North Sound Mental Health Administration

Strategic Plan 2006-2009

NSMHA Strategic Plan 2006-2009

Executive Summary

Individuals and families face enormous challenges in recovering from mental illness in our society. The purpose of North Sound Mental Health Administration's (NSMHA) Strategic Plan is to guide and prioritize the improvement of community mental health services for the people of Island, San Juan, Skagit, Snohomish and Whatcom Counties based on a "Recovery and Resilience Philosophy". This strategic plan focuses the NSMHA's planning, contracting, funding and administrative activities for the next four years. This is the fourth strategic plan that has been developed since the inception of the North Sound Region in 1990. A separate planning process, 7.01 Plan, is conducted with the eight (8) tribes in the Region.

The Executive Summary outlines the strategic planning process and presents the new planning priorities. All of the specific objectives are listed on the following page. The main report presents and analyzes these priorities in detail.

The Strategic Planning Process:
The Strategic Planning process was scheduled to be conducted in 2004. However, the funding rules governing Medicaid funds were changed, so urgent planning was needed as the NSMHA faced a $10 million deficit in State Funds to continue its operations. The NSMHA was able to begin the Strategic Planning process in June of 2005 when it received a $12 million dollar increase in State Funds reducing the funding crisis. Overall funding to the NSMHA is currently projected to be reduced for 2006 by $3.3 million, as there is approximately a $17.5 million reduction in Medicaid Funding. However, the State funds cannot be used to fund Medicaid Services so there is around $2.5 million dollars that can be focused on improving State-funded services around the Region.

The input for the Strategic Planning process was comprised from meetings sponsored by the five counties' Mental Health Advisory Boards and an online or paper survey. Over 100 people participated in the public meetings and 267 people participated in the survey. The survey was modeled after the State Mental Health Task Force's survey in that it asked participants to prioritize amongst seventeen (17) service improvements within the $2.5 million dollars of available State funds. The NSMHA's Planning Committee made the final decision on prioritizing the NSMHA's Strategic Objectives and presented these priorities to the NSMHA Board of Directors.

Community Forum Results:
The two top issues raised at the public meetings were re-opening mental health services to low-income individuals who do not have Medicaid and improving mental health services for people who are in the jails. The third priority seemed to be increasing housing options. Other priorities included increasing mental health services to children, increasing the number of consumers who are working, and implementing evidence based practices.

Survey Results:
The two highest priorities were increasing housing and residential options and re-opening mental health services to low income people who do not have Medicaid. Other top and funded priorities included jail services, services to children in their homes and schools, more designated crisis responders and flex funds. Other priorities that will be developed increasing evidence-based practices, employment and vocational rehabilitation services, homeless services, advocacy to obtain Medicaid, community education, co-occurring disorder services and expand homeless services.

NSMHA Strategic Objectives:
The NSMHA Planning Committee is recommending the following Service, Administrative, and Quality Management Objectives listed on the following page. Funding is available for only six service options in 2006, but efforts will be made to implement the other options in the future years of the strategic plan.

NSMHA Strategic Services Objectives

Funded Objectives (2005-6)

- Objective 1: **Expand housing and residential services and options**
  Funding Level: $400,000
- Objective 2: **Re-open outpatient services to low-income people who do not qualify for Medicaid.**
  Funding Level: $1,000,000
- Objective 3: **Expand discharge and related jail mental health services**
  Funding Level: $841,000
- Objective 4: **Implement Designated Crisis Responder and involuntary detoxification services**
  Funding Level: $390,000
- Objective 5: **Develop service to children in their homes and schools**
  Funding Level: $500,000
- Objective 6: **Re-institute Flex Funds**
  Funding Level: $100,000

Objectives currently not funded (Intention is to fund in future years of the Strategic Plan)

- Objective 7: **Evidence-based practices training funding**
- Objective 8: **Expand employment and vocational services**
- Objective 9: **Medicaid eligibility advocacy**
- Objective 10: **Increase co-occurring disorder services**
- Objective 11: **Increase services to older adults**
- Objective 12: **Community education services including support groups**
- Objective 13: **Expand homeless services**

NSMHA Strategic Administrative Priorities

- Objective: **NSMHA will become a more formalized health care organization while maintaining its consumer and community orientation**
  Actions:
  1. Dialogue should begin between NSMHA Board, consumers, advocates, county staff and NSMHA staff clarifying the changing roles and expectations.
  2. Re-assess Information System capabilities and needs
  3. Investigate document management systems identifying capabilities and costs
- Objective: **Integrate Mental Health Care with primary medical care and other systems of care**
  Actions:
  1. Conduct a study of integration strategies applicable to the NSMHA.
  2. Implement strategies flowing from the integration strategies workgroup.
- Objective**: Study optimal payment system**
  Action: Conduct a payment system study process
- Objective: **New or additional providers are requesting to become part of NSMHA's network of providers**
  Actions:
  1. Study whether additional providers should be admitted to the NSMHA network
  2. Study whether NSMHA contracts should be competitively bid through an RFP process.

NSMHA Strategic Quality Management Priorities

- Objective: **Electronic Medical Records to increase availability of information as well as productivity of provider and NSMHA staff**
  Actions:
  1. Require the development of a plan for the implementation of an electronic medical record
  2. Implement a electronic medical record by 1/1/2008
- Objective: **NSMHA will need clearer standards such as Evidence-Base Practices and Clinical Guide Lines**
  Actions:
  1. NSMHA will continue the process of implementing two new clinical guidelines per year.
  2. NSMHA will review three existing clinical guidelines per year to assure they meet current accepted treatment standards and effectively shape treatment.
  3. NSMHA will encourage development of one or more evidence-based practices a year by providing training, consultation, and other supports.

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Introduction

The North Sound Mental Health Administration* (NSMHA) was formed by an interlocal agreement between Island, San Juan, Skagit, Snohomish and Whatcom Counties in 1990 to administer public community mental health services. A board consisting of nine elected officials or their representatives, three tribal representatives, and two ex-officio Advisory Board members governs the NSMHA. At present, the NSMHA is administering Medicaid outpatient and inpatient funding, WA State consolidated funding, and federal block grant funding of over $50,000,000 a year for community mental health services and its contracted providers serviced 18,625 individuals and families in 2004.

*The North Sound Mental Health Administration's legal name is the North Sound Regional Support Network. It does business as North Sound Mental Health Administration to make clear to the public its function.

Recovery and Resilience—NSMHA's Mission

Recovery and Resilience is the philosophy that adults and children with mental illnesses can learn and grow to have meaningful and productive lives with their families, and friends. They can be full participants in communities working, playing and living independently as they choose. Central to recovery and resilience is that all people are entitled to hope, the expectation of a positive future. The NSMHA's intent is for the recovery and resilience beliefs to be incorporated in all our services, processes, and plans. The NSMHA's Board of Directors adopted the recovery philosophy in 2001 and is central to NSMHA's Mission Statement as stated below:

We join together to enhance our community's mental health and support recovery for people with mental illness served in the North Sound region, through high quality, culturally competent services.

In carrying out the Recovery and Resilience philosophy, the NSMHA is committed to:

1. **Treating people with mental illness with respect and dignity.**
2. **Ensuring that the mental health system of the five counties is "consumer-driven."**
3. **The provision of services that are community based and designed to assist the individual achieve an optimal level of functioning.**
4. **Ensuring that consumers receive services that meet their individual needs appropriately.**
5. **The development and management of an Integrated Delivery System.**
6. **Ensuring that services are accessible and locally available 24 hours a day, 7 days per week.**
7. **Ensuring that services are culturally sensitive, appropriate and built on recipient strengths.**

Background:

Major developments in the evolution of mental health services in the North Sound Region include the following:

1991	• NSMHA commenced formal operations
1992 & 1993	• Evaluation and Treatment Centers were opened to treat more involuntarily committed individuals in the local communities and thus preventing them from going to Western State Hospital south of Tacoma.
1998	• NSMHA contracted to manage both inpatient and outpatient mental health services under a Prepaid Inpatient Health Plan (PIHP)
1998	• The NSMHA initiated a capitated, at-risk contract with a consortium of providers, the Associated Provider Network (APN), to provide all medically necessary mental health services to people with Medicaid mental health benefits.
2004	• NSMHA took back Quality Management responsibilities from APN to avoid unnecessary duplication of activities.
2004	• The Division of Mental Health of the State of Washington (MHD) initiated efforts to bring the public mental health system into compliance with the balanced budget amendment. Independent review of administrative and clinical polices was conducted by an External Quality Review Organization (EQRO) for the first time, to be conducted annually from this point forward.
2004	• The Federal Government required MHD to conduct an actuarially-sound study of rates in the public community mental system. This led to a significant reduction in Medicaid mental health funding starting in July of 2005.
2005	• The Federal Government (Center of Medicaid and Medicare Services) imposed a stricter interpretation on the use of Medicaid funding for providing public community mental health services. To avert a collapse of the public mental health system, the Washington State Legislature

	increased State Funding for mental health services.
2005	• The Department of Social and Health Services (DSHS) began implementing a Medicaid integration demonstration project. In this project, Medicaid funding for physical health care, mental health care, alcohol/substance abuse treatment, and long-term care are being pooled and will be managed by a managed care company, Molina Health Care. This will reduce funding to the public mental health system overseen by the NSMHA by $2 to $8 million dollars a year.

Past Strategic Plans
A six-year plan was developed at the time the NSMHA was formed in 1990. It focused on developing and expanding basic community support services as well as establishing the NSMHA organization. In 1997, a three-year Strategic Plan was initiated which focused on mental health service needs and refining the NSMHA infrastructure needs. Major priorities and goals from the 1997 Strategic Plan, such as improving crisis services and developing a more integrated delivery system, have been addressed. In 2001, nine priorities with 33 objectives were established as shown below: *(See appendixes 3 for the 33 objectives and appendix 4 for an assessment on the progress towards those objectives.)*

- Crisis Services
- Co-occurring Disorder/MICA Services
- Housing
- Children's Services
- Older Adult Services
- Services for Homeless Mentally Ill
- Ethnic and Special Population Services
- Criminal Justice Mental Health Services
- Intensive Case Management

All of the above priorities and goals have been addressed. However, many priorities such as housing, crisis services, jails services and children's services remain continuing challenges. Since the infrastructure and processes of the NSMHA have been functioning for ten years, these areas have developed significantly. The NSMHA and its providers have Quality Improvement Committees and Plans, which focus on the improvements of their internal functioning as well as their services. This new strategic plan focuses on mental health services improvements plus NSMHA's long-range administrative and quality management objectives.

Issues and Constraints affecting Strategic Planning Currently and in the Future

The NSMHA and its member counties have an opportunity to shape a portion of public mental health services. When the Federal Government restricted the use of Medicaid funding and set actuarial-based rates, the State has increased the amount of State funding in the North Sound Region. The North Sound Region has approximately $2.5 million of State funding which can be spent more flexibly. The North Sound Region is facing a net loss in funding because of the size of the Medicaid reductions.

Decreasing, or at best stabilizing funding along with increased uniformity, quality, and accountability for public mental health services appears to be emerging for the next few years.
The Federal and State Governments have made repeated statements and are implementing processes to attempt to constrain government spending on health care including mental health services. Rate setting studies which will be conducted at least every five years and the Medicaid Integration Pilot Project are examples of these cost containment efforts. The Federal Government is also attempting to have Washington State pay a larger percentage of mental health funding. Washington State's ability to increase funding is limited by the current sentiment against raising taxes and by the initiatives restricting increasing taxes.

Integration of services across systems of care is viewed by many, including the State of Washington, as an approach to provide better services at the same or lower costs.

The State has imposed the Medicaid Integration Pilot Project in Snohomish County to integrate physical health care, mental health treatment, substance abuse treatment and long-term care. Between two (2) and eight (8) million dollars a year may be transferred from the NSMHA's budget to the private, for-profit managed care company. A county-based integration project of a similar nature has been proposed in Whatcom County to try to maintain more local control of this type of integration effort. The state also required all of the DSHS departments serving children to develop an integration project in Whatcom County. No transfer of funding appears likely in this project in the near future.

The Federal and State Government are requiring uniformity of services across the state, increased quality of services and increased accountability. The State is requiring all RSNs to respond to an RFQ before December 1, 2005, which will commit the RSNs to meeting statewide standards for PIHPs. The goal of uniformity of services has lead to the State-Wide Access to Care Standards and the expectation that the requirement that all services in the State Mental Health Medicaid Plan be available to consumers if they request it. The State Plan Services include the following services:

Individual Treatment Services	Intake / Evaluation	Rehabilitation Case Management
Brief Intervention Treatment	Crisis Services	Mental Heath Service in a Residential Setting
Mental Health Clubhouse	Day Support	High Intensity Treatment
Medication Management	Peer Counseling	Psychological Assessments
Medication Monitoring	Family Treatment	Special Population Evaluations
Therapeutic Psycho-education	Group Treatment	Stabilization Services
Support Employment Services	Respite Care	

A number of these services such as clubhouses, day services and peer support services are not widely available within the North Sound region. Major efforts will be needed to develop these required services.

