

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

**North Sound Regional Support Network**

**Conference Room**

**117 North First Street, Suite 8**

**Mt. Vernon, WA**

**October 24, 2002**

**1:30 PM**

**Revised Agenda**

- 1. Call to Order; Introductions – Chair**
- 2. Revisions to the Agenda – Chair**
- 3. Approval of September Minutes – Chair (TAB 1)**
- 4. Comments & Announcements from the Chair**
- 5. Reports from Board Members**
- 6. Comments from the Public**
- 7. Report from the Advisory Board – Eileen Rosman, Chair**
- 8. Report from Executive/Personnel Committee – Dave Gossett, Chair**
  - 8.a. Presentation: NSRSN's Annual Medical Audit & Administrative Review –  
Chuck Benjamin
- 9. Report from the Planning Committee – Dave Gossett, Chair**
- 10. Report from the QMOC – Andy Byrne, Chair**
- 11. Report from the Executive Director – Chuck Benjamin, Executive Director**
- 12. Report from the Finance Officer – Bill Whitlock (TAB 2)**
- 13. Report from the Finance Committee – Mike Shelton**
- 14. Consent Agenda – Chair (TAB 3)**

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

**Motion 02-052** To review and approve NSRSN claims paid from September 1, 2002 to September 30, 2002. Total dollar amount of warrants paid in September \$3,234,5617. Total September payroll of \$75,354.16 and associated benefits in the amount of \$21,882.05.

**Motion 02-048** To approve Contract No. NSRSN-PCI-User-01 Amendment (2)

*This amendment will extend the dates of the current contract with PCI through January 31, 2003. Maximum consideration of this amendment shall be \$10,083.34 (\$5,041.67 per month). Maximum consideration of the Agreement shall not exceed \$95,791.73.*

**Motion 02-049** To rescind Board Motion 02-024 authorizing NSRSN-Raintree-ISSB-02 contract effective September 1, 2002 and introduce Contract No. NSRSN-Raintree-ISSB-02 Professional Services Agreement between the North Sound Regional Support Network and Raintree Systems, Inc.

*This motion will rescind the current Agreement between the NSRSN and Raintree with an effective date of September 1, 2002 and authorize the Executive Director to enter into a new Agreement with the effective date of November 1, 2002. Total maximum consideration of the new Agreement shall not exceed \$97,067.*

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

**Motion 02-045** To approve the NSRSN Housing Plan. (TAB 4)

*The NSRSN Planning Committee brings forth for review and comment their recommended NSRSN Housing Plan. It is recommended by NSRSN Staff that this plan be adopted at the October 2002 Board of Directors Meeting*

**Motion 02-046** To approve the NSRSN Homelessness Plan. (TAB 5)

*The NSRSN Planning Committee brings forth for review and comment their recommended NSRSN Homelessness Plan. It is recommended by NSRSN Staff that this plan be adopted at the October 2002 Board of Directors Meeting*

**Motion 02-047** To approve the NSRSN Anti-Retaliation Policy and Procedure. (TAB 6)

*The Mental Health Division has recommended the NSRSN formally adopt an Anti-Retaliation Policy and Procedures. The NSRSN Quality Review Team and Ombuds have worked with NSRSN staff in developing the attached NSRSN Anti-Retaliation Policy/Procedures and recommend its approval.*

## **16. Emergency Action Items**

None

## **17. Introduction Items – Chair**

**Motion IN-030** To introduce the NSRSN Preliminary Proposed 2003 Operating Budget. (TAB 7)

*The NSRSN will present to the Board of Directors on October 26, 2002 the Preliminary Proposed 2003 Operating Budget. The NSRSN took a very conservative approach when developing the 2003 operating budget. Projected revenues are conservative due to the unknowns of the 2003-2005 Biennium Budget that will become effective 7/1/03. In addition, the rising costs of psychiatric inpatient care were calculated. Taking these factors into consideration the NSRSN 2003 Operating Budget (including \$128,632 earmarked for County Administration) represents only 4.75% of the estimated Net PHP Payment*

**Motion IN-031** To introduce Contract # NSRSN-PSC-UBH-01Amendment (1) between the NSRSN and United Behavioral Health for Medical Director and Consultation Services effective November 1, 2001 through December 31, 2003. Maximum consideration of this amendment is \$28,000. Total maximum consideration shall not exceed \$58,000. (TAB 8)

*Please refer to the attached Draft Amendment which extends the current contract through December 31, 2003 . modifies the payment process and updates Exhibit A-1 Medical Director Consultation Services.*

**Motion IN-032** To introduce Contract # CONTRACT NO. NSRSN-Raintree-02, Amendment (1) between the NSRSN and Raintree Systems Inc. This amendment extends the sunset date to December 31, 2003 and purchases 2003 Concurrent User Licenses; Software Upgrades, Maintenance, and Technical Support; and ASP services. Maximum consideration of this Amendment is \$17,875. Total maximum consideration shall not exceed \$90,920. (TAB 9)

**Motions IN-033, IN-034, IN-035, IN-036, IN-037 all behind ( TAB 10)**

**Motion IN-033** To introduce contract # NSRSN-ISLAND-02, Amendment 1 between the NSRSN and Island County for Consumer Oriented Projects. This

amendment is effective December 1 2002. Maximum consideration of this amendment is \$10,000. Total maximum consideration shall not exceed \$122,805.

**Motion IN-034** To introduce contract # NSRSN-SAN JUAN-02, Amendment 1 between the NSRSN and San Juan County for Consumer Oriented Projects. This amendment is effective December 1 2002. Maximum consideration of this amendment is \$5,000. Total maximum consideration shall not exceed \$107,517.

**Motion IN-035** To introduce contract # NSRSN-SKAGIT, Amendment 1 between the NSRSN and Skagit County for Consumer Oriented Projects and reduction in PHP Carveout as a result of bringing Quality Specialist currently housed at Skagit County Human Services to the NSRSN Office. Total maximum consideration of this amendment shall not exceed \$16,287. Total Maximum consideration of this contract shall not exceed \$175,312.

**Motion IN-036** To introduce contract # NSRSN-SNOHOMISH-02, Amendment 2 between the NSRSN and Snohomish County for Consumer Oriented Projects. This amendment is effective December 1 2002. Maximum consideration of this amendment is \$95,060. Total maximum consideration shall not exceed \$2,717,607.

**Motion IN-037** To introduce contract #NSRSN-Whatcom-02, Amendment 2 between the NSRSN and Whatcom County for Consumer Oriented Projects. This amendment is effective December 1 2002. Maximum consideration of this amendment is \$36,068. Total maximum consideration shall not exceed \$311,271.

Per Board Action, the NSRSN 2002 Operating Budget represents 4.75 % of the net PHP Payment. During calendar year 2002, funding increases have resulted in revenues in this category greater than the adopted 2002 Operating Budget. It is estimated that by year-end this will equate to \$172,000. NSRSN staff recommends distributing these funds to each county for consumer oriented projects. The goal of these funds being "To assist NSRSN Consumers realize their Vision of Hope – Path to Recovery *"The process by which an individual with mental illness can recover self-esteem, self-worth, dreams, pride, choice, dignity and life meaning"*.

**Motion IN-038** To introduce a request to authorize an exception to NSRSN Financial Policy 22. Reimbursement for Travel NSRSN Staff 22.2 B. Meals. by approving an expenditure of \$144.30 for the Consumer Poster contest Awards Luncheon at Calico Cupboard. **(TAB 11)**

*Per NSRSN Financial Policy, the meal allowance for lunch is \$10.00 per person, including taxes and gratuity. On September 26, 2002 the NSRSN hosted the second annual Poster Contest Awards Luncheon for the three winners and their families. Ten individuals participated. The average price of each luncheon item was \$9.87. After adding beverages (soft drinks, iced tea, coffee), tax and gratuity the total bill exceeded NSRSN \$10 per person for lunch policy.*

**Motion IN-039** To introduce the following NSRSN Reserve Reduction Implementation Allocation Plan. (TAB 12)

**NORTH SOUND REGIONAL SUPPORT NETWORK  
STATE FUNDING RESERVE REDUCTION IMPLEMENTATION PLAN**

Maximum State reduction to NSRSN Reserves for FY 2003 (7/1/02-6/30/03) \$486,331  
**Effective 7/1/02 thru 6/30/03 MHD is collecting these reserves by reducing NSRSN monthly State Funds/PHP payment**

Total NSRSN Reserves as of 12/31/01 \$845,833

1. One time payment transfer from NSRSN Reserves to 5.9% Risk Reserve. <b>Current Risk Reserve = \$2,299,836. Based on PHP Revenues for FY 2002, \$2,644,692.21 is required.</b>	\$344,856
2. Payment from NSRSN Reserves to APN <b>These dollars offset PHP monthly reduction &amp; Interest earned allocation reduction caused By Legislative MHD Reserve Reductions.</b>  <b>These funds to be paid to APN in 11 payments of \$35,026.4 1 and 1 payment of \$35,026.49, effective 7/1/02.</b>	\$420,317
3. Payment from NSRSN Reserves to Advisory Board 2002 Budget <b>As approved in NSRSN 2002 Operating Budget</b>	\$30,000
4. Payment from NSRSN Reserves to Previously contracted Consumer Projects <b>Funds required to pay for those consumer oriented projects contracts from 2000, whose sunset date and final billings occurred in 2002.</b>	\$50,660
<b>TOTAL NSRSN 2001 RESERVES ALLOCATED</b>	<b>\$845,833</b>

**Motion IN-040** To introduce contract #0269-09037, Amendment 1 between the State of Washington Mental Health Division and NSRSN for Federal Block Grant funds in order to implement Expanded Community Services – Phase V. Maximum consideration for this amendment is \$21,000. Total maximum consideration shall not exceed \$301,000. (TAB 13)

**Motion IN-041** To introduce contract #169-00339, Amendment 5 between the State of Washington Mental health Division and NSRSN for Expanded Community Services-Phase V Services. Maximum consideration for this amendment is \$64,617. (TAB 14)

**Motion IN-042** To introduce Contract #NSRSN-APN-02-03, Amendment 3 between the NSRSN and Associated Provider Network. Maximum consideration for this amendment is \$65,617. (TAB 15)

*Motions IN-040, IN-041, IN-042 are placeholders. MHD has informed the NSRSN that we have been allocated 3 ECS-PALS slots. The funding and service provision will be contracted to APN. The anticipated effective dates of these amendments is 10/15/02 – 06/30/03.*

**Motion IN-043** To introduce Contract # NSRSN-TULALIP-CP-00, Amendment (2) between the North Sound Regional Support Network and Tulalip Tribes, extending the sunset date to December 31, 2002. Maximum consideration remains unchanged at \$30,000. (TAB 16)

The Tulalip Tribes has requested that the effective date of this contract be extended in order that the invoicing for services provided can be processed and submitted

**18. Executive Session - Chair**

**19. Reconvene - Chair**

**20. Adjournment – Chair**

**NOTE:** The next Board of Directors meeting is scheduled for Thursday, **November 14, 2002** at the North Sound Regional Support Network, 117 North First Street, Suite, 8, Mount Vernon, WA at 1:30 PM.

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

**North Sound Regional Support Network  
Conference Room  
117 North First Street, Suite 8  
Mt. Vernon, WA  
September 26, 2002  
1:30 PM**

**MINUTES**

**Present:**

Ward Nelson, Chair, Whatcom County Council  
Maile Acoba, Alternate for Kenneth Dahlstedt, Skagit County Commissioner  
Andy Byrne, Alternate for Pete Kremen, Whatcom County Executive  
Sharrie Freemantle, Alternate for John Koster, Snohomish County Council  
Dave Gossett, Snohomish County Council  
Jackie Henderson, Alternate for Mike Shelton, Island County Commissioner  
Marie Jubie, NSRSN Advisory Board  
Barbara LaBrash, Alternate for Rhea Miller, San Juan County Commissioner  
Kirke Sievers, Snohomish County Council  
Jim Teverbaugh, Alternate for Bob Drewel, Snohomish County Executive

**NSRSN Staff Members:**

Chuck Benjamin, Melinda Bouldin, Shirley Conger, Chuck Davis, Melissa DeCino, Sharri Dempsey, Marcia Gunning, Wendy Klamp, Greg Long, Michael White, Bill Whitlock, Gary Williams

**Guests:**

Dean Wight, Jere LaFollette, Dan Bilson, Dwight Hinton, Jane Relin, Eileen Murphy, Carl Armstrong, Jack Stewart, Grace Marshall, Kelly Foster, Jess Jamieson

**1. Call to Order; Introductions – Chair**

Chair Nelson convened the meeting at 1:35. Introductions were made of all present.

**1.a Presentation of Poster Contest Winners**

Chair Nelson thanked the Office of Consumer Affairs for their hard work in organizing the second annual poster contest. This year's contest theme was "What Gives Me Hope". He announced the third place winner, Carl Armstrong; second place to Eileen Murphy; first place Grace Marshall. Ms. Marshall's entry, "Dream Castles in the Sky" illustrated her emergence

from the trap of depression. She received a certificate and a \$500 gift certificate to the store of her choice as well as a standing ovation.

**2. Revisions to the Agenda – Chair**

None.

**3. Approval of Minutes – Chair**

It was moved, seconded and approved to accept the August minutes.

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

None

**5. Reports from Board Members**

Mr. Byrne offered a brief update on the triage project in Whatcom County. A Federal grant was submitted, two other groups are looking at bringing additional services in. A location is being sought.

**6. Comments from the Public – Chair**

Jere LaFollette and Dean Wight offered a presentation on the 2003 APN budget. The presentation offered a funding overview, variance between the 01-02 Actuals and the 02-03 Budget, and detailed figures for Crisis Response/Residential, Residential/CHAP, and County and Agency Allocations. Mr. Wight clarified that the presentation only included funding coming through the RSN; there are other funding sources not included in the presentation. He also clarified that Snohomish County CDMHPs are under separate contract.

Jess Jamieson announced that 200 people attended Compass' Centennial Celebration.

**7. Report from the Advisory Board – Eileen Rosman, Chair**

Marie Jubie represented Ms. Rosman who was unable to attend. She reported that Wendy Klamp had made a presentation on the Access Review, discussion was held regarding bringing the County Advisory Boards together with the Regional Board for a meeting, as well as discussion of the Telesage survey. Ms. Jubie refused to take the questionnaire. She feels the writers seemed to have no knowledge of the ADA. Jere LaFollette offered that there are many questions about the questions no being appropriate and respectful. RSN administrators are raising concerns about the questionnaire, and Karl Brimner says it will be reviewed. The Advisory Board also hear a budget presentation offered by APN.



