

# FY 2003 Mental Health Block Grant Report

Submitted by:  
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## **EXECUTIVE SUMMARY**

The Mental Health Division submitted a three-year plan for FY 2002-2004. This plan was supported by the state Mental Health Planning and Advisory Council and community stakeholders and approved by the Center for Mental Health Services. This document is a report on the progress made by the state in implementing the 2003 Federal Block Grant plan. The Federal Block Grant plan identified the following Mental Health Division program priorities as areas needing improvement:

1. Improve the effectiveness and cost-effectiveness of the delivery of mental health services through performance outcome measures;
2. Support community-based mental health services;
3. Ensure a fully compliant state hospital billing system;
4. Develop special systems of care for high-risk consumers to remain in community settings; and
5. Promote staff competency through employee development and training.

Historically, the public funded sector has been expected to provide care for persons with severe mental illness. Washington State's Mental Health Division has clear statutory obligations to ensure that these individuals are served (RCW 71.24), within available resources. However, the high costs of implementing federally mandated processes required by the Balanced Budget Act and the Health Insurance Portability and Accountability Act (HIPAA) present a challenge to management of a mental health system within available resources.

A major issue facing Washington State is that of a declining economy. The huge surpluses from the 1990s resulted in voter initiatives to cap spending and limit revenues from property taxes. When consumer confidence in the economy substantially reduced spending levels, the state's dependence on a sales tax resulted in unprecedented deficits in revenue. Faced with a general economic slide, the events of September 11, 2001 have had a particularly serious effect on Washington State. Because of reduced air travel, Boeing has laid off many employees. Technology companies have also implemented layoffs due to decreased sales of technology hardware and software. The most recent estimates are for revenue shortfall levels of \$2 billion for the 2003-2005 biennium.

The Governor is leading a budget process to identify "Priorities in Government," a government-wide assessment and evaluation of state services to establish a clear set of results that citizens expect from state government and to reprioritize state spending to focus on services that matter most in achieving those goals. The Governor's approach is

expected to lead to restructuring the way state services are provided, as well as budget decisions that eliminate programs less essential to achieving critical results.

## **SECTION I: Application Information**

All funding agreements, certifications, and assurances that must be signed in order to receive an award are contained in Attachment A.

## **SECTION II – State Plan Context**

### ***The Mental Health Division***

The Mental Health Division is responsible for oversight of the delivery of State and Medicaid funded mental health services, and the operation of three state hospitals. The Mental Health Division resides in a larger umbrella agency, the Department of Social and Health Services (DSHS), which provides financial, physical health, mental health, substance abuse treatment, long-term care, and rehabilitation services to low-income individuals in the state of Washington.

The responsibility for management of the mental health system within Washington State goes from the Mental Health Division to the Regional Support Networks. There are 14 Regional Support Networks statewide that range from single county government to the largest encompassing eleven counties. The Regional Support Networks are charged with developing the local mental health program. They are also responsible for the management of a full risk comprehensive prepaid health plan under the state's 1915 (b) waiver program. The Regional Support Networks accomplish this task by subcontracting with Community Mental Health Agencies, with freestanding Evaluation and Treatment Facilities, residential providers, employment providers and for crisis services. Regional Support Networks have working agreements with local community hospitals for psychiatric inpatient care, for children's long term inpatient care and with the state psychiatric hospitals. The Regional Support Networks also contract with advocacy groups, consumer and parent groups.

The Washington State public mental health system serves Medicaid enrollees and citizens who are most disabled by mental illness. The Department of Social and Health Services/Mental Health Division (DSHS/MHD) receives its directives and funding from the legislature to operate the public mental health system. The Mental Health Division develops the operating guidelines for the system based on input from the Mental Health Planning and Advisory Council as well as other community stakeholders including consumers, both individually and groups; family members, advocates, service providers, local units of government, tribal authorities, and business and neighborhood leaders.

Penetration Rates:

	Statewide Total		Children-under 18		Adults- 18+	
	FY 01	FY 02	FY 01	FY 02	FY 01	FY 02
Number Served	120,717	126,069	35,392	36,873	85,325	89,196
State Population	5,974,900	6,041,700	1,520,895	1,522,647	4,454,005	4,519,053
Penetration Rate	2.0%	2.1%	2.3%	2.4%	2.0%	2.1%

Washington State has a fairly large state hospital system. The MHD is a direct service provider, operating three fully accredited and certified state psychiatric hospitals, two for adults and one serving children. As of October 2003, Western State Hospital has a total of 898 beds and Eastern State Hospital has 275 beds. Child Study and Treatment Center is located on the grounds of Western State Hospital and has 47 beds. In Fiscal Year 2001 2,926 individuals were served in the state hospitals, with an average length of stay of 133 days. The state hospitals serve individuals with serious mental illness, co-occurring substance abuse/mental health disorders, and cognitive disabilities.

Washington has historically had a heavy reliance on inpatient forms of treatment. In Fiscal Year 2002, a total of 9,370 individuals were placed in community inpatient settings with an annual service cost of \$6,122 per person. For outpatient care, service costs averaged \$2,509 per person per year. Inpatient services are costly and the goal is to decrease inpatient costs and provide high quality care to consumers on an outpatient basis in the most cost-efficient ways possible.

The Mental Health Division also coordinates the emergency response to special issues that develop within the system, including natural disasters, acts of terrorism and other unexpected demands or shifts in demand for services, management of operational conflicts, and resolution of consumer grievances that require state intervention.

***Mental Health Planning and Advisory Council***

The Washington State Planning and Advisory Council has a maximum membership of thirty members consisting of consumers, providers, advocates, and governmental representatives. The membership represents a balanced representation of the state’s population with respect to race, ethnicity, disability, and age, urban and rural. The Planning Council has six subcommittees, which provide the Council with input and direction. The chairs of these subcommittees are Council members as are some of the other members but not all, as the task of the subcommittees is to provide the Council with the population targeted information needed to make decisions that will best serve citizens in need of mental health treatment programs and this calls for a wide range of expert knowledge and expertise.

The Washington State Mental Health Planning and Advisory Council (also referred to as “the Council”) and its subcommittees operate under Public Law 102-321. , and are responsible to perform the following specific duties:

1. Review plans provided to the Council by the state, and to submit to the state any recommendations of the Council for modifications of the Plan under the above stated Public Law.
2. Monitor, review, and evaluate, not less than once a year, the allocation and adequacy of mental health services within the state.
3. Study programs and services, analyze problems, and identify gaps and barriers in the services system.
4. Review the materials provided in order to participate in a discussion and analysis of current mental health programs and ancillary services.
5. Solicit representative points of view from the communities represented by the Planning Council members concerning mental health issues and disseminate information on mental health issues within those communities.
6. Create and manage subcommittees, as it may deem necessary, to facilitate and inform its work.

Chapter 43.20A.360 of the Revised Code of Washington (RCW) also establishes the following responsibilities for members of advisory committees:

1. Convey community opinions, attitudes and needs to the division;
2. Study programs and services and analyze problems;
3. Provide information and interpretation of department policies, programs and budget to the public;
4. Recommend changes in programs, policies and standards; and
5. Offer recommendations and comments.

DSHS Administrative Policy 2.10 also mandates that all advisory bodies serving the department reflect a balanced representation of state population with respect to race, ethnicity, disability, and age. Members of the Council and its subcommittees are actively recruited consistent with these requirements.