Increased demands for quality of services is leading to expectations about the implementation of evidence-based practices. DSHS's Children Mental Health Task Force has developed a plan and a schedule for implementing evidence-based practices in some children's mental health services. The recently instituted independent reviews by the External Quality Review Organization (EQRO) are another effort to improve quality and meet national quality standards. The EQRO as well as the Telesage Outcome Project are both focused on greater accountability. Thus, increasingly more aspects of public mental health services are being directed by the Federal and State Government, which leave less flexibility to individualize programs at the regional and county levels.

NSMHA Strategic Planning Methodology

The NSMHA has conducted two processes to gather public input for this strategic planning process. The quality management process also generates initiatives that must be factored into strategic planning.

NSMHA met with each of the five County Advisory Boards and representatives of the eight Tribes of the Region in July to gather information from the board members and the general public. NSMHA Staff then met with the county advisory boards again in September to review preliminary results and obtain further input.

The NSMHA conducted an online and paper survey asking participants to pick among seventeen (17) possible service options. The survey was modeled after the State-wide Mental Health Task Force's survey

in that participants were expected to prioritize their service options within a maximum funding cap of $2.5 million dollars. The survey was announced through multiple e-mails, the NSMHA newsletter, and all of

NSMHA's public and professional meetings. 267 individuals participated in the survey process. *(See Appendix 2 for the paper survey.)*

Some limitations in the methodology include that the survey is not a scientifically drawn sample. People also could enter their issues multiple times, though NSMHA's website has some capabilities to detect this type of activity. Some other considerations regarding the survey is that Skagit County had a very high level of participation at seventy-four (74) participants, while Snohomish and Whatcom Counties had seventy-three (73) and forty-four (44) participants. Snohomish and Whatcom Counties are far larger counties. Twenty-five (25) people from Island County participated in the survey and twenty (20) people from San Juan County submitted surveys. Twenty-three (23) people did not indicate their county of residence and eight (8) people live outside the region. Also, it is very likely that the survey had limited participation by ethnic/racial groups other than white/Caucasian. Only twenty-five (25) out of 267 participants identified themselves as other than white/Caucasian. Forty-four (44) people did not answer or are unknown to this question. The survey respondents identified themselves as follows:

Relationship to the Mental Health System	Count
I am a consumer of mental health services	15
I am a family member/advocate	42
I am a voting member of a county advisory board	7
I am a professional with an allied system	92
I am a professional working in the public mental health system	83
Other	24
Not answered	4

The low level of consumer and advisory participation is of concern. The more technical/budgetary nature of the survey may have lead consumer to be hesitant in completing the survey.

The quality management process works to continuously improve all aspects of NSMHA's internal and contracted services. NSMHA will have to select two quality improvement projects each year and maintain the last year's projects for the External Quality Review process. NSMHA at the direction of the Quality Oversight Committee has selected the following six priorities from the State-wide Performance Indicators for improvement:

- Increasing the penetration of services to older adults on Medicaid
- Increase outpatient utilization by adults on Medicaid
- Reduce Inpatient Utilization
- Increase services to services to children in their homes and schools
- Increase the number of people receiving co-occurring disorder services
- Increase the number of adults who are employed

These quality improvement goals fit well with the priorities coming from the surveys and community meetings.

Key Recommendations from the Public Meetings

The need for mental health services for low-income people who do not qualify for Medicaid and the desire for improved mental health services for people in and getting out of jails were the two strongest themes at the public meetings. Services for low-income people have been dwindling for years, but the NSMHA was forced to close services completely in July of 2004 when it appeared that there was an $8 million deficit in State Funds. Advisory Board Members and concerned citizens are deeply troubled by this lack of services. The desire for services to low income citizens who don't qualify for Medicaid was repeatedly raised. A related need is greater capability to assist people with psychiatric

disabilities apply for Medicaid. Currently, there is a gap that people may have severe mental illnesses, but don't receive Medicaid for they are unable to go the sometimes very arduous process of applying for Medicaid and other benefits.

The second need identified by these concerned citizens was the need for mental health services in jails and after discharge from the jails. These people are well aware of the staggering increase of people with mental illnesses in the jails. Fortunately, for the first time, the Washington State Legislature has set aside specific funding for the regions to enhance mental health discharge services from the jails.

The need for more housing and residential services continues to be seen as a major issue. This has been an issue on all of the past strategic plans. Housing has been developed, but the need continues. The rapid increase in housing costs has priced disabled and low-income people out of the market. The Federal Government's Section 8 Program has been the best and largest housing program in the Region. This program's funding has been limited so most housing authorities have four to five year waiting lists or have just stopped accepting applications for this program entirely.

Increasing mental health services for children was raised as a need at a number of the public meetings. Services in the schools are viewed as valuable.

At several of the public forums, the criticism was raised that there are not more mental health consumers working and more dynamic employment programs.

An issue of a different nature emerged at many of the meetings. **The participants at the meetings want greater influence for their communities over shaping the range of services available in their counties.** This directly conflicts with the Federal and State Governments becoming more directive of the use of their funds and the variety of services available.

Some issues such as services for older adults, multi-cultural services, crisis services, and intensive case management did not emerge. These may not have arisen for there were not advocates for these groups present at the public forums. Secondly, substantial funding is already going into crisis services and intensive case management.

Finally, the issue was raised several times that there is just not enough money to provide all of the necessary services. This realization was heightened by the structure of the survey, which forced participants to choose from a number of options, but not all the options could be chosen. The lack of funds and frustration of having to choose from a number of services all of which are needed was raised by long-term advocates, and were also raised by a judge and a county commissioner.

Priorities from the Survey

There are a variety of approaches to determining the priorities from the survey. One approach is to look at which services got the most number one ratings. NSMHA staff recommends this approach. Another approach is to look at which categories received the most overall votes. However, some of the less expensive priorities may have received votes because people had the funds left over after they choose their top priorities. The following page presents the data from these two approaches.

Fortunately, the top two priorities rank high no matter what method is used. The highest priority is Residential/Housing Services.

The other priority that comes through very strongly is the belief that funds need to be re-committed to providing services to low income people who have not qualified for Medicaid. Three levels of funding

were offered for this service, $200,000, $1,000, 000, and $2,000,000. The second highest number of votes overall was for $1,000,000 for services for low-income people who do not have Medicaid, the fourth highest priority was to commit $2,000,000 to this priority, and the sixth highest priority was to commit

$200,000. All survey participants voted for one of the three funding level options for services to low-income people without Medicaid.

A number of priorities rated fairly high depending on the method of ranking. Developing service to children in their homes and schools is important to many of the respondents.

NSMHA Survey: First Priority Votes

(Total Surveys for the Region: 267)

Priority	Highest Priority	Program Cost
A – Residential Services including emergency housing assistance	67	$400,000
J – Outpatient Services to Non-Medicaid Consumers	45	$1,000,000
M – Develop Services to Children in their homes and schools	31	$500,000
K – Outpatient Services to Non-Medicaid Consumers funded at 2003-04 level	29	$2,000,000
G – Employment and Vocational Rehabilitation Services	13	$425,000
I – Outpatient Services to Non-Medicaid Consumers who have been hospitalized	12	$200,000
N – Co-occurring Disorder Services	11	$400,000
C – Homeless Services	10	$210,000
D – Advocacy to obtain Medicaid eligibility	9	$210,000
L – Develop Services to Older Adults	9	$320,000
O – Develop Clubhouses	7	$250,000
Q – Develop Day Support Services	6	$150,000
B – Flex Funds	6	$150,000
H – Evidence-Based Practices Implementation	6	$50,000
E – Mental Health Courts	3	$800,000
F – Community Education Services	2	$100,000
P – Develop Peer Support Services	1	$150,000

NSMHA Survey: Total of all votes

(Total Surveys for the Region: 267)

Priority	Total number of votes	Program Cost
A – Residential Services including emergency housing assistance	202	$400,000
H – Evidence-Based Practices Implementation	170	$50,000
C – Homeless Services	152	$210,000
B – Flex Funds	143	$150,000
I – Outpatient Services to Non-Medicaid Consumers who have been hospitalized	137	$200,000
M – Develop Services to Children in their homes and schools	137	$500,000
F – Community Education Services	125	$100,000
D – Advocacy to obtain Medicaid eligibility	119	$210,000
J – Outpatient Services to non-Medicaid Consumers	114	$1,000,000
G – Employment and Vocational Services	113	$425,000
Q – Develop Day Support Services	107	$150,000
N – Co-occurring Disorder Services	101	$400,000
L – Develop Services to Older Adults	88	$320,000
P – Develop Peer Support Services	86	$150,000
O – Develop Clubhouses	56	$250,000

E – Mental Health Courts	47	$800,000
K – Outpatient Services to Non-Medicaid Consumers funded at 2003-04 level	35	$2,000,000

Some priorities ranked fairly low on all of the methods of ranking. These priorities included mental health courts, development funding for clubhouses, development of day support services, and development funding for peer support services. Some of these services are not fully understood and the service may appeal more to specific groups of people.

Projected NSMHA Future Population Demographics

Population growth for the North Sound Region for the next five and ten years will be consistent and steady as indicated in the data below. Growth of the older adult population will be significantly higher, at approximately triple the growth of other ages, over the next ten years. Specific data is available for each county in the Counties' Planning Priorities Section.

NSMHA Projected General Population Growth

	2000	2005	2010	Change*	2015	Change**
Total	961,452	1,050,552	1,146,234	9.1%	1,249,267	18.9%
Children (0 to 19)	*282,136*	*294,747*	*307,274*	*4.3%*	*323,614*	*9.8%*
Adults (20-59)	*543,163*	*594,930*	*635,744*	*6.9%*	*667,540*	*12.2%*
Older Adults (60+)	*136,153*	*160,875*	*203,216*	*26.3%*	*258,113*	*60.4%*

*Percentage Change over the next five years.
**Percentage Change over previous 10 years, since year 2005.
Population Data is from 2002 Projections developed for Growth Management Act by the Office of Financial Management of State of Washington.

In the year 2005, approximately 11.2% of the Region's population, or 118,336 individuals were eligible for Medicaid and thus eligible for ongoing mental health services. Over the last two years, Medicaid eligibles have decreased. It is projected that Medicaid populations will increase *at a rate of between 5% and 6% each of the next two years.* Children are the largest age group amongst people eligible for Medicaid and they will be the slowest growing population group.

NSMHA Consumer Admissions Growth/Decline

	Medicaid Eligible Individuals		
Year	Children	Adults	Total
FY2004	80,980	39,592	122,123
FY2005	77,814	40,522	118,336
Change	-3.9%	2.3%	-3.1%

	Number of Consumers in Service				Number of Consumers in service with Medicaid Benefit				Number of Consumers in service without Medicaid Served			
Year	Child	Adult	Older Adults	Total	Children	Adults	Older Adults	Total	Children	Adults	Older Adults	Total
FY2004	4,733	6,552	640	11,925	4,431	5,773	552	10,756	302	779	88	1,169
FY2005	4,457	6,329	574	11,360	4,324	5,938	520	10,782	133	391	54	578
Change	-5.8%	-3.4%	-10.3%	-4.7%	-2.4%	2.9%	-5.8%	0.2%	-56.0%	-49.8%	-38.6%	-50.6%

1.Medicaid Eligibility Data is the average monthly eligible consumers for the fiscal year from the Washington MAA Title XIX totals dated 6/8/2005

2. Number of Consumers in Service is the number of unduplicated consumers receiving an outpatient service while in a primary outpatient episode.

While there was a three percent reduction in Medicaid eligibles, current projections are for the number of Medicaid eligibles to increase by between three and six percent next year. Of concern is the reduction in consumers served. Much of this is attributed to the closing of service to low-income people without Medicaid in July of 2004.

Of special concern is the continuing trend of decreasing numbers of older adults receiving services. This trend has been going on for several years and is of special significance for the older adult population is growing at much higher rate than any of the age groups.

NSMHA Mental Health Consumer Service Priorities

Since the North Sound Region public mental health services are funded by Washington State and federal Medicaid dollars, NSMHA has followed the State priorities for years of focusing its efforts on people with acute mental illnesses, then chronic mental illnesses, and finally on people at risk of becoming seriously mentally ill. In expanding State funding this year, the Mental Health Division of Washington State has set priorities for funding crisis and involuntary treatment services, inpatient services, and residential services. It is estimated that approximately $2,500,000 of State Funding is available for non-Medicaid services in 2006. All of these services are focused on the state priority populations. Following are the services ranked by priority by the NSMHA Planning Committee:

Objectives one through seven (1-7) will be funded within the $2,500,000 cap.

Objective 1: Expand housing and residential services and options

Housing and residential services are aimed at providing people with chronic mental illnesses housing so they can live successfully in the community. These services are aimed at preventing people from being hospitalized or allowing them to be released from the hospital as quickly as possible by creating more safe and affordable housing options. This could include support for the development of housing, support for

leasing of houses for groups of people with mental illnesses to live, funding for people very high care needs to live in adult family homes, emergency housing assistance such as brief stays in motels and other creative housing options.

- **Funding level: Minimum of $400,000** (Funded from State Funds)
- **Implementation Time Frame: 1/1/2006**

Objective 2: Re-open Outpatient Services to low-income people who do not qualify for Medicaid.