Dan Bilson added that there is a Federal survey being conducted whereby low-income people who may have had problems in the last 12 months are surveyed. It is hoped that the feds will then come up with free legal assistance, and that they will help make people aware of their rights.

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

Mr. Gossett reported that the Draft MHD Audit Review had been discussed. Issues and concerns will be brought forward for discussion after receipt of the final report.

#### **9. Report from the Planning Committee – Dave Gossett, Chair**

On October 10<sup>th</sup>, the Committee will meet, followed by the first meeting of the Mission Statement / Name Change sub committee. The Special Populations group met on September 20<sup>th</sup>, and the Criminal Justice group met on September 25<sup>th</sup>.

#### **10. Report from QMOC Committee – Andy Byrne, Chair**

The QMOC met on September 18. Mr. Byrne thanked Joe Johnson for substituting for him as Chair. The Committee heard Wendy Klamp's Access Review presentation, and forwards their recommendation for adoption of the QI plan as an addition to the Quality Management Plan. Treatment guidelines were also discussed, and will continue to be reviewed. The group heard a CLIP update, as well as the Volunteers of America presentation of their QM plan.

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

##### **Mr. Benjamin reported:**

- Regulations included in the BBA and HIPAA will be a setback – more mandated changes without funding.
- Stakeholders were very appreciative of the HIPAA Forum held on September 24.
- Has received MHD budget, currently under review.
- Expecting the final MHD Audit Report by the end of September or beginning of October
- Upcoming legislative session in Olympia won't be good for human services – estimated deficit is currently \$2.5 billion

- In negotiations with MHD to go into a geriatric ECS program, possibly for 20 beds.
- Attended the NAMI conference in Vancouver
- Recovery Conference slated for December 4<sup>th</sup>, followed by the Board retreat and regular meeting

Chair Nelson inquired as to whether or not we can glean information on HIPAA implementation from Counties? Wendy Klamp stated that we have a consultant.

## **12. Report from the Finance Officer – Bill Whitlock**

Mr. Whitlock offered his report, summarizing variances in interest revenue, state revenue, operating rentals and leases, insurance, and expenditures for the agencies, providers, and counties. Budget adjustments will be proposed next month, and the proposed 2003 budget will be presented.

## **13. Report from the Finance Committee – Mike Shelton**

Maile Acoba reported in Mr. Shelton's absence. The Committee reviewed bills and expenditures, and recommends approval of the entire Consent Agenda.

## **14. Consent Agenda – Chair**

It was moved and seconded to approve Motions 02-043, 02-041, 02-042. The motions were unanimously approved.

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

It was moved and seconded to approve Motion 02-044, to adopt and incorporate the Quality Improvement Plan into the NSRSN 2002-2003 Quality Management Plan. Unanimously approved.

## **16. Emergency Action Item – Marcia Gunning, Contracts Compliance/Financial Services Manager**

Ms. Gunning distributed copies of the two Emergency Action Items.

**Motion 02-050** To authorize the NSRSN Executive Director to enter into contract 0169-00339, Amendment 4 between the State of Washington Mental Health Division and the North Sound Regional Support Network, effective September 1, 2002 through June 30, 2003.

This amendment modifies current contract language to enable the MHD to pay the RSN's the \$25,000 incentive dollars for protocol development from 2001 Federal Block Grant Dollars. The NSRSN is considered the "leader" in this system coordination effort within the State. Please refer to the "NSRSN Plan for Children's Protocol Development and Implementation" and "Aging and Adult Services Administration and NSRSN Plan for Protocol Development" handouts.

It was moved and seconded to approve Motion 02-050. Mr. Teverbaugh asked if Chuck Benjamin could communicate with the MHD how distressing it is to receive last minute requests to approve contract amendments with no time to review? Mr. Benjamin stated that he would express the Board's frustration to the MHD.

Motion 02-050 passed unanimously.

**Motion 02-051** To authorize the NSRSN Executive Director to enter into contract NSRSN-APN-02-03, Amendment 2 between the NSRSN and Associated Provider Network. Maximum consideration remains unchanged.

This contract amendment corrects a technical error by adding back to the Definitions Section of the contract, Exhibit K, a definition for The Associated Provider Network. Please note that this definition remains unchanged and was included in the two previous contracts with APN. Refer to Exhibit K-1, attached.

It was moved seconded, to approve Motion 02-051, all in favor, motion carried.

**17. Motions Not Yet Reviewed by the Advisory Board – Ward Nelson, Chair**

Chair Nelson directed the group to review introduction items IN-024, IN-025, IN-027, IN-028, IN-029.

**18. Executive Session - Chair**

There was none

**19. Reconvene - Chair**

**20. Adjournment – Chair**

The meeting adjourned at 2:50

Respectfully submitted,  
Melinda Bouldin

# MEMORANDUM

## Revised

DATE: October 10, 2002

TO: NSRSN Advisory Board

FROM: Marcia Gunning  
Contracts Compliance & Financial Services Manager

RE: October 24, 2002 NSRSN Board of Director's Agenda

---

---

Please find for your review and comment the following that will be discussed with the Board of Directors brought forth at the October 24, 2002 NSRSN Board Meeting.

### **CONSENT AGENDA**

1. To authorize the NSRSN Executive Director to enter into Contract No. NSRSN-PCI-User-01 Amendment (2)

*This amendment will extend the dates of the current contract with PCI through January 31, 2003. Maximum consideration of this amendment shall be \$10,083.14 (\$5,041.67 per month). Maximum consideration of the Agreement shall not exceed \$95,791.47.*

2. To rescind Board Motion 02-024 authorizing NSRSN-Raintree-ISSB-02 contract effective September 1, 2002 and authorize the NSRSN Executive Director to enter into Contract No. NSRSN-Raintree-ISSB-02 Professional Services Agreement between the North Sound Regional Support Network and Raintree Systems, Inc.

*This motion will rescind the current Agreement between the NSRSN and Raintree with an effective date of September 1, 2002 and authorize the Executive Director to enter into a new Agreement with the effective date of November 1, 2002. Total maximum consideration of the new Agreement shall not exceed \$97,067.*

### **ACTION ITEMS**

1. To adopt the NSRSN Housing Plan.

*The NSRSN Planning Committee brings forth for review and comment their recommended NSRSN Housing Plan. It is recommended by NSRSN Staff that this plan be adopted at the October 2002 Board of Directors Meeting*

2. To adopt the NSRSN Homelessness Plan.

*The NSRSN Planning Committee brings forth for review and comment their recommended NSRSN Homelessness Plan. It is recommended by NSRSN Staff that this plan be adopted at the October 2002 Board of Directors Meeting*

3. To adopt the NSRSN Anti-Retaliation Policy and Procedure.

The Mental Health Division has recommended the NSRSN formally adopt an Anti-Retaliation Policy and Procedures. The NSRSN Quality Review Team and Ombuds have worked with NSRSN staff in developing the attached NSRSN Anti-Retaliation Policy/Procedures and recommend its approval.

### **EMERGENCY ACTION ITEMS**

NONE

### **ITEMS NOT YET REVIEWED BY THE ADVISORY BOARD**

1. To introduce the NSRSN Preliminary Proposed 2003 Operating Budget.

*The NSRSN will present to the Board of Directors on October 26, 2002 the Preliminary Proposed 2003 Operating Budget. The NSRSN took a very conservative approach when developing the 2003 operating budget. Projected revenues are conservative due to the unknowns of the 2003-2005 Biennium Budget that will become effective 7/1/03. In addition, the rising costs of psychiatric inpatient care were calculated. Taking these factors into consideration the NSRSN 2003 Operating Budget (including \$128,632 earmarked for County Administration) represents only 4.75% of the estimated Net PHP Payment.*

2. To introduce Contract # NSRSN-PSC-UBH-01Amendment (1) between the NSRSN and United Behavioral Health for Medical Director and Consultation Services effective November 1, 2001 through December 31, 2003. Maximum consideration of this amendment is \$28,000. Total maximum consideration shall not exceed \$58,000.

*Please refer to the attached Draft Amendment which extends the current contract through December 31, 2003 . modifies the payment process and updates Exhibit A-1 Medical Director Consultation Services.*

3. To introduce Contract # CONTRACT NO. NSRSN-Raintree-02, Amendment (1) between the NSRSN and Raintree Systems Inc. This amendment extends the sunset date to December 31, 2003 and purchases 2003 Concurrent User Licenses; Software Upgrades, Maintenance, and Technical Support; and ASP services.

Maximum consideration of this Amendment is \$17,875. Total maximum consideration shall not exceed \$90,920.

*Please refer to attached Amendment and Exhibit D-1.*

4. To introduce contract # NSRSN-ISLAND-02, Amendment 1 between the NSRSN and Island County for Consumer Oriented Projects. This amendment is effective December 1 2002. Maximum consideration of this amendment is \$10,000. Total maximum consideration shall not exceed \$122,805.
5. To introduce contract # NSRSN-SAN JUAN-02, Amendment 1 between the NSRSN and San Juan County for Consumer Oriented Projects. This amendment is effective December 1 2002. Maximum consideration of this amendment is \$5,000. Total maximum consideration shall not exceed \$107,517.
6. To introduce contract # NSRSN-SKAGIT, Amendment 1 between the NSRSN and Skagit County for Consumer Oriented Projects and reduction in PHP Carveout as a result of bringing Quality Specialist currently housed at Skagit County Human Services to the NSRSN Office. Total maximum consideration of this amendment shall not exceed \$16,287. Total Maximum consideration of this contract shall not exceed \$175,312.
7. To introduce contract # NSRSN-SNOHOMISH-02, Amendment 2 between the NSRSN and Snohomish County for Consumer Oriented Projects. This amendment is effective December 1 2002. Maximum consideration of this amendment is \$95,060. Total maximum consideration shall not exceed \$2,717,607.
8. To introduce contract #NSRSN-Whatcom-02, Amendment 2 between the NSRSN and Whatcom County for Consumer Oriented Projects. This amendment is effective December 1 2002. Maximum consideration of this amendment is \$36,068. Total maximum consideration shall not exceed \$311,271.

*Per Board Action, the NSRSN 2002 Operating Budget represents 4.75 % of the net PHP Payment. During calendar year 2002, funding increases have resulted in revenues in this category greater than the adopted 2002 Operating Budget. It is estimated that by year-end this will equate to \$172,000. NSRSN staff recommends distributing these funds to each county for consumer oriented projects. The goal of these funds being "To assist NSRSN Consumers realize their Vision of Hope – Path to Recovery" **The process by which an individual with mental illness can recover self-esteem, self-worth, dreams, pride, choice, dignity and life meaning".***

9. To introduce a request to authorize an exception to NSRSN Financial Policy 22. Reimbursement for Travel NSRSN Staff 22.2 B. Meals. by approving an

expenditure of \$144.30 for the Consumer Poster contest Awards Luncheon at Calico Cupboard.

*Per NSRSN Financial Policy, the meal allowance for lunch is \$10.00 per person, including taxes and gratuity. On September 26, 2002 the NSRSN hosted the second annual Poster Contest Awards Luncheon for the three winners and their families. Ten individuals participated. The average price of each luncheon item was \$9.87. After adding beverages (soft drinks, iced tea, coffee), tax and gratuity the total bill exceeded NSRSN \$10 per person for lunch policy.*

10. To introduce the following NSRSN Reserve Reduction Implementation Allocation Plan.

**NORTH SOUND REGIONAL SUPPORT NETWORK  
STATE FUNDING RESERVE REDUCTION IMPLEMENTATION PLAN**

Maximum State reduction to NSRSN Reserves for FY 2003 (7/1/02-6/30/03) \$486,331  
**Effective 7/1/02 thru 6/30/03 MHD is collecting these reserves by reducing NSRSN monthly State Funds/PHP payment**

Total NSRSN Reserves as of 12/31/01 \$845,833

1. One time payment transfer from NSRSN Reserves to 5.9% Risk Reserve. <b>Current Risk Reserve = \$2,299,836. Based on PHP Revenues for FY 2002, \$2,644,692.21 is required.</b>	\$344,856
2. Payment from NSRSN Reserves to APN <b>These dollars offset PHP monthly reduction &amp; Interest earned allocation reduction caused By Legislative MHD Reserve Reductions.</b> <b>These funds to be paid to APN in 11 payments of \$35,026.4 1 and 1 payment of \$35,026.49, effective 7/1/02.</b>	\$420,317
3. Payment from NSRSN Reserves to Advisory Board 2002 Budget <b>As approved in NSRSN 2002 Operating Budget</b>	\$30,000
4. Payment from NSRSN Reserves to Previously contracted Consumer Projects <b>Funds required to pay for those consumer oriented projects contracts from 2000, whose sunset date and final billings occurred in 2002.</b>	\$50,660
<b>TOTAL NSRSN 2001 RESERVES ALLOCATED</b>	<b>\$845,833</b>

11. To introduce contract #0269-09037, Amendment 1 Between the State of Washington Mental Health Division and NSRSN for Federal Block Grant funds in order to implement Expanded Community Services- Phase V. Maximum consideration for this amendment is \$21,000. Total maximum consideration shall not exceed \$301,000.
12. To introduce Contract #-169-00339, amendment 5 between the State of Washington Mental Health Division and NSRSN for Expanded Community Services-Phase V Services. Maximum consideration for this amendment is \$64,617.
13. To introduce Contract #NSRSN-APN-02-03, Amendment 3 between the NSRSN and Associated Provider Network. Maximum consideration for this amendment is \$65,617.

*The contract amendments referenced in # 11, 12 and 13 above are placeholders. MHD has informed the NSRSN that we have been allocated 3 ECS-PALS slots. The funding and service provision will be contracted to APN. The anticipated effective dates of these amendments is 10/15/02 – 6/30/03.*

14. To introduce Contract # NSRSN-TULALIP-CP-00, Amendment (2) between the North Sound Regional Support Network and Tulalip Tribes, extending the sunset date to December 31, 2002. Maximum consideration remains unchanged at \$30,000.

*The Tulalip Tribes has requested that the effective date of this contract be extended in order that the invoicing for services provided can be processed and submitted.*

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

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



**NORTH SOUND REGIONAL SUPPORT NETWORK  
CONTRACT AMENDMENT**

**CONTRACT NO. NSRSN-PCI-User-01  
Amendment (2)**

The above-referenced Contract between the North Sound Regional Support Network (NSRSN) and PCI Software, Inc., a Washington Corporation (the "contractor").  
is hereby amended as follows:

1. The effective dates of this Agreement shall be extended through January 31, 2003.
2. Maximum consideration of this amendment shall be \$10,083.34(\$5,041.67 per month).
3. Maximum consideration of this Agreement shall not exceed \$95,791.73

ALL TERMS AND CONDITIONS OF PERFORMANCE OUTLINED IN CONTRACT NO. NSRSN-PCI-User-01 THROUGH AMENDMENT TWO (2) ARE INCORPORATED BY REFERENCE AS THOUGH FULLY SET FORTH HEREIN.