The Council includes representatives of state agencies, public and private entities concerned with the need, planning, operation, funding and use of mental health services. The Council meets the requirements of Section 19149c) of the Public Health Service Act, which stipulates that “not less than 50% of the members of the Planning Council shall be individuals who are not State employees, or providers of mental health services.” The ratio of parents with children with serious emotional disturbance to other members of the Council also meets the requirement to provide adequate representation of such children in the deliberations of the Council.

Mental Health Planning and Advisory Council Membership:

<b>Name/Address</b>	<b>Type of Membership</b>	<b>Agency/Organization Represented</b>	<b>PHONE/EMAIL</b>
Graydon Andrus DESC 216 James St. Seattle, WA 98144	Mental Health Provider	Homeless advocate	(206)464-6454 x 4036 <a href="mailto:gandrus@desc.org">gandrus@desc.org</a>
Jeanette Kay Barnes Black Diamond, WA 98010	Family Member with interest in children with SED	Advocate Children's Subcommittee	(253) 670-3480 <a href="mailto:jkbarns@attbi.com">jkbarns@attbi.com</a>
Roger Bauer 107 West Apple Omak, WA 98841	Mental Health/Co-occurring disorders Provider	Co-occurring disorders Mental Health Provider	(509) 826-6191 <a href="mailto:rbauer@okbhc.org">rbauer@okbhc.org</a> <a href="mailto:rbauer@okanogancs.org">rbauer@okanogancs.org</a>
Pat Calf Looking PO Box 618 Wellpinit WA 99040	Mental Health Provider	Spokane Tribe Mental Health Provider	(509) 891-6006 <a href="mailto:calf_looking@hotmail.com">calf_looking@hotmail.com</a>
Lou Colwell Special Education Section OSPI PO Box 47200 Olympia, WA 98504	State education representative	Office of Superintendent Public Instruction	(360) 725-6075 Lcolwell@ospi.wednet.edu
B.J. Cooper Chewelah, WA 99109	Consumer	Consumer RSN Advisory Board	(509) 935-9949 (W) <a href="mailto:conclubh@yahoo.com">conclubh@yahoo.com</a>
Danny Eng, Supervisor Bellevue, WA	State Vocational Rehabilitation representative	State Vocational Rehabilitation Program	Engd@dshs.wa.gov
Diane Eschenbacher Spokane, WA 99204	Consumer	Ethnic Minority Subcommittee Consumer Roundtable	(509) 624-2011 (H)
John Fisher Lakewood, WA 98497	Consumer	Consumer	(253) 584-9330 (H) <a href="mailto:hjfisher55@aol.com">hjfisher55@aol.com</a>
Joann Freimund, Vice Chair Olympia, WA 98502	Advocate	Advocate, Rehab Council Liaison	(360) 866-1575 <a href="mailto:jgfreimund@aol.com">jgfreimund@aol.com</a>
Alan Himsl Managed Care Contracts Section P.O. Box 45530 Olympia, Washington 98504-5530	State Medicaid representative	DSHS Medical Assistance Administration	(360) 725-1647 <a href="mailto:himslaj@dshs.wa.gov">himslaj@dshs.wa.gov</a>

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David King Tacoma, WA 98405	Consumer	Consumer Sexual Minority Subcommittee Consumer Roundtable	(253) 224-8055 leave message <a href="mailto:kingdaring@netzero.net">kingdaring@netzero.net</a>
Candise Manke Wenatchee, WA 98807	Consumer	Consumer/family member	(509) 884-9601 (H) (509) 662-1511 X 2433 (W) <a href="mailto:ablastfromthepast@msn.com">ablastfromthepast@msn.com</a>
Dinah Martin Children's Administration Mail Stop 45710 Olympia, WA 98504-5710	State Social Service representative	State Children's Administration program	360-902-7983 <a href="mailto:MADI300@dshs.wa.gov">MADI300@dshs.wa.gov</a>
Sondra Martin Battleground, WA 98604	Family member of a child with SED	Parent of minor child	(360) 993-5902 (W) (360) 666-8484 (H) (360) 993-5903 FAX <a href="mailto:sondram@pacifier.com">sondram@pacifier.com</a>
Jean Pond Spokane, WA 99218	Family member of children with SED	Custodial Grandparent of minor children	(509) 466-3036 jeanpond@hotmail.com
Barbara Putnam	Children's Advocate	Chair, Children's Subcommittee	206) 298-9654 <a href="mailto:Barbputnam@aol.com">Barbputnam@aol.com</a>
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Bonnie Scott Housing Division 906 Columbia St., SW Olympia, WA 98504	State housing representative	Community, Trade & Economic Development	(360) 725-2940 (360)586-5880 FAX <a href="mailto:bonniels@cted.wa.gov">bonniels@cted.wa.gov</a>
Janet SooHoo 720 8 <sup>th</sup> Ave., S. Ste 200 Seattle, WA 98104	Mental Health Provider	Ethnic Minority Mental Health Provider	(206) 695-7632 (W) (206) 695-7606 FAX <a href="mailto:janets@acrs.org">janets@acrs.org</a>
Judith Stormbreaker Walla Walla, WA 99362	Consumer	Consumer	(509) 529-1803 (H) (509) 525-0241 (W) (509) 529-6070 (F) <a href="mailto:aecou@bmi.net">aecou@bmi.net</a>

Gil Thurston, Chair Bellingham, WA 98225	Older Adult Advocate	Advocate	(360)733-1117 <a href="mailto:gthur10307@aol.com">gthur10307@aol.com</a>
Dorothy Trueblood Tacoma, WA 98409	Family member of a child with SED	Parent of a minor child with SED CCS parent partner Family Advocate	(253) 472-1442 <a href="mailto:dorothyt@ccsw.org">dorothyt@ccsw.org</a>
Josselyn Winslow Alzheimer Society of WA 433 17 <sup>th</sup> St Bellingham, WA 98225	Family member of an adult with SMI	Chair, Older Adult Subcommittee	(360)671-3316 (W) <a href="mailto:winslow@nas.com">winslow@nas.com</a> (360)715-9940 FAX <a href="mailto:alz@alzwa.com">alz@alzwa.com</a>
Paula Zamudio Centralia, WA 98532	Family member of a child with SED	Parent of a minor child with SED	(360) 880-0672 (360) 245-4401 FAX <a href="mailto:lcfnsn@myhome.net">lcfnsn@myhome.net</a>
Kathy Burns Peterson PO Box 45320 Olympia, WA 98504-5320	State MHBG Planner	MHD Staff	(360) 902-0843 (360) 902-0809 (fax) <a href="mailto:burnska@dshs.wa.gov">burnska@dshs.wa.gov</a>

The Mental Health Planning and Advisory Council has established the following Vision, Mission and Goals to guide the work of the Council:

***Vision:*** Plan, Advocate, Evaluate

***Mission***

To advocate for a system that supports persons impacted by mental disorders on their journeys to achieve the highest quality of life possible by promoting evidence-based, cost-effective, individualized mental health services.

***Goals***

1. Oversee the Federal Block Grant, including recommending the plan, amendments and reports submitted by the Mental Health Division to the Center for Mental Health Services.
2. Develop and take advocacy positions concerning legislation, funding and regulations affecting mental health.
3. Support and advocate for quality, cost-effective and individualized services through evidence-based best practice models of care.
4. Promote stigma reduction through education about mental illness and other mental disorders.
5. Ensure individualized and tailored care becomes the norm for service delivery to promote recovery or optimal functioning and reduce the incidences of homelessness, criminalization, unnecessary hospitalization, and other undesirable outcomes.