In July of 2004, the NSMHA was forced to close outpatient services to people who did not have Medicaid for it had a huge deficit of State Funding. Now there is more state funding available so the NSMHA has the ability to fund increasing services for low-income people. This was one of the highest priorities in the survey, public meetings and for the county coordinators. By state contract, these funds will have to serve people who meet the State-Wide Access to Care Standards and provide the full benefit package that is offered to Medicaid-eligible individuals. The priority people be admitted into service within available resources will be:

1) Individuals discharged from state and community the hospitals
2) Individuals discharged from the jails
3) Individuals in crisis
4) ????

- **Funding level: Minimum of $1,000,000** (Funded from State Funds)
- **Implementation Time Frame: 1/1/2006**

Objective 3: Expand discharge and related jail mental health services

The NSMHA has received specialized funding from the Mental Health Division to provide discharge planning, coordination, and follow-up mental health services for people in jails

- **Funding Level: $842,781/through August 2006** (Funded from specifically designated State Funds)
- **Implementation Time Frame: 10/1/2005**

Objective 4: Implement Designated Crisis Responder and Involuntary Detoxification Services

The NSMHA has been awarded a pilot project to broaden the involuntary commitment process from mental health to include involuntary commitment of people who are gravely disabled or dangerous to themselves or others due to intoxification from alcohol and substance abuse. The project includes the development of a sixteen-bed involuntary detoxification treatment center. The NSMHA currently anticipates the need to expand the CDMHP/DCR function and will work with the counties on these changes.

- **Funding Level:** NSMHA is exploring funding this expansion from Jail Diversion funds and State Funds.
- **Implementation Time Frame: 3/1/2006**

Objective 5: Develop Services to children in their homes and schools

Increasing services to children in their homes and schools was a priority at both the public meetings and survey. The North Sound Region is significantly below the State average on these services on the State-Wide Performance Indicators. QMOC selected this Performance Indicator as a focus for improvement. Funds could be used to support staff coordinating services with schools, providing services to children not

covered by Medicaid, and providing services that are not part of the Medicaid benefit package. A funding level of $500,000 could cover at least seven (7) clinical FTE staff region-wide.

- **Funding Level: $500,000**
- **Implementation Time Frame: 1/1/2006**

Objective 6: Evidence-based Practices Training Funding
Evidence-based Practices Training Funding is needed since the State has increasing expectations for the implementation of treatment approaches, which research has shown to be effective and have clear, definable practice standards. These services are costly to implement, as they typically require smaller caseloads as well as extensive training, supervision and consultation. These evidence-based practices include treatments such as Assertive Community Treatment, Cognitive Behavioral Therapy for Trauma, Cognitive Behavioral Therapy for Depression, Illness Management, Family Psycho-Education, etc. Funding would cover the cost training and consultation of one or more evidence-based practices for children or adults across three counties. Implementation would follow in 2007.

- **Funding Level: $50,000** (Funded from State Funds)
- **Implementation Time Frame: 6/1/2006**

Objective 7: Expand Employment and Vocational Services
Increasing employment and vocational services has been an issue for it is a core part of the Recovery Orientation, the NSMHA Advisory Board has focused on this issue, and it was a fairly high priority in the surveys and public meetings for the NSMHA. Employment and vocational services are needed that are more extensive than covered by the Medicaid Supported employment benefit. This funding might include on the job coaching, follow-up services, etc. A funding level of $425,00 is estimated to cover a minimum of five (5) additional FTE's across the Region to expand Supported Employment Services.

- **Funding Level: $425,000**
- **Implementation Time Frame: 1/1/2006**

<u>Objectives eight (8) through thirteen (13) may be implemented depending on available funding</u>.
Objective 8: Flex Funds
Flex funds are funds that are used to purchase needed services or goods such as emergency medications, emergency housing, first months rent or deposit, etc. which reduce the need for more expensive mental health treatment or hospitalization.

- **Funding Level: $150,000** (Funded from State Funds)
- **Implementation Time Frame: 1/1/2006**

Objective 9: Medicaid Eligibility Advocacy
Too often consumers would qualify for Medicaid, but the application and appeals process is so complicated and technical that they cannot complete it without assistance. Medicaid eligibility advocacy is having staff time funded to support consumers who call for services, but have not established their Medicaid eligibility. Funding of $210,000 would fund at least three (3) FTE staff to advocate for Medicaid eligibility across the Region.

- **Funding Level: $210,000**
- **Implementation Time Frame: 1/1/2006**

Objective 10: Increase Co-Occurring Disorder Services
Co-Occurring Disorder Services are services to people with severe and persistent mental illnesses who have ongoing alcohol and substance abuse issues. This was a moderate priority at the public meetings and on the planning survey. The North Sound Region ranks low for co-occurring disorder services in comparison with other RSNs across the State on the State-Wide Performance Indicators. QMOC has prioritized improving services to people with co-occurring disorders. $400,000 would prioritize at least five (5) clinical staff to provide co-occurring disorder services across the Region. This was a moderate priority in both the public meetings and the survey.

- **Funding Level: $400,000**
- **Implementation Time Frame: Implement if and when funding is available**

Objective 11: Increase Services to Older Adults
Services to older adults have been declining steadily over the past five years and are significantly below the State average on the State-Wide Performance Indicators. This decline in services is partially attributable to the lack of State Funding. Many low-income older adults do not qualify for Medicaid services since they have Social Security. Specialized services such as outreach are needed to engage older adults. QMOC has prioritized the increasing services to Older Adults. $320,000 would cover at least four (4) FTE clinical staff across the Region.

- **Funding Level: $320,000**
- **Implementation Time Frame: Implement if and when funding is available**

Objective 12: Community Education Services including support groups
Community Education Services such as such as parent groups, illness management groups, and psycho-education groups as well as anti-stigma efforts are needed for the entire Region's communities. $100,000 would allow the continuation and expansion of Community Education Services supporting Recovery and Resilience.

- **Funding Level: $100,000**
- **Implementation Time Frame: Implement if and when funding is available**

Objective 13: Expand Homeless Services
Homeless Services are outreach, and engagement and supportive mental health services to the very vulnerable population of people who are mentally ill and homeless. Small programs are currently operating in Snohomish and Whatcom Counties funded by a federal program, PATH. There are not formal services for mentally ill people who are homeless in the other three counties. $210,000 would fund at least three (3) FTE clinical staff to increase outreach services to people with mental illnesses who are homeless.

- **Funding Level: $210,000**
- **Implementation Time Frame: Implement if and when funding is available**

<u>The following priorities are unlikely to be funded in the next year.</u>
Some of these priorities will need to be developed within existing funding for they are State Plan Approved Services and other funding can be developed at the county or regional level in future years.

- **Peer Counseling Services**
- **Clubhouse Services**
- **Day Support Services**
- **Mental Health Courts**

NSMHA Administrative Priorities

Objective: NSMHA will become a more formalized health care organization while maintaining its consumer and community orientation

Rationale: Both the Federal and State Governments are requiring that the RSNs meet the standards of national health care plans. However, the RSNs were formed to assure individualized services are tailored to communities needs and responsive to consumers and concerned citizens.

Consequences:

- Relationships and roles between the consumers, advocates, counties and the NSMHA need to be reviewed
- Greater accountability: More regulations, more audits and more documentation
- Need for increasingly more sophisticated Information System capabilities to manage system and demonstrate accountability.
- Regional Staff will need to be more highly specialized in their skills and focus.
- Need for document management system

Actions:

1. **Dialogue should begin between NSMHA Board, consumers, advocates, county staff and NSMHA staff clarifying the changing roles and expectations.**
   Timeline: 6/1/2006
2. **Re-assess Information System Capabilities and Needs**
   Timeline: 1/1/2007
3. **Investigate document management systems identifying capabilities and costs**
   Timeline: 6/1/2006

Objective: Integrate Mental Health Care with primary medical care and other systems of care.

Rationale: Integration of services is an approach to improving the quality of care while also reducing costs. Washington State government is implementing a pilot integration project in Snohomish County that has disrupted the cross-county integration that NSMHA has developed over the last ten years. An integration project for children services has also been implemented in Whatcom County. The NSMHA and its provider network need to develop stronger linkages with primary health care providers and other systems.

Actions:

Conduct a study of integration strategies applicable to the NSMHA.

Timeline: 1/1/2007

Implement strategies flowing from the integration strategies workgroup.

Timeline: 1/1/2008

Objective: Study optimal payment system

Rationale: The issue has been raised that the NSMHA consider changing the payment systems to providers. The federal government is requiring systems to track encounters in a manner that favors fee for service payment systems. The current capitated, at risk payment system to the APN may have contributed less direct services being provided to consumers. This contributed to the reduction in Medicaid payment levels from the actuarial sound rate setting process.

Actions: Conduct a payment system study process

Timeline: 7/1/2006

Objective: New or additional providers are requesting to become part of NSMHA's network of providers

Rationale: NSMHA has contracted with the APN since 1997 on an at-risk, capitated basis. No new contractors have been admitted to the NSMHA network or to the APN.

Actions: Study whether additional providers should be admitted to the NSMHA network

Timeline: 4/1/2006

Actions: Study whether NSMHA contracts should be competitively bid through an RFP process.

Timeline: 4/1/2006

NSMHA Quality Management Priorities

The North Sound Mental Health Administration develops a separate and detailed quality management plan every two years. It has to be updated at least yearly. However, it is valuable to consider the longer-term quality management issues, needs, and goals.

Objective: Electronic Medical Records to increase availability of information as well as productivity of provider and NSMHA staff

Rationale: Electronic Medical Records are being adopted across the nation to improve care, the availability of information, and staff productivity. Several RSNs and providers are reported to be operating with electronic medical records at present.

Consequences:

- Electronic Medical records are complex to introduce into health care systems
- Electronic Medical records are costly to implement in terms of software, hardware, and staff training.

Actions:

- Require the development of a plan for the implementation of an electronic medical record
- Implement a electronic medical record by 1/1/2008

Objectives: NSMHA will need clearer standards such as Evidence-Base Practices and Clinical Guide Lines

Rationale: Evidence-based practices and clinical guidelines are two accepted techniques for assuring quality of care and uniformity of care.

Actions:

- NSMHA will continue the process of implementing two new clinical guidelines per year.

Timelines: 1/1/2006**,** 1/1/2007, 1/1/2008, 1/1/2009

- NSMHA will review three existing clinical guidelines per year to assure they are meet current accepted treatment standards and effectively shaping treatment.

Timelines: 1/1/2006**,** 1/1/2007, 1/1/2008, 1/1/2009

- NSMHA will encourage development of one or more evidence-based practices a year by providing training, consultation, and other supports.

Timelines: 1/1/2006**,** 1/1/2007, 1/1/2008, 1/1/2009

County Strategic Plan Summaries

Island County Planning Priorities

Demographics

Population growth for the Island County for the next five and ten years will be consistent and steady as indicated in the data below. Growth of the older adult population will be significantly higher at approximately triple the growth of other ages over the next ten years.

Island County General Population Growth Projections

	2000	2005	2010	Change*	2015	Change**
Total	71,558	74,738	80,650	7.9%	87,416	17.0%
Children (0 to 19)	*19,953*	*19,493*	*20,034*	*2.8%*	*20,687*	*6.1%*
Adults (20-59)	*38,081*	*39,185*	*40,792*	*4.1%*	*42,097*	*7.4%*
Older Adults (60+)	*13,524*	*16,060*	*19,824*	*23.4%*	*24,632*	*53.4%*

*Percentage Change over the next five years.
**Percentage Change over previous 10 years, since year 2005.
Population Data is from 2002 Projections developed for Growth Management Act by the Office of Financial Management of State of Washington.

In the year 2005, 6.8% of Island County's population, or 5,094 individuals, were eligible for Medicaid and thus eligible for ongoing mental health services. Over the last two years, Medicaid eligibles have decreased. It is projected that Medicaid populations will increase *at a rate of between 3% and 6% each of the next two years.* Children are the largest age group amongst people eligible for Medicaid and they will be the slowest growing population group.

Island County Mental Health Consumer Admissions Growth and Decline

	Medicaid Eligible Individuals		
Year	Children	Adults	Total
FY2004	3,575	1,772	5,347
FY2005	3,316	1,778	5,094
Change	-7.2%	0.3%	-4.7%

	Number of Consumers in Service				Number of Consumers in service with Medicaid Benefit				Number of Consumers in service without Medicaid Served			
Year	**Child**	**Adult**	**Older Adults**	**Total**	**Children**	**Adults**	**Older Adults**	**Total**	**Children**	**Adults**	**Older Adults**	**Total**
FY2004	214	296	30	540	196	249	24	469	18	47	6	71
FY2005	194	317	27	538	183	285	23	491	11	32	4	47
Change	-9.3%	7.1%	-10.0%	-0.4%	-6.6%	14.5%	-4.2%	4.7%	-38.9%	-31.9%	-33.3%	-33.8%

1.Medicaid Eligibility Data is the average monthly eligible consumers for the fiscal year from the Washington MAA Title XIX totals dated 6/8/2005.
2. Number of Consumers in Service is the number of unduplicated consumers receiving an outpatient service while in a primary outpatient episode.

There was a large drop in Medicaid eligibles, especially for children in Island County in the last year. This drop was far larger than any other county in the Region. Current projections are for the number of Medicaid eligibles to increase by between three and five percent next year This trend of reduced services to children require follow-up monitoring to assure that this was related to the closing of services to low-income people without Medicaid.