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

NORTH SOUND REGIONAL SUPPORT  
NETWORK

PCI SOFTWARE, INC.

\_\_\_\_\_  
Charles R. Benjamin,  
Executive Director

Date

\_\_\_\_\_  
Craig Bellusci,  
President

Date

**PROFESSIONAL SERVICES AGREEMENT**  
**NORTH SOUND REGIONAL SUPPORT NETWORK**  
**AND**  
**RAINTREE SYSTEMS, INC**

**CONTRACT # NSRSN-RAINTREE-ISSB-02**

THIS AGREEMENT is entered into between NORTH SOUND REGIONAL SUPPORT NETWORK/PREPAID HEALTH PLAN, 117 North 1st Street, suite 8, Mount Vernon, Washington 98273 ("NSRSN"), and RAIN TREE SYSTEMS, INC, 1120 Sycamore Avenmue, Suite A, Vista CA 92083 ("CONTRACTOR").

THE PARTIES MUTUALLY AGREE AS FOLLOWS:

**I. Terms and Conditions**

- A. Term. This Agreement shall take effect November 1, 2002 and shall continue in full force and effect through December 31, 2003.
- B. Termination. This Agreement may be terminated in whole or in part by either party for any reason by giving THIRTY (30) calendar days written notice to the other party.
  - 1. Loss of Funding. In the event funding from any source is withdrawn, reduced or limited in any way after the effective date of this Agreement and prior to termination, NSRSN may terminate this Agreement by written notice effective upon Contractor's receipt of written notice. The parties may re-negotiate under new funding limitations and conditions.
  - 2. Breach. This Agreement may be terminated for any breach by either party. The terminating party shall give the breaching party five calendar days written notice to cure the breach. Failure to cure shall cause this agreement to terminate immediately at the end of the five- (5) day period.
- C. Amendments. This Agreement may only be amended by written consent of both parties.
- D. Compliance with Laws. Contractor shall comply with all applicable federal, state and local laws, rules and regulations in performing this Agreement, including, but not limited to, laws against discrimination and conflict of interest laws.
- E. Relationship of Parties. Contractor agrees that Contractor shall perform the services under this Agreement as an independent contractor and not as an agent, employee or servant of NSRSN. The parties agree that Contractor is not entitled to any benefits or rights enjoyed by employees of NSRSN. Contractor specifically has the right to direct and control Contractor's own activities in providing the agreed upon services in accordance with the

specifications set forth herein. NSRSN shall only have the right to ensure performance.

- F. Indemnification. Contractor shall defend, hold harmless and indemnify NSRSN and its member counties and employees against any and all claims, liabilities, damages or judgements asserted against, imposed upon, or incurred by NSRSN and its member counties and employees alleged to arise out of the negligent or wrongful acts of CONTRACTOR or CONTRACTOR's officers and employees, agents or volunteers.

*NSRSN shall release CONTRACTOR from all claims, liabilities, damages or judgements asserted against, imposed upon, or incurred by CONTRACTOR that arises out of the wrongful acts of the NSRSN or the NSRSN employees.*

- G. Dispute Resolution. *The parties wish to provide for prompt, efficient, final and binding resolution of disputes or controversies that may arise under this Agreement and therefore establish this dispute resolution procedure. All claims, disputes and other matters in question between the parties arising out of, or relating to, this Agreement shall be resolved exclusively by the following dispute resolution procedure unless the parties mutually agree in writing otherwise:*

1. The parties shall use their best efforts to resolve issues prior to giving written Notice of Dispute.
2. Within ten (10) working days of receipt of the written Notice of Dispute, the parties (or a designated representative) shall meet, confer, and attempt to resolve the claim within the next five working days.
3. The terms of the resolution of all claims concluded in meetings shall be memorialized in writing and signed by each party.

**Arbitration.** If the claim is not resolved, the parties shall proceed to arbitration as follows:

1. The parties shall each select one person as arbitrator. Those two arbitrators shall agree on the selection of a third arbitrator. The dispute shall be promptly resolved on the basis approved by any two of the three arbitrators.
2. If there is a delay of more than ten (10) days in the naming of any arbitrator, either party can ask the presiding judge of Skagit County to name any remaining arbitrator(s). Each party shall pay the fees of the arbitrator it names and 50% of the third arbitrator's fees.

3. The prevailing party shall be entitled to recover from the other party all costs and expenses, including reasonable attorney fees. The arbitrators shall determine which party, if any, is the prevailing party.
  4. The parties agree that in the absence of fraud by one of the parties, the arbitrators' decision shall be binding, final and not appealable to any court of law.
  5. Unless the parties agree in writing otherwise, the unresolved claims in each notice of dispute shall be considered at an arbitration session which shall occur in Skagit County no later than thirty (30) days after the close of the meeting described in paragraph b. above.
  6. The Provisions of this section shall, with respect to any controversy or claim, survive the termination or expiration of this Agreement.
  7. An arbitration award may be judicially enforced and/or reduced to judgment. Venue for any lawsuits shall be exclusively in Skagit County Washington. This contract shall be construed pursuant to the laws of Washington.
  8. Nothing contained in this Agreement shall be deemed to give the arbitrators the power to change any of the terms and conditions of this Agreement in any way.
- H. Records and Reports. Contractor shall maintain books, records, documents and other evidence which sufficiently and properly reflect all direct and indirect costs expended in the performance of the services described herein. Contractor shall retain all books; records, documents and other material relevant to this Agreement for five years after its expiration and all payment for the contract have been made. The later of the two dates initiates the five-year time frame. All books, records, documents, reports and other data related to this contract shall be subject to inspection, review and/or audit by NSRSN personnel or other parties authorized by NSRSN, DSHS, the Office of the State Auditor, and authorized federal officials during regular business hours and upon demand.
- I. HIPAA Compliance, Privacy and Security of Individually Identifiable Health Information
1. **Applicability of State and Federal Law.** The Raintree Software Products will be used to store and transmit Individually Identifiable Health Information, and to exchange information to carry out financial and administrative activities related to health care.

HIPAA empowers the Department of Health and Human Services to establish standards for electronic health care transactions and code sets to be used in those transactions. HIPAA obligates NSRSN, and RAINTREE as a Business Partner of NSRSN, to protect the privacy of Individually Identifiable Health Information and to maintain reasonable standards of security to ensure that health information that is transmitted or stored in any form remains secure. In addition, federal law and regulations regarding alcohol and drug abuse patient records (42 U.S.C. 290ee-3 and 42 CFR Part 2), and the psychiatric record laws of the various states in which NSRSN delivers or manages the delivery of health services include more stringent limits on the disclosure of Individually Identifiable Health Information than those established under HIPAA. In each case, the more stringent rules will be applied by RAINTREE.

2. **Raintree Software Product Compliance with HIPAA Requirements.** RAINTREE warrants that the Raintree Software Products will operate in a manner that enables NSRSN as a Health Plan and/or health care provider to comply with rules of the Department of Health and Human Services establishing standards for electronic transactions and code sets to be used in those transactions found at 45 CFR Parts 160 and 162 (adopted on August 17, 2000, 65 FR 50312, et. Seq.). RAINTREE will make such modifications to the Raintree Software Products as are necessary to comply with the rules in a timely manner, and make such modifications available to NSRSN at no additional cost to NSRSN. RAINTREE will ensure that the Raintree Software Products will operate in a manner that enables NSRSN to comply with the final version of rules proposed by the Department of Health and Human Services under HIPAA that establish Standards for Privacy of Individually Identifiable Health Information (rule proposed on November 3, 1999, 64 FR 59917 et. Seq.), particularly relating to maintenance of a record of the existence of an authorization by a subject of Individually Identifiable Health Information to disclose such information to a third party, and maintenance of an audit trail of any disclosure of Individually Identifiable Health Information to third parties. RAINTREE will similarly ensure that the Raintree Software Products operate in a manner that is consistent with the final version of rules proposed by the Department of Health and Human Services under HIPAA, including proposed rules governing security and electronic signature standards (proposed on August 12, 1998, 63 FR 43242, to be codified at 45 CFR Part 142), National Standard Identifiers for Health Care Providers (rules proposed on May 7, 1998, 63 FR 25320, to be codified at

45 CFR Part 142), National Standard Employer Identifiers (rule proposed on June 16, 1998, 63 FR 32784, to be codified at 45 CFR Part 142), National Standard Identifiers for Health Plans (no rule proposed as of August 2000), National Standard Identifiers for Health Claim Attachments (no rule proposed as of August 2000), and National Standard Identifiers for Individuals (referred to at 42 U.S.C. 1320d-2 (b)(1), although no rule has been proposed).

**3. Privacy of Individually Identifiable Health Information.**

RAINTREE agrees to protect the confidentiality and privacy of Individually Identifiable Health Information as required by HIPAA and by applicable provisions of state and federal law. In particular, the RAINTREE agrees to the following:

**(a)** RAINTREE will not use or disclose Individually Identifiable Health Information in a manner that would be inconsistent with NSRSN Privacy Policies and Procedures or provisions of HIPAA or state or federal law applicable to NSRSN. Any request for disclosure of Individually Identifiable Health Information that is received by RAINTREE will be referred to NSRSN.

**(b)** Individually Identifiable Health Information will not be used by RAINTREE for any purpose or disclosed by RAINTREE to any third party, except that disclosure may occur in the following circumstances:

- As authorized in writing by a NSRSN Authorized Agent, provided that RAINTREE may rely upon a representation by NSRSN the subject of the health record has properly authorized that such disclosure, or that disclosure is permitted or required under applicable state or federal law.
- Information may be released to the federal government or a state government engaged in audit or evaluation activities under the Medicare or Medicaid programs, provided that such disclosure shall be consistent with the requirements of 42 CFR 2.53, now or as hereafter amended, that RAINTREE first notifies NSRSN of any such request for information, and that RAINTREE makes a reasonable effort to document the identity of the persons seeking such disclosure.
- Pursuant to Court Order, provided that RAINTREE immediately notifies NSRSN of any subpoena or Court Order pertaining to individually identifiable information, and allows NSRSN to contest the enforceability of such a Court Order or subpoena, and complies with the requirements of

Subpart E of 42 CFR Part 2 (§§2.61-2.67) prior to such disclosure, such requirements being more stringent than those enacted under HIPAA.

- RAINTREE will keep a record of all disclosures of Individually Identifiable Health Information to enable NSRSN to provide individuals with an accounting of any use or disclosure of individual information as required by HIPAA (proposed 45 CFR 160.515 through 45 CFR164.514d).

**(c)** RAINTREE will use appropriate safeguards to prevent use or disclosure of the Individually Identifiable Health Information other than as provided by this Agreement. In particular, RAINTREE will provide security in a manner that is consistent with HIPAA data security requirements proposed by the Department of Health and Human Services (proposed on August 12, 1998, 63 FR 43266, to be codified at 45 CFR 142.308), Federal and State laws, and the NSRSN MHD Contract.

**(d)** RAINTREE will report to NSRSN any use or disclosure of Individually Identifiable Health Information that is not permitted by this Agreement of which RAINTREE becomes aware.

**(e)** RAINTREE will ensure that any Business Partner that is or may be allowed access to Individually Identifiable Health Information agrees to the same restrictions and conditions that apply to RAINTREE with respect to protection of the privacy of such information and with respect to maintenance of the security of health information maintained electronically.

**(f)** All requests by subjects of Individually Identifiable Health Information for access to their records, or requests that such records be corrected, will be referred to NSRSN. NSRSN will make such information available to subjects of health records in accordance with the final rule enacted at 45 CFR 164.514(a).

**(g)** RAINTREE will make its internal practices, books, and records relating to the use and disclosure of protected health information received from NSRSN available to the Secretary of Health and Human Services for purposes of determining NSRSN compliance with HIPAA requirements.

**(h)** RAINTREE will incorporate any amendments or corrections to a health record when notified pursuant to 45 CFR 164.516(c)(3).

(l) In the event that the final rules adopted by the Department of Health and Human Services that establish Standards for Privacy of Individually Identifiable Health Information include a requirement that Business Partner Agreements state that Individuals who are Individually Identifiable Health Information is disclosed by NSRSN to RAINTREE are intended third party beneficiaries of the Business Partner Agreement, then such a provision shall be deemed to have been incorporated into this Agreement.

## II. Compensation

- A. Consideration: Cost reimbursement shall be made only if NSRSN has a fully executed contract on file. **NSRSN shall pay to Contractor per Exhibit A, Scope of Work, per the following:**

Services will be reimbursed on a fee-for-service basis and purchased by the NSRSN in quarterly payments. Raintree will document on an hourly basis, by service type, up to 40 hours per week. Each additional hour over 40 hours per week will be billed at \$60.00 per hour. Raintree shall receive written/e-mail authorization from the NSRSN prior to working overtime in a given week (over 40 hours). Hours are flexible between Raintree staff specialties (depending on current needs).

*Total maximum consideration of this Agreement shall not exceed \$97,067.*

- B. Payment Procedures. Contractor shall submit a quarterly (3 month) invoice by the 10<sup>th</sup> of the first month in said quarter (*for example: quarter 1 = November 2002, December 2002 & January 2003 and the invoice should be received by the 10<sup>th</sup> of November 2002*). The NSRSN shall purchase the Service Bureau Services, as detailed in Exhibit A in quarterly installments. Raintree shall submit a detailed quarterly report and timesheet by the tenth (10th) of the month after the quarter in which services were provided. This report and time sheet shall document actual hours worked by service type, including any additional hours authorized in advance by the NSRSN. Failure to submit the quarterly detailed Report by the 10<sup>th</sup> of the month may result in a delay in the next quarterly payment. Failure to submit the quarterly detailed report shall result in the NSRSN withholding the next quarterly payment to Contractor.

Invoices for services completed but contractually authorized in a retroactive manner must be submitted within fifteen (15) days after the execution of the appropriate contract.

Until notified otherwise, Contractor shall submit all requests for reimbursement to:



North Sound Regional Support Network  
Attn.: Finance Manager  
117 North 1<sup>st</sup> Street, Suite 8  
Mount Vernon, WA 98273-3806

**Service Expectations**

Contractor shall provide services as set forth in Exhibit A attached.

