

North Sound Mental Health Administration

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

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NSMHA Contract Memorandum 2014-002

Date: March 26, 2014

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Hospital Inpatient Committee Members
Integrated Crisis Response Services Committee Members
Planning Committee Members
Advisory Board
Board of Directors
Quality Management Oversight Committee Members
Inpatient/Outpatient Medical Directors
Integrated Provider Members
Medical Directors
Aging and Disabilities Services Administration/Area Agency on Aging/Developmental Disabilities Administration

From: Greg Long, Deputy Director

Subject: 2014 Diversion Options and Regional County Programs List

In 2011, NSMHA began an effort to improve our Regional Performance Measure for Diversions with our network provider agencies by developing and distributing a Diversion Option List to aide in referrals to less restrictive alternatives.

The measurement for Diversions is the percentage of dispatches through the Regional Access Line at Volunteers of America (VOA) that result in other than detention or referral to voluntary inpatient services.

We have just completed a review and update of the Diversion Option List, which now also includes a Regional County Programs list with program contact and website information. A copy of this document is attached and also available on the NSMHA website at: <http://nsmha.org/Providers/>

cc: Cindy Ferraro, Bridgeways
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Diversion Options

PREFACE: This list of crisis diversion options is designed to provide professionals across the North Sound Region the array of crisis diversion options that are available. If a service does not appear on this list, the service is not currently available in the North Sound Region, at this time. The North Sound Mental Health Administration (NSMHA) and the five counties are working to enhance crisis service options. The intention in providing this list to professionals is to have these options considered when working with individuals in crisis so the most effective and the least restrictive crisis diversion options are utilized. If you have questions about these options, experienced Crisis Triage Mental Professionals are available 24 hours a day at (800) 747-8654.

FEDERAL EMERGENCY MANAGEMENT AGENCY (FEMA) DISASTER

The Integrated Crisis Response Service (ICRS) system is responsible for responding to a crisis if there is a disaster. This is done in collaboration with first responders, i.e. Red Cross, working with the Care Crisis Line to determine how extensive the need is. In the event of a disaster/emergency in the NSMHA service area, there is the availability of disaster outreach. Disaster Outreach means contacting persons in their place of residence or in non-traditional settings for the purpose of assessing their mental health and social functioning following a disaster or increasing the utilization of human services and resources.

There are two basic approaches to outreach: mobile (going person to person) and community settings (e.g., temporary shelters, disaster assistance sites, disaster information forums, etc.) The outreach process includes:

- locating persons in need of disaster relief services,
- assessing their needs,
- engaging or linking persons to an appropriate level of support or disaster relief services, and
- providing follow-up mental health services when clinically indicated

Disaster Outreach can be performed by trained volunteers, peers and /or persons hired under a federal Crisis Counseling Grant. These persons should be trained in disaster crisis outreach which is different than traditional mental health crisis intervention.

ADULT DIVERSION OPTIONS

1	<p>Volunteers of America (VOA) Crisis Line- 24 hr/7 days a week access to centralized telephone crisis counseling, support, and referral. VOA crisis line is also one access point for additional crisis services including urgent and emergent crisis service appointments. (1) Individuals and their family's crisis line is 1.800.584.3578 and (2) Professionals (physicians, case workers, etc.) triage services line is 1.800.747.8654.</p>
2	<p>Emergent Services- 24 hr/7 days a week access to face to face evaluation and/or intervention services. Emergent mental health care, as determined by VOA Care Crisis Response Services Clinician, occurs within two (2) hours of a request for mental health services from any source. Emergent mental health care can occur in community locations. Calls in this category require a response within 2 hours of the dispatch of outreach staff by the VOA Care Crisis Response Services (CCRS) Clinician (See NSMHA Policy 1702, ICRS Outreach Screening, Crisis Line Pre- and Post-Dispatch, for additional policy and procedures related to Emergent contacts).</p>

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Urgent Services -24 hr/7 day a week access to face to face evaluation and/or intervention services. Urgent care occurs within 24 hours of a request for mental health services from any source. Urgent mental health care can occur in community locations.

Calls in this category shall provide individuals in crisis with timely access to face-to-face mental health evaluation/intervention services when needed, to prevent the individual's situation from deteriorating to the point that Emergent care is necessary. These calls require a response by the NSMHA provider within 24 hours of the VOA CCRS Clinician's notification.