Of special concern is the continuing trend of decreasing numbers of older adults receiving services. This trend is of special significance for the older adult population is growing at by far the most rapid rate of any of the age groups.

Island County Strategic Planning Forums

The Island County Mental Health and Substance Abuse Advisory Board conducted a planning meeting in conjunction with NSMHA on July 25 in Coupeville with over twenty (20) advocates and professionals in attendance. Issues arising at that meeting included the following:

- More needs to be done about the non-Medicaid eligible/persons with no insurance
- More jail mental health services are needed for both adults and children
- Need someone to come into jail to administer mental health services
- There will be DSHS jail liaisons from the Community Service Offices to assist with obtaining financial, medical and other benefits
- Someone needs to confer and collaborate with jail personnel about jail carve-out funds
- Housing is always needed and hard to find. We don't have specialized mental health housing
- Senior Citizens without Medicaid are using resources such as the police or public health and they need mental health services. This is costly for these departments and the county
- Will there be a cut in Medicaid services? We need more Medicaid and non-Medicaid services
- Need to communicate more to the community at large regarding mental health issues and the North Sound Mental Health Administration
- More newspaper articles are needed to raise awareness of mental health issues and mental health policy and funding issues
- We value the mental health services we have in schools and we need more
- More advocacy and support to get people on Medicaid is needed
- More psychological testing is needed
- The mental heath system is poverty conscious. Can private citizens contribute, fundraise, etc to fund and support public mental health services. *(Answer: Yes, contributions can be made to the private non-profit mental health provider agencies.)*
- We need to focus on national level, where decisions are being made
- Why are we asked to prioritize when so many decisions are made at the national, state or regional level
- Counties should have more flexibility to direct mental health funding
- Will the distribution of funding be weighted by population? *(Answer: In the past, the NSMHA has done a base carve-out so the small population counties receive some funding and then the funds are distributed based on population)*
- Counties should decide how to spend the funding for their area
- There needs to be connections between NSMHA & Tribes
- Does Tribal casino income go to MH services?

Results from the on-line Survey Mental Health Service Priorities of Island County

Twenty (25) Island County citizens participated in the survey. The survey results for Island County are listed on the next page showing the number of first place votes for each service and the number of total votes that each service received overall. Twelve (12) of the participants marked their top priority as providing more services to low-income people who do not have Medicaid eligibility. Improving residential services including emergency housing was the second priority. Also receiving a significant number of votes was evidence-based practices implementation, developing services to children in their homes and schools, homeless services, advocacy to obtain Medicaid eligibility, community education services co-occurring disorder services. Issues getting few votes included developing day support services, developing clubhouses, and mental health courts.

County Survey: First Priority Votes

(Total Surveys for the Region: 267 Total Island County Surveys: 25)

Priority	Highest Priority	Program Cost
J – Outpatient Services to Non-Medicaid Consumers	8	$1,000,000
M – Develop Services to Children in their homes and schools	4	$500,000
K – Outpatient Services to Non-Medicaid Consumers funded at 2003-04 level	3	$2,000,000
A – Residential Services including emergency housing assistance	3	$400,000
I – Outpatient Services to Non-Medicaid Consumers who have been hospitalized	2	$200,000
B – Flex Funds	1	$150,000
D – Advocacy to obtain Medicaid eligibility	1	$210,000
G – Employment and Vocational Rehabilitation	1	$425,000
H – Evidence-Based Practices Implementation	1	$50,000
N – Co-occurring Disorders Services	1	$400,000

County Survey: Total of all votes

(Total Surveys for the Region: 267 Total Island County Surveys: 25)

Priority	Total number of votes	Program Cost
A – Residential Services including emergency housing assistance	19	$400,000
H – Evidence-Based Practices Implementation	19	$50,000
M – Develop Services to Children in their homes and schools	17	$500,000
F – Community Education Services	15	$100,000
I – Outpatient Services to Non-Medicaid Consumers who have been hospitalized	15	$200,000
C – Homeless Services	12	$210,000
J – Outpatient Services to Non-Medicaid Consumers	12	$1,000,000
B – Flex Funds	11	$150,000
D – Advocacy to obtain Medicaid Eligibility	11	$210,000
P – Develop Peer Support Services	10	$150,000
N – Co-Occurring Disorders Services	10	$400,000
G – Employment and Vocational Rehabilitation Services	9	$425,000
O – Develop Clubhouses	4	$250,000
Q – Develop Day Support Services	4	$150,000
E – Mental Health Courts	4	$800,000
L – Develop Services to Older Adults	4	$320,000
K – Outpatient Services to Non-Medicaid Consumers funded at 2003-04 level	3	$2,000,000

Priorities from Island County Meeting and Survey

No formal process was conducted to prioritize the issues raised at this meeting. The following priorities seemed to be of greatest importance to the Island County from combining the input from the public meetings and the survey.

- Provide more mental health services to low-income people who do not have Medicaid
- Provide more services and discharge planning for mental health consumers in and coming out of the jails are needed
- Increase residential services and housing
- Provide mental health services to children in their schools and homes

San Juan County Planning Priorities

Demographics

San Juan County is the smallest county in the North Sound Region but is projected to be the most rapidly growing county over the next twenty years. Population growth for the next five and ten years will be consistent and steady as indicated in the data below. Growth of the older adult population will be significantly higher than the growth of other ages over the next ten years.

San Juan County General Population Growth Projections

	2000	2005	2010	Change*	2015	Change**
Total	14,077	15,480	17,316	11.9%	19,168	23.8%
Children (0 to 19)	*2,922*	*2,880*	*2,837*	*-1.5%*	*2,930*	*1.7%*
Adults (20-59)	*7,526*	*7,912*	*8,174*	*3.3%*	*8,268*	*4.5%*
Older Adults (60+)	*3,629*	*4,688*	*6,305*	*34.5%*	*7,970*	*70.0%*

*Percentage Change over the next five years.
**Percentage Change over previous 10 years, since year 2005.
Population Data is from 2002 Projections developed for Growth Management Act by the Office of Financial Management of State of Washington.

In the year 2005, approximately 4.8% of the county population, or 749 individuals, were eligible for Medicaid and thus eligible for ongoing mental health services. This is below the Regional and State percentages of population who are eligible for Medicaid. Over the last two years, Medicaid eligibles have decreased. It is projected that Medicaid populations will increase *at a rate of between 3% and 6% each of the year.*

San Juan County Mental Health Consumer Admissions Growth and Decline

	Medicaid Eligible Individuals		
Year	Children	Adults	Total
FY2004	737	214	951
FY2005	563	185	749
Change	-23.6%	-13.2%	-21.3%

	Number of Consumers in Service				Number of Consumers in service with Medicaid Benefit				Number of Consumers in service without Medicaid Served			
Year	**Child**	**Adult**	**Older Adults**	**Total**	**Children**	**Adults**	**Older Adults**	**Total**	**Children**	**Adults**	**Older Adults**	**Total**
FY2004	64	78	12	154	58	64	9	131	6	14	3	23
FY2005	59	71	7	137	59	66	6	131	-	5	1	6
Change	-7.8%	-9.0%	-41.7%	-11.0%	1.7%	3.1%	-33.3%	0.0%	-100.0%	-64.3%	-66.7%	-73.9%

1.Medicaid Eligibility Data is the average monthly eligible consumers for the fiscal year from the Washington MAA Title XIX totals dated 6/8/2005.
2. Number of Consumers in Service is the number of unduplicated consumers receiving an outpatient service while in a primary outpatient episode.

San Juan County has had an across the board drop in Medicaid eligibles, number of consumers served, and hours of services. This is fairly consistent with the rest of the region.

San Juan County Strategic Planning Forums

The San Juan County Mental Health and Substance Abuse Advisory Board conducted a planning meeting in conjunction with NSMHA on July 18 in Friday Harbor with 8 advocates and professionals in attendance. Issues arising at that meeting included the following:

- More mental health services are needed for people who have limited incomes and are not on Medicaid
- More services are needed for children in their homes and schools
- More services are needed for older adults
- The county needs a directory of mental health and human services, especially focusing on low or no fee services
- People are appreciative of the new mental health and alcohol/chemical dependency facility

Results from the On-Line Survey Mental Health Service Priorities of San Juan County

Seventeen (17) County citizens participated in the survey. The survey results for San Juan County are listed on the next page showing the number of first place votes for each service and the number of total votes that each service received overall. The top priority was increasing outpatient services to low-income people who do have Medicaid eligibility. Developing services to children in their homes and schools was the second priority. Implementation of evidence-based practices, increasing advocacy to obtain Medicaid eligibility, increasing residential services including emergency housing assistance, increasing co-occurring disorder services, increasing employment and vocational rehabilitation services, developing Day Support Services and increasing flex funds also received a number of votes. Developing clubhouses had the least votes.

San Juan County Priorities from the Community Meeting and Survey

No formal process was conducted to prioritize the issues raised at this meeting. The following priorities seemed to be of greatest importance to the San Juan County from combining the input from the public meetings and the survey:

- More mental health services are needed for people who have limited incomes and are not on Medicaid
- More services are needed for children in their homes and schools
- Implementing evidence-based practices
- Better coordination and knowledge exchange in this island community

County Survey: First Priority Votes

(Total Surveys for the Region: 267 Total San Juan County Surveys: 20)

Priority	Highest Priority	Program Cost
J – Outpatient Services to Non-Medicaid Consumers	3	$1,000,000
M – Develop Services to Children in their homes and schools	3	$500,000
A – Residential Services including emergency housing assistance	3	$400,000
I – Outpatient Services to Non-Medicaid Consumers who have been hospitalized	2	$200,000
D – Advocacy to obtain Medicaid eligibility	2	$210,000
K – Outpatient Services to Non-Medicaid Consumers funded at 2003-04 level	2	$2,000,000
H – Evidence-Based Practices Implementation	1	$50,000
F – Community Education Services	1	$100,000
C – Homeless Services	1	$210,000
L – Develop Services to Older Adults	1	$320,000
G – Employment and Vocational Rehabilitation Services	1	$425,000

County Survey: Total of all votes

(Total Surveys for the Region: 267 Total San Juan County Surveys: 20)

Priority	Total number of votes	Program Cost
H – Evidence-Based Practices Implementation	15	$50,000
M – Develop Services to Children in their homes and schools	15	$500,000
A – Residential Services including emergency housing assistance	12	$400,000
D – Advocacy to obtain Medicaid eligibility	10	$210,000
N – Co-occurring Disorders Services	10	$400,000
Q – Develop Day Support Services	10	$150,000
I – Outpatient Services to Non-Medicaid Consumers who have been hospitalized	9	$200,000
G – Employment and Vocational Rehabilitation Services	9	$425,000
C – Homeless Services	9	$210,000
B – Flex Funds	8	$150,000
J – Outpatient Services to Non-Medicaid Consumers	7	$1,000,000
L – Develop Services to Older Adults	7	$320,000
F – Community education Services	6	$100,000
P – Develop Peer Support Services	5	$150,000
K – Outpatient Services to Non-Medicaid Consumers funded at 2003-04 level	4	$2,000,000
O – Develop Clubhouses	4	$250,000

Skagit County Planning Priorities

Demographics

Population growth for the Skagit County for the next five and ten years will be consistent and steady as indicated in the data below. Growth of the older adult population will be significantly higher at nearly double the growth of other ages over the next ten years.

Skagit County General Population Growth Projections

	2000	2005	2010	Change*	2015	Change**
Total	102,979	113,136	123,807	9.4%	135,717	20.0%
Children (0 to 19)	*30,099*	*31,785*	*33,781*	*6.3%*	*36,706*	*15.5%*
Adults (20-59)	*53,609*	*59,709*	*64,220*	*7.6%*	*68,032*	*13.9%*
Older Adults (60+)	*19,271*	*21,642*	*25,806*	*19.2%*	*30,979*	*43.1%*

*Percentage Change over the next five years.
**Percentage Change over previous 10 years, since year 2005.
Population Data is from 2002 Projections developed for Growth Management Act by the Office of Financial Management of State of Washington.

In the year 2005, approximately 16.4% of the county population, or 18,593 individuals were eligible for Medicaid and thus eligible for ongoing mental health services. This is the highest percentage of population in the Region that is eligible for Medicaid. Over the last two years, Medicaid eligibles have decreased slightly. It is projected that Medicaid populations will increase *at a rate of between 3% and 6% each of the next two years.* Children are the largest age group amongst people eligible for Medicaid and they will be the slowest growing population group.

Skagit County Mental Health Consumer Admissions Growth and Decline

	Medicaid Eligible Individuals		
Year	Children	Adults	Total
FY2004	13,231	5,395	20,176
FY2005	13,073	5,501	18,574
Change	-1.2%	2.0%	-7.9%

	Number of Consumers in Service				Number of Consumers in service with Medicaid Benefit				Number of Consumers in service without Medicaid Served			
Year	**Child**	**Adult**	**Older Adults**	**Total**	**Children**	**Adults**	**Older Adults**	**Total**	**Children**	**Adults**	**Older Adults**	**Total**
FY2004	610	847	142	1,599	563	705	125	1,393	47	142	17	206
FY2005	536	790	129	1,455	525	721	121	1,367	11	69	8	88
Change	-12.1%	-6.7%	-9.2%	-9.0%	-6.7%	2.3%	-3.2%	-1.9%	-76.6%	-51.4%	-52.9%	-57.3%

1.Medicaid Eligibility Data is the average monthly eligible consumers for the fiscal year from the Washington MAA Title XIX totals dated 6/8/2005.
2. Number of Consumers in Service is the number of unduplicated consumers receiving an outpatient service while in a primary outpatient episode.