The Council has also established the following Standing Subcommittees to carry out its MHBG 2003 Implementation Report

mission: Legislative/Administrative Subcommittee; Program/Planning Subcommittee; Children’s Treatment and Services Subcommittee; Sexual Minorities Treatment and Services Subcommittee; Older Adults Treatment and Services Subcommittee; and Ethnic/cultural Minorities Treatment and Services Subcommittee.

**Legislative/Administrative Subcommittee:**

The purpose of this Subcommittee is to coordinate with the other Council Subcommittees to review and/or propose public policy and/or practice that pertain to access, treatment, rehabilitation, and reintegration of adults affected by serious mental illnesses and of children affected by serious emotional disorders, including recommending positions and actions on legislation, administrative code, and MHD contracts for consideration by the Council. This Subcommittee consists of one representative from each of the special population subcommittees; one RSN representative; an expert in the subcommittee’s focus; and a consumer advocate, assuring balanced representation from rural and urban areas. The Subcommittee works in concert with the appropriate Subcommittees regarding issues pertaining to the populations they represent.

**Legislative/Administrative Subcommittee Membership:**

<b>Name</b>	<b>Address</b>	<b>Representation</b>
Gil Thurston, Chair	Bellingham, WA	Planning Council
Stephanie Lane	Seattle, WA	Children’s Subcommittee
Applications pending		Sexual Minority Subcommittee
Josselyn Winslow	Bellingham, WA	Older Adults Subcommittee
Catalina Laires	Tacoma, WA	Ethnic Minority Subcommittee
Applications pending		Regional Support Networks
Applications pending		Consumer/Advocate
Donna Obermeier	Olympia, WA	Children’s Advocate
BJ Cooper	Chewelah, WA	Consumer
Graydon Andrus	Seattle, WA	Homeless Advocate
Ron Sterling, M.D.	Seattle, WA	MH Service Provider
Wendy Long	Olympia, WA	Mental Health Division staff

**Program/Planning Subcommittee:**

The purpose of this Subcommittee is to coordinate with the other Council Subcommittees to review, analyze, and evaluate the effectiveness based on costs and consumer outcomes of existing publicly funded policies and practices that pertain to access, treatment, rehabilitation, and reintegration of adults affected by serious mental illnesses and of children affected by serious emotional disorders, including recommending eliminations, expansions, and/or modifications for consideration by the Council. This Subcommittee consists of one representative from each of the special population subcommittees; one RSN representative; an expert in the subcommittee’s focus; and a consumer advocate, assuring balanced representation from rural and urban areas. The Subcommittee works in concert with the appropriate Subcommittees regarding issues pertaining to the

populations they represent.

Program/Planning Subcommittee Membership:

<b>Name</b>	<b>Address</b>	<b>Representation</b>
Joann Freimund, Chair	Olympia, WA	Planning Council
Barb Putnam	Seattle, WA	Children's Subcommittee
David King	Tacoma, WA	Sexual Minority Subcommittee
Jani Semke	Seattle, WA	Older Adults Subcommittee
Carrie Huie-Pascua	Pasco, WA	Ethnic Minority Subcommittee
Applications pending		Regional Support Networks
Eleanor Owen	Seattle, WA	Family Advocate
Charan Bird	Tacoma, WA	Consumer/Advocate
Kathy Peterson	Olympia, WA	Mental Health Division

**Children's Treatment and Services Subcommittee:**

The purpose of this Subcommittee is to focus primarily on the impact of legislation, public policies, and practices particularly on affected children and their families, including in institutional, residential facilities, and/or community settings. This Subcommittee informs other Subcommittees utilizing the Council's communication protocol and works in concert with the interested and appropriate Subcommittees in consideration of specific issues and to develop/strengthen relationships between systems and promote cross-system sharing. This subcommittee works in concert with the Legislative/Administrative and Program/Planning Subcommittees in developing their recommendations concerning such matters for consideration by the Council.

Children's Treatment and Services Subcommittee Membership:

<b>Name</b>	<b>Address</b>	<b>Representation</b>
Barb Putnam, Chair	Seattle, WA	MH Service Provider
Ron Hertel	Olympia, WA	Office of the Superintendent of Public Instruction
Jeanette Barnes	Black Diamond, WA	Parent consultant
Meredith Byars	Olympia, WA	DSHS Juvenile Rehabilitation Administration
Ann Egerton	Olympia, WA	DSHS Medical Assistance Administration
Gary Enns	Olympia, WA	Thurston Mason Regional Support Network
Catherine Follett	Seattle, WA	King Regional Support Network/Chemical Dependency
Linda Gil	Olympia, WA	DSHS Division of Developmental Disabilities
Carol Kosturn	Snohomish, WA	Provider

Stephanie Lane	Seattle, WA	King Regional Support Network
Ruth Leonard	Olympia, WA	DSHS Division of Alcohol and Substance Abuse
Dinah Martin	Olympia, WA	DSHS Children's Administration
Vienna Medina	Forks, WA	Parent
Sandra Gregoire	Olympia, WA	Mental Health Division/ Parent Council
Ann Russell-Yeh	Snohomish, WA	North Sound RSN
Bronwyn Vincent	Olympia, WA	Mental Health Division staff

**Sexual Minority Treatment and Services Subcommittee:**

The purpose of this Subcommittee is to focus primarily on the impact of legislation, public policies, and practices particularly on affected sexual minorities in institutional, residential facilities, and/or community settings. This Subcommittee informs other Subcommittees utilizing the Council's communication protocol and work in concert with the interested and appropriate Subcommittees in consideration of specific issues and to develop/strengthen relationships between systems and promote cross-system sharing. This subcommittee works in concert with the Legislative/Administrative and Program/Planning Subcommittees in developing their recommendations concerning such matters for consideration by the Council.

**Sexual Minority Treatment and Services Subcommittee Membership:**

<b>Name</b>	<b>Address</b>	<b>Representation</b>
Vicki Carter	Tacoma, WA	Western State Hospital
Hector De Leon	Pasco, Washington	Minority MH provider
Laura Fraijo	Medical Lake, WA	Eastern State Hospital
Doug Johnson, Chair	Kennewick, WA	Greater Columbia RSN
David King	Tacoma, WA	Consumer
Doug North	Seattle, WA	Indian Policy Committee
Mary Sarno	Olympia, WA	Mental Health Division staff
Pat Soon	Everett, WA	MH Service Provider
Mark Richards-Wetzel	Seattle, WA	Foster Parent liaison
Gene Richel	Omak, WA	MH Service Provider
Robin Rommel	Wenatchee, WA	RSN Administrator
Bonnie Rose	Olympia, WA	Consumer
Rhonda Syphax	Seattle, WA	Consumer

**Older Adult Treatment and Services Subcommittee:**

The purpose of this Subcommittee is to focus primarily on the impact of legislation, public policies, and practices particularly on affected older adults in institutional, residential facilities, and/or community settings. This Subcommittee informs other

Subcommittees utilizing the Council’s communication protocol and work in concert with the interested and appropriate Subcommittees in consideration of specific issues to develop/strengthen relationships between systems and promote cross-system sharing. This subcommittee works in concert with the Legislative/Administrative and Program/Planning Subcommittees in developing their recommendations concerning such matters for consideration by the Council.