1. Individuals with an open outpatient episode:

a) During typical business hours, individuals who are currently enrolled with a NSMHA Community Mental Health Agency (CMHA) shall be seen whenever possible by their Mental Health Care Provider (MHCP)/team. If the MHCP is unavailable, the program supervisor will be contacted to determine if another member of the treatment team can see the individual. In those rare circumstances where support through the treatment team is unavailable, ICRS staff may be dispatched by VOA CCRS Clinician.

b) When the MHCP will be unavailable to the VOA Care Crisis Response Services (CCRS) Clinician within 24 hours of the identified need for contact (e.g., the need is identified on a Friday evening), the ICRS staff shall be contacted, briefed, and requested to respond via face-to-face intervention within 24 hours.

2. Individuals without an open outpatient episode:

a) Designated ICRS Providers shall maintain a Monday through Friday schedule of available appointment times and shall make this schedule available to VOA CCRS Clinicians.

b) VOA CCRS Clinicians shall schedule an available Urgent Appointment for callers, within 24 hours of the call to VOA.

c) VOA CCRS Clinicians shall notify the CMHA as soon as possible regarding the scheduled contact and shall provide summarized clinical information in a standard format.

d) When an appointment is not available within 24 hours (e.g., the need is identified on a Friday evening), the ICRS staff shall be contacted, briefed, and requested to respond via face-to-face intervention within 24 hours. Disposition will follow the ICRS process.

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4	<p>Follow up appointments- Follow-up appointments are offered when the caller does not require “Emergent” or “Urgent” intervention, but there is an indication that without prompt assessment/intervention further decompensation is likely. This appointment may be initiated at the request of the VOA CCRS Clinician, or by any other Clinician within the ICRS system. Enrolled individuals will be seen by their MHCP (Mental Health Care Provider). Follow-up services may also be offered to non-enrolled individuals needing follow-up contact while awaiting transition into ongoing care.</p> <ol style="list-style-type: none"> 1. Individuals with an open outpatient episode: <ol style="list-style-type: none"> a) Follow-up services for these individuals shall be provided by the MHCP or another member of the clinical team. ICRS is not responsible for providing follow-up services to enrolled individuals. b) The CCRS Clinician or Emergency Services staff referring an enrolled individual for Follow-up services shall notify the NSMHA CMHA as soon as possible, and shall provide summarized information in a standard format. 2. Individuals without an open outpatient episode: <ol style="list-style-type: none"> a) VOA CCRS Clinicians shall notify the Designated ICRS Providers regarding the referral and shall provide summarized clinical information in a standard format. Disposition will follow the ICRS process. <p>During this period of ICRS Emergency Follow-up services, Emergency Services staff shall communicate directly with the individual regarding scheduling appointments, etc., as needed.</p> <ol style="list-style-type: none"> b) Emergency Services staff is responsible for providing clinically necessary Follow-up services to non-enrolled individuals in crisis when needed, until the crisis is resolved, or until the referral to ongoing services is complete. c) It is understood that follow up through Emergency Services is not a substitute for ongoing services and that, as financially and clinically eligible, individuals shall be moved as quickly as possible into ongoing care.
5	<p>Mobile Outreach Teams-(Skagit and Whatcom Counties) (early crisis intervention, crisis prevention) This service is available through VOA for adults to provide community outreach and brief intervention to prevent mental health crises, provide early intervention and to prevent unnecessary use of Emergency Departments and inpatient psychiatric hospitalizations. Mobil Outreach Program is 1-9 PM Monday through Friday. Referrals can be made though VOA or directly to the programs-Pioneer Human Services (PHS) in Skagit County or Whatcom Counseling and Psychiatric Clinic (WCPC) in Whatcom County.</p>
6	<p>Emergent Medications- Emergency psychiatric medication evaluations are available for those individuals who have been assessed by an Emergency Mental Health Clinician (EMHC) or Designated Mental Health Professional (DMHP) and deemed at risk of hospitalization. Access to these psychiatric appointments is through the EMHC or DMHP. This process varies from county to county. Follow up psychiatric consultations are available when clinically indicated by the prescriber. Generally this service is used for non-enrolled individuals.</p>
7	<p>Same day access for assessment for routine outpatient services-(WCPC in Whatcom County and Compass Health in Skagit County) Medicaid enrollees, and some state funded adults, has same business day access to intake process for referral for routine outpatient services. Access is Monday through Friday 9-5 through VOA regional Access line at 1 (888) 693-7200 or individuals may go to these agencies and request outpatient services.</p>