There has been a decline in Medicaid eligibles and the number of consumers served. The decline in consumers served is largely attributable to the closing of services to low-income people who do not have Medicaid.

Skagit County Strategic Planning Forums

Over forty (40) consumers, advocates, professionals and mental health providers attended a special meeting arranged by the Skagit County Advisory Board on July 12, 2005. The following priorities and issues were raised at the meeting:

- What difference will $2 million in Medicaid services make versus $1 million to non-Medicaid? Many non-Medicaid individuals and families cannot get any services
- It seems as if sliding scales no longer exist. Something should be done about this
- We don't like choosing between one program and another because there is not enough money. All of these programs should be funded
- More mental health services are needed for people who are in jail and/or are being discharged from jail and prison
- How will the funding effect one county versus the region – regarding outpatient services?
- More advocacy is needed for people getting Medicaid eligibility
- Housing and residential services are needed in our county
- Priorities should be set for communities, and not for the full region
- Alternative funding sources are needed
- Are there partnership efforts?
- Does the Board of Directors have discretion with funding? *(Answer: The Board of Directors has some discretion. Many funds come with specific requirements and restrictions.)*
- Percentage of consumers that are non-Medicaid, do we know this population? *(Answer: No, but we are fairly certain there is more than $2.5 million in service demand for services to low-income people who do not have Medicaid.)*
- Crisis definition – what is it? *(Answer: A crisis is self-defined by the individual or family member. Crises should be directed to the Crisis Line for initial assessment and triage.)*

Skagit County Survey Results

Seventy-four (74) people from Skagit County participated in the survey. The survey results for Skagit County are listed on the next page showing the number of first place votes for each service and the total number of votes that each service received overall. This was the highest number of participants from any county including the counties with far larger populations. Increasing residential and housing services got the most first priority votes and the most votes. Re-opening and increasing services to low-income people who do not qualify for Medicaid was the second and fourth highest priorities for first place votes. Fifteen (15) people felt so strongly about this issue that they voted to commit $2,000,000 to this priority, the majority of the available funding. Developing services to children in their homes and schools was also a priority in Skagit County. Other priorities include training for evidence-based practices, increasing flex funds, homeless services, increasing employment and vocational rehabilitation services, community education services, increasing advocacy to obtain Medicaid, increasing co-occurring disorder services, and increasing services to older adults.

Skagit County Priorities

No formal process was conducted to prioritize the issues raised at the meeting. The following priorities seemed to be of greatest importance to the Skagit County from combining the input from the public meetings and the survey.

- Increasing outpatient mental health services to low-income people who do not have Medicaid.
- Increasing residential and housing services
- Increasing and improving mental health services in the jails and for people being discharged from the jails
- Increasing services to children in their homes and schools
- Increasing employment and vocational services to people with mental illnesses
- Conducting training to implement evidence-based practices
- Increasing flex funds

County Survey: First Priority Votes

(Total Surveys for the Region: 267 Total Skagit County Surveys: 74)

Priority	Highest Priority	Program Cost
A – Residential Services including emergency housing assistance	16	$400,000
K – Outpatient Services to Non-Medicaid Consumers funded at 2003-04 level	15	$2,000,000
M – Develop Services to Children in their homes and schools	10	$500,000
J – Outpatient Services to Non-Medicaid Consumers	9	$1,000,000
G – Employment and Vocational Rehabilitation Services	5	$425,000
H – Evidence-Based Practices Implementation	3	$50,000
N – Co-occurring Disorder Services	3	$400,000
L – Develop Services to Older Adults	3	$320,000
D – Advocacy to obtain Medicaid eligibility	2	$210,000
B – Flex Funds	2	$150,000
Q – Develop Day Support Services	2	$150,000
E – Mental Health Courts	1	$800,000
F – Community Education Services	1	$100,000
C – Homeless Services	1	$210,000
P – Develop Peer Support Services	1	$150,000

County Survey: Total of all votes

(Total Surveys for the Region: 267 Total Skagit County Surveys:74)

Priority	Total number of votes	Program Cost
A – Residential Services including emergency housing assistance	51	$400,000
H – Evidence-Based Practices Implementation	45	$50,000
B – Flex Funds	40	$150,000
C – Homeless Services	36	$210,000
F – Community Education Services	36	$100,000
J – Outpatient Services to Non-Medicaid Consumers	32	$1,000,000
M – Develop Services to Children in their homes and schools	32	$500,000
G – Employment and Vocational Rehabilitation Services	31	$425,000
D – Advocacy to obtain Medicaid eligibility	27	$210,000
N – Co-occurring Disorder Services	27	$400,000
I – Outpatient Services to Non-Medicaid Consumers who have been hospitalized	26	$200,000
L – Develop Services to Older Adults	25	$320,000
Q – Develop Day Support Services	24	$150,000
P – Develop Peer Support Services	20	$150,000
K – Outpatient Services to Non-Medicaid Consumers funded at 2003-04 level	16	$2,000,000
O – Develop Clubhouses	15	$250,000
E – Mental Health Courts	12	$800,000

Snohomish County Planning Priorities

Snohomish County Demographics

Snohomish County is the largest county in the North Sound Region and is projected to be the second fastest growing county in the Region. Population growth for Snohomish County for the next five and ten years will be consistent and steady as indicated in the data below. Growth of the older adult population will be significantly higher at over triple the growth of other age groups over the next ten years.

In the year 2005, approximately 10.5% of the county population, or 69,931 individuals, were eligible for Medicaid and thus eligible for ongoing mental health services. Over the last two years, Medicaid eligibles have decreased. It is projected that Medicaid populations will increase *at a rate of between 5% and 6% each of the next two years.* Children are the largest age group amongst people eligible for Medicaid and they will be the slowest growing population group at between 4-9%.

Snohomish County General Population Growth Projections

	2000	2005	2010	Change*	2015	Change**
Total	606,024	666,735	728,957	9.3%	793,720	19.0%
Children (0 to 19)	*181,987*	*191,480*	*199,503*	*4.2%*	*208,722*	*9.0%*
Adults (20-59)	*349,487*	*385,578*	*414,159*	*7.4%*	*435,767*	*13.0%*
Older Adults (60+)	*74,550*	*89,677*	*115,295*	*28.6%*	*149,231*	*66.4%*

*Percentage Change over the next five years.
**Percentage Change over previous 10 years, since year 2005.
Population Data is from 2002 Projections developed for Growth Management Act by the Office of Financial Management of State of Washington.

Snohomish County Mental Health Consumer Admissions Growth and Decline

	Medicaid Eligible Individuals		
Year	Children	Adults	Total
FY2004	47,109	23,708	70,817
FY2005	45,337	24,595	69,931
Change	-3.8%	3.7%	-1.2%

	Number of Consumers in Service				Number of Consumers in service with Medicaid Benefit				Number of Consumers in service without Medicaid Served			
Year	**Child**	**Adult**	**Older Adults**	**Total**	**Children**	**Adults**	**Older Adults**	**Total**	**Children**	**Adults**	**Older Adults**	**Total**
FY2004	2,940	3,678	316	6,934	2,775	3,305	284	6,364	165	373	32	570
FY2005	2,761	3,602	277	6,640	2,684	3,425	259	6,368	77	177	18	272
Change	-6.1%	-2.1%	-12.3%	-4.2%	-3.3%	3.6%	-8.8%	0.1%	-53.3%	-52.5%	-43.8%	-52.3%

1.Medicaid Eligibility Data is the average monthly eligible consumers for the fiscal year from the Washington MAA Title XIX totals dated 6/8/2005.
2. Number of Consumers in Service is the number of unduplicated consumers receiving an outpatient service while in a primary outpatient episode.

There has been a decline in both the number of Medicaid eligibles and the number of consumers served. The larger decline in number of consumers served is a result of the closing of services to low-income people who do not have Medicaid. These trends will be merit monitored to assure they do not continue.

Snohomish County Strategic Planning Forums

The Snohomish County forum was a major portion of their monthly advisory board meeting and was well attended by over twenty (20) consumers, advocates and professionals. Their priorities for mental health services are listed below.

- Does the increased non-Medicaid funds replace the lost Medicaid funds? *(Answer: only partially, there is definitely a significant reduction in Medicaid funding.)*
- More services are needed for people who do not have Medicaid
- What is the percentage of persons that would be on Medicaid, if advocates were positioned to advocate for their eligibility? Can we capture this number? *(Answer: We don't know exactly but we know there are some.)*
- Are the Evidence Based Practices that would be developed truly evidence based practices and not just part of the current practices? Will they meet fidelity criteria?
- Priority should be given to those services/programs listed that have a higher degree of effectiveness
- Housing is so expensive here that people with mental illnesses cannot find it
- Should additional State-only funds be committed to developing programs when they are in Medicaid package?
- How are mental health courts funded? Snohomish County should have a mental health court Ongoing costs could be funded from the 1/10 % levy. Will counties levy a 1/10 % sales tax?
- The Washington State Mental Health Plan should include Medicaid advocacy

Snohomish County Survey Results

Snohomish County survey results were similar to overall regional survey results. Seventy-three (73) people from Snohomish County participated in the survey. The survey results are listed on the next page showing the number of first place votes for each service priority and the total votes for each service overall. The highest priority was for Residential Services for it gathered the most votes overall and by far the most first place votes. This may reflect the extreme awareness of the spiraling housing prices in this county bordering metropolitan Seattle. Increasing services to low-income people who are not receiving Medicaid was also a high priority. Then, implementation of evidence based practices, homeless services, flex funds, advocacy to obtain Medicaid eligibility, development of services for children in their homes and schools, community education services, co-occurring disorder services and developing day support services were seen as important but not the highest priorities. Again, development of clubhouses and mental health courts received few votes.

Snohomish County Service Priorities

No formal process was conducted to prioritize the issues raised at this meeting. The following priorities seemed to be of greatest importance to the Snohomish County from combining the input from the public meetings and the survey.

- **Increasing Residential and Housing Services and Options**
- **Increasing services to low-income people without Medicaid**
- **Implementing evidence based practices**
- **Increasing homeless services**
- **Increasing flex funds**

- **Increasing advocacy to obtain Medicaid eligibility**
- **Developing services for children in their homes and schools,**
- **Increasing community education services,**
- **Increasing co-occurring disorder services**
- **Supporting the developing day support services**

County Survey: First Priority Votes

(Total Surveys for the Region: 267 Total Snohomish County Surveys: 73)

Priority	Highest Priority	Program Cost
A – Residential Services including emergency housing assistance	23	$400,000
J – Outpatient Services to Non-Medicaid Consumers	9	$1,000,000
M – Develop Services to Children in their homes and schools	7	$500,000
K – Outpatient Services to Non-Medicaid Consumers funded at 2003-04 level	5	$2,000,000
C – Homeless Services	5	$210,000
G – Employment and Vocational Rehabilitation Services	4	$425,000
I – Outpatient Services to Non-Medicaid Consumers who have been hospitalized	4	$200,000
D – Advocacy to obtain Medicaid eligibility	4	$210,000
N – Co-occurring Disorder Services	3	$400,000
Q – Develop Day Support Services	2	$150,000
L – Develop Services to Older Adults	2	$320,000
O – Develop Clubhouses	2	$250,000
E – Mental Health Courts	1	$800,000
H – Evidence-Based Practices	1	$50,000
B – Flex Funds	1	$150,000

County Survey: Total of all votes

(Total Surveys for the Region: 267 Total Snohomish County Surveys: 73)

Priority	Total number of votes	Program Cost
A – Residential Services including emergency housing assistance	60	$400,000
H – Evidence-Based Practices Implementation	48	$50,000
I – Outpatient Services to Non-Medicaid Consumers who have been hospitalized	47	$200,000
C – Homeless Services	47	$210,000
D – Advocacy to obtain Medicaid eligibility	43	$210,000
B – Flex Funds	38	$150,000
F – Community Education Services	34	$100,000
M – Develop Services to Children in their homes and schools	34	$500,000
Q – Develop Day Support Services	33	$150,000
G – Employment and Vocational Rehabilitation Services	30	$425,000
J – Outpatient Services to Non-Medicaid Consumers	30	$1,000,000
L – Develop Services to Older Adults	28	$320,000
P – Develop Peer Support Services	23	$150,000
N – Co-occurring Disorder Services	22	$400,000
E – Mental Health Courts	16	$800,000
O – Develop Clubhouses	12	$250,000
K – Outpatient Services to Non-Medicaid Consumers funded at 2003-04 level	7	$2,000,000

Whatcom County Planning Priorities

Demographics

Population growth for Whatcom County for the next five and ten years will be consistent and steady as indicated in the data below. Growth of the older adult population will be significantly higher than the growth of other age groups over the next ten years.