Older Adult Treatment and Services Subcommittee Membership:

<b>Name</b>	<b>Address</b>	<b>Representation</b>
Josselyn Winslow, Chair	Bellingham, WA	Alzheimer’s Society of Washington; Caregiver
Faye Brindel	Fircrest, WA	Consumer
Vacant		MH Service Provider
Beverly Freiday	Tacoma, WA	Caregiver
Stephen Greene	Tacoma, WA	Pierce County RSN
Kary Hyre	Seattle, WA	State Long Term Care Ombudsman
Julie Jensen	Tacoma, WA	Washington Institute for Mental Illness Research & Training
Anneliese Kraiger	Hoquiam, WA	MH Service Provider
Joel Loiacono (on leave)	Spokane, WA	Alzheimer Association
John Piacetelli	Lakewood, WA	Older Adult Advocate
Marie Raschko	Spokane, WA	Adult Day Health Provider
Jani Semke	Olympia, WA	University of Washington Research Asst. Professor School of Social Work
Mindy Shaffner	Eatonville, WA	Home Care Provider
Mark Snowden, MD	Seattle, WA	MH Service Provider
Vacant		State Council on Aging
Vacant		DSHS Aging & Adult
Karie Castleberry	Olympia, WA	MHD staff

**Ethnic/Cultural Minorities Treatment and Services Subcommittee:**

The purpose of this Subcommittee is to focus primarily on the impact of legislation, public policies, and practices particularly on affected ethnic/cultural minorities in institutional, residential facilities, and/or community settings. This Subcommittee informs other Subcommittees utilizing the Council’s communication protocol and work in concert with the interested and appropriate Subcommittees in consideration of specific issues to develop/strengthen relationships between systems and promote cross-system sharing. This subcommittee works in concert with the Legislative/Administrative and Program/Planning Subcommittees in developing their recommendations concerning such matters for consideration by the Council.

Ethnic/Cultural Minorities Treatment and Services Subcommittee Membership:

<b>Name</b>	<b>Address</b>	<b>Representation</b>
Thressa Alston	Kent, WA	Educator
Jorge Chacón	Wenatchee, WA	Minority MH Provider
Steven Collins	Seattle, WA	Consumer
Carrie Huie-Pascua	Pasco, WA	Minority MH Provider
Catalina Lares	Tacoma, Washington	Minority MH Provider
Mary O'Brien	Yakima, WA	Minority MH Provider
Andy Pascua, Chair	Pasco, WA	County representative
Hank Balderrama	Olympia, WA	Mental Health Division staff

The Mental Health Division also supports two stand-alone committees to bring consumer and parent voice to the management of the Mental Health Division to assist in shaping policy, programs and legislation.

**Consumer Roundtable:**

The Consumer Roundtable is a stand-alone committee sponsored by the Mental Health Division to obtain consumer voice from all regions of the state. The Consumer Roundtable is comprised of one current consumer of publicly funded mental health services from each of the state's fourteen Regional Support Networks. The Consumer Roundtable provides a direct communication link to the Mental Health Division Director and Management Team to ensure that consumer concerns and client feedback are incorporated into state policy and decision-making.

The mission of the Consumer Roundtable is to provide a forum for consumers to use personal client experience and local activities to provide consumer voice and feedback on system issues to top-level public mental health policy makers.

Consumer Roundtable Membership:

<b>Name</b>	<b>Address</b>
BJ Cooper	Chewelah, WA
David King	Tacoma, WA
Patrick Barnette	Amboy, WA
Dawna Seeley	Seattle, WA
Pauline Berg	Aberdeen, WA
Marie Jubie	Marysville, WA
Jody Hoffman	Centralia, WA
Leo Lesnick	Port Angeles, WA
Brian Youngberg	Seattle, WA
Carol Page	Spokane, WA
Joyce Schroeder	Kennewick, WA
Vernette Fees	Ephrata, WA
Diane Eschenbacher (Mentor)	Spokane, WA

John Corr (Mentor)	Auburn, WA
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**Parent Council**

The MHD Office of Consumer Affairs supports a Parent Council to bring a united voice to the Division Director on the issues most important to parents with children in the public mental health system. The council is comprised of members of parent support groups across the state.

The Vision of the Parent Council is: United Voices

The Mission statement reads: The Parent Council is the united voice of families who have minor children with complex needs that agrees to work together to recruit families of children, mentoring them and encouraging collaboration and organizing networks that will support and advocate for stronger, healthier families.

The purpose is to:

Increase communication between parent organizations

Develop a clear, consistent parent voice.

**Parent Council Membership:**

<b>Name</b>	<b>Address/Affiliation</b>
Marge Critchlow	Project Director
Judi Ebbert-Rich	Project Coordinator
Sherry Lyons	Pierce County
Laurie Sitherwood	Peninsula RSN
Laurie Winters	NAMI
Allen Nelson	NAMI
Anette Ridenour	Greater Columbia RSN
Dawn Groze	Clark RSN
Mary Jadwisiak	Clark RSN
Tammy Walker	Unified Voices, King RSN
Julie Roberts	Unified Voices, King RSN
Jeanette Barnes	Black Diamond, WA
Ann Russell-Yeh	North Sound RSN
Sue Just	Chelan Douglas RSN
Becky Bates	Spokane RSN
Georgie Lakey-Estrada	Parent Advocate
Cassie Johnston	Family Voices
Sandra Gregoire	Office of Consumer Affairs
Judy Gosney	Mental Health Division staff

## *Description of the mental health system*

The statewide mission, values, and guiding principles of the Mental Health Division are the basis of all aspects of service delivery, interpretation, and implementation of the 1915 (b) Medicaid waiver and the RSN contracts. They are:

### **MISSION STATEMENT:**

*“The Mental Health Division administers a public mental health system that promotes recovery and safety.”*

### **MENTAL HEALTH DIVISION CORE VALUES:**

1. We value the strengths and assets of consumers and their families.
2. We value the cultural and diverse qualities of each consumer.
3. We value our partners in delivering quality, cost-effective and individualized services.
4. We value practices that support consumers in their recovery and that maintain people at their highest possible level of functioning.

### **PRINCIPLES**

- Individuals are actively involved in and determine the design and implementation of their service plan.
- Individuals have access to a system of comprehensive and integrated community based services.
- Services promote natural and community supports including family, friends, and other citizens.
- Services demonstrate respect for rights and dignity of all individuals.
- Services incorporate the culture and value system of the individual.
- Individual choice, satisfaction, safety, and positive outcomes are the focus of services.
- Individuals are offered the support and services necessary to be successful where they live, work, and play.
- Services are designed to foster communities where all members are included, respected, and valued.

## **MENTAL HEALTH DIVISION**

There are 69 staff in the Mental Health Division headquarters. The three state psychiatric hospitals have nearly 3000 FTEs. The Mental Health Division coordinates state mental health policy and advocates for a system that promotes hope, prevention, recovery, and culturally competent care. The Mental Health Division is accountable to the legislature for the public mental health system, and is responsible for licensing and certification processes, quality management, policy setting, management of two adult and one child psychiatric hospital and other administrative functions.

Historically, the public funded sector has been expected to provide care for persons with severe mental illness. Washington State's Mental Health Division has clear statutory obligations to ensure that these individuals are served (RCW 71.24), within available resources.

The business of publicly funded mental health system is to meet the needs of the individuals it serves while ensuring the safety of the individual as well as the community. The approach must continue to be responsive to individual needs while maintaining the balance with available resources. The mental health system must function as part of the community to match individuals needs to other publicly funded resources. This model ensures: access to services that meet individual needs, provision of community linkage, and integration of other publicly funded services and natural supports in the most responsive and cost effective manner. However, federally mandated process requirements present a challenge to meeting these values.