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8	Intake for routine outpatient services -Medicaid enrollees, and some state funded adults, has access to intake for referral for routine outpatient services. Access is Monday through Friday 8:30-5 through VOA regional Access line at 1 (888) 693-7200.
9	Intake for expedited outpatient services -Medicaid enrollees, and some state funded adults, have access to expedited intake (within 3 business days) as determined by access mental health professions for referral for routine outpatient services. Access is Monday through Friday 9-5 through VOA regional Access line at 1 (888) 693-7200.
10	Crisis Centers (Skagit, Snohomish & Whatcom Counties) -24 hour a day seven day a week stabilization or crisis services are available at Crisis Centers. These services are available to adults throughout the 5 county region regardless of whether they are currently receiving outpatient services. Adults may stay in the Crisis Center for up to 5 days or longer with extension. 24/7 access is through VOA although direct referrals can be made and law enforcement drop-off is encouraged.
11	Diversion is available from inpatient psychiatric care to 3 regional crisis centers.
12	<p>Intensive Outpatient Services (IOP)-Adults currently enrolled in intensive outpatient services have access to a member of their IOP team for consultation and outreach 24 hr/7 day a week. Agencies with Adult IOP programs: Compass Health: Skagit, Snohomish and Island Counties, Bridgeways, Sunrise Services, Lake Whatcom Residential & Treatment Center and Whatcom Counseling and Psychiatric Clinic. Intensive outpatient services includes: intensive, coordinated treatment by a multi-disciplinary team in the community to include reinforcement of safety, promotion of stability/ independence in the community, restoration to a higher level of functioning.</p> <p>Adults not currently in IOP programs—If a clinician determines that IOP is the appropriate resource for an individual they should contact the IOP program manager for instructions on referral and alert them that it is a diversion attempt. Some IOP programs <i>may</i> be able to do an expedited admission for an individual in this situation. There are different referral procedures for each program.</p>
13	Program of Assertive Community Treatment (PACT) - (Skagit, Snohomish and Whatcom Counties) Adults currently enrolled in PACT services have access to their PACT team 24 hr/7 day a week. Provision of mental health services by a trans-disciplinary team to facilitate community living, psychosocial rehabilitation, and recovery for individuals who have the most severe and persistent mental illnesses, have severe symptom impairments, and have not benefited from traditional outpatient programs. The team is directed by a team leader and psychiatric prescriber and a sufficient number of staff to cover 24 hours/day, 7 days/week. PACT teams are mobile and deliver services in community locations.
14	Crisis Services for adults eligible for Developmental Disabilities (DD) Services- Enhanced crisis stabilization and intervention services may be available to prevent the hospitalization of DDD eligible adults. These may be accessed through Volunteers of America (VOA) at: (1) Individuals and their family's crisis line is 1.800.584.3578 and (2) Professionals (physicians, case workers, etc.) triage services line is 1 (800) 747-8654.

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15	<p>Other Funded Programs</p> <p>Federal Block Grant (FBG) Programs-Federal Block Grant Programs vary by county and may not be available on an immediate basis. Some services are through the counties and some are through providers. Services <u>may be</u> available for some individuals who are not eligible for NSMHA services. (See attached addendum for detail, FBG & County Mental Health Program Contacts List and website links).</p> <p>Additional County Funded Outpatient Services-(varies by county and may not be available on an immediate basis) Individual Counties may provide additional Services. (See attached addendum for detail, FBG & County Mental Health Program Contacts List and website links).</p>
16	<p>Programs to Aid in the Transition from Homelessness (PATH) Services (Snohomish and Whatcom Counties) Outreach and engagement services are available out in the community for homeless adults who are not currently in mental health services. PATH services can assist adults to receive mental health and other necessary services prior to their situation deteriorating to the point they may be at risk for hospitalization. The program is 9-5 Monday through Friday and can be accessed by contacting Compass Health and WCPC.</p>
17	<p>Residential Programs – Lake Whatcom Center (Whatcom), Aurora, Greenhouse and Haven House (Snohomish) – Adults currently residing in a NSMHA-contracted residential facility have access to residential staff 24 hr/7 day a week.</p>
18	<p>Integrated Dual-Disorder Treatment (Sunrise Services – Skagit and Snohomish) – Adults currently enrolled in intensive outpatient services have access to a member of their IDDT team for consultation and outreach 24 hr/7 day a week. IDDT is an evidence based practice that has been found to be effective for individuals with dual disorders (mental health and substance abuse). In IDDT, the same team of professionals works in one setting, providing mental health and substance abuse interventions in a coordinated manner. The IDDT team is comprised of; a psychiatric prescriber, a nurse, an MHP, a CDP (Chemical Dependency Professional), a peer specialist, a case manager and an employment specialist. All team members meet regularly, generally once per week, to staff IDDT cases. The focus of treatment is to devise a comprehensive strategy that addresses both mental health and substance abuse challenges for the individual and helps them manage both illnesses so that they may pursue meaningful life goals.</p> <p>Adults not currently in IOP programs—If a clinician determines that IDDT is the appropriate resource for an individual they should contact the IDDT program manager for instructions on referral and alert them that it is a diversion attempt. IDDT programs <i>may</i> be able to do an expedited admission for an individual in this situation.</p>