Whatcom County General Population Growth Projections

	2000	2005	2010	Change*	2015	Change**
Total	166,814	180,463	195,504	8.3%	213,246	18.2%
Children (0 to 19)	*47,175*	*49,109*	*51,119*	*4.1%*	*54,569*	*11.1%*
Adults (20-59)	*94,460*	*102,546*	*108,399*	*5.7%*	*113,376*	*10.6%*
Older Adults (60+)	*25,179*	*28,808*	*35,986*	*24.9%*	*45,301*	*57.3%*

*Percentage Change over the next five years.
**Percentage Change over previous 10 years, since year 2005.
Population Data is from 2002 Projections developed for Growth Management Act by the Office of Financial Management of State of Washington.

In the year 2005, approximately 13.3% of the county population, or 23,988 individuals, were eligible for Medicaid and thus eligible for ongoing mental health services. This is the second highest percentage of population eligible for Medicaid in the Region. Over the last two years, Medicaid eligibles have decreased slightly. It is projected that Medicaid populations will increase *at a rate of between 3% and 6% each of the next two years.* Children are the largest age group amongst people eligible for Medicaid and they will be the slowest growing population group.

Whatcom County Mental Health Consumer Admissions Growth and Decline

	Medicaid Eligible Individuals		
Year	Children	Adults	Total
FY2004	16,328	8,504	24,833
FY2005	15,526	8,463	23,988
Change	-4.9%	-0.5%	-3.4%

	Number of Consumers in Service				Number of Consumers in service with Medicaid Benefit				Number of Consumers in service without Medicaid Served			
Year	Child	Adult	Older Adults	Total	Children	Adults	Older Adults	Total	Children	Adults	Older Adults	Total
FY2004	822	1,527	135	2,484	771	1,354	106	2,231	51	173	29	253
FY2005	807	1,437	123	2,367	782	1,354	104	2,240	25	83	19	127
Change	-1.8%	-5.9%	-8.9%	-4.7%	1.4%	0.0%	-1.9%	0.4%	-51.0%	-52.0%	-34.5%	-49.8%

1.Medicaid Eligibility Data is the average monthly eligible consumers for the fiscal year from the Washington MAA Title XIX totals dated 6/8/2005.
2. Number of Consumers in Service is the number of unduplicated consumers receiving an outpatient service while in a primary outpatient episode.

The decline in both Medicaid eligibles and in the number of consumers served is of concern. The decline in the numbers of consumers served is attributed to the closing of services to low-income people who do not have Medicaid.

Public Mental Health Planning Forum

The Whatcom County forum was well attended by over twenty (20) consumers, advocates and professionals. Their priorities for mental health services are listed below:

- We need more services for people that have not qualified for Medicaid
- Non-Medicaid funds should not be diverted to create more Medicaid funds. Low-income people without Medicaid need mental health services
- The Region should develop a subcommittee regarding clubhouses
- Multiple funding sources need to be developed for clubhouses
- Definitions do not include certain housing options – other than room & board. Housing is critical to serving people with mental illnesses
- The Region should design the best system, and then look to financing it

Whatcom County Survey Results:
Whatcom County survey results were similar to overall regional survey results. Forty-four (44) people from Whatcom County participated in the survey. The survey results are listed on the next page showing the number of first place votes for each service and then the total votes for each service overall. The two highest priorities were for Residential Services and increased services to low-income people who are not receiving Medicaid. Similar to Snohomish County, the preference was towards helping low income people coming out of the hospitals and to a lesser extent all low income people with serious mental illnesses. Homeless Services received a large number of votes that may reflect the increasing visibility of homeless people and services to the homeless over the last few years in Whatcom County. Then, implementation of evidence based practices, flex funds, community education services, development of day support services, co-occurring disorder services, peer support services, development of services for children in their homes and schools, and developing peer support services were seen as important but not the highest priorities. Again, development of mental health courts received few votes.

Whatcom County Priorities:
No formal process was conducted to prioritize the issues raised at this meeting. The following priorities seemed to be of greatest importance to the Whatcom County from combining the input from the public meetings and the survey.

- Increase mental health services to low-income people who do not have Medicaid
- Increase housing and residential options
- Increase homeless services
- Continued support and development of the clubhouse
- Increase flex funds
- Implement evidence-based practices

County Survey: First Priority Votes

(Total Surveys for the Region: 267 Total Whatcom County Surveys: 44)

Priority	Highest Priority	Program Cost
A – Residential Services including emergency housing assistance	14	$400,000
J – Outpatient Services to Non-Medicaid Consumers	6	$1,000,000
O – Develop Clubhouses	5	$250,000
I – Outpatient Services to Non-Medicaid Consumers who have been hospitalized	4	$200,000
M – Develop Services to Children in their homes and schools	4	$500,000
N – Co-occurring Disorders Services	2	$400,000
C – Homeless Services	2	$210,000
Q – Develop Day Support Services	2	$150,000
K – Outpatient Services to Non-Medicaid Consumers funded at the 2003-04 level	1	$2,000,000
L – Develop Services to Older Adults	1	$320,000
E – Mental Health Courts	1	$800,000
B – Flex Funds	1	$150,000
G – Employment and Vocational Rehabilitation Services	1	$425,000

County Survey: Total of all votes

(Total Surveys for the Region: 267 Total Whatcom County Surveys: 44)

Priority	Total number of votes	Program Cost
A – Residential Services including emergency housing assistance	37	$400,000
C – Homeless Services	31	$210,000
I – Outpatient Services to Non-Medicaid Consumers who have been hospitalized	28	$200,000
B – Flex Funds	28	$150,000
H – Evidence-Based Practices Implementation	27	$50,000
Q – Develop Day Support Services	24	$150,000
N – Co-occurring Disorder Services	24	$400,000
F – Community Education Services	23	$100,000
P – Develop Peer Support Services	22	$150,000
D – Advocacy to obtain Medicaid eligibility	20	$210,000
M – Develop Services to Children in their homes and schools	20	$500,000
G – Employment and Vocational Rehabilitation Services	18	$425,000
O – Develop Clubhouses	17	$250,000
J – Outpatient Services to Non-Medicaid Consumers	16	$1,000,000
L – Develop Services to Older Adults	15	$320,000
E – Mental Health Courts	10	$800,000
K – Outpatient Services to Non-Medicaid Consumers funded at 2003-04 level	1	$2,000,000

Conclusion

Despite the significant differences in the populations and geography of the five counties that comprise the North Sound Region, many of the mental health service issues and needs are similar. There is a strong consensus that more services need to be available for low-income people who do not qualify for Medicaid, that more housing/residential options need to be developed, that mental health services need to be improved for people in jails and being discharged from jails and that more mental health services are needed for children in their school and homes. While the public mental health system is facing increasing demands for services and funding is changing and decreasing, this Strategic Plan propose the six immediate changes in the next year to improve services and additional improvements as funding becomes available in the future years.

Funded Objectives (2005-6)

- Objective 1: Expand housing and residential services and options
  Funding Level: $400,000
- Objective 2: Re-open outpatient services to low-income people who do not qualify for Medicaid.
  Funding Level: $1,000,000
- Objective 3: Expand discharge and related jail mental health services
  Funding Level: $841,000
- Objective 4: Implement Designated Crisis Responder and involuntary detoxification services
  Funding Level: $390,000
- Objective 5: Develop service to children in their homes and schools
  Funding Level: $500,000
- Objective 6: Re-institute Flex Funds
  Funding Level: $100,000

Objectives currently not funded (Intention is to fund in future years of the Strategic Plan)

- Objective 7: Evidence-based practices training funding
- Objective 8: Expand employment and vocational services
- Objective 9: Medicaid eligibility advocacy
- Objective 10: Increase co-occurring disorder services
- Objective 11: Increase services to older adults
- Objective 12: Community education services including support groups
- Objective 13: Expand homeless services

Additionally, six administrative and quality management objectives are proposed. These almost certainly will need to be adapted for as this plan is being adopted, Washington State has issued new requirements for Regional Support Networks. This Strategic Plan will evolve to meet and reflect these changing expectations. This plan will be revised on a yearly basis for it certain that major changes will be occurring in the system.

Appendix 1

Advisory Board Input to the Strategic Planning Process

Island County Advisory Board Recommendations (7/25/2005)

- More needs to be done about non-Medicaid eligible/persons with no insurance
- More jail mental health services are needed for both adults and children
- Need someone to come into jail to administer mental health services
- There will be DSHS jail liaisons from the Community Service Offices to assist with obtaining financial, medical and other benefits
- Someone needs to confer and collaborate with jail personnel about jail carve out funds
- Housing is always needed and hard to find. We don't have specialized mental health housing
- Senior Citizens without Medicaid are using resources such as the police or public health and they need mental health services. This is costly for these departments and the county
- Will there be a cut in Medicaid services? We need more Medicaid and non-Medicaid services
- Need to communicate more to the community at large regarding mental health issues and the North Sound Mental Health Administration
- More newspaper articles are needed to raise awareness of mental health issues and mental health policy and funding issues
- We value the mental health services we have in schools and we need more
- More advocacy and support to get people on Medicaid is needed
- More Psychological testing is needed
- The mental heath system is poverty conscious. Can private citizens contribute, fundraise, etc to fund and support public mental health services
- We need to focus on national level, where decisions are being made
- Why are we asked to prioritize when so many decisions are made at the national, state or regional level
- Counties should have more flexibility to direct mental health funding
- Will the distribution of funding be weighted by population? *(Answer: In the past, the NSMHA has done a base carve-out so the small population counties receive some funding and then the funds are distributed based on population)*
- Counties should decide how to spend the funding for their area.
- There needs to be connections between NSMHA & Tribes.
- Does Tribal casino income go to MH services?

San Juan County Advisory Board Recommendations (7/18/2005)

- More mental health services are needed for people have limited income and are not on Medicaid
- More services are needed for children
- More services are needed for older adults
- County needs a directory of mental health and human services, especially focusing on low or no fee services
- People are appreciative of the new mental health and alcohol/chemical dependency facility

Skagit County Advisory Board Recommendations (7/12/2005)

- What difference will $2 million in Medicaid services make versus $1 million to non-Medicaid? Many non-Medicaid individuals and families cannot get any services
- It seems as if sliding scales no longer exist. Something should be done about this

- We don't like choosing between one program and another because there is not enough money. All of these programs should be funded
- How will the funding effect one county versus the region – regarding outpatient
- More advocacy is needed for people getting Medicaid eligibility
- Housing and residential services are needed in our county
- Priorities should be set for communities, and not for the full region
- Alternative funding sources are needed
- DMIO funding – included?
- Are there partnership efforts?
- Does Board of Directors have discretion with funding? *(Answer: The Board of Directors has some discretion. Many funds come with specific requirements and restrictions.)*
- What is County millage funding doing?
- Percentage of consumers that are non-Medicaid, do we know this population?
- Crisis definition – what is it? *(Answer: A crisis is self-defined by the individual or family member. Crises should be directed to the Crisis Line for initial assessment and triage.)*

Snohomish County Advisory Board Recommendations (7/11/05)

- Does the increased non-Medicaid funds replace the lost Medicaid funds? *(Answer: only partially, there is definitely a significant reduction in Medicaid funding.)*
- More services are needed for people who do not have Medicaid
- What is the percentage of persons that would be on Medicaid, if advocates were positioned to advocate for their eligibility? Can we capture this number? *(Answer: We don't know exactly but we know there are some.)*
- Are the Evidence Based Practices that would be developed truly evidence based practices and not just part of the current practices? Will they meet fidelity criteria?
- Priority should be given to those services/programs listed that have a higher degree of effectiveness
- Housing is so expensive here that people with mental illnesses cannot find it
- I question whether additional State-only funds should be committed to developing programs when they are in Medicaid package
- How are mental health courts funded? Snohomish County should have a mental health court
- Ongoing costs could be funded from the 1/10 % levy. Will counties levy a 1/10 % sales tax?
- The Washington State Mental Health Plan should include Medicaid advocacy

Whatcom County Advisory Board Recommendations (7/11/05)

- What is the ratio of Medicaid versus non-Medicaid clients? How does this compare with the ratio of Medicaid and non-Medicaid consumers? We need more services for people that have not qualified for Medicaid
- Non-Medicaid funds should not be diverted to create more Medicaid funds. Low-income people without Medicaid need mental health services
- The Region should develop subcommittee regarding clubhouses
- Multiple funding sources need to be developed for clubhouses
- Definitions do not include certain housing options – other than room & board
- The Region should design the best system, and then look to financing it.

Appendix 2

(Sample Survey Instrument)

Options for the Public Mental Health System

The North Sound Mental Health Administration (NSMHA) is seeking community input. Your input is valued as we set priorities and identify new goals and objectives that will help strengthen community mental health services. This questionnaire is being distributed throughout the Region. We encourage you to take the survey on line at http://www.nsmha.org/scorecard or you may drop off/mail to NSMHA at the address above.
Please return by August 15, 2005.