The responsibility for management of the mental health system within Washington State goes from the Mental Health Division to the Regional Support Networks. There are 14 Regional Support Networks statewide that range from single county government to the largest encompassing eleven counties. The Regional Support Networks are charged with developing the local mental health program. They are also responsible for the management of a full risk comprehensive prepaid health plan under the state's 1915 (b) waiver program. The Regional Support Networks accomplish this task by subcontracting with Community Mental Health Centers, with freestanding Evaluation and Treatment Facilities, residential providers, employment providers and for crisis services. Regional Support Networks have working agreements with local community hospitals for psychiatric inpatient care, for children's long term inpatient care and with the state psychiatric hospitals. The Regional Support Networks also contract with advocacy groups, consumer and parent groups.

### ***Mental Health Division Six Year Strategic Plan***

**Goal 1: The appropriate level of service is provided in the right setting in a timely manner**

**Objective #1: Create and use a standard set of methods for screening, assessment, and authorization of services and standard level of care.**

Strategy - Charter a Systems Improvement Group to develop the standard methods of screening, assessment, and authorization of services, and the standard levels of care.

**Objective #2: Know who we serve and who gets served first.**

Strategy – Develop department request legislation to establish clear prioritization of clients.

**Objective #3: Establish appropriate use and capacity of state psychiatric hospitals and promote service alternatives in communities.**

Strategy – Move state hospital patients to less intensive levels of service in communities when appropriate.

Strategy - Increase community support, residential, housing, and employment services.

**Goal 2: Consumers are involved throughout the system.**

**Objective #1: Communicate twice yearly with all consumers.**

Strategy – Publish provider report cards.

Strategy – Publish survey reports.

Strategy – Develop, publish, and mail informational brochure with an MHD reply card directly to consumer.

Strategy – Develop an Office of Consumer Affairs (OCA) MHD web page.

**Objective #2: Involve consumers in all program and planning design.**

Strategy – Further define the role of consumers in quality management activities within MHD, state hospitals, RSN, Community Mental Health Centers (CMHC), and Children’s Long-term Inpatient Program (CLIP).

**Objective #3: Involve consumers in their recovery and treatment planning.**

Strategy – Move towards a recovery model whereby the consumer acts in partnership with the service provider in developing a service plan.

Strategy – Promote integral involvement of families in the treatment process.

Strategy – Increase programming and recreational activities for state hospital patients during evening and weekends to help patients gain social, physical, and psychological growth.

Strategy – Consider amendments to Chapter 71.24 and 71.05 RCW to clearly state the rights of consumers.

**Goal 3: Persons with multiple-system needs receive coordinated care.**

**Objective #1: Improve formalized service delivery agreements with other DSHS administrations and allied departments.**

Strategy – Develop Memoranda of Understanding or working agreements to share with the field including requirements, confidentiality, documentation, filing, and budgeting.

Strategy – Community Mental Health Centers and RSNs participate in A-Teams.

Strategy – Expand cross-system care coordination efforts within DSHS and with the Office of the Superintendent of Public Instruction (OSPI), Department of Corrections (DOC), and other relevant agencies.

**Objective #2: Increase number of clients served under joint treatment plans.**

Strategy – For children and older adults, require through contract, that service protocols be developed with Children's Administration and Aging Adult Services Administration.

Strategy – Determine population groups needing risk management, to include high utilizing and high cost consumers.

Strategy – Provide training on joint treatment plan requirements.

Strategy – Explore blended and braided funding options.

#### **Goal 4: Business practices accommodate a changing environment.**

##### **Objective #1: Provide MHD employee training.**

Strategy – One hundred percent of required training will be completed within required time lines.

Strategy – Identify training opportunities on new federal requirements and ensure that at least one staff person attends.

Strategy – Identify training opportunities in information systems software and data retrieval methods.

Strategy – Offer at least one Quality Management and one best practices training to MHD staff.

Strategy – Invite allied systems to quality and best practices training and other educational opportunities.

##### **Objective #2: Implement an improved risk management program.**

Strategy – Ensure that the policies and procedures manual is up-to-date and revise as necessary.

Strategy – Define scope of and conduct a risk management review of Division programs in order to identify risk mitigation activities that should be implemented.

Strategy – Continue to implement compliant billing practices at the state hospitals.

Strategy – Offer training to RSNs and providers on consumer rights, co-occurring disorders, and promoting the management of one's own care.

##### **Objective #3: Improve project management.**

Strategy – Conduct future planning to identify major projects and initiatives to be completed and assign project management staff.

##### **Objective #4: Examine the structure of the community mental health system.**

Strategy – Complete an actuarial study to provide information on the effect of changes in system structure on program financing.

Strategy – Create a workgroup to explore the programmatic and financial impact of changing the system structure.

#### **Goal 5: Data drives decisions.**

##### **Objective #1: Increase dissemination of information throughout the mental health system.**

Strategy – Increase access to information for all program, planning, fiscal and management personnel.

Strategy – Finalize and distribute “Annual Performance Indicator Report” to

MHD staff, RSNs, providers and stakeholder groups.

Strategy – Modify MHD web site to increase usability by the public.

**Objective #2: Develop an information system that integrates quantitative and qualitative data across the mental health system.**

Strategy – Use MHD’s HIPAA compliance plan to improve statewide data consistency, justify data reporting, and strengthen core data sets.

Strategy – Build on existing information systems to incorporate and integrate computerized data from Quality Assurance and Improvement reviews.

Strategy – Build on existing information systems to incorporate and integrate consumer outcomes database.

Strategy – Build on existing information systems to incorporate and integrate other qualitative data (e.g. Office of Consumer Affairs, Quality Assurance and Improvement, and Programs and Planning).

Strategy – Build reporting module for integrated data system.

**Objective #3: Use performance indicator reporting to manage and improve the mental health system through contracts and quality improvement efforts.**

Strategy – Finalize and distribute “Annual Performance Indicator Report” to MHD staff, RSNs, providers and stakeholder groups.

Strategy – Develop consensus within MHD about goals/benchmarks for individual performance indicators.

Strategy – Develop positive incentive system for RSNs following Joint Legislative Audit Review Committee (JLARC) recommendations.

***Major accomplishments in the past year***

The past year has been a busy one for the mental health system in terms of opportunities, challenges and achievements. An important task undertaken by the Mental Health Division has been to develop and refine services priorities, including community based care; evidence based programs and consumer outcomes; and development of an effective crisis response system.

**Mental Health Planning and Advisory Council activities and successes for 2003:**

The Planning Council achieved many significant accomplishments and successes in the past year. In 2002 a trainer from the National Association of Mental Health Planning and Advisory Councils conducted a training session on the roles, duties and responsibilities of being a Council member. The result has been that the Planning Council reorganized the subcommittee structure and added two additional ones. The population specific subcommittees now serve as the conduit by which the Council can gather information regarding these populations to guide the needed decisions of the Council. One of the new subcommittees has a legislative function and the other a planning and evaluation function.

The Council has become knowledgeable regarding the contents of the Block Grant and will play an active role in the formation of the 2005 Block Grand request. In particular, MHBG 2003 Implementation Report

Council members actively participated in reviewing the federal block grant plan and submitting the letter of recommendation to the Center for Mental Health Services.

The Planning Council held the third annual All-Stakeholder meeting and presented awards to programs and individuals who had provided outstanding service to children with serious emotional disturbance. This meeting was attended by over 100 community representatives and awards were given to outstanding Children's Programs. One award was given to the Asian Counseling and Referral Service Children and Youth Program. One individual was recognized for her leadership in a children's partnership work group. Two parents were recognized for the time and energy they spend advocating to ensure that parents with children who need mental health services understand their rights, the system and are trained to advocate for their children and themselves.