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CHILD DIVERSION OPTIONS	
1	<p>Volunteers of America (VOA) Crisis Line- 24 hr/7 days a week access to centralized telephone crisis counseling, support, and referral. VOA crisis line is also one access point for additional crisis services including urgent and emergent crisis service appointments. (1) Individuals and their family's crisis line is 1.800.584.3578 and (2) Professionals (physicians, case workers, etc.) triage services line is 1.800.747.8654.</p>
2	<p>Emergent Services- 24 hr/7 days a week access to face to face evaluation and/or intervention services. Emergent mental health care, as determined by VOA Care Crisis Response Services Clinician, occurs within two (2) hours of a request for mental health services from any source. Emergent mental health care can occur in community locations.</p> <p>Calls in this category require a response within 2 hours of the dispatch of outreach staff by the VOA Care Crisis Response Services (CCRS) Clinician (See NSMHA Policy 1702, ICRS Outreach Screening, Crisis Line Pre- and Post-Dispatch, for additional policy and procedures related to Emergent contacts).</p>
3	<p>Urgent Services 24 hr/7 day a week access to face to face evaluation and/or intervention services. Urgent care occurs within 24 hours of a request for mental health services from any source. Urgent mental health care can occur in community locations.</p> <p>Calls in this category shall provide individuals in crisis with timely access to face-to-face mental health evaluation/intervention services when needed, to prevent the individual's situation from deteriorating to the point that Emergent care is necessary. These calls require a response by the NSMHA provider within 24 hours of the VOA CCRS Clinician's notification.</p> <ol style="list-style-type: none"> 1. Individuals with an open outpatient episode: <ol style="list-style-type: none"> a) During typical business hours, individuals who are currently enrolled with a NSMHA Community Mental Health Agency (CMHA) shall be seen whenever possible by their Mental Health Care Provider (MHCP)/team. If the MHCP is unavailable, the program supervisor will be contacted to determine if another member of the treatment team can see the individual. In those rare circumstances where support through the treatment team is unavailable, ICRS staff may be dispatched by VOA CCRS Clinician. b) When the MHCP will be unavailable to the VOA Care Crisis Response Services (CCRS) Clinician within 24 hours of the identified need for contact (e.g., the need is identified on a Friday evening), the ICRS staff shall be contacted, briefed, and requested to respond via face-to-face intervention within 24 hours. 2. Individuals without an open outpatient episode: <ol style="list-style-type: none"> a) Designated ICRS Providers shall maintain a Monday through Friday schedule of available appointment times and shall make this schedule available to VOA CCRS Clinicians. b) VOA CCRS Clinicians shall schedule an available Urgent Appointment for callers, within 24 hours of the call to VOA. c) VOA CCRS Clinicians shall notify the CMHA as soon as possible regarding the scheduled contact and shall provide summarized clinical information in a standard format. d) When an appointment is not available within 24 hours (e.g., the need is identified on a Friday evening), the ICRS staff shall be contacted, briefed, and requested to respond via face-to-face intervention within 24 hours. Disposition will follow the ICRS process.