**III. Miscellaneous**

- A. Assignments. Neither party may assign its rights or delegate its performance hereunder to any person or entity without the prior written consent of the other party.
- B. Entire Agreement. This Agreement constitutes the entire agreement with respect to the subject matter hereof and there are no other agreements, written or oral, relating to the subject matter hereof.
- C. Headings. Paragraphs headings are for convenience and reference only and shall have no effect upon the construction or interpretation of any party of this Agreement.
- D. Severability. If any provision of this Agreement is found by a court to be invalid, unenforceable or contrary to applicable law, the remainder of this Agreement or the application of such provision to persons or circumstances other than those to which it is held invalid, unenforceable or contrary to applicable law, shall not be affected and shall continue in full force and effect.
- E. Notices. All notices pertaining to this agreement shall be written and delivered, by certified U.S. mail or by hand delivery to the addresses shown below. Notices shall be deemed served upon receipt, or three days after postmark if mailed. Notices transmitted by facsimile which are followed immediately by mailing shall be deemed received on the date of the facsimile transmission.
- F. Venue. This Agreement shall be construed, both as to validity and performance, and enforced, subject to Paragraph I.H, in accordance with the laws of the State of Washington. The venue of any action brought hereunder shall be Skagit County.
- G. Power to Execute. Both parties warrant they have the power and authorization to execute this Agreement and any other documents executed pursuant to this Agreement.

IN WITNESS WHEREOF, the Parties have executed this Agreement on the dates set forth below.

**FOR NSRSN:**

**FOR RAINTREE SYSTEMS, INC.**

---

Charles R. Benjamin,  
Executive Director Date

Mark Russell,  
Chief Executive Officer Date

EIN No.

Approved as to Form for NSRSN:  
Basic Form approved by Brad Furlong 10/2/01  
Attorney at Law Date

## **SERVICE BUREAU SERVICES**

### **Raintree Responsibilities:**

#### **1. Raintree Staff Support**

- Provide a .2 FTE Technical Support person responsible for file transfers to Washington state and maintain user accounts.
- Provide a .4 FTE Project Manager / Client Liaison to manage report requests, the ongoing training needs of the Raintree liaison and the development of a Report Generator Training Manual. Works with the Programmer to document report specifications.
- Provide a .4 FTE Programmer for ongoing database maintenance, documenting report specifications and writing reports to such specifications.

Hours are flexible between Raintree staff specialties (depending on current needs).

#### **2. Custom Reports**

Custom Report Requests will follow the Raintree's standard Custom Report Request process. Each Custom Report Request must be approved by an authorized representative of the NSRSN.

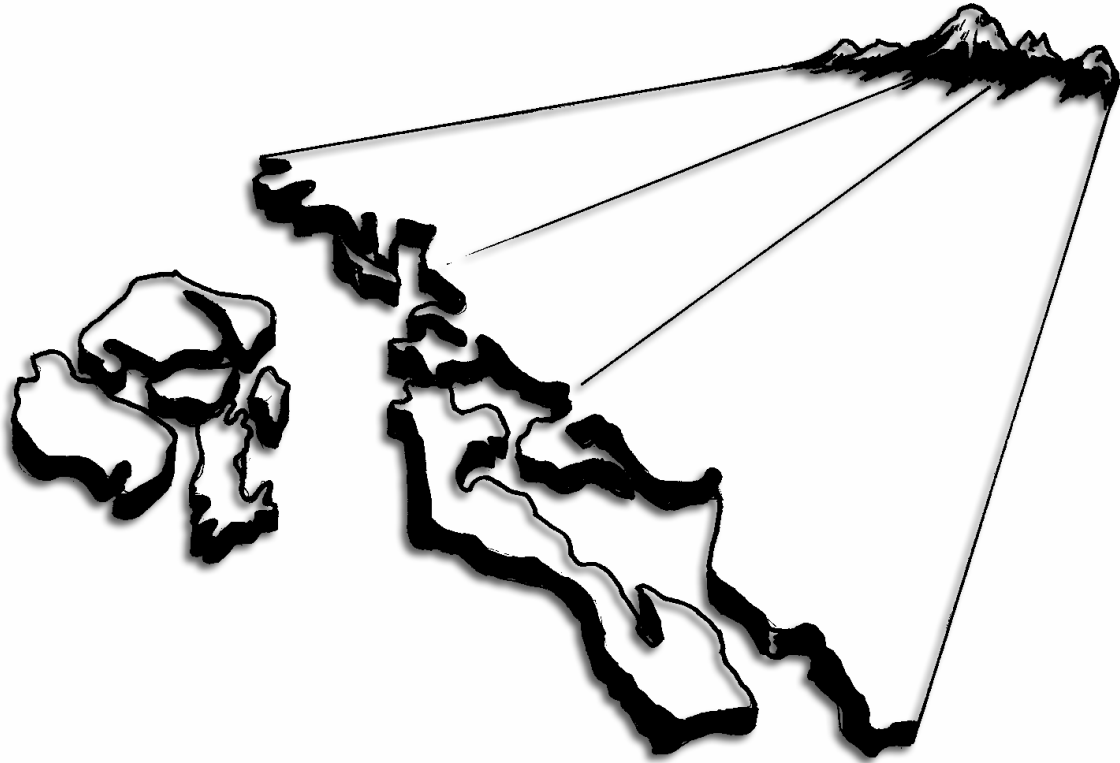
#### **3. Program Changes**

Program Change Requests may be submitted continuously. They will be reviewed each six months with the NSRSN Raintree liaison for suitability and need. Program Change Requests must be approved by an authorized representative of the NSRSN.

### **NSRSN Responsibilities:**

1. Enforce a standard timeline with provider(s) to send electronic transmissions to the NSRSN database.
2. Distribute and maintain state warning/error reports (available on NSRSN state FTP site).
3. Maintain Raintree Security Table.
4. Provide a Raintree liaison(s) responsible to work with Raintree Project Manager and Programmer to document report specifications, approve report requests, and complete staff training.

Draft



Housing for Individuals and Families  
**With Serious and Persistent Mental Illnesses**  
In the North Sound Region

# Housing for Individuals and Families With Serious and Persistent Mental Illnesses In the North Sound Region

## **Executive Summary**

Decent, safe, affordable housing is a basic need for anyone to live with stability in our communities. With the continuing movement towards treating individuals with serious and persistent mental illnesses in the community and less in institutions, housing is an essential element in being able to serve these adults, children and families. Under the new Washington Administrative Code (WAC), RSNs are required to encourage the development of housing.

Housing is not affordable to most consumers involved in the public mental health system. The basic income for a single adult with a chronic mental illness on SSI is \$560 per month and \$440 for a parent on TANF with one child. Fair market rent is between \$518-\$582 for a one bedroom apartment and \$618-\$732 for a two bedroom apartment in our Region. Most consumers' need subsidies to obtain housing in our Region.

The NSRSN is fortunate to have a continuum of housing available which our contracted providers have expended major efforts and resources to develop. In 2001, the NSRSN consumers had 916 beds of affordable housing available. It is estimated that 1,292 beds are needed, or a 40% increase. Housing for specialized populations such as the elderly who are resistive to care, people with co-occurring disorders, and people coming out of the criminal justice system are very limited.

## **Conclusion and Recommendations**

Hundreds of housing units need to be developed for people of all ages with mental illnesses.

- The NSRSN should set up an on-going sub-committee to promote and encourage further development of housing options which involves consumers including homeless or past homeless people, advocates, mental health providers, housing developers, and representatives from other systems. The committee should meet regularly to become a strong advocacy presence in the North Sound Region.
- This sub-committee needs to look for ways to support and encourage housing development such as developing additional funding sources and strengthening cross-system relationships. This could include having housing development organizations and housing funding organizations give presentations to the committee and encourage mental health advocates and providers to participate in their county's housing and homeless coalitions.
- The sub-committee should have discussions and set out plans with time schedules so the variety of housing needs for the many special population identified in this report are being addressed.
- A combined Housing and Homelessness Committee should accept ongoing responsibility for homelessness issues.
- The sub-committee shall develop an analysis of the entire costs of a homeless mental ill person not having adequate housing and services.

## **Introduction**

Housing was a priority in the past two NSRSN Strategic Plans. Housing was again rated as one of the highest priorities in the current Strategic Plan. With the continuing movement towards treating individuals with serious and persistent mental illnesses in the community and less in

institutions, housing is an essential element in being able to serve these adults, children and families. Under the new Washington Administrative Code (WAC), RSNs are required to encourage the development of housing. “The regional support network must ensure: active promotion of consumer access to, and choice in, safe and affordable independent housing that is appropriate to the consumer’s age, culture, and residential needs” (WAC 388-865-0235.1).

The NSRSN conducted a workgroup starting in 2001 to survey the current housing needs in the North Sound Region. The workgroup met two times and this report is a summary of the groups’ efforts as well as NSRSN staff work. There were numerous individual consultations. The participants in the Housing Work Group were Pam Reff, Linda Pettit, Claire deArmond, Boone Sureepisarn, Jane Relin, and Greg Long. The commitment of their knowledge and time to this workgroup is greatly appreciated.

**Housing is unaffordable to most people  
with serious and persistent mental illnesses  
served by the Community Mental Health System**

All consumers on SSI or TANF can be considered at least being at risk of being homeless which is the vast majority of people served by the NSRSN community mental health system. The basic income for a single adult with a chronic mental illness on SSI is \$560 per month or less than \$6,800 a year. The income for a single parent with one child on TANF is \$440 per month or \$5,280 per year and the income for a single parent with two children is \$546 per month, \$6,552 per year. It is usually considered prudent for a person or family not to spend more than 30% of their income on housing. The average monthly rents in our Region are shown in the table below:

**HUD Fair Market Rents by Number of Bedrooms**

<b>Area</b>	<b>0 BR</b>	<b>1 BR</b>	<b>2 BR</b>	<b>3 BR</b>	<b>4BR</b>
<b>Island</b>	\$478	\$582	\$736	\$1,022	\$1,208
<b>San Juan</b>	\$389	\$531	\$708	\$933	\$1,100
<b>Skagit</b>	\$429	\$524	\$618	\$772	\$863
<b>Snohomish</b>	\$478	\$582	\$736	\$1,022	\$1,208
<b>Whatcom</b>	\$395	\$512	\$682	\$942	\$1,117
<b>Washington State</b>	\$420	\$511	\$684	\$893	\$1,033

Sources National Low Income Housing Coalition, “Out of Reach”. September 1999; BAE, 2000.  
From Washington State Consolidated Housing Plan

A national study found that it takes 103.5% of benefits in the State of Washington and 98.2% of benefits nationally to rent a single bedroom apartment.

### **The Housing Shortage**

The actual shortage of housing is large enough and so long standing that it is difficult to estimate. Housing coordinators for the mental health providers estimate that at any given time more than 100 consumers in treatment across the NSRSN are in need of housing. According to the NSRSN (MIS), 252 consumers being served in March 2001 were homeless. The NSRSN's homeless study projected that 560 homeless people with mental illness on any given night in the North Sound Region.

These estimates do not count the people living in sub-standard housing, people who do not even ask for housing for they know of its scarcity, or the homeless people who can not be offered housing so they leave the Region. Nor does this count the number of people with mental illness placed in group or clustered living situations because there is insufficient individual housing.

An alternative way of looking at the need for housing is to look at the number of individuals with mental illnesses in the North Sound Region as compared to the availability of subsidized housing. There are currently 916 subsidized beds in the North Sound Region for adults. As reflected in Tables 1, 2, and 3, there are at a conservative minimum 1,623 seriously and persistently mentally ill individuals in the Region and realistically thousands more.

In 1998, APN did a detailed analysis of residential needs. They projected a need of 1.36 beds per 1,000 people, which they considered a very conservative estimate. It was projected that 1,017 beds would be needed in 2001. Using this same methodology, but with updated population data, the need is now estimated at 1,292 beds. Over a 40% increase in housing units would be needed to meet this estimated need. With the increasing focus on Medicaid eligible people, and people with greater severity of problems, the need is probably greater than these estimates. By whatever method on analysis, there is a large unmet need for housing. (Attached is the residential portion of the APN Long Term Integrated Residential and Inpatient Plan. Their ideas and recommendations remain relevant three years later.)

### **Current Housing**

Fortunately, providers and some counties have recognized the need for a continuum of housing for the past twenty years. Considerable financial resources, much collaboration with housing authorities and developers and great staff efforts have lead to the development of the current continuum of housing. See the attached Tables 1, 2, 3, 4, and 5, on Adult Residential Resources for the housing continuum currently available in the North Sound Region for consumers with serious and persistent mental illnesses. Providers should be commended for the significant growth in housing over the last three years. Super-Supported Living is being phased out as a category and no longer appears in NSRSN contracts. Adult Family Homes is a new category and covers some of the beds counted under Super-Supported Living Beds in the past.

The largest percentage growth and unit growth has been in low-income housing. This is principally funded under the Section 8 and related programs of the federal agency, Housing and Urban development. This is an excellent program for it allows individuals with mental illness to rent apartments in our communities and pay only one third of their income. This supports and encourages community integration. Currently, Snohomish and Whatcom Counties have a significant number of these certificates available so community mental health center staff are able to place eligible individuals into this housing fairly rapidly. This is a tremendous adjunct to other community mental health services. In the recent Performance-Based Audit Review, two complex cases were presented where the rapid placement of these individuals into housing was a major support to these individuals and their successful community treatment.

This period is one of the few times that these certificates have been so available. It is important that we continue to advocate for their availability in these counties and increase advocacy for them in our other three counties. It must be noted that people with mental illness and the public mental health system are becoming highly dependent on this excellent federal program that could present problems in the future if this program changes. No changes are known at this time and it is the best source of funding for housing for people with low-incomes.

Current efforts to develop additional housing options include:

- Compass Health is securing funds for 18-20 units at their remodeled Bailey Center.
- Compass Health is looking at acquiring 38-40 units near the Bailey House.
- Catholic Community Service is developing low-income housing in Skagit County. At least five of those units will be for disabled people.
- Skagit County and Community Mental Health Services has a Housing Planning Committee meeting on a regular basis.
- North Islands Mental Health has developed a relationship with the Housing Authority in Anacortes so mental health consumers in San Juan County are now being placed in subsidized housing.



## Future Housing Needs in the NSRSN

In general, more independent housing is needed for individuals and families.

The Mental Health Division's plan for further reduction in inpatient beds at Western State Hospital has identified the following needs:

- Residential settings that can handle demented patients who are resistive and combative at times.
- Increased number of ARRC Beds to handle the young and middle-aged adults being discharged from the hospital.
- Increased independent housing that can be used in support of enhanced case management programs taking people discharged from the hospital.