The public mental health system in the North Sound Region faces unique challenges in the coming years. This mental health system has two major sources of funding, Medicaid (a federal/state program) and state funds. The federal government, Center for Medicare and Medicaid Services (CMS), is now requiring that Medicaid funds only be spent on Medicaid eligible consumers and only on State Plan approved services, which have been recently expanded. *(See attachment 2)*

CMS required an independent rate study which significantly decreased Medicaid funding in the Region for the next few years. Washington State Government has responded by increasing the level of State-Only Funds. State-Only Funds cannot be used to offset the Medicaid funding reductions. (See attachment 3 for more details on estimated Medicaid and non-Medicaid costs for 2006.) The North Sound Region faces a situation that overall funding will decrease between $500,000 and $1,000,000. However, State-Only Funds will increase. Due to this shift in funding, approximately $2.5 million in State Funding for 2005-6 can be expended differently in the future.

Options for State-Only Funds Survey

Please rank your funding priorities from the options below. The total cost of the options cannot exceed $2.5 million dollars. The computer will automatically track your expenditure total when completed online. A total over $2.5 million will not be accepted by NSMHA. (See attachment 1 for definitions of these services.)

Program/Service	**Cost of Program**	**Funding Priority**
Residential Services including emergency housing assistance	$400,000	
Flex Funds	$150,000	
Homeless Services	$210,000	
Advocacy to obtain Medicaid eligibility	$210,000	
Mental Health Courts	$800,000	
Community Education Services	$100,000	
Employment and Vocational Rehabilitation Services	$425,000	
Evidence-Based Practices Implementation	$50,000	
Outpatient Services to Non-Medicaid Consumers who have been hospitalized.	$200,000	
Outpatient Services to Non-Medicaid Consumers	$1,000,000	
Outpatient Services to Non-Medicaid Consumers funded at 2003-4 level	$2,000,000	
Develop Services to Older Adults	$320,000	
Develop Services to Children in their homes and schools	$500,000	
Co-occurring Disorder Services	$400,000	
Develop Clubhouses	$250,000	
Develop Peer Support Services	$150,000	
Develop Day Support Services	$150,000	
Total costs of programs	$7,315,000	
Maximum Available Funding	$2,500,000	
Your total allocation of funds		

Please check the one box that best describes your relationship with the public mental health system.

______ I am a consumer of mental health services

_____ I am a family member/advocate _____ I am a voting member of a county advisory board

______ I am a professional working in the public mental health system

_____ I am a professional with an allied system ____ Other

My county of residence is :

_____ Island _____ San Juan _____ Skagit _____ Snohomish _____ Whatcom ____ Other

Thank you for participating in this survey. This information will be used to help shape public mental health services.

Please list additional comments on the reverse side.

Attachment 1: Non-Medicaid Service/Program Descriptions

Residential Services are services aimed at providing people with chronic mental illnesses housing so they can live successfully in the community. These services are aimed at preventing people from being hospitalized or allowing them to be released from the hospital as quickly as possible. This could include support for the development of housing, support for the leasing of houses for groups of people with mental illnesses to live, funding for people with very high care needs to live in adult family homes, emergency housing assistance such as brief stays in motels, and other creative housing efforts. **Funding:** $400,000
Flex Funds are funds that are used to purchase needed services or goods such as emergency housing, first months rent or deposit, emergency medication, etc, which reduce the need for more expensive mental health treatment or facility treatment. **Funding:** $150,000 would allow for expending Flex Funds at the 2003-4 level
Homeless Services are outreach, engagement and supportive mental health services to the very vulnerable population of mentally ill homeless people. Small programs are currently operating in Snohomish and Whatcom Counties funded by a federal program, PATH. There are not services for mentally ill people who are homeless in the other counties. **Funding:** $210,000 would prioritize funding for at least 3 FTE's to increase outreach services to mentally ill and homeless individuals across the Region.
Medicaid eligibility advocacy is having staff time funded to support consumers who call for services, but have not established their Medicaid eligibility. Too often consumers qualify for Medicaid, but the application and appeals process is so complicated that they cannot complete it without assistance. **Funding:** $210,000 would fund at least 3 staff to advocate for Medicaid eligibility across the Region.
Mental Health Courts are specialized services aimed at better serving the special needs of mentally ill people involved with the criminal justice system. This involves specialized services from the courts with more supervision of clients by the judges, court staff, and mental health providers aimed at diverting people from the jails and monitoring their activities while they are on diversion or probation. **Funding:** $800,000 could fund the beginning of at least four mental health courts across the Region.
Community Education Services including support groups— Support-groups may be offered as group therapy or therapeutic psycho-education to individuals who are Medicaid-enrolled. However, these services such as Parent Groups and National Alliance for the Mental Ills' (NAMI) Peer-to-Peer and Family-to-Family as well as anti-stigma efforts are needed for the entire community as a first level of community mental health services. **Funding:** $100,000 would allow the continuation and expansion of Community Education Services supporting Recovery and Resilience.
Employment and vocational services are needed which are more extensive than covered by the Medicaid. Supported employment benefit. This might include on the job coaching, follow-up services, etc. **Funding:** $425,000 would cover a minimum of 5 additional FTE's across the Region to expanded Supported Employment.
Evidence-Based Practices Training Funding is needed for the State has increasing expectations for the implementation of treatment approaches which research has shown to be effective and have clear definable practice standards. These services are costly to implement for they typically require smaller case loads as well as extensive training, supervision, and consultation. These evidence-based practices include treatments such as Assertive Community Treatment, Cognitive Behavioral Therapy for Trauma, Cognitive Behavioral Therapy for Depression, Illness Management, Family Psycho-Education, etc. Implementation would be expected in 2007. **Funding:** $50,000 would cover the training and consultation of one or more evidence-based practices for children and adults across at least three counties.
Outpatient Services to Non-Medicaid Clients who have been hospitalized . The North Sound Region is unlikely to meet the mental health needs of all non-Medicaid clients. This prioritizes funding to a limited number consumers who have been psychiatrically hospitalized to support their recovery and to prevent unnecessary and expensive re-hospitalizations. **Funding:** $200,000.
Outpatient Services to Non-Medicaid Clients are treatment services to individuals that do not qualify for Medicaid or do not meet the State-Wide eligibility standards for Medicaid eligible consumers. In July of 2004, the decision was made to stop serving Non-Medicaid. **Funding:** $1,000,000 would mean 8,900 hours of individual treatment and 2,750 hours of group treatment could be provided to non-Medicaid individuals.

Outpatient Services to Non-Medicaid Clients are treatment services to individuals that do not qualify for Medicaid or do not meet the State-Wide eligibility standards for Medicaid eligible consumers. In July of 2004, the decision was made to stop serving Non-Medicaid. **Funding:** $2,000,000 would mean 17,800 hours of individual treatment and 5,500 hours of group treatment could be provided to non-Medicaid individuals.
Develop Services to Older Adults for services to older people are significantly below the State average on the State-Wide Performance Indicators. Specialized services such as outreach are needed to engage older adults. **Funding:** $320,000 would cover at least 4 FTE clinical staff to be prioritized across the Region to provide services to older adults.
Develop Services to Children in their homes and schools for these services are significantly below the State average on the State-Wide Performance Indicators. Outreach services to serve children in their homes and schools are needed. This might include specialized service programs in schools. **Funding:** $500,000 would cover at least 7 clinical staff to be prioritized to provide services to children in schools and homes across the Region.
Co-Occurring Disorder Services are services to severely and persistently mentally people who also have ongoing alcohol and substance abuse issues. The North Sound Region ranks low for Co-Occurring Disorder Services across the State on the State-Wide Performance Indicators. **Funding:** $400,000 would prioritize at least 5 clinical staff to provide co-occurring disorder services across the Region.
Develop Clubhouses for these services are required under the new contracts with the Mental Health Division. This funding would allow for planning, site development, training and other costs in developing these new programs. **Funding:** $250,000
Develop Peer Support Services for these services are required under the new contracts with the Mental Health Division. This funding would allow for planning, recruiting, training and other costs in developing these new programs. **Funding:** $150,000
Develop Day Support Services for these services are required under the new contracts with the Mental Health Division. This funding would allow for planning, recruiting, training and other costs in developing these new programs. **Funding:** $150,000

Attachment 2: Medicaid Benefit Package

Children and adults who have Medicaid coverage and meet the State-wide Access to Care Standards and Medical Necessity have the following benefits:

Individual Treatment Services	Intake / Evaluation	Rehabilitation Case Management
Brief Intervention Treatment	Crisis Services	Mental Heath Service in a Residential Setting
Mental Health Clubhouse	Day Support	High Intensity Treatment
Medication Management	Peer Counseling	Psychological Assessments
Medication Monitoring	Family Treatment	Special Population Evaluations
Therapeutic Psycho-education	Group Treatment	Stabilization Services
Support Employment Services	Respite Care	

Attachment 3: Current priorities for State-Only Services/ Program Funds

The Mental Health Division (MHD) of the State of Washington requires that some core services be provided with State only funds. The Board of Directors of the North Sound Mental Health Administration has designated other services as critical and will fund these services with State-Only Funds.

Program/Service	Medicaid Costs	Non-Medicaid Costs	Cost of Program	Required by
Crisis Services including Crisis Line, Voluntary Crisis Outreach Services, Crisis respite beds, Involuntary Treatment Act Services, Less Restrictive Order Follow-up Services	$4,389,733	$2,828,013	$7,217,746	MHD/NSMHA
Voluntary and Involuntary Hospital Services including the Evaluation and Treatment Centers.	$7,643,052	$2,927,570	$10,570,622	MHD
Liquidated Damages (WSH)*	XXX	$45,000	$45,000	MHD
Medicaid Personal Care Services	XXX	$360,000	$360,000	MHD
Jail Services	XXX	Unknown at present	$10,000,000 to be available State-wide	MHD
Services for people on Medicaid Spend-Downs**	XXX	$200,000	$200,000	NSMHA
Total Committed	$12,032,785	$6,360,583	$18,393,368.00	

Appendix 3

NSMHA Mental Health Service Strategic Priorities 2001-4

The NSMHA Strategic Planning Committee is recommending the following priorities and objectives:

Crisis Services

- Develop Triage Services
- Increase Crisis Respite Services for Children and Adults
- Increase Crisis Worker/CDMHP expertise in regards to Children, Older Adults, Nursing Homes and Adult Family Homes, Minority and other special populations, Consumer and family issues through education by NAMI

Co-Occurring Disorder/MICA Services

- Develop and implement Minimal Competencies training for all clinical staff
- Expand collaboration between Mental Health and drug and alcohol treatment providers and the Division of Alcohol and Substance Abuse (DASA)
- Train or hire Co-Occurring Disorder Specialists

Improve Housing

- Initiate a Housing Conference to bring all housing systems together
- Develop more crisis/emergency and transitional housing for people with mental illnesses
- Develop long-term housing for people with mental illnesses of all ages
- Develop systems to better support adult family homes
- Develop specialized housing for people with Co-Occurring Disorders/MICA.
- Develop housing for people with mental illness coming out of the corrections systems

Children's Services

- Establish county level acute services coordination teams
- Increase regional children's services coordination
- Expand out of home/foster care based crisis residential services jointly with DCFS
- Increase residential treatment resources for children
- Increase commitment to and competency of treatment of co-occurring disorders (alcohol and drug) to the same level as adult treatment
- Enhance treatment options for children in accordance with research-based best practices including, but not limited to, behavioral modification

Older Adult Services

- Expand specialized mental health services to older adults in their own homes
- Increase collaboration and coordination with other organizations serving older adults
- Increase hospital discharge placement options and other specialized housing services
- Increase support and training to families and caregivers of older adults
- Expand outreach access to other adults by expanding the Gatekeeper Programs
- Increase collaborative relationships between crisis counselors/CDMHPs and nursing homes and other senior facilities
- Provide educational/consultative programs for nursing homes, adult family homes and family caregivers on handling resistive/unmanageable older adults

Homeless Mentally Ill Services

- Conduct study of the prevalence and unmet service needs of homeless mentally ill
- Increase collaboration and cooperation with organizations serving the homeless Mentally Ill
- Increase use of formal working agreements to address COD/MICA, Criminal/Justice and community health and safety issues for people with mental illness who are homeless MI

Ethnic Minority/Special Population Services

- Evaluate services for adequacy for ethnic minorities and special populations
- Improve/expand services where deficiencies are found

Criminal/Justice Mental Health Services

- Conduct study of unmet needs for mental health services to people with mental illness involved in criminal/justice system
- Increased collaboration and cooperation between the mental health and criminal justice systems when serving people with mental illness

Intensive Case Management Services

- Evaluate need and consumer demand for highly intensive services
- Develop/increase intensive support programs appropriate to each county/community with limits on the aggressiveness of outreach, monitoring, and follow-up

Appendix 4

Progress on the North Sound Mental Heath Administration Strategic Plan 2001-2004

Priority: Crisis Services

Objective 1: Develop Triage Services

Progress:

- Whatcom County has conducted a 6-month planning process looking at the development of a Triage capability; a potential site has been located and funding is nearly secured. Policies and proceeds as well as staff training will be conducted in the next three months.
- Skagit County has designed a 12-bed Crisis Triage Center and Social Detoxification Program. A facility has now been purchased by Skagit County and is being rehabilitated. The opening of the new facility is scheduled for spring of 2006.