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4	<p>Follow up appointments- Follow-up appointments are offered when the caller does not require “Emergent” or “Urgent” intervention, but there is an indication that without prompt assessment/intervention further decompensation is likely. This appointment may be initiated at the request of the VOA CCRS Clinician, or by any other Clinician within the ICRS system. Enrolled individuals will be seen by their MHCP (Mental Health Care Provider). Follow-up services may also be offered to non-enrolled individuals needing follow-up contact while awaiting transition into ongoing care.</p> <p>1. Individuals with an open outpatient episode: a) Follow-up services for these individuals shall be provided by the MHCP or another member of the clinical team. ICRS is not responsible for providing follow-up services to enrolled individuals. b) The CCRS Clinician or Emergency Services staff referring an enrolled individual for Follow-up services shall notify the NSMHA CMHA as soon as possible, and shall provide summarized information in a standard format.</p> <p>2. Individuals without an open outpatient episode: a) VOA CCRS Clinicians shall notify the Designated ICRS Providers regarding the referral and shall provide summarized clinical information in a standard format. Disposition will follow the ICRS process.</p> <p>During this period of ICRS Emergency Follow-up services, Emergency Services staff shall communicate directly with the individual regarding scheduling appointments, etc., as needed.</p> <p>b) Emergency Services staff is responsible for providing clinically necessary Follow-up services to non-enrolled individuals in crisis when needed, until the crisis is resolved, or until the referral to ongoing services is complete. c) It is understood that follow up through Emergency Services is not a substitute for ongoing services and that, as financially and clinically eligible, individuals shall be moved as quickly as possible into ongoing care.</p>
5	<p>Mobile Outreach Teams- (Skagit and Whatcom Counties) (early crisis intervention, crisis prevention) This service is available through VOA for children to provide community outreach and brief intervention to prevent mental health crises, provide early intervention or to prevent unnecessary use of Emergency Departments and inpatient psychiatric hospitalizations. Mobil Outreach Program is 1-9 PM Monday through Friday. Referrals can be made though VOA or directly to the programs-Pioneer Human Services in Skagit County or WCPC in Whatcom County.</p>
6	<p>Emergent Medications- Emergency psychiatric medication evaluations are available for those individuals who have been assessed by an EMHC or DMHP and deemed at risk of hospitalization. Access to these psychiatric appointments is through the EMHC or DMHP. This process varies from county to county. Follow up psychiatric consultations are available when clinically indicated by the prescriber. Generally this service is used for non-enrolled individuals.</p>
7	<p>Same day access for assessment for routine outpatient services-(WCPC in Whatcom County) Medicaid enrollees, and some state funded children, has same business day access to intake process for referral for routine outpatient services. Access is Monday through Friday 9-5 through VOA regional Access line at 1 (888) 693-7200.</p>

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8	<p>Intake for routine outpatient services-Medicaid enrollees, and some state funded children have access to intake and authorization process or expedited intake and authorization process for referral for routine outpatient services. Access is Monday through Friday 9-5 through VOA regional Access line at 1 (888) 693-7200.</p>
	<p>Intake for expedited outpatient services-Medicaid enrollees, and some state funded adults, have access to expedited intake (within 3 business days) as determined by access mental health professions for referral for routine outpatient services. Access is Monday through Friday 9-5 through VOA regional Access line at 1 (888) 693-7200.</p>
9	<p>Intensive Outpatient Services (Wraparound) - Children currently enrolled in wraparound services have access to their teams' crisis pager and crisis response services. Services are available minimally 7 AM to 10 PM weekdays</p>
10	<p>Other Funded Programs</p> <p style="padding-left: 40px;">Federal Block Grant (FBG) Programs-Federal Block Grant Programs vary by county and may not be available on an immediate basis. Some services are through the counties and some are through providers. Services <u>may be</u> available for some individuals who are not eligible for NSMHA services. (See attached addendum for detail, FBG & County Mental Health Program Contacts List and website links).</p> <p>Additional County Funded Outpatient Services-varies by county and may not be available on an immediate basis) Individual Counties may provide additional Services. (See attached addendum for detail, FBG & County Mental Health Program Contacts List and website links).</p>

Federal Block Grant (FBG) County Mental Health Programs Contact List

PROGRAM BY COUNTY	PROGRAM DESCRIPTION/WEBSITE LINK	CONTACT #
<i>Island County</i>		
	http://www.islandcounty.net/humanservices/	
Counseling Connections Program	Short term mental health counseling services	360-678-7882 Beth Plush
Jail Transition Services	Assists inmates who have mental health, substance abuse &/or co-occurring disorders transition back to the community	360-929-7318 Cheryl Coop
School-based Mental Health Services	Provides mental health services in the school setting in all four districts of Island County & also serves students in the detention center; services for a wide range of concerns & uses modalities including counseling (individual, group, family), mediation, crisis intervention, parent support groups & classes, staff consultation	360-969-5867 Charlene Ray
Homeless Service Center	Serves individuals & families who are homeless & may be exiting local jails, emergency departments, treatment centers, inpatient facilities &/or are referred by a mental health provider.	360-679-7962 Joann Pelant
<i>San Juan County</i>		
	http://www.co.san-juan.wa.us/health/cs.aspx	
Access to treatment for offenders with low incomes	San Juan County Health (HC&S) & District Court (SJDC) provide a project intended to improve access to treatment & reduce recidivism rates for low income offenders with mental illness & co-occurring (mental health & chemical dependency) disorders who are not Medicaid recipients	360-378-4017 Melissa Derksma
Community Wellness Program	Community based services include the Community Wellness Program which offers up to 10 sessions of short-term counseling for low income folks who don't have Medicaid or other insurance. School-based mental health services vary from district to district and include such things as Primary Intervention Program (PIP), referral to counseling by contracted Master's level licensed mental health professionals; family advocate/homeless liaison, mental health program specialists, behavior specialist, and coordination.	Orcas Island 360-376-3184 Lopez Island 360-468-4117 San Juan Island 360-378-5246