The mental health system is serving increasing numbers of individuals with co-occurring disorders (substance abuse and mental illness). Mixing individuals that maybe using or even abusing substances with people who are striving to gain to be substance free is ineffective. Specialized housing for consumers with co-occurring disorders is needed. Some people advocated for supporting more Oxford-style housing programs for people with co-occurring disorders.

Homeless Shelters are serving large numbers of people with mental illnesses. Specialized housing for people with mental illnesses who do not cope well in shelters or who need longer term transitional housing than is typically provided by shelters is needed.

The community mental health system is servicing more people with mental illnesses being released from the criminal justice system. Housing to support these consumers is needed. Many of these individuals cannot be placed into group living situations for the risk is too high for the other consumers. Many property owners are reluctant to rent to individuals with mental illnesses who have criminal records. In similar programs in California, it has been found that a small transitional group home and then independent housing is an effective approach to serving these people. It prevents them from relapsing and returning to prison. Setting up Oxford-style housing programs perhaps in conjunction with the Department of Corrections is one approach.

Housing for families with children with serious mental illnesses is needed. For some families, if they have adequate housing, placement of children out of their home or abuse can be prevented.

Our society is aging. A range of housing options for older adults with persistent mental illnesses is needed.

## **Conclusion and Recommendations**

Hundreds of housing units need to be developed for people of all ages with mental illnesses. The NSRSN is fortunate to have a continuum of housing available. Now, under the new WACs, the NSRSN has an even clearer responsibility to ensure that this continuum of housing services expands.

- The NSRSN should set up an on-going sub-committee to promote and encourage further development of housing options which involves consumers including homeless or past homeless people, advocates, mental health providers, housing developers, and representatives from other systems. The sub-committee should meet regularly to become a strong advocacy presence in the North Sound Region.
- This sub-committee needs to look for ways to support and encourage housing development such as developing additional funding sources and strengthening cross-system relationships. This could include having housing development organizations and housing funding organizations give presentations to the sub-committee. Mental health advocates and providers should be encouraged and supported to participate in their county's housing and homeless coalitions.
- The sub-committee should have discussions and set out plans with time schedules so the variety of housing needs identified in the Future Housing Needs section of this report are being addressed.
- A combined Housing and Homelessness Committee should accept ongoing responsibility for homelessness issues. Having an adequate supply of affordable housing is one of the essential elements in better serving the homeless.
- The sub-committee shall develop an analysis of the entire costs of homeless mentally ill persons not having adequate housing and services.

**Table 1  
Adult Residential Resources--1998**

<b>County</b>	<b>ARRC</b>	<b>Boarding Home</b>	<b>Super Supported</b>	<b>Adult Family Home</b>	<b>Total Adult Resources by County</b>	<b>Low Income Housing</b>	<b>Total Adult Resources by County</b>
<b>Snohomish</b>	16	66	18	-----	100	252	352
<b>Whatcom</b>	0	73	8	-----	81	158	239
<b>Skagit</b>	0	15	0	-----	15	30	45
<b>Island</b>	0	0	0	-----	0	14	14
<b>San Juan</b>	0	0	0	-----	0	5	5
<b>Total by Type of Resource</b>	16	154	26	-----	196	459	655

**Table 2  
Adult Residential Resources--2000**

<b>County</b>	<b>ARRC</b>	<b>Boarding Home</b>	<b>Super Supported</b>	<b>Adult Family Home</b>	<b>Total Adult Resources by County</b>	<b>Low Income Housing</b>	<b>Total Adult Resources by County</b>
<b>Snohomish</b>	20	68	18	-----	106	407	513
<b>Whatcom</b>	0	66	6	-----	72	210	282
<b>Skagit</b>	0	15	6	-----	21*	51	72
<b>Island</b>	0	0	9	-----	9	10	19
<b>San Juan</b>	0	0	1	-----	1	7	8
<b>Total by Type of Resource</b>	20	149	40	-----	209	685	894
<b>% Increase over 1998</b>	+25%	-3.36%	+12%	-----	+6.6%	+49%	+36%

**Table 3  
Adult Residential Resources--2001**

<b>County</b>	<b>ARRC</b>	<b>Boarding Home</b>	<b>Super Supported</b>	<b>Adult Family Home</b>	<b>Total Adult Resources by County</b>	<b>Low Income Housing</b>	<b>Total Adult Resources by County</b>
<b>Snohomish</b>	20	66		18	104	419	523
<b>Whatcom</b>		72		17	89	226	315
<b>Skagit</b>		15		6	21	29	50
<b>Island</b>			7	2	9	10	19
<b>San Juan</b>				1	1	8	9
<b>Total by Type of Resource</b>	20	153	7	44	224	692	916
<b>Increase over 1998</b>	25%	-.6%	-272%		12.5%	33.7%	40%
<b>Increase over 2000</b>	0%	2.6%	-471%		2.23%	1%	2.5%

**Table 4**  
**Adult Residential Resources—2001**

<b>County</b>	<b>ARRC</b>	<b>Boarding Home</b>	<b>Super Supported</b>	<b>Adult Family Home</b>	<b>Total Adult Residential Resources by County</b>	<b>Low Income Housing</b>	<b>Total Adult Resources by County</b>
Snohomish		46			46	8	54
Rainbow	20	20		18	58	411	469
Compass							
Whatcom		67		2	2	148	215
Lake What.		5		9	14	39	53
W.C.P.C.						21*	21
CCS/N.W.				6	6	3**	9
Sun Comm.						15***	15
County/H.A.							
Skagit		15		6	21	29	50
CMHS			7	2	9	10	19
Island							
CMHS				1	1	8	9
San Juan							
CMHS							
<b>Total by Type of Resource</b>	20	153	7	44	224	692	916
<b>Increase over 1998</b>	25%	-.6%	-272%		12.5%	33.7%	40%
<b>Increase over 2000</b>	0%	2.6%	-471%		2.23%	1%	2.5%

\*Catholic Community Services is adding five additional beds for disabled people

\*\*Whatcom County is funding 3 COD beds

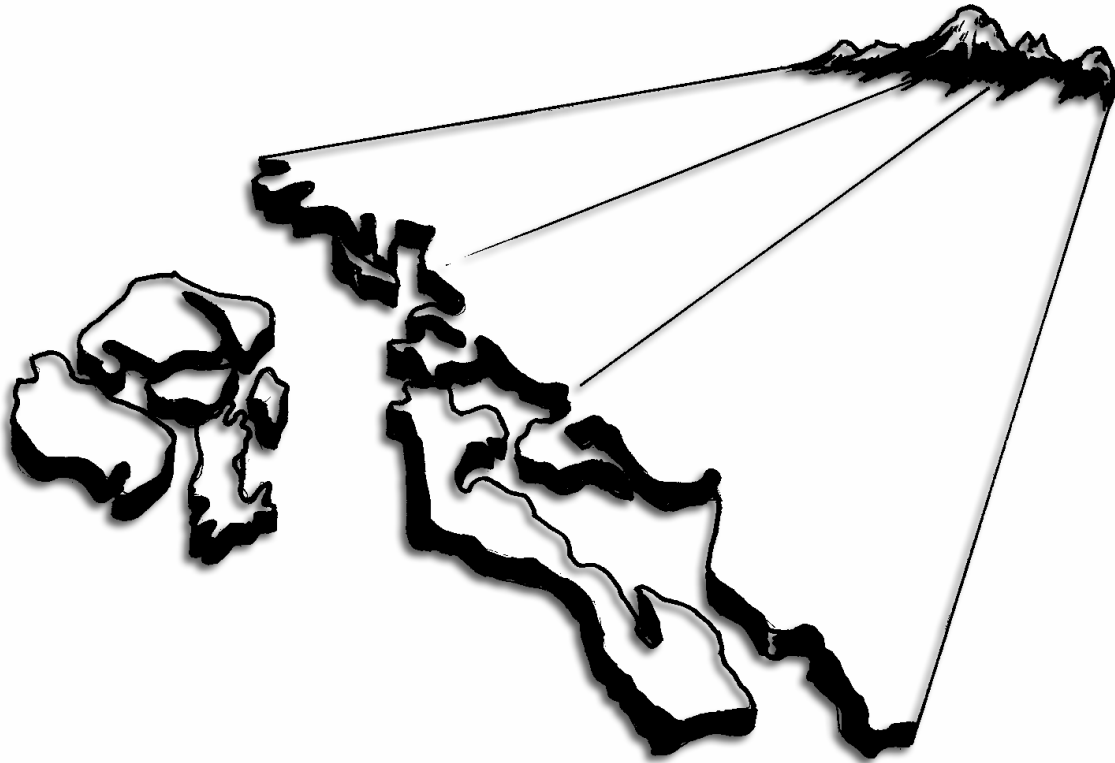
\*\*\*Willow Creek Apartments in Bellingham

**Table 5**  
*Homeless Shelters*

<b>Shelter</b>	<b>Location</b>	<b>Number of Beds</b>	<b>Number of people served in 2000 (Bed Nights)</b>	<b>Estimated number of people with Mental Illness</b>
<b>Men's Gospel Mission</b>	Everett	140	40,856	
<b>Women's Mission</b>	Everett	75 Women and Children	20,366	
<b>Lighthouse Mission</b>	Bellingham	80	33,982	30-60%
<b>Agopi House</b>	Bellingham	16	4,929	30-60%
<b>Friendship House-Men</b>	Mt. Vernon	24	8,217	50%
<b>Friendship House-Women and Children</b>	Mt. Vernon	24	4,784 (women) <u>2,308 (children)</u> 7,092 (total)	50%

DRAFT

# Homelessness Amongst People With Mental Illness In The North Sound Region



## Draft

# Homelessness amongst People with Mental Illness In the North Sound Region

## Executive Summary

The mentally ill who are homeless are of major concern for they have some of the greatest need and have the least resources. It is estimated there are between 300 and 800 homeless people with mental illness in the North Sound Region on any given night. Concerns for the plight of mentally ill individuals who are homeless led to this becoming a priority in the NSRSN 2001-2003 Strategic Plan. An NSRSN workgroup met with providers, shelters, and the jails to better understand the issues of people with mental illness.

There is not currently an adequate funding source to support the aggressive support services that have proven to best serve people who are mentally ill and homeless. The Path funding which has been going to Snohomish County/Compass Health is the only funding dedicated to serving the mentally ill who are homeless. This funding was substantially reduced in the last year. Adequate funding for these services will become even more problematic with the pending State government financial crisis and the increased focus on serving people with Medicaid.

## Recommendations

- A taskforce dedicated to supporting the development of additional housing for low-income people with mental illnesses should assume an ongoing responsibility to assure cross-system collaboration and joint projects in developing housing and related services projects.
- More transitional and long-term housing needs to be developed.
- Better collaboration and coordination of crisis community mental health services with other systems such as shelters, police, and jails needs to occur to better serve this population;
- Better collaboration and coordination of ongoing community mental health services needs to occur. Identifying a specific person at each provider agency to coordinate services with the shelters is one step in this direction that is working in some counties;
- Working with jails so they do not discharge mentally ill people with no place to stay in the middle of the night would ease some pressures on the shelters and allow more appropriate service coordination;
- In long range planning when funding is available, specialized services need to be developed. These services should feature assertive outreach over a long period of time, the use of peer counselors/case managers as part of the staff; and specialized “Safe Haven” shelters.

## Introduction

Concerns regarding the large numbers of people who are mentally ill and homeless have heightened across the nation and in the North Sound Region. Public policy over the past

three decades has been aimed at reducing the number of people living in state psychiatric hospitals and returning them to local community living. Too many individuals with mental illness have been released to the community without adequate support services and eventually became homeless. Advocates, NSRSN Board Members, and NSRSN staff prioritized studying homelessness in the 2001-3 Strategic Plan. A workgroup comprised of Dave Ashton-Lighthouse Mission and Agape House, Dan Bilson-Consumer Advocate; Marie Jubie-Consumer Advocate; Charles Albertson-Consumer Advocate; Jere LaFollette-APN; Gary Williams-NSRSN/Whatcom County Health and Human Services, Greg Long-NSRSN. This group met with the following people to learn directly about issues confronting the mentally ill who are homeless: Mary K. James-Friendship House; Scott Schreiber-Community Mental Health Services; Diane Head-Everett Gospel Mission; Anji Jorstad-Compass Health; Rick Weidman-Rainbow Center; Michael Watson-Lake Whatcom Center; Jane Relin-Whatcom Counseling & Psychiatric Clinic; Cheryl Coop-Snohomish County Jail; Chris Glans, Oxford House Operator, Joyce Pearson-Whatcom Counseling and Psychiatric Clinic; Michael Westford, Department of Corrections, Kathleen Coe-Vetter-Skagit Jail Project. The time and energy of the individuals committed to this project is greatly appreciated.

Counting the number of people who are homeless is difficult, as homeless people by definition have no fixed address. The possibility of undercounting or duplicate counting is a concern. Determining the number of homeless people with mental illness adds another level of subjectivity and uncertainty.

## **The mentally ill and homelessness in the North Sound Region**

On any given night, 600,000 people are estimated to be homeless across the nation.<sup>4</sup> Based on these numbers, it can be roughly estimated there are approximately 2,000 homeless people in the North Sound Region on any given night. 15,154 people were turned away from shelters in the North Sound Region in 1999 according to the Washington State Consolidated Housing Plan. (People may have been turned away on many different nights.)

National estimates are that one third of the homeless are mentally ill. Washington State estimates that approximately 40% of the homeless population have serious mental illnesses. The current Mental Health Division's Prevalence Work Group's best estimate after much research by the Washington Institute is that 35.9% of the homeless have a serious mental illness in their lifetime and 28% have a serious mental illness at any point in time. A professional at one of the shelters in our region estimates that 60% of the men and women who come to his shelter have mental illnesses. Recent studies David E. Pollio of Washington University (St. Louis, Mo.) suggest the prevalence of mental illness amongst the homeless is increasing significantly more rapidly than in the general population. Using the latest data from the Washington State Mental Health Division's Prevalence Work Group estimate of prevalence of mental illness among the homeless (28%) means there are 560 individuals with serious mental illnesses who are homeless in the North Sound Region on any given night.

In March of 2001, the NSRSN (MIS) indicated that 252 current consumers being served by community mental health providers were designated as homeless. 1,115 consumers' residential status was unknown so it is certain there are even more homeless people served by the mental health system.