Objective 2: Increase Crisis Respite Services for Children and Adults

Progress:

- NSMHA funded with special hospital diversion dollars the remodeling of a Children's Crisis Treatment Center. The Center opened in July of 2002. This program was closed due to lack of funding and low utilization in January 2005.
- Catholic Community Services is using special funding to open a staffed respite foster home. This should occur in the fall of 2003.
- More crisis respite beds and crisis respite aids are available for adults with developmental disabilities.
- Compass-Skagit is in the process of hiring 1.6 FTE crisis aids to help children and their families.
- NSMHA conducted a survey of the use of crisis respite aids across the State. Various providers are trying different types of models for this service.
-

Objective 3: Increase Crisis Worker/CDMHP Expertise in regards to Children

Progress:

- Whatcom County has hired a MHP who is a children's specialist.
- Skagit County hired one FTE children's specialist to enhance afternoon and evening crisis services. They are planning to hire a second FTE children's specialist to give more complete coverage.
- Snohomish County already has a specialized Children's Crisis Team.

Objective 4: Increase Crisis Worker/CDMHP Expertise in regards to Older Adults.

Progress: No action taken yet.

Objective 5: Improve understanding and communication between Nursing Homes, Adult Family Homes and the Crisis/CDMHP System.

Progress:

- NSMHA has sent letters to nursing homes informing them of the availability of outreach crisis services to their facilities.
- NSMHA and APN have met with Home & Community Services and Residential Care Services of DSHS to discuss how residential facilities crisis services could be better informed about the crisis system and trained to use it better. Trainings have occurred in 2003 and 2004. Some training will occur this year. HCS may have funding available for consultation by Mental Health Specialists on the handling of problematic consumers.

Objective 6: Improvement of Crisis Services to ethnic and special populations.
Progress:
Significant progress has occurred in the development of crisis services for people with developmental disabilities. Areas of improvement include more training for mental health, DDD, Adult Family Home and nursing home staffs, improved crisis plans, greater availability and expertise in handling of medications for people with developmental disabilities, more crisis respite beds and crisis respite aids, 24 hour availability of DDD/Mental Health Specialist consultation.

Objective 7: Development of awareness of consumer and family perspectives through education by consumers and advocates.
Progress:
A series of trainings were conducted by a group of consumers with CDMHPs across the Region in 2003.

<u>Priority:</u> <u>Co-Occurring Disorder/MICA Services</u>

Objective 1: Minimal Competencies training in co-occurring disorders for all clinical staff
Progress:

- DASA and NSMHA co-sponsored the Recovery Conference in 2005.
- A Regional Training Committee has been formed.
- The Regional Co-occurring Disorder Committee is developing a minimum competency curriculum that will be presented to the Regional Training Committee by October 2003.
- NSMHA/APN/Washington Institute/MHD co-sponsored extensive trainings across the region on Co-Occurring Disorders in 2001 (12 trainings over 17 days).
- Counties in the RSN utilized funding to provide training on co-occurring disorders.
- NSMHA required minimum competencies for all assessment staff in its new 2002-2003 contract.

Objective 2: Greater collaboration between Mental Health and drug and alcohol services.
Progress:

- Mental health provider in Skagit, Island, San Juan and Whatcom Counties have become DASA providers by either being certified themselves or purchasing DASA certified organizations.
- NSMHA staff person chaired the State-wide COD Committee

- NSMHA organized a North Sound Regional Co-occurring Disorder Committee with DASA, DCFS, and the schools participating.
- NSMHA/APN/DASA sponsored 17 days of training on Co-occurring Disorders in 2001.
- NSMHA co-sponsored with DASA training awareness of GLBT issues.

Objective 3: Train or hire Co-occurring Disorder Specialists.

Progress:

- Clinical staffs across the Region are required to have a minimum of 15 hours of co-occurring disorder training by January 1, 2004 or within two years of their hiring.
- NSMHA/APN/DASA sponsored 17 days of training on Co-occurring Disorders in 2001.

Priority: Improve Housing

Objective 1: Initiate Mental Health Housing Conference

Progress:

- NSMHA and providers participated in Washington's Coalition for the Homeless' Statewide and Regional Conference on Housing.
- NSMHA is holding Regional Housing Meetings at least yearly. One meeting was held in June 2003.

Objective 2: Develop more crisis/emergency and transitional housing for people with mental illnesses, especially homeless people.

Progress:

- Whatcom County has initiated a motel-based crisis-housing program.
- The special project with Division of Developmental Disabilities has created more crises housing for developmental disabled adults.
- Children's Crisis Treatment Center houses and treats children ages 8-14 for up to two weeks.
- A triage center in Whatcom County is being designed and likely to be operational in the next six months. People may stay there while they are in mental health crises for up to three days.

Objective 3: Develop long-term housing for people of all ages with mental illnesses.

Progress:

- WCPC is opening a new 9-unit apartment that will serve people coming out of prisons and people with co-occurring disorders.
- Compass Health last year opened new housing called the North Star Project.
- Compass Health and Everett Housing Authority have been operating a special housing and mental service program for older adults using Section 8 certificates.
- The has been an increase in the number of people with mental illnesses in Snohomish and Whatcom Counties on Section 8 Certificates, but no more new Certificates are being offered now due to Federal Budget Reductions for housing programs.
- Shelter Plus Care slots are available in Snohomish and Whatcom Counties for qualifying people. That means more subsidized housing is available for homeless people with mental illnesses through these housing authorities.

Objective 4: Better support to adult family homes.

Progress:

- A specialized program to better serve people coming out of Western State Hospital has been developed by Home and Community Services and the NSMHA and its providers. Sunrise Services, an adult family home provider, has participated actively in this program. (Older Adult Expanded Community Support Services)
- Sunrise Services is now becoming licensed as a community mental health center to be able to increase its involvement in providing mental health services.
- APN provided training on mental health issues and crisis services to Adult Family Homes as part of the Enhanced Crisis Services Contract provided by the Division of Developmental Disabilities.
- APN and NSMHA staff provided training to Adult Family Homes at their monthly meeting with Residential Care Services of DSHS.

Objective 5: Develop specialized housing for people with Co-Occurring Disorders/MICA.

Progress:

Whatcom Psychiatric Clinic is operating a 9-unit apartment complex, which will specialize in serving people with co-occurring disorders and/or people coming out of prison.

Objective 6: Develop housing for people with mental illness coming out of the corrections systems.

Progress:

Whatcom Psychiatric Clinic is developing a 9-unit apartment complex, which will specialize in serving people with co-occurring disorders and/or people coming out of prison.

Priority: Children's Services

Objective 1: Establish county level acute services coordination teams.

Progress:

Objective Accomplished. Cross-system planning teams are now in operation and serving all counties.

Objective 2: Increase regional children's services coordination.

Progress:

Objective Accomplished. The Children's Policy Executive Team is meeting on a monthly basis with representatives from DCFS, JRA, ESD, Tribes, etc. Team needs to revisit its purpose after more than a year of meeting.

Objective 3: Expand out-of-home foster-care based crisis residential services jointly with DCFS.

Progress:

- Objective was partially accomplished and then dismantled due to lack of State-Only Funds and low utilization. A six-bed Children's Crisis Treatment Center was established and opened in late July 2002. This is not a foster-care based program for DCFS recommended against developing a foster-care based program.
- Catholic Community Services is setting up a Respite Foster Home Program to divert kids from being hospitalized and to give foster homes respites.

Objective 4: Increase residential treatment resources for children.

Progress:

Objective Partially Accomplished. Children's Crisis Treatment Center opened in July 2002 but was closed in January 2005 due to lack of State-Only Funds and low utilization.

Objective 5: Increase commitment to, and competency of treatment of co-occurring disorders (alcohol and drug) for children to the same level as adult treatment.

Progress:

Training specifically regarding treatment of children with co-occurring disorders was offered in spring and summer 2001.

Objective 6: Enhance treatment options for children in accordance with research-based best practices including but not limited to behavioral modification.

Progress:

NSMHA sponsored a two-day training in Dialectical Behavioral Therapy (DBT), which is evidenced-based, cognitive-behavioral treatment for children who are having difficulty managing their emotions or behaviors. Groups in DBT for children are now operating across the Region.

Priority: Older Adult Services

Objective 1: Expand specialized mental health services to older adults in their own homes, including peer counseling programs.

Progress:

No significant progress at this time. The amount of mental health services provided to older adults is declining due to funding limitations from Medicare.

Objective 2: Increase collaboration and coordination with other organizations serving Older Adults.

Progress:

- NSMHA is collaborating with Home and Community Services (HCS) on serving up to twenty hard to serve older adults in nursing homes or other residential care settings
- NSMHA is meeting on a bi-monthly basis with HCS to coordinate services
- Clinical coordination teams are available in all counties for adults, including older adults
- Improved On-line Crisis Plans will be available 7/1/2002

Objective 3: Increase hospital discharge placement options and other specialized housing services.

Progress:

NSMHA is collaborating with Home and Community Services (HCS) on serving up to twenty hard to serve older adults in nursing homes or other residential care settings.

Objective 4: Expand outreach access to older adults by expanding the Gatekeeper Programs.

Progress:

No progress at present. The Skagit County Gatekeeper program has been cancelled due to lack of funding for ongoing services to support the Gatekeeper function. Whatcom County is considering stopping funding for its gatekeeper program.

Objective 5: Increase collaborative relationships between crisis counselors/CDMHPs and nursing homes and other senior facilities.

Progress:

NSMHA and APN staff have been meeting with HCS staff to develop training and awareness of crisis services among HCS, AFHs, and nursing home staffs. Snohomish County Mental Health Staff conducted training about the crisis system with nursing homes in May 2002.

Objective 6: Provide educational/consultative programs for nursing homes, adult family homes and family caregivers on handling resistive/unmanageable older adults.

Progress:
Snohomish County Mental Health Staff conducted training about the crisis system with nursing homes in May 2002. Some informal discussions have occurred between NSMHA and Home and Community Services regarding training of nursing home and AFH staff.

Priority: Homeless Mentally Ill Services

Objective 1: Conduct study of the prevalence and unmet service needs of the homeless mentally ill.
Progress:
The workgroup has met and developed a report. The NSMHA Board has approved the report.

Objective 2: Increased collaboration and cooperation with organizations serving the homeless mentally ill.
Progress:

- Homeless Workgroup met with representatives of the major shelters in 2002.
- Representatives of the Homeless shelter providers and Housing Development professionals have been invited to participate in the NSMHA's ongoing meetings regarding Housing and Homelessness.
- PATH Homeless Outreach Program was established in Whatcom County in 2004. This program provides outreach to homeless people in coordination with outreach provided by Substance Abuse funding. A .75 FTE position now provides outreach to homeless people in Whatcom County. A similar program has existed in Snohomish County for many years.

Objective 3: Increased use of formal working agreements to address COD/MICA, Criminal/Justice and community health and safety issues for people with mental illness who are homeless mentally ill.
Progress: No major progress at this time.

Priority: Ethnic Minority/Special Population Services

Objective 1: Evaluate mental health services for adequacy for ethnic minorities and special populations.
Progress:
A workgroup of consumers and professionals developed a report, Improving Services to underserved populations. NSMHA Board approved it in July of 2003.

Objective 2: Improve/expand services where deficiencies are found.
Progress:

- Services have been significantly increased to people with developmental disabilities under the special contract with DDD.
- Funding was increased to Sea Mar to expand outreach to Hispanic children and adults who are on Medicaid. This funding was continued despite budget deficits.

Priority: Criminal/Justice-Mental Health Services

Objective 1: Conduct study of unmet needs for mental health services to people with mental illness involved in the Criminal/Justice System.

Progress:

- Study was conducted and the NSMHA Board of Directors approved a report with recommendations in April 2003.
- Plans are now underway to bring about the following recommendations from the study.

--Training for law enforcement officers in how to better understand and manage people with mental illnesses.
--Develop Triage Centers
--Institute Diversion Programs, Mental Health Courts or specialized mental health services
--Identify specific people at each agency to act as a point person for people in the criminal justice system
--Conduct training for law enforcement officers on how the mental health system functions.
--Develop housing for people being released from prisons and jails.

Objective 2: Increase collaboration and cooperation between the mental health and criminal justice systems when serving peoples with mental illness.

Progress:

Some initial work has occurred. Triage Center in Bellingham has significant involvement from law enforcement. Training for police officers is being coordinated with the Everett Police Department. Skagit County Courts have agreed to fund some jail mental health evaluations.

Priority: Enhanced Case Management Services

Objective 1: Evaluate need and consumer demand for highly intensive services

Progress:

Study and report on Enhanced Case Management was conducted and approved by the NSMHA Board of Directors.

Objective 2: Develop/increase intensive support programs appropriate to each county

Progress:

- High Intensity Treatment became an approved Medicaid State Plan Modality of Service. Bridgeways is now providing high intensity treatment to 12 people. APN has committed to 96 beds of high intensity treatment.
- NSMHA received funding for 12 people to attend three days of training on the Village Program in Long Beach, California. The Village is one of the preeminent enhanced case management programs in the nation.
- NSMHA and its providers have developed 13 beds in three programs under the Expanded Community Support funding. These programs have similarities to an Enhanced Case Management Program.
- NSMHA is now conducting meetings regarding developing Evidenced-Based Practice within the Region. Assertive Community Treatment is one of six evidence based practices being promoted by the Substance Abuse and Mental Health Services Administration (SAMSHA)