In addition, the Planning Council regularly presents "Way to Go Awards" to recognize individuals for their efforts in promoting public understanding and acceptance of persons with mental illness, thus contributing to the reduction of stigma.

### **Emerging Concerns of the Planning Council:**

During the Legislature's budget process for the next biennium while looking for available funds the budget writers latched on to some Mental Health Block Grant funds. In Washington State the Block Grant funds are distributed by established legislation, eighty percent to the Regional Service Network (RSN) and twenty percent for the Department of Social and Health Services Mental Health Division. The RSN's eighty percent is divided up and distributed to local RSNs using an established formula.

During the 2001-2003 biennium the State needed to close hospital beds. In order to accomplish this the State needed to develop local services to meet the needs of these persons returning to their local communities. With the permission of the RSNs Block Grant funds from their eighty percent share was used to fund the Expanding Community Services program developed to provide the local services necessary for the successful transition from inpatient hospitalization to community based residential treatment. This program was very successful.

With the completion of this program the RSNs were scheduled to receive their full eighty percent of the Block Grant funds beginning in 2004, however the budget writers discovered this money and decided to use it to replace State funds for the continued funding of a pilot program for mentally ill offenders in community placements. The Council believes that this program, while desirable, serves a very limited number of clients and takes funds from all local RSNs which are vital to meet the needs in their local areas.

The Council voted to oppose this action and directed that the Chair contact the budget writers and convey to them this position and explain the Council's responsibility for Block Grant funds. This was done with no response. Upon the passage of the budget the Council again communicated with the budget writers and the Governor and restated this

concern. The Chair informed them that with the passage of the budget they had mandated that the Mental Health Division request a Modification to the Block Grant Plan in order to provide Block Grant funds for this program. In the modification request process the Council was required to submit a letter stating its position and that the position of the Council was nonsupport for this action. The letter so stating this position was written and sent.

It is the concern of the Council that with reduced funding capacity States will not hesitate to latch on to any and all funds they can find to solve their problems. We have received no response from our letter and presume no action will be taken in which case this could become and probably will become an easy way for states to balance their budgets.

### **Increasing Residential Capacity**

Further attention to building and strengthening community residential services capacity to reduce state hospital bed use is a priority. Success in this area depends upon collaboration and partnerships in order to develop new services and enhance existing services. A study completed last year by the Public Consulting Group showed the lack of residential and hospital alternatives in the communities of the state. The Mental Health Division sought additional money from the legislature to address this need, but did not get it, and is now attempting to move forward to develop additional resources in the community even without dollars from the legislature. Discussions include:

- Shifting funds from the state hospitals to the community. Intent is to get resources to the community – not to close wards.
- Implementing licensing changes to promote specialized facilities for people with mental illness.
- Partnering with Regional Support Networks to designate additional resources for residential and hospital alternatives, and joining efforts with others to develop specialized services.

### **Expanding Community Services Program**

The Expanding Community Services (ECS) Program is an example of a successful transition from in-patient hospitalization to community based residential treatment. Started in 2001, the program resulted in the development of community resources for providing enhanced residential and mental health supports for long term patients with barriers to discharge. The successful transition of patients allowed for the closure of 178 state hospital beds in the 2001-2003 biennium.

Patients in the program are individuals who no longer required the services of the state in-patient psychiatric hospitals. The program serves adults with chronic mental illness, individuals with co-occurring medical and behavioral issues, and older adults with conditions such as dementia. Along with resources created for patients discharged from the state hospitals, some additional community capacity has been created to provide hospital alternatives for individuals who are currently struggling to maintain themselves in community settings.

Implementation of the Expanding Community Services program was a cross system effort. Included were representatives from the various systems which serve the multiple needs of individuals in the program. Key accomplishments included:

- Research into other states efforts at serving state hospital patients in community settings
- Identification and assessment of long term patients with barriers to discharge
- Improvements in state hospital discharge processes
- Completion of a consumer preference survey
- Completion of a transition best practices guide for long term state hospital patients
- Development of cross system teams to improve services to multiple needs clients
- Development of individual plans and community resources for providing intensive services for long term patients
- Training for long term care facilities and mental health providers in meeting the needs of long term patients who return to the community
- Development of geriatric pharmacy residency programs in eastern and western Washington
- Collaboration on a successful \$1.4 million CMS grant toward systemic improvements towards community options for individuals in state hospitals and other facilities

A formal evaluation of the Expanding Community Services Initiative is being conducted with a final report expected by April, 2004.

### **Consumer Outcomes Systems Pilot Project**

Another achievement this past year was the completion of the consumer outcome systems pilot project. The system was piloted in four RSNs and will be implemented statewide by June 2004. The system provides benefits in terms of care management, quality improvement, advocacy and accountability. The data provided by the system assists consumers, their families and mental health professionals in defining consumers' assets, needs and progress. The data also assists agencies, RSNs and the MHD in developing and revising evidence-based best practices to improve services through the identification of both exemplary programs and potential problem areas, as well as monitoring system changes. In the future, outcomes data will be used for creating benchmarks that allow for comparisons within agencies and RSNs over time as well as between agencies and RSNs. This will assist in analyzing the effectiveness of different types of services and in planning for additional services for which a need is demonstrated.

### **Crisis Response System Review**

The Mental Health Division is also reviewing the current crisis response system, which is a safety net for other systems of care. Too often persons are admitted to acute psychiatric hospitals who don't need it. This consumes large amounts of limited resources and makes access to acute psychiatric care more difficult for those who do need it. This also

results in a burden for the Regional Support Networks in terms of fiscal impact and care responsibility.

### **Medicaid Waiver, Administrative Code, and Regional Support Network Contract Review**

The Mental Health Division has revised the Regional Support Network contracts for the 2003-2005 biennium, and all 14 RSN contracts have now been signed and implemented. Enhancements to the new contract include:

- Implementation of statewide minimum eligibility criteria for authorization of outpatient mental health services. The Access to Care Standards further define medical necessity for children, adults and older adults and will increase consistency in accessing services;
- Use of research based practices with children (Secretary's Select Committee);
- Written working agreements between the RSNs and the state hospitals with specified content aimed at facilitating the timely discharge of patients who are no longer in need of hospital level of care;
- Implementation of Balanced Budget Act requirements;
- Additional benefit information must be provided to consumers and to all of the 800,000 Medicaid enrollees in the state;
- New grievance procedures;
- New translation requirements;
- New responsibilities for oversight by the RSNs;
- New grievance procedures and new responsibilities for oversight by RSN are both results of the BBA.

### **Budget/fiscal challenges**

The current fiscal status of the state has presented some challenges for the program in developing new resources as well as in maintaining and enhancing current services. In the 2003-2005 budget RSNs received caseload increases; however, caseloads were decreased for increasing clients eligibility verification (which means clients have to prove eligibility every six months rather than annually) and for Children's Medical Premiums (which means that clients will have to pay premiums to qualify for programs). The Mental Health Division received funding for advance directives training and case management activities and to address children's mental health issues identified by a Joint Legislative Audit Committee. The Legislature also eliminated the community inpatient funding pool to assist in maintaining inpatient community capacity.