Since community mental health centers serve people on Medicaid or with low incomes, nearly all of the people receiving services are at risk of becoming homeless if they lose their current housing. The risk of becoming homeless is a precarious situation, which adds an unneeded stress to the lives of people with mental illness.

One shelter care staff person stated that only 5-10% of their consumers are getting community mental health services. He believes that between 20-30% of their consumers need these services.

### Shelters in the North Sound Region

There are numerous shelters and housing programs in the North Sound Counties. The Care Crisis Line Information and Referral Line lists 110 housing programs for Skagit and Snohomish Counties. The largest shelter providers are listed below.

<b>Shelter</b>	<b>Location</b>	<b>Number of Beds</b>	<b>Number of Bed Nights Provided in 2000</b>	<b>Estimated percentage of people with Mental Illness</b>
<b>Men's Gospel Mission</b>	Everett	140	40,856	Not Given
<b>Women's Mission</b>	Everett	75 women and Children	20,368	Not Given
<b>Lighthouse Mission</b>	Bellingham	80	33,982	30-60%
<b>Agopi House</b>	Bellingham	16	4,929	30-60%
<b>Friendship House-Men</b>	Mt. Vernon	24	8,217	50%
<b>Friendship House-Women and Children</b>	Mt. Vernon	24	4,784 (women) 2,308 (children) 7,092 (total)	50%

Data is for the year 2000.

The community mental health providers have crisis respite beds in most counties that are used at times to stabilize their consumers who are exhibiting signs or symptoms of decompensation which may be in some cases be due a housing crisis.

## **Current Programs Serving the Homeless**

All of the mental health providers in the North Sound Region serve individuals who are homeless in their regular case management and crisis services. Compass Health has had a special homeless program under the federal Projects in Assistance in Transition from Homelessness (PATH) grant for years. Funding for this program has been reducing in recent years. Still, staff from this program provide over 354 new outreaches to consumers each year. They provide case management to over 100 consumers and they help more than 100 consumers move from GAU to permanent assistance each year under this grant.

The Rainbow Center in Bellingham serves many homeless people and staff from Whatcom Counseling and Psychiatric Services does outreach to the mission. A peer-to-peer outreach program is beginning at the Rainbow Center. A component of this Peer program is outreach to people living on the streets. Staff from Community Mental Health Services is assigned to the Friendship House Shelters to coordinate services. They make regular visits to the shelter in Mt. Vernon. Several mental health housing projects have been built based on homeless funding sources such as the McKinney Act.

APN assists mentally ill people who are homeless and who are coming out of inpatient services to get transitional or permanent housing because it shortens hospital stays and helps to reduce re-admissions to the hospitals. Over the last sixteen months, they have assisted 59 individuals at a total cost of \$27,000 or an average of \$464 per person.

## **Issues in Serving Individuals who are Mentally Ill and Homeless**

A number of model programs to serve people with mental illnesses who are homeless have been funded principally by NIMH and HUD for over the past decade. Best practice recommendations have emerged from these programs as outlined below:<sup>2,3,5</sup>

- Mental health services to the homeless work the best if provided on an outreach basis. Intensive Case Management Teams are frequently used in serving this group;
- Team approaches to service delivery have been proven to be effective;
- Significant effort and time has to be devoted to outreach. Engagement time in some programs averages 3.9 months. Frequent service contact is a critical ingredient leading to positive treatment retention and housing outcomes;
- The goals of outreach are to develop trust, care for immediate needs, provide linkages to services and resources, and help people get connected to mainstream services and ultimately into the community through a series of phased strategies;
- Brokerage case management models have proved ineffective. Follow-up and managed referrals are of critical importance;
- Peer based outreach and the use of the expertise of homeless and formerly homeless persons and consumers has proven to be effective; and
- A range of housing options needs to be available for these programs to be effective.
- Safe Haven shelters are federally funded programs aimed at providing transitional housing to individuals who do not do well in shelters. These programs are designed to serve the long-term homeless person with chronic mental illnesses. King County is currently operating one of these model programs.

Administratively, the major recommendation is that adequate and stable funding needs to be available for these mental health programs. It is acknowledged nationally that most

community mental health programs face funding limitations on these programs. The NSRSN faces funding limitations because our system is based on Medicaid funding. Homeless people frequently are not on Medicaid and some may never become Medicaid eligible.

A recent study in New York indicates that the total system costs of serving homeless people with mental illness is equal to placing these individuals in supported housing.<sup>1</sup> These costs include emergency room, criminal justice, shelter costs, and mental health services. This study highlights the need for cross-system collaboration and shared funding. Another recent study indicates services to the mentally ill homeless improve when providers serving this group are meeting regularly, even if there is no additional funding. A recent study in California demonstrates that it is cheaper to serve chronically mentally ill individuals than to have them go untreated and overuse emergency rooms, jails, and other community services. In Washington, the separation of funding systems makes it difficult to redirect funding to better serve the mentally ill who are homeless.

### **Service requests from the community**

Requests from shelter care and other providers of the community mental health system include the following:

- More outreach and engagement services;
- More rapid response of both crisis services and outreach/engagement services;
- More rapid access to medication evaluations and medications; and
- Emergency housing for people too difficult to house in standard shelters due to their acute mental illnesses.

### **Conclusion and Recommendations**

Homelessness for people with mental illnesses is an ongoing issue in our nation and region. The best practice recommendations for better serving the homeless cover three areas, intensive outreach and engagement services, developing more affordable housing, and developing funding to support these services. The NSRSN recommends:

- Better collaboration and coordination of crisis community mental health services with other systems such as shelters, police, and jails needs to occur to better serve this population. The directors of the major shelters and their key staff should meet with the Regional Crisis Management Team. The head of the crisis team in each county should be known to the shelter providers to better coordinate crisis services;
- The NSRSN Planning Committee recommends the formation of a taskforce dedicated to supporting the development of additional housing for low-income people with mental illnesses. This taskforce should assume an ongoing responsibility to assure cross-system collaboration and joint projects in developing housing and services for the mentally ill who are homeless.
- All participants in this planning process agreed on the need for more transitional and long-term housing to be developed or made available for the mentally ill.
- Better collaboration and coordination of ongoing community mental health services needs to occur. Identifying a specific person at each provider agency to coordinate services with the shelters is one step in this direction that is working in some counties;
- Working with jails so they do not discharge mentally ill people with no place to stay in the middle of the night would ease some pressures on the shelters and allow more appropriate service coordination;

- In long range planning when funding is available, specialized services need to be developed. The NSRSN and its providers need to seek and develop additional funding sources or greater access to additional resources through cross-system collaboration; and
- These services should feature assertive outreach over a long period and the use of peer counselors/case managers as part of the staff.

### References

1. Culhane, Dennis P., Metraux, Stephen and Hadley, Trevor “The Impact of Supportive Housing for Homeless People with Severe Mental Illness on the Utilization of the Public Health, Correction, and Emergency Shelter Systems: The New York-New York Initiative” Housing Policy Debate. Fannie Mae Foundation, May 2001 [rlang@fanniemaefoundation.org](mailto:rlang@fanniemaefoundation.org)
2. Erickson, Sally and Page, Jamie. “To Dance with Grace: Outreach and Engagement to Persons on the Street” Research Papers presented the National Symposium on Homelessness Research October 29-30, 1998 <http://aspe.os.dhhs.gov/progsys/homeless/symposium/6-Outreach.htm>
3. McMurray-Avila, Marsha, Gelberg, Lillian and Breakey, William R. “Balancing Act: Clinical Practices that Respond to the Needs of Homeless People”. Research Papers presented the National Symposium on Homelessness Research October 29-30, 1998 <http://aspe.os.dhhs.gov/progsys/homeless/symposium/8-Outreach.htm>
4. Mental Health And Homelessness: A guide for Mental Health Planning and Advisory Councils. The National Association of Mental Health Planning and Advisory Councils and the Center for Mental Health Services.
5. Morse, Gary, Ph.D. “A Review of Case Management for People Who ARE Homeless: Implications for Practice, Policy, and Research”. Research Papers presented the National Symposium on Homelessness Research October 29-30, 1998. <http://aspe.os.dhhs.gov/progsys/homeless/symposium/7-Outreach.htm>

**POLICY****Cancels:****See Also:****Approved by:** \_\_\_\_\_**POL-701      ANTI-RETALIATION**

This policy applies to consumers, Ombuds, NSRSN Advisory Board, the Quality Review Team, NSRSN staff and Board Members.

1. **It is the policy of the North Sound Regional Support Network that there be no retaliation, intimidation, coercion or harassment directed against any consumer or staff for filing a complaint or grievance, or for disclosing or alleging official misconduct.**

NSRSN staff may not directly or indirectly use or attempt to use their authority or influence for the purpose of interfering with the right of a person to make a complaint, grievance, or disclosure of official misconduct.

2. **NSRSN prohibits retaliation of any kind against the Ombuds, NSRSN Staff, Board of Directors, Advisory Board or QRT members for the completion of their official duties.**
3. **NSRSN's commitment to improve the quality of services through the complaint and grievance process is vital to NSRSN's Quality Management and Quality Improvement process.**

Retaliation is completely incompatible with the values and goals of NSRSN and will not be tolerated. Retaliation whether actual or threatened, destroys a sense of community and trust that is central to a quality mental health care program. NSRSN, therefore, wishes to make clear that it considers acts or threats of retaliation a serious violation of NSRSN policy.

4. **Organizational growth and development can best be achieved and maintained in an environment that promotes ongoing open communication among administration, staff, volunteers, consumers, and their families, including open and candid discussions of problems and concerns .**

NSRSN encourages its staff and consumers to express their issues, concerns or opinions either informally or formally through the NSRSN's *Complaint, Grievance, Appeal, and Fair Hearing Policy and Procedure (POL-102)* without fear of retaliation.

5. **The NSRSN will take whatever action may be needed to prevent and correct behavior that violates this policy.**

Any employee who violates this policy, or acts in a way that is contrary to this policy, is subject to disciplinary action up to and including termination. In the event a complaint is made against a member of the Board of Directors, their respective county will be informed so they may follow their own policies and procedures.

6. **NSRSN Ombuds and QRT will educate and empower consumers as to their rights regarding retaliation.**

- 7. This policy also protects the accused party's rights in the process. This policy seeks to balance the interests of the complainant and those of the accused.**

The accused party has the right to receive a copy of the written complaint of retaliation and to fully respond to the allegations.

- 8. Full records of all complaints regarding retaliation will be maintained in confidential files by the Executive Director.**
- 9. The Executive Director will review all complaints regarding retaliation with the Executive/Personnel Committee of the Board of Directors.**

## **DEFINITIONS**

**Retaliation:** Any adverse action or credible threat of an adverse action taken by NSRSN staff or board of directors causing any interference, intimidation, coercion, restraint or reprisal against a person making a complaint, participating in the resolution of a complaint, or disclosing official misconduct. Actions are considered retaliatory if they are in response to a complaint, grievance, or disclosure of official misconduct, and the actions have a significantly adverse effect on the complainant. Disciplinary action of any type against an employee and/or legal action against any individual in response to a complaint or complaints that are defamatory, made in bad faith or frivolous, or which abuse or misuse the grievance procedure shall not be considered "retaliation".

**Complaints:** For the purposes of this policy, "complaints" also include grievances and disclosure of official misconduct

**Consumer:** "Consumers" include persons who have applied for, are eligible for, are enrolled in, or who have received publicly funded mental health services from the NSRSN service network. The definition of "consumers" also includes parents or legal guardians for children under the age of thirteen, and parents or legal guardians who are involved in the treatment plan for children 13 and older.

*Ombuds service is available at all phases of this policy.  
They may be reached at 1-888-336-6164*

**PROCEDURE**

**Cancels:**

See Also:

Approved by: \_\_\_\_\_

**PRO-701A REGISTERING AND RESPONDING TO A COMPLAINT OF RETALIATION**

<i>Complainant</i>	<p style="text-align: center;"><i>Action by</i></p> <p><i>When the complaint involves NSRSN Staff,</i></p> <p><b>1. Submits</b> written complaint to the NSRSN Executive Director, <b>or</b></p> <p><i>When the complaint involves the Executive Director,</i></p> <p><b>2. Submits</b> written complaint to the NSRSN Board of Directors Chair, <b>or</b></p> <p><i>When the complaint involves the NSRSN Board of Directors,</i></p> <p><b>3. Submits</b> written complaint to the Human Resources office of the respective county so they may follow their own policies and procedures.</p> <p><i>When the complaint involves NSRSN staff or Executive Director,</i></p>
<b>NSRSN</b>	<p><b>4. Conducts</b> complete and thorough investigation of alleged acts of retaliation within 30 days <b>and</b></p> <p><b>5. Provides</b> written conclusion of investigation to complainant within 15 days, <b>and</b></p> <p><b>6. When</b> allegations are proven to be founded, <b>prescribes</b> appropriate disciplinary action, which may include but is not limited to: Education, referral to the Employee Advisory Service, suspension, or termination.</p>

Ombuds service is available at all phases of this policy.  
They may be reached at 1-888-336-6164

**NORTH SOUND REGIONAL SUPPORT NETWORK  
PROFESSIONAL SERVICES AGREEMENT Amendment  
CONTRACT # NSRSN-PSC-UBH-01  
Amendment (1)**

The above-referenced Contract between the North Sound Regional Support Network (NSRSN) and United Behavioral Health (UBH) is hereby amended as follows:

**IV. Terms and Conditions**

- A. Term. This Agreement shall take effect November 1, 2001 and shall continue in full force and effect through December 31, 2003.

**V. Compensation**

- A. Consideration: Cost reimbursement shall be made only if the NSRSN has a fully executed contract on file.

Effective November 1 2002, the NSRSN shall pay to Contractor \$1,755 per month for Medical Director Consultation Services, as described in Exhibit A-1 Attached.

Maximum consideration of this Amendment shall not exceed \$28,000. Maximum consideration in Calendar Year 2002 shall not exceed \$30,000. Maximum consideration in Calendar Year 2003 shall not exceed \$28,000. Total maximum consideration shall not exceed \$58,000.

- B. Payment Procedures. Contractor shall submit a monthly invoice by the 10<sup>th</sup> of the month requesting \$1,755 for Medical Director Services.
- C. Reporting Requirements and Reconciling monthly payments: On a quarterly basis Contractor shall submit a detailed quarterly (3 month) report by the 10<sup>th</sup> of the month after the quarter in which services were provided. (February 10, 2003; May 10, 2003; August 10, 2003; October 10, 2003 and January 10, 2004) Contractor will document actual hours worked by date and type of Medical Director Service provided. (refer to Exhibit A-1) The monthly payment equates to an average of 13 hours per month of Medical Director Services (at \$135.00 per hour).

