESTIMATED \$	TOTAL ESTIMATE BIENNIAL \$
3. Snohomish Co. Crisis ITA	639,003	1,278,006
4. Snohomish Co. E & T Loan and Maintenance	71,175	142,350
5. VOA Triage/Care Crisis Response	518,976	1,037,952
6. Snohomish Co. CMH, QA Utilization/Clinical Services	362,429	724,858
7. Western State Liaison	0	0
8. San Juan Co. CMH	2,508	5,016
9. Island Co. CMH	36,924	73,848
10. Skagit Co. CMH	41,521	83,042
11. Whatcom Co. CMH	93,642	187,284
12. Department of Vocational Rehabilitation (APN Allocation Request)	129,300	258,600
13. Sedro Woolley E & T Lease	81,880	163,760
14. CHAP Services (43 served mos x \$1,339)	690,924	1,381,848
15. Board Designated Mental Health Services Projects:	125,000	250,000
• Island \$ 12,085		
• San Juan \$ 2,517		
• Skagit \$ 39,855		
• Snohomish \$ 142,817		
• Whatcom \$ 52,726		
16. SEA MAR	471,240	942,480
Total NSRSN/PHP Carve-outs	5,050,722	10,101,444
Carve-out Payments to APN		
CHAP Services - July 1, 1999 – September 30, 1999	172,731	172,731
- October 1, 1999 – December 31, 1999	172,731	172,731
- January 1, 2000 – March 31, 2000	172,731	172,731
- April 1, 2000 - December 31, 2000		<u>518,193</u>
Total	690,924	1,036,386
MIS Carveout Allocation	130,734.50	261,469
Estimated Federal Block Grant Carve-outs		
1. SEA MAR – Whatcom, Skagit	26,984	53,968
2. Tulalip Tribes	81,840	163,680
3. Snohomish County – Community Team for Child ren	66,000	132,000
4. Whatcom County – Geriatric Peer Support	18,309	36,618
Total FBG Carve -outs	193,133	386,266
Estimated Annual APN Payment		
	30,158,320	59,957,915
Average Monthly APN Payment		
	2,513,194	

NORTH SOUND REGIONAL SUPPORT NETWORK
NSRSN Board of Directors
Approval Form

TO: NSRSN Board of Directors
FROM: Merle D. Adrian, Executive Director
DATE: March 8, 2000

Action Requested: The NSRSN Board is asked to approve **Motion #00-007**

Approval Date: March 23, 2000

Source of Request: Marcia Gunning, Contracts Compliance/Financial Services Manager

Motion: To authorize NSRSN Level of Care Manual, Revision #1.

Background: As stipulated in Contract NSRSN -APN-99-10-01, the NSRSN was to delegate hospital extension authority to APN upon approval of APN's Hospital Extension Plan. Effective January 1, 2000 the delegation of hospital extension authority was transferred to APN. The LOC Manual revision is made in order to be consistent with this delegated responsibility.

Fiscal Implications: None

Attachment(s): Yes

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

/s
Executive Director (Signature)

- e) There is documented evidence of concerted efforts to establish a realistic discharge plan to move the individual to a less intensive level of care.
- f) A trial period for medication evaluation of a recent psychopharmacological intervention is medically necessary.

Requests for hospital extensions resulting from the lack of community placement option will be approved for administrative days only. Determinations will be made by **NSRSN Resource Management- APN Acute Care Team**.

I. Discharge Criteria:

- 1) Individual no longer meets medical necessity for acute inpatient level of care.
- 2) Individual no longer is a danger to self, others or property.

II. Inpatient Benefit:

- 1) **Days:** Dependent upon Consumer's Diagnosis
- 2) **Duration:** Three hundred sixty five (365) days.
- 3) **Service Package:** Title XIX Rehabilitative Modalities and WAC 257-57 Community Support Services.
- 4) Continuity of care through coordination with primary care clinician/team for treatment and discharge planning.

III. Service Array:

- 1) Assessment and triage
- 2) Psychiatric intensive outpatient (includes use of behavioral aides)
- 3) Psychiatric acute residential treatment
- 4) Crisis stabilization
- 5) Partial hospitalization
- 6) Adult and older adult day treatment
- 7) Psychiatric consultation between provider and hospital medical staff at least 1x during hospitalization.

NORTH SOUND REGIONAL SUPPORT NETWORK
NSRSN Board of Directors
Introduction Form

TO: NSRSN Board of Directors
FROM: Merle D. Adrian, Executive Director
DATE:

Introduction: **#00-IN04** To introduce the revised NSRSN Personnel Policies and Procedures Manual.

Board Action Request Date: April 27, 2000

Source of Request: Marcia Gunning, Contracts Compliance/Financial Services Manager

Background Information: The NSRSN Personnel Committee has reviewed the Revised NSRSN Personnel Policies and Procedures Manual, prepared by Rae Benjamin and The Washington Firm in December, 1999. It is anticipated that the Personnel Committee will introduce their recommended NSRSN Personnel Policies and Procedures Manual to the Board of Directors at their March 2000 meeting.

Attachment(s): No

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

/s _____
Executive Director (Signature)