### **Medicaid Actuary Study**

The Mental Health Division recently contracted for an Actuary Study to review Medicaid payment history to determine the federal financial contribution now and in the future. The study tied every service provided back to the recipient of those services. If the service

recipient was not Medicaid eligible or if the service provided was not a Medicaid approved service, the cost for that service was excluded from future financial contributions from the Medicaid program. The survey found that Medicaid has become a major funding source in our state for mental health treatment, and that dollars spent on non-Medicaid persons or services will result in a slow reduction in overall funding available for mental health care. Although one response to the study findings would be to limit services to non-Medicaid eligible individuals, to do that puts non-Medicaid persons at risk of decompensating and requiring higher cost services. The Mental Health Division will focus instead on preparing for the next Actuary Study in 2005 to increase consistency and accuracy of all data regarding services and costs; ensure all data gets into the system; look at other states to see if there are other services or processes that would help; and develop ideas and strategies related to services for non-Medicaid persons (e.g. a legislative effort to increase state only funding).

### **Washington Administrative Code (WAC) rewrite**

The Mental Health Division participated with the state Department of Health to revise and combine the administrative rules that apply to residential treatment facilities, including non-hospital inpatient facilities. The Administrative Code has successfully been combined into one integrated chapter that also encompasses substance abuse residential treatment facilities. The Mental Health Division is also in the process of updating and revising the Washington Administrative Code for community mental health service providers to reflect compliance with the Balanced Budget Act and the new Medicaid waiver.

### **Performance Indicators**

The Mental Health Division is making continued progress toward developing a performance measurement system based on the 16 State Performance Indicator Grant, Legislative Audit Committee recommendations, and stakeholder input. The MHD published its first Performance Indicator Report in July of 2002. This report includes indicators of penetration, utilization, expenditures, quality, and outcomes. MHD is working with internal staff and external stakeholders to develop benchmarks related to these indicators, and incorporating performance measures into a statewide quality improvement plan. In addition, the MHD is building and implementing an automated Consumer Outcome System that is capturing consumer outcomes at intake, at 3 months of service, and at 6-month treatment planning intervals. This system will allow the MHD to measure consumer change over time regarding symptom severity, level of functioning, substance use, and self-efficacy (recovery).

### **Implementing Ticket-to-Work**

The MHD has implemented a statewide training plan for the Healthcare for Workers with Disabilities (HWD) Program. HWD is part of Washington State's response to the Ticket to Work – Work Incentives Improvement Act of 1999. Title II of the Act allows individuals with disabilities to purchase Medicaid coverage through payment of a

premium based on their income after allowed deductions. MHD has initiated statewide training to internal and external stakeholders of DSHS, including consumers and consumer advocates. Access to needed medical services has long been one of the primary barriers to individuals seeking employment. HWD eliminates this barrier. MHD will be providing statewide education concerning the actual “ticket” which will be mailed to consumers receiving SSI and SSDI beginning November of 2003. The arrival of the ticket, combined with the HWD program and the inclusion of benchmarking targets in contract with the RSN, will position MHD to better accomplish the goal of increasing employment.

### **Homeless Indicators**

The MHD contracted with Pete Brissing from Northwest Resource Associates to develop a database system which will involve the use of handheld, personal digital assistants (Palm Pilots) equipment, with data being input by case managers. The system promotes consistency and accuracy in reporting among the several agencies that provide outreach to homeless individuals who are mental ill and/or abuse substances, including development of an objective scale to measure levels of consumer engagement. Performance indicators include the number of enrolled persons who transitioned into permanent housing; the number of enrolled persons with co-occurring substance abuse and mental disorders who receive services; and number of persons who received outreach services and became enrolled in the PATH program.

### **Systems Improvement Group**

System Improvement Group IV members actively participated in development of recommendations for improving access to outpatient mental health services. The group met from June of 2002 through February of 2003. Work continued by electronic communication and participation through May of 2003. The group focused on developing uniform criteria for authorization of outpatient mental health services. The criteria clearly outlines the minimum eligibility criteria that individuals must meet to demonstrate the presence of medical necessity thereby securing admission to publicly funded mental health services. The criteria is known as the Access to Care Standards (ACS) and they are included in the current MHD/RSN 03-05 contract. RSNs are required to submit their Level of Care Guidelines to the MHD for approval by December 1, 2003. The Level of Care Guidelines must include the Access to Care Standards in defining the minimum eligibility criteria which must be met prior to authorization for service. Criteria is specifically defined for adults, older adults and children.

Adoption of statewide Access to Care Standards is a significant step for RSNs. MHD is continuing with system improvement projects. The System Improvement Group plans to reconvene to review the ACS and to consider development of a statewide assessment tool to be used with the requirements for authorization that are included in the Access to Care Standards.

Other system improvement activities include the revision of the community mental health services WAC. The revised WAC will include requirements of the newly implemented

BBA, requirements of Washington State's 1915(b) managed care waiver renewal and will also include the Access to Care Standards. The WAC work is expected to continue into 2004 with implementation of the revised WAC not sooner than April 1, 2004. Stakeholders have contributed recommendations and will continue to participate throughout the process.

### **Cross-system Training**

In collaboration with other DSHS agencies, the Mental Health Division provided cross-system training for clinicians, residential providers and crisis staff on each service system, clinical practice and treatment options. Training included information on the applicable state statutes, crisis system access options and development of cross-system crisis plans. In addition, tracks for cross-system issues were developed and presented at the annual Behavioral Health Conference. Contracts have also been established with nationally recognized speakers to provide free workshops to local communities around the state on cross-system work with individuals who are served by more than one system of care.

### ***Legislative initiatives and changes***

The 2003 Legislature adopted several significant statutory changes affecting the mental health system, as well as a new biennial budget.

### **Mental Health Services for Minors**

House Bill 1010 revised the Mental Health Services for Minors statute to allow an evaluation and treatment facility to hold a minor (13 years and older) who is there on a voluntary placement up until the second judicial day after the minor has given written notice of his/her request to leave. This amendment will allow the evaluation and treatment facility more time for better discharge planning. House Bill 1612 added a new section requiring evaluation and treatment facilities to provide parents and guardians of a minor with complete information, written and verbal, about all treatment options available to the minor in statute and how to utilize treatment options.

### **Improved coordination of children's mental health services**

House Bill 1784 requires implementation of several changes to improve coordination of services for children's mental health. These include identifying internal business operation issues that limit the agency's ability to coordinate children's mental health programs and funding; collecting reliable mental health cost, service and outcome data specific to children; and revising the state's early and periodic screening, diagnosis and treatment (EPSDT) plan to reflect the mental health system structure. In addition, the Mental Health Division and the Office of the Superintendent of Public Instruction are required to work together to identify school districts where mental health and education systems coordinate services and resources to provide public mental health care for

children, and to share that information with other school districts, Regional Support Networks, and state agencies.

### **Mental Health Advance Directives**

Senate Bill 5223 formally recognizes mental health advance directives by enabling mental health consumers to express their treatment preferences in the event they experience symptoms of mental illness that would otherwise hamper their making such decisions. The Mental Health Division will be requiring the Pre-Paid Inpatient Health Plans to provide adult enrollees with written information on advance directives policies, including a description of this state law. MHD is the lead agency within the Department of Social and Health Services responsible for implementation of the legislation. A full time project administrator has been hired. Training materials and educational materials are being developed to use in trainings that will be offered statewide. The RSNs/PIHPs, community mental health agencies and other MHD partner agencies within DSHS are expected to participate. Workshops and presentations are also planned for consumers. The consumer presentations will include instructions for executing a mental health advance directive. MHD has developed a more user friendly form which meets the requirements of the legislation.

### **Law Enforcement Officer Training**

Senate Bill 5473 requires the Washington State Criminal Justice Training Commission to develop and offer a training session on law enforcement interaction with persons with a developmental disability or a mental illness. The training is to be developed in consultation with appropriate service agencies, consumers and advocacy groups and will be delivered by classroom or Internet instruction.