Federal Block Grant (FBG) County Mental Health Programs Contact List

PROGRAM BY COUNTY	PROGRAM DESCRIPTION/WEBSITE LINK	CONTACT #
<i>Skagit County</i>	http://www.skagitcounty.net/Common/Asp/Default.asp?d=CommunityServices&c=General&p=mh.htm	
Community Wellness	Skagit County Community Services' Community Wellness Program (CWP) links eligible Skagit County residents who do not have access to mental health services funded by public benefits or insurance to limited counseling services from private mental health professionals in the community. Community Services staff will help individual apply for benefits or insurance and link individual to mental health professional for short term counseling.	360-419-3379 Roger Capron
Jail Transition Program	Services for inmates who have mental health disorders &/or substance abuse disorders; case management to facilitate safe transition from confinement to treatment services & community services; & assistance with Medicaid application & ongoing benefits. Services continue up to ninety days after release.	360-391-9729 Josie Boggs
Mental Health Court	Voluntary program for offenders who have a mental illness (additional eligibility criteria exist); referrals processed through the Mental Health Court Coordinator & accepted from defense counsel upon approval by prosecuting attorney.	360-419-3420 Rebecca Clark
Outreach & Engagement Services (Pioneer Human Services)	The Skagit Treatment Engagement Program (STEP) provides outreach, engagement and intensive case management services to individuals with mental illness and/or substance use disorders who are homeless and/or high utilizers of community resources in order to engage them in treatment services, locate housing and help them become eligible for public benefit funding.	360-418-6066 Deann Gibbs
REACH Peer Center	The Skagit Valley REACH Center (SVRC) is a program demonstrating recovery and resilience. It provides recovery oriented psychosocial, recreational and peer support needs to: Individuals self-identifying as having mental illness or cognitive disorders; individuals in public & private mental health services including those on the RSN funded Program for Assertive Community Treatment (PACT) teams; individuals self-identifying as being co-occurring or in dual recovery; individuals self-identifying as being early in addiction(s) recovery; individuals accompanied by caregivers (caregivers participate in programs as does anyone else); individuals referred from DVR, DSHS Community Service Office (CSO), & other governmental agencies; individuals referred from Crisis Services/Center; individuals leaving inpatient services (local hospitals, state hospitals, substance use disorder programs, detoxification services & evaluation & treatment facilities); &/or individuals who are frequently involved with the criminal justice system including those formerly incarcerated at the local & state level (including registered sex offenders).	360-397-8050 Jeff Reynolds