*If after NSRSN reconciliation of the quarterly report(s), the actual hours of Medical Director time are less than an average of 13 hours per month, the unused hours shall be rolled over into the preceeding months. If at the end of 6 months the actual Medical Director service hours are substantially less than 13 hours per month, the monthly payment shall be adjusted accordingly.*

*If the actual hours of Medical Director time for any given month is greater than 13 hours and if there are no unused hours from prior months, the NSRSN shall reimburse Contractor for each additional hour at a rate of \$135 per hour*

Failure to submit the Quarterly Report by the 10<sup>th</sup> of the month may result in a delay in the next monthly payment. Failure to submit the quarterly detailed report may result in the NSRSN withholding the monthly payment(s) until received by Contractor.



Invoices for services completed but contractually authorized in a retroactive manner must be submitted within fifteen (15) days after the execution of the appropriate contract.

Until notified otherwise, Contractor shall submit all requests for reimbursement and quarterly reports to:

North Sound Regional Support Network  
Attn.: Finance Manager  
117 North 1<sup>st</sup> Street, Suite 8  
**Mount Vernon, WA 98273-3806**

D. **Reimbursed Expenses.** Contractor shall be reimbursed for mileage when using personal car on NSRSN business at the standard NSRSN reimbursement rate which shall conform to the currently published mileage rate for business travel deductions set by the Internal Revenue Service for all business related travel. Mileage usage documentation shall be attached to the monthly invoice when applicable. The reimbursement request shall be itemized on the monthly invoice.

VI. Service Expectations, B shall be modified to read as follows:

B. Contractor shall provide services as set forth in **Exhibit A-1** attached.

Exhibits - **Exhibit A shall be replaced by Exhibit A-1, North Sound Regional Support Network Medical Director Consultation Services, attached.**

ALL TERMS AND CONDITIONS OF PERFORMANCE OUTLINED IN CONTRACT NO. NSRSN-PSC-UBH-01 THROUGH AMENDMENT ONE 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

UNITED BEHAVIORAL HEALTH

\_\_\_\_\_  
Charles R. Benjamin, Executive Director Date FOR CONTRACTOR \_\_\_\_\_ Date

\_\_\_\_\_  
Print Name & Title

Approved as to Form for NSRSN:  
Basic Form approved by Brad Furlong 10/2/01  
Attorney at Law \_\_\_\_\_ Date

EXHIBIT A-1  
NORTH SOUND REGIONAL SUPPORT NETWORK  
MEDICAL DIRECTOR CONSULTATION SERVICES

**PURPOSE:**

To provide timely medical consultation services for the NSRSN including clinical and contracting staff communications, doctor to doctor communications, medical necessity review and recommendations, service denial review, grievance issues, medication review, medical practice guidelines, and staff in-service trainings.

**DUTIES AND RESPONSIBILITIES:**

1. Provide medical consultation to NSRSN clinical staff and contracting clinical staff as requested by NSRSN;
2. Consult directly with other physicians as required to represent the NSRSN in clinical disputes, and provide liaison with NSRSN Service Area physicians and agencies as requested;
3. Facilitate medical director's meeting between NSRSN and NSRSN provider agencies on a regularly scheduled basis. These meetings shall discuss policy and procedural issues, clinical standards and best practices, provide feedback and consultation to the NSRSN and to the providers on said issues, and be a forum for debating important clinical and policy issues as the field of psychiatry and managed care evolves;
4. Provide consultation to NSRSN Quality Assurance/Quality Improvement Department and to the Quality Management Oversight Committee (QMOC). Attend QMOC meetings, as scheduled;
5. Establish criteria and procedure for Medical Director review of Critical Incidents, and consult with NSRSN staff regarding Critical Incident Reviews and Urgent Reviews;
6. Establish criteria and procedure for Medical Director review of clinical cases;
7. Provide Professional Testimony as requested by NSRSN in judicial proceedings and clinical consultations in NSRSN grievance proceedings;
8. Provide consultation to the NSRSN Executive Director and staff, regarding such issues as clinical standards, policies, procedures and best practices;

9. Assist the NSRSN with reviewing and assessing the NSRSN Level of Care Manual and clinical questions regarding medical necessity, inpatient admissions, length of stay questions and determinations, service type, duration, service limitations, exceptional needs cases, quality assurance and outcomes, etc., and make recommendations;
10. Provide in-service training for staff on managed care and general clinical issues in order for staff to understand direct service versus care management in a managed care world and to remain current on managed care issues,
11. Provide brief phone consultations within one hour of initial request made via phone/fax by NSRSN staff with extended conversations, if necessary, the same day. Phone consultations shall be available 24 hours per day, 7 days per week.
12. Conduct clinical reviews of contracted provider clinical records as requested.

**AVAILABILITY:**

**Monday through Friday 8 a.m. to 5:00 p.m., except phone consultations which shall be provided on an as need basis 24 hours per day, 7 days per week.**

**MINIMUM QUALIFICATIONS:**

1. Board certified MD in psychiatry
2. Current Washington State Medical License

**KNOWLEDGE SKILLS AND ABILITIES:**

1. Working knowledge of adult and child mental health clinical issues
2. Working knowledge of State of Washington Publicly Funded Mental Health System
3. Familiarity of the of North Sound Regional Support Network.

**NORTH SOUND REGIONAL SUPPORT NETWORK  
CONTRACT AMENDMENT**

**CONTRACT NO. NSRSN-Island-02  
Amendment (1)**

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

- 1. Effective December 1, 2002, Exhibit G Consumer Oriented Projects Funding Requirements Guidelines shall be added.**
- 2. Maximum consideration of this amendment shall not exceed \$10,000.**
- 3. Total maximum consideration shall not exceed \$122,085.**

ALL TERMS AND CONDITIONS OF PERFORMANCE OUTLINED IN CONTRACT NO. NSRSN-ISLAND THROUGH AMENDMENT ONE 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

ISLAND COUNTY

---

Charles R. Benjamin, Executive Director     Date     Signature     Title     Date

Approved as to form for NSRSN

Approved as to form for County

Brad Furlong,     10/02/01  
Attorney at Law     Date

---

\_\_\_\_\_     Date

## EXHIBIT G

### NORTH SOUND REGIONAL SUPPORT NETWORK

#### Consumer Oriented Projects Funding Requirements

Purpose:

To assist NSRSN Consumers realize their Vision of Hope – Path to Recovery  
***“The process by which an individual with mental illness can recover self-esteem, self-worth, dreams, pride, choice, dignity and life meaning”.***

Requirements:

- Project is consumer driven, that clients of services, their family members, and/or community advocates are directly involved in proposal design, project implementation, ongoing operation and oversight.
- Projects should result in direct, tangible changes in the lives of individuals with severe/chronic mental illness or in community/system changes that will result in future increased inclusion/acceptance of persons with severe/chronic mental illness.
- Funded projects shall:
  - Empower and Involve Consumers, and/or
  - Decrease Stigma, and/or
  - Increase Consumer Job Opportunities, and/or
  - Demonstrate New or Unavailable Services that will assist consumers in realizing their Vision of Hope – Path to Recovery.
- Funded projects shall embrace the “Framework for all NSRSN Activities”, adopted by the NSRSN Board of Directors on October 25, 2001
- Funded projects shall provide services targeted to individuals (children, adolescents, adults and older adults) with severe/chronic mental illness residing within the NSRSN Service Area.
- Funded projects should be able to demonstrate their effectiveness through measurable outcomes.
- Proposals that strengthen Consumer voice, choice and ownership; show collaboration; community-based partnerships; and multi-system partnerships are encouraged.
- Funds cannot be used to provide or enhance services that NSRSN contracted providers are obligated or required to provide.
- Counties are required to submit quarterly fiscal and project status reports to the NSRSN.

## **NORTH SOUND REGIONAL SUPPORT NETWORK**

### *2002 Consumer Oriented Projects Request Questionnaire*

1. Clearly describe your project, the people you intend to serve and how the services will empower and involve consumers, assist consumers in realizing their Vision of Hope – Path to Recovery, decreased stigma and/or increase job opportunities, Include the number of consumers involved in receiving services and providing the service(s).
  
2. Identify which of the “Framework for all NSRSN Activities”, adopted by the NSRSN Board of Directors on October 25, 2001 the proposed project will address. Specify how the project will do so. (Be as specific and inclusive as possible).
  
3. Who will be responsible for planning, implementing and monitoring the project? Please describe any/all experience in delivering this kind of service?
  
4. Create a timeline for implementing the activity/services, achieving project objectives/outcomes, and expending awarded funds.
  
5. How will you market this project? Please provide a business or marketing plan for proposals employing persons and/or selling services/goods.
  
6. Clearly describe your project’s goals, expected outcomes and how you are going to measure your success.
  
7. Describe how the project will strengthen consumer voice, choice and ownership.
  
8. Detail the collaborative, community-based partnerships supporting this project. Please distinguish between those who are working partners/contributing resources) and those who are non-working supporters of your project.
  
9. Detail your plans for future funding support and/or collaborative funding.

## PROJECT BUDGET SUMMARY

Project Name: \_\_\_\_\_

County: \_\_\_\_\_

Budget Time Frame: From \_\_\_\_\_, 2002 to \_\_\_\_\_

**Expenditures:**

**Revenues:**

Description	NSRSN Funding	County Funding	Other Funding (Identify Source	Total Revenues
Salaries/Wages and Benefits				
Supplies				
Minor Equipment/Tools				
Professional Services				
Communications/Telephone				
Transportation				
Advertising				
Rentals				
Insurance				
Public Utilities				
Repairs/Maintenance				
Machinery & Equipment				
Administration				
Other, please specify:				
<b>TOTAL REVENUES</b>	\$	\$	\$	\$

**NORTH SOUND REGIONAL SUPPORT NETWORK  
CONTRACT AMENDMENT**

**CONTRACT NO. NSRSN-San Juan-02  
Amendment (1)**

The above-referenced Contract between the North Sound Regional Support Network (NSRSN) and San Juan County is hereby amended as follows:

- 4. Effective December 1, 2002, Exhibit G Consumer Oriented Projects Funding Requirements Guidelines shall be added.**
- 5. Maximum consideration of this amendment shall not exceed \$5,000.**
- 6. Total maximum consideration shall not exceed \$107,517.**

ALL TERMS AND CONDITIONS OF PERFORMANCE OUTLINED IN CONTRACT NO. NSRSN-SAN JUAN THROUGH AMENDMENT ONE 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

SAN JUAN COUNTY

---

Charles R. Benjamin, Executive Director	Date	Signature	Title	Date
---	------	-----------	-------	------

Approved as to form for NSRSN

Approved as to form for County

Brad Furlong,                      10/02/01  
Attorney at Law                      Date

\_\_\_\_\_ Date



## EXHIBIT G

### NORTH SOUND REGIONAL SUPPORT NETWORK

#### Consumer Oriented Projects Funding Requirements

Purpose:

To assist NSRSN Consumers realize their Vision of Hope – Path to Recovery  
***“The process by which an individual with mental illness can recover self-esteem, self-worth, dreams, pride, choice, dignity and life meaning”.***

Requirements:

- Project is consumer driven, that clients of services, their family members, and/or community advocates are directly involved in proposal design, project implementation, ongoing operation and oversight.
- Projects should result in direct, tangible changes in the lives of individuals with severe/chronic mental illness or in community/system changes that will result in future increased inclusion/acceptance of persons with severe/chronic mental illness.
- Funded projects shall:
  - Empower and Involve Consumers, and/or
  - Decrease Stigma, and/or
  - Increase Consumer Job Opportunities, and/or
  - Demonstrate New or Unavailable Services that will assist consumers in realizing their Vision of Hope – Path to Recovery.
- Funded projects shall embrace the “Framework for all NSRSN Activities”, adopted by the NSRSN Board of Directors on October 25, 2001
- Funded projects shall provide services targeted to individuals (children, adolescents, adults and older adults) with severe/chronic mental illness residing within the NSRSN Service Area.
- Funded projects should be able to demonstrate their effectiveness through measurable outcomes.
- Proposals that strengthen Consumer voice, choice and ownership; show collaboration; community-based partnerships; and multi-system partnerships are encouraged.
- Funds cannot be used to provide or enhance services that NSRSN contracted providers are obligated or required to provide.

- Counties are required to submit quarterly fiscal and project status reports to the NSRSN.

## **NORTH SOUND REGIONAL SUPPORT NETWORK**

### *2002 Consumer Oriented Projects Request Questionnaire*

10. Clearly describe your project, the people you intend to serve and how the services will empower and involve consumers, assist consumers in realizing their Vision of Hope – Path to Recovery, decreased stigma and/or increase job opportunities, Include the number of consumers involved in receiving services and providing the service(s).
11. Identify which of the “Framework for all NSRSN Activities”, adopted by the NSRSN Board of Directors on October 25, 2001 the proposed project will address. Specify how the project will do so. (Be as specific and inclusive as possible).
12. Who will be responsible for planning, implementing and monitoring the project? Please describe any/all experience in delivering this kind of service?
13. Create a timeline for implementing the activity/services, achieving project objectives/outcomes, and expending awarded funds.
14. How will you market this project? Please provide a business or marketing plan for proposals employing persons and/or selling services/goods.
15. Clearly describe your project’s goals, expected outcomes and how you are going to measure your success.
16. Describe how the project will strengthen consumer voice, choice and ownership.
17. Detail the collaborative, community-based partnerships supporting this project. Please distinguish between those who are working partners/contributing resources) and those who are non-working supporters of your project.
18. Detail your plans for future funding support and/or collaborative funding.

## PROJECT BUDGET SUMMARY

Project Name: \_\_\_\_\_

County: \_\_\_\_\_

Budget Time Frame: From \_\_\_\_\_, 2002 to \_\_\_\_\_

**Expenditures:**

**Revenues:**

Description	NSRSN Funding	County Funding	Other Funding (Identify Source	Total Revenues
Salaries/Wages and Benefits				
Supplies				
Minor Equipment/Tools				
Professional Services				
Communications/Telephone				
Transportation				
Advertising				
Rentals				
Insurance				
Public Utilities				
Repairs/Maintenance				
Machinery & Equipment				
Administration				
Other, please specify:				
<b>TOTAL REVENUES</b>	\$	\$	\$	\$

**NORTH SOUND REGIONAL SUPPORT NETWORK  
CONTRACT AMENDMENT**

**CONTRACT NO. NSRSN-Skagit-02  
Amendment (1)**

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

- 7. Effective December 1, 2002, Exhibit G, Consumer Oriented Projects Funding Requirements Guidelines shall be added.**
- 8. Maximum consideration for Consumer Oriented Projects, Exhibit G, shall not exceed \$25,872.**
- 9. Effective January 1, 2003, Exhibit A, Skagit County Budget shall be replaced with Exhibit A-1, Skagit County Budget, attached.**
- 10. PHP Carveout shall be reduced by \$9,585. this reduction is a result of moving the Quality Specialist currently housed within Skagit County Human Services to the NSRSN.**
- 11. Total maximum consideration shall not exceed \$175,312.**

ALL TERMS AND CONDITIONS OF PERFORMANCE OUTLINED IN CONTRACT NO. NSRSN-SKAGIT-02 THROUGH AMENDMENT ONE 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

SKAGIT COUNTY

---

Charles R. Benjamin, Executive Director	Date	Signature	Title	Date
---	------	-----------	-------	------

Approved as to form for NSRSN

Approved as to form for County

Brad Furlong,                      10/02/01  
Attorney at Law                      Date

\_\_\_\_\_  
Date

# EXHIBIT G

## NORTH SOUND REGIONAL SUPPORT NETWORK

### Consumer Oriented Projects Funding Requirements

Purpose:

To assist NSRSN Consumers realize their Vision of Hope – Path to Recovery  
***“The process by which an individual with mental illness can recover self-esteem, self-worth, dreams, pride, choice, dignity and life meaning”.***

Requirements:

- Project is consumer driven, that clients of services, their family members, and/or community advocates are directly involved in proposal design, project implementation, ongoing operation and oversight.
- Projects should result in direct, tangible changes in the lives of individuals with severe/chronic mental illness or in community/system changes that will result in future increased inclusion/acceptance of persons with severe/chronic mental illness.
- Funded projects shall:
  - Empower and Involve Consumers, and/or
  - Decrease Stigma, and/or
  - Increase Consumer Job Opportunities, and/or
  - Demonstrate New or Unavailable Services that will assist consumers in realizing their Vision of Hope – Path to Recovery.
- Funded projects shall embrace the “Framework for all NSRSN Activities”, adopted by the NSRSN Board of Directors on October 25, 2001
- Funded projects shall provide services targeted to individuals (children, adolescents, adults and older adults) with severe/chronic mental illness residing within the NSRSN Service Area.
- Funded projects should be able to demonstrate their effectiveness through measurable outcomes.
- Proposals that strengthen Consumer voice, choice and ownership; show collaboration; community-based partnerships; and multi-system partnerships are encouraged.
- Funds cannot be used to provide or enhance services that NSRSN contracted providers are obligated or required to provide.
- Counties are required to submit quarterly fiscal and project status reports to the NSRSN.

**NORTH SOUND REGIONAL SUPPORT NETWORK**  
*2002 Consumer Oriented Projects Request Questionnaire*

19. Clearly describe your project, the people you intend to serve and how the services will empower and involve consumers, assist consumers in realizing their Vision of Hope – Path to Recovery, decreased stigma and/or increase job opportunities, Include the number of consumers involved in receiving services and providing the service(s).
  
20. Identify which of the “Framework for all NSRSN Activities”, adopted by the NSRSN Board of Directors on October 25, 2001 the proposed project will address. Specify how the project will do so. (Be as specific and inclusive as possible).
  
21. Who will be responsible for planning, implementing and monitoring the project? Please describe any/all experience in delivering this kind of service?
  
22. Create a timeline for implementing the activity/services, achieving project objectives/outcomes, and expending awarded funds.
  
23. How will you market this project? Please provide a business or marketing plan for proposals employing persons and/or selling services/goods.
  
24. Clearly describe your project’s goals, expected outcomes and how you are going to measure your success.
  
25. Describe how the project will strengthen consumer voice, choice and ownership.
  
26. Detail the collaborative, community-based partnerships supporting this project. Please distinguish between those who are working partners/contributing resources) and those who are non-working supporters of your project.
  
27. Detail your plans for future funding support and/or collaborative funding.

## PROJECT BUDGET SUMMARY

Project Name: \_\_\_\_\_

County: \_\_\_\_\_

Budget Time Frame: From \_\_\_\_\_, 2002 to \_\_\_\_\_

**Expenditures:**

**Revenues:**

Description	NSRSN Funding	County Funding	Other Funding (Identify Source)	Total Revenues
Salaries/Wages and Benefits				
Supplies				
Minor Equipment/Tools				
Professional Services				
Communications/Telephone				
Transportation				
Advertising				
Rentals				
Insurance				
Public Utilities				
Repairs/Maintenance				
Machinery & Equipment				
Administration				
Other, please specify:				
<b>TOTAL REVENUES</b>	\$	\$	\$	\$

**NORTH SOUND REGIONAL SUPPORT NETWORK  
CONTRACT AMENDMENT**

**CONTRACT NO. NSRSN-SNOHOMISH-02  
Amendment (2)**

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

- 12. Effective December 1, 2002, Exhibit J, Consumer Oriented Projects Funding Requirements Guidelines shall be added.**
- 13. Maximum consideration of this amendment shall not exceed \$95,020.**
- 14. Total maximum consideration shall not exceed \$2,717,607.**

ALL TERMS AND CONDITIONS OF PERFORMANCE OUTLINED IN CONTRACT NO. NSRSN-SNOHOMISH-02 THROUGH AMENDMENT TWO 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

SNOHOMISH COUNTY

---

Charles R. Benjamin, Executive Director     Date     Robert Drewel, County Executive  
Date

Approved as to form for NSRSN

Approved as to form for County

Brad Furlong,     10/02/01  
Attorney at Law     Date

---

Date



## EXHIBIT J

### NORTH SOUND REGIONAL SUPPORT NETWORK

### 2002 Consumer Oriented Projects Funding Requirements

#### Purpose:

To assist NSRSN Consumers realize their Vision of Hope – Path to Recovery  
***“The process by which an individual with mental illness can recover self-esteem, self-worth, dreams, pride, choice, dignity and life meaning”.***

#### Requirements:

- Project is consumer driven, that clients of services, their family members, and/or community advocates are directly involved in proposal design, project implementation, ongoing operation and oversight.
- Projects should result in direct, tangible changes in the lives of individuals with severe/chronic mental illness or in community/system changes that will result in future increased inclusion/acceptance of persons with severe/chronic mental illness.
- Funded projects shall:
  - Empower and Involve Consumers, and/or
  - Decrease Stigma, and/or
  - Increase Consumer Job Opportunities, and/or
  - Demonstrate New or Unavailable Services that will assist consumers in realizing their Vision of Hope – Path to Recovery.
- Funded projects shall embrace the “Framework for all NSRSN Activities”, adopted by the NSRSN Board of Directors on October 25, 2001
- Funded projects shall provide services targeted to individuals (children, adolescents, adults and older adults) with severe/chronic mental illness residing within the NSRSN Service Area.
- Funded projects should be able to demonstrate their effectiveness through measurable outcomes.
- Proposals that strengthen Consumer voice, choice and ownership; show collaboration; community-based partnerships; and multi-system partnerships are encouraged.
- Funds cannot be used to provide or enhance services that NSRSN contracted providers are obligated or required to provide.
- Counties are required to submit quarterly fiscal and project status reports to the NSRSN.

## **NORTH SOUND REGIONAL SUPPORT NETWORK**

### *2002 Consumer Oriented Projects Request Questionnaire*

28. Clearly describe your project, the people you intend to serve and how the services will empower and involve consumers, assist consumers in realizing their Vision of Hope – Path to Recovery, decreased stigma and/or increase job opportunities, Include the number of consumers involved in receiving services and providing the service(s).
  
29. Identify which of the “Framework for all NSRSN Activities”, adopted by the NSRSN Board of Directors on October 25, 2001 the proposed project will address. Specify how the project will do so. (Be as specific and inclusive as possible).
  
30. Who will be responsible for planning, implementing and monitoring the project? Please describe any/all experience in delivering this kind of service?
  
31. Create a timeline for implementing the activity/services, achieving project objectives/outcomes, and expending awarded funds.
  
32. How will you market this project? Please provide a business or marketing plan for proposals employing persons and/or selling services/goods.
  
33. Clearly describe your project’s goals, expected outcomes and how you are going to measure your success.
  
34. Describe how the project will strengthen consumer voice, choice and ownership.
  
35. Detail the collaborative, community-based partnerships supporting this project. Please distinguish between those who are working partners/contributing resources) and those who are non-working supporters of your project.
  
36. Detail your plans for future funding support and/or collaborative funding.

## PROJECT BUDGET SUMMARY

Project Name: \_\_\_\_\_

County: \_\_\_\_\_

Budget Time Frame: From \_\_\_\_\_, 2002 to \_\_\_\_\_

**Expenditures:**

**Revenues:**

Description	NSRSN Funding	County Funding	Other Funding (Identify Source	Total Revenues
Salaries/Wages and Benefits				
Supplies				
Minor Equipment/Tools				
Professional Services				
Communications/Telephone				
Transportation				
Advertising				
Rentals				
Insurance				
Public Utilities				
Repairs/Maintenance				
Machinery & Equipment				
Administration				
Other, please specify:				
<b>TOTAL REVENUES</b>	\$	\$	\$	\$

**NORTH SOUND REGIONAL SUPPORT NETWORK  
CONTRACT AMENDMENT**

**CONTRACT NO. NSRSN-Whatcom-02  
Amendment (2)**

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

- 15. Effective December 1, 2002, Exhibit G Consumer Oriented Projects Funding Requirements Guidelines shall be added.**
- 16. Maximum consideration of this amendment shall not exceed \$36,068.**
- 17. Total maximum consideration shall not exceed \$311,271.**

ALL TERMS AND CONDITIONS OF PERFORMANCE OUTLINED IN CONTRACT NO. NSRSN-WHATCOM-02 THROUGH AMENDMENT TWO 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

WHATCOM COUNTY

---

Charles R. Benjamin, Executive Director     Date     Pete Kremen, County Executive     Date

Approved as to form for NSRSN

Approved as to form for County

Brad Furlong,                                  10/02/01  
Attorney at Law                                  Date

\_\_\_\_\_  
Date

## EXHIBIT G

### NORTH SOUND REGIONAL SUPPORT NETWORK

#### Consumer Oriented Projects Funding Requirements

Purpose:

To assist NSRSN Consumers realize their Vision of Hope – Path to Recovery  
***“The process by which an individual with mental illness can recover self-esteem, self-worth, dreams, pride, choice, dignity and life meaning”.***

Requirements:

- Project is consumer driven, that clients of services, their family members, and/or community advocates are directly involved in proposal design, project implementation, ongoing operation and oversight.
- Projects should result in direct, tangible changes in the lives of individuals with severe/chronic mental illness or in community/system changes that will result in future increased inclusion/acceptance of persons with severe/chronic mental illness.
- Funded projects shall:
  - Empower and Involve Consumers, and/or
  - Decrease Stigma, and/or
  - Increase Consumer Job Opportunities, and/or
  - Demonstrate New or Unavailable Services that will assist consumers in realizing their Vision of Hope – Path to Recovery.
- Funded projects shall embrace the “Framework for all NSRSN Activities”, adopted by the NSRSN Board of Directors on October 25, 2001
- Funded projects shall provide services targeted to individuals (children, adolescents, adults and older adults) with severe/chronic mental illness residing within the NSRSN Service Area.
- Funded projects should be able to demonstrate their effectiveness through measurable outcomes.
- Proposals that strengthen Consumer voice, choice and ownership; show collaboration; community-based partnerships; and multi-system partnerships are encouraged.
- Funds cannot be used to provide or enhance services that NSRSN contracted providers are obligated or required to provide.
- Counties are required to submit quarterly fiscal and project status reports to the NSRSN.

## **NORTH SOUND REGIONAL SUPPORT NETWORK**

### *2002 Consumer Oriented Projects Request Questionnaire*

37. Clearly describe your project, the people you intend to serve and how the services will empower and involve consumers, assist consumers in realizing their Vision of Hope – Path to Recovery, decreased stigma and/or increase job opportunities, Include the number of consumers involved in receiving services and providing the service(s).
  
38. Identify which of the “Framework for all NSRSN Activities”, adopted by the NSRSN Board of Directors on October 25, 2001 the proposed project will address. Specify how the project will do so. (Be as specific and inclusive as possible).
  
39. Who will be responsible for planning, implementing and monitoring the project? Please describe any/all experience in delivering this kind of service?
  
40. Create a timeline for implementing the activity/services, achieving project objectives/outcomes, and expending awarded funds.
  
41. How will you market this project? Please provide a business or marketing plan for proposals employing persons and/or selling services/goods.
  
42. Clearly describe your project’s goals, expected outcomes and how you are going to measure your success.
  
43. Describe how the project will strengthen consumer voice, choice and ownership.
  
44. Detail the collaborative, community-based partnerships supporting this project. Please distinguish between those who are working partners/contributing resources) and those who are non-working supporters of your project.
  
45. Detail your plans for future funding support and/or collaborative funding.

## PROJECT BUDGET SUMMARY

Project Name: \_\_\_\_\_

County: \_\_\_\_\_

Budget Time Frame: From \_\_\_\_\_, 2002 to \_\_\_\_\_

**Expenditures:**

**Revenues:**

Description	NSRSN Funding	County Funding	Other Funding (Identify Source	Total Revenues
Salaries/Wages and Benefits				
Supplies				
Minor Equipment/Tools				
Professional Services				
Communications/Telephone				
Transportation				
Advertising				
Rentals				
Insurance				
Public Utilities				
Repairs/Maintenance				
Machinery & Equipment				
Administration				
Other, please specify:				
<b>TOTAL REVENUES</b>	\$	\$	\$	\$

**NORTH SOUND REGIONAL SUPPORT NETWORK  
CONTRACT AMENDMENT**

TULALIP TRIBES  
CONTRACT # NSRSN-TULALIP-CP-00

**Amendment (2)**

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

1. Terms and Conditions  
The effective dates shall be March 1, 2000 and shall continue in full force and effect through December 31, 2002.
2. Maximum Consideration  
Maximum consideration shall remain unchanged, not to exceed \$30,000.

ALL TERMS AND CONDITIONS OF PERFORMANCE OUTLINED IN CONTRACT NO. NSRSN-TULALIP-CP-00 THROUGH AMENDMENT ONE 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

TULALIP TRIBES

---

Charles R. Benjamin, Executive Director    Date    Stanley Jones, Tribal Chair    Date

---

*(Name of Authorized Signature Above – print or type)*