Federal Block Grant (FBG) County Mental Health Programs Contact List

PROGRAM BY COUNTY	PROGRAM DESCRIPTION/WEBSITE LINK	CONTACT #
<i>Snohomish County</i>	http://www1.co.snohomish.wa.us/Departments/Human_Services/	
Geriatric Depression Screening	This project provides in-home depression screening to Snohomish County residents age 60 & older, using the Geriatric Depression Scale (GDS). Individuals are referred for services based upon signs & symptoms of depression that may limit access to services, produce disability, threaten safety & independence, impact other medical conditions, & harm the individual's quality of life.	425-290-1260 Amanda Foltz & Lindsey Batts
Hope Options Program	Hope Options is a supportive housing model that provides in-home intervention services coordination to vulnerable older adults with mental health or behavioral issues whose housing has become unstable. A key component of Hope Option's success is the dedication of time & number of home visits in building a trust relationship with the client. Hope Options offers no wait list housing vouchers for eligible clients. Services are flexible to the needs of each client & works closely with the client, & landlords, families & community. the service area includes all of Snohomish County.	425-303-1106 David Tieszen
Short Term Case Management & Stabilization for non-Medicaid Clients	Snohomish County provides services to clients who have a demonstrated need for mental health services & no means of obtaining them. The Short-term Case Management & Stabilization for Non-Medicaid Clients program identifies & assists residents of Snohomish County who are at risk for hospitalization, incarceration, or recurrent crisis episodes as a result of their mental illness & have no means of obtaining services.	425-493-5800 Sunrise Services 425-257-2111 CCS 425-349-6200 Compass Health
Senior Outreach Services	Older Adult Mental Health Outreach is the publicly recognized primary entry point into mental health and chemical dependency systems for older adults. Functions of the Older Adult Mental Health Outreach component will include information giving, service referral, assistance, client advocacy, and screening to determine whether an older person should be referred to the appropriate agency for a comprehensive assessment.	Kamilia Dunsky 425- 740-3787
Mental Health Court Liaison	The Snohomish County Mental Health Court Liaison is operated out of Snohomish County's Everett District Court and accepts referrals from all four (4) divisions of District Court, allowing for countywide access. Eligible offenders are adults who have been diagnosed with a DSM-IV Axis I diagnosis (i.e., schizophrenia, bipolar, schizoaffective, anxiety, PTSD, mood disorder) and have been charged with a misdemeanor or gross misdemeanor crime. Individuals charged with felony crimes or diagnosed with a primary substance dependence disorder will not be considered for participation in the Mental Health Court, nor will persons charged with DUI.	425-513-8213 Rochelle Moore

Federal Block Grant (FBG) County Mental Health Programs Contact List

PROGRAM BY COUNTY	PROGRAM DESCRIPTION/WEBSITE LINK	CONTACT #
Community Housing and Stability Support Program	The CHSS program provides comprehensive community support services to ensure services received by clients eligible for or receiving Shelter + Care subsidized housing are of a level and rate necessary to meet the required match and maintain safe and affordable housing. In addition, the program provides mental health treatment services for low-income adults residing in Snohomish County, who meet financial and clinical eligibility standards and who are without means to access services in order to address mental health issues. Individualized services, (including diagnostic evaluation, individual and group counseling and case management), are provided through comprehensive, discreet and coordinated programs in accordance with an individualized treatment plan.	425-513-8213 Rochelle Moore
YWCA Investing in Futures	The Investing in Futures – Mental Health Services is designed to provide mental health services to individuals and families affiliated with Investing in Futures. The Contractor provides counseling and case management for individuals and families unable to access services through community mental health systems.	425-358-2766 Maryanne Dillon
Dawson Place	Dawson Place provides comfort for children caught up in a chaotic situation by welcoming them into a child friendly setting that promotes healing. Children and families benefit from having a single point of contact with many agencies in one place. Intervention and treatment in child abuse cases is strengthened as a result of having many disciplines working together toward common goals, which include support and services for the child and holding offenders accountable. Dawson Place Child Advocacy Center is a not for profit comprehensive multidisciplinary team serving child victims of sexual or physical abuse in Snohomish County, Washington. Law enforcement, child protective services, medical, victim advocacy, prosecution, and mental health agencies all work together to provide the best possible services to children and their families victimized by sexual or physical abuse.	425-388-7481 Kristine Peterit
Community Navigation Program	This two part program provides Information and Referral Services within the community after normal business hours. Functions of the Information and Referral Specialist will include information giving, service referral assistance, and screening to determine whether a person should be referred to the Community Resource Advocate for a comprehensive assessment. The Community Resource Advocate, develop an integrated plan of care and resource referrals for basic needs such as housing, food, Medicaid, family and child care, disability services and mental health/chemical dependency services. <i>(This program will not begin until January 1, 2014.)</i>	425-609-2210 Pat Morris
Integrated Dual Disorder Treatment Program (IDDT)	The IDDT program serves in difficult in Snohomish County with co-occurring mental health and substance misuse issues. The IDDT program provides case management, medication assessment/therapy, supported employment and housing options. <i>(This program will not begin until January 1, 2014.)</i>	425-493-5810 Mike Manley
Youth Outpatient Mental Health Program	The Youth Outpatient Mental Health Program is designed to provide mental health services to children/youth and their families, who have a demonstrated need for services but are experiencing barriers to accessing them. This program offers short term mental health counseling to children/youth and their families in school settings and in collaboration with chemical dependency treatment services.	425-257-1621 Pamela Davis

Federal Block Grant (FBG) County Mental Health Programs Contact List

PROGRAM BY COUNTY	PROGRAM DESCRIPTION/WEBSITE LINK	CONTACT #
Youth Mental Health Counseling Program (Cocoon House)	The Youth Mental Health Counseling Program is designed to provide mental health services to youth at Cocoon House's Emergency Shelters and Cocoon Complex, according to Cocoon House's needs. All the youth enter the shelter in some state of crisis; many are victims of some type of trauma. A Master's level clinician with experience with at-risk youth or a mental health professional will attempt to engage the youth and build trust, so that the youth will begin individual counseling sessions with the clinician.	425-349-6200 Carole Kosturn
Project Connect	Project Connect provides inpatient and outpatient treatment funding to mentally ill and/or chemically dependent non-Medicaid eligible adult clients who are referred from the Mental Health Court Liaison program. <i>(This program will not begin until January 1, 2014.)</i>	425-513-8213 Rochelle Moore
Bailey Peer Center	The Bailey Peer Center is a peer support center providing recovery support, referrals to needed services/resources, socialization opportunities and group activities to homeless individuals through Snohomish County who exhibit underlying mental health disorders. The goal of the center is to assist participants in taking steps toward personally determined recovery. <i>(This program will not begin until January 1, 2014.)</i>	425-349-7273 Lori Youngquist
Sunrise Rural Outreach	Sunrise Services increases access to mental health services by conducting outreach & using technology. A team comprised of a Mental Health Professional & a case manager provides outreach into the rural communities of Snohomish County, such as Darrington, Gold Bar & Granite Falls, offering services to Non-Medicaid individuals. Services include an intake to determine whether an application for Medicaid assistance is appropriate. Treatment services are short-term. Community partners provide shared office space & transportation assistance to individuals who chooses to receive services in an office setting. Otherwise services are provided in-home & at a community setting of their choice. Tele-psychiatry accessed by laptop for face-to-face prescriber services are made available by Sunrise Services offices in the North Sound region.	425-493-5813 Leah Martinez

Federal Block Grant (FBG) County Mental Health Programs Contact List

PROGRAM BY COUNTY	PROGRAM DESCRIPTION/WEBSITE LINK	CONTACT #
<i>Whatcom County</i>		
Youth Access to housing & employment-Northwest Youth Services, the Homeless Service Center's partner agency that operates Whatcom County's single point of entry for youth homeless services, will provide the housing case management services	The project's primary purpose is to deploy intensive housing case management to reduce homelessness & increase access to community-based, wraparound services within the population of young people with a mental illness, aged 16-25, in Whatcom County. The project strives to relieve the suffering resulting from traumatic childhoods, poverty, mental illness, addictions & life on the streets; to help youth find hope & achieve a rewarding life.	360-255-2091 Greg Winter
Housing-First Case Management Expansion	This project expands the capacity of the Whatcom Homeless Service Center to provide permanent housing placements for chronically homeless & other homeless individuals, who have mental illness, & to engage or re-engage these clients with appropriate levels of care, treatment & other supportive services. Further, this project provides housing case management services within a supportive housing model based on a housing-first approach.	360-255-2091 Greg Winter
Sun House Urgent Shelter	Sun House provides 6 beds, 2 of which are designated for individuals with mental illness discharging from inpatient facilities, with 24-hour staffing supervision, meals, medication monitoring, & emotional support in a warm, homelike environment. Individuals can stay for up to 90 days & our goal is to assist them in mental health recovery.	360-392-1324 Rebecca Roeter & Denise Rosenstein
Rainbow Peer Center	The Rainbow Recovery Center is a consumer-focused mental health recovery day center whose programs & operations are primarily consumer-driven, & members of the center take an active role in developing & guiding activities, support groups, & educational opportunities & services. WCPC currently maintains Peer Support Advocates, a full-time clinician as Center Coordinator & an Employment & Recovery Services manager.	360-725-2577 Genice Norheim
<i>Tulalip Tribe</i>		
Youth Services	Cultural activities, such as culture night give youth an opportunity to socialize with the elders in the community. This experience help them learn competencies, develop strengths & incorporate cultural norms by participating in making regalia, drums, weaving, creating artwork & listening to elders. Family participation as a whole in culture night is encouraged. Foster children & child therapists participate in culture night, tribal journey & other cultural events. This allows exposure of children/youth in foster placement to their culture of origin. Culture night emphasizes spirituality, listening skills, storytelling & oral recitation. Tribal members have access to support services, community connection, healthy leisure activities, building strong bonds with the community.	360-651-3350