### **Making Prescription Drugs More Affordable to Certain Groups**

Senate Bill 6088 is being implemented by the DSHS Medical Assistance Administration. Almost all of the work done to date has revolved around the Evidence-Based Prescription Drug Program. The preferred drug list is being developed by an independent Pharmacy and Therapeutics Committee, which is evaluating relative effectiveness of drugs based on research findings. So far, 11 classes of drugs are on the preferred list, with a target date of completion being January 2006.

## SECTION III – State Plan

### Criterion 1: Comprehensive Community-Based Mental Health Service Systems

#### *GOAL 1: Support consumer recovery initiatives*

Support of consumer recovery initiatives is necessary to ensure that people of all ages experiencing mental illness can better manage their illness, achieve their personal goals, and live, work and participate in their community.

*Indicator:* More than fifty percent of youth and parent/caregivers surveyed agree with the items on the MHSIP survey regarding their perception of the quality and appropriateness of mental health services provided. This survey is conducted every other year.

**2001: 84.1%**

**2002: Not available.**

**2003: 86.3% (Achieved)**

**2004: Planned.**

*Indicator:* More than fifty percent of adults surveyed agree with the items on the MHSIP survey regarding their perception of the quality and appropriateness of mental health services provided. This survey is conducted every other year.

**2002: 77.1% (Achieved)**

**2003: Not available.**

**2004: Planned.**

#### Objective 1: Support the Consumer Roundtable Committee

*Indicator:* Quarterly meetings of the Consumer Roundtable. **Achieved.**

**2002: Achieved.**

**2003: Achieved.**

**2004: Planned.**

The Roundtable is sponsored by the Mental Health Division Office of Consumer Affairs to provide a direct communication link to the Division Director and Management Team. The Consumer Roundtable met quarterly to discuss consumer concerns and ensure that client feedback is incorporated into state policy and decision-making. Two members of the Roundtable also participate in the Mental Health Planning and Advisory Council to represent Roundtable consumer issues.

#### Objective 2: Increase consumer participation in local level policy development

*Indicator:* Each Regional Support must appoint an Advisory Boards that is comprised of at least 51% consumers or family members to review and provide comments on Regional

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Support Network plans, budgets, and policies affecting the delivery of mental health services.

**2002: Achieved.**

**2003: Achieved.**

**2004: Planned.**

Each RSN has appointed an Advisory Board that is comprised of at least 51% consumers or family members. The Advisory Board reviews and provides comments on Regional Support Network plans, budgets, and policies affecting the delivery of mental health services.

### Objective 3: Provide recovery information to consumers

*Indicator:* Publication and distribution of an Almanac. **Completed in 2002.**

### Objective 4: Increase consumer advocacy activities

*Indicator:* The Mental Health Division will continue its support of consumer advocacy by employing or contracting for four positions within the Mental Health Division.

**2002: Achieved.**

**2003: Achieved.**

**2004: Planned.**

The MHD contracted for four positions to increase consumer advocacy activities. One contract position was established with Bonnie Staples to develop and support consumer advocacy activities in the Office of Consumer Affairs. The parent advocate within the Office of Consumer Affairs continues to advocate for parents and bring their concerns to the Mental Health Division. Over this year she has prepared a report for the Management Team of the Division on the status of all of the parent organizations and how parent voice is being incorporated into the system at the RSN and provider level. Additionally, she has worked with parents to update the “Parents Guide to Mental Health Services” This is a guide book of the system written by parents for parents as a navigational tool through the system. The parent advocate has also been involved in drafting a brochure for parents to assist them to understand the inpatient system and the process for inpatient care both at the acute level and the long term residential level. MHD staff and the Parent Advocate have been working with Child Study and Treatment Center to make the new parent advocate position a success.

The MHD also established contracts with Fay Buchanan and Kathryn Harris for consumer participation in MHD provider monitoring activities. With help from Jonathan Lindsay of the Washington Institute for Mental Illness and Training, they produced a comprehensive survey and report entitled “CONSUMER VOICE ASSESSMENT PROJECT: Examining the Role of Consumer Involvement at the Regional Support Network Level. Combined with the 2002 Adult Consumer Survey—Perception of Mental Health Services” this report provides a good window on the consumer viewpoint

of RSN and provider services, oversight of care, and acceptability.

**Indicator:** The RSNs will continue to initiate consumer advocacy opportunities to match the local service area needs.

**2002: Achieved.**

**2003: Achieved.**

**2004: Planned.**

**Northeast Washington RSN** provides funding for 4 consumer clubhouses. Approximately 164 consumers receive supportive services and skills training, including adult literacy, computer training, advocacy opportunities, cooking and socialization events. The clubhouses also provide an opportunity for consumers to sell arts and crafts, poetry and plants to raise funds for clubhouse activities.

**Peninsula RSN** provided funding to support the BRIDGES to Parent Voice Program to advocate for agency continuity of services across the RSN so that in the event of a consumer transfer, there would be similarities in delivery of services and process for registering concerns. The program also assists parents with developing integrated education plans for their children. The program sponsored 65 outreach activities designed to empower families to utilize community resources and increased communications between consumers and providers asserting consumer voice in treatment planning and to provide an increased awareness of suicide prevention. The BRIDGES program employed an Ombuds, who attended workshops/trainings to remain updated on current trends and to be a resource to the mental health consumer population.

**Indicator:** Develop or maintain mental health resource center(s) operated by and for consumers which provides self-help, social activities, pre-vocational skill building and stigma reduction activities. These resource centers will be operated as a part of consumer clubhouses and are not intended to be stand-alone facilities or programs.

**2002: Achieved.**

**2003: Achieved.**

**2004: Planned.**

**Pierce County RSN** served an average of 155 persons each month in a Mental Health Resource Center. The Center is managed and operated by and for mental health consumers, family members, friends and advocates. The Center provides self-help and support groups, employment services, computer training a library of mental health information, and is a drop in center offering social/recreational activities.

**Spokane RSN** provided funding for a consumer-run clubhouse to help persons with mental illness pursue vocational and rehabilitation/recovery goals. Members participate in clubhouse related jobs to learn skills, raise self-esteem and increase opportunities for employment. The Evergreen Club had 1,386 client contacts and served an average of 154 clients each month. The program resulted in decreased recidivism/involvement with the criminal justice system; an increase in consumer employability/employment; increased socialization skills/development of a social network; and improved interpersonal

relationship skills.

**Indicator:** Develop or maintain Compeer (companion, equal, or peer) services matching community volunteers with mental health consumers in supportive friendships.

**2002: Achieved.**

**2003: Achieved.**

**2004: Planned.**

**Pierce County RSN** provided funding through a Mental Health Resource Center for consumers to participate in supportive friendships with advocates and volunteers. The Mental Health Resource Center is managed and operated by and for mental health consumers, family members, friends and advocates. Activities include coffee groups for volunteers and consumers, friendship groups, and participation in other social/recreational activities chosen by consumers.

#### Objective 5: Develop consumer recovery standards

**Indicator:** Report on recommended outcome measures by 2004. **Planned for 2004.**

The MHD will continue the project to develop consumer recovery standards that began under the 16-state pilot indicator grant. The MHD participated in the Consumer Recovery Workgroup from the 16-State pilot indicator grant. The Workgroup conducted focus groups, followed by member checks to determine key factors that supported consumer recovery. In addition, the MHD in conjunction with consumers, family members, providers, Regional Support Networks, and other interested parties is developing a recovery-oriented measurement system to support recovery-centered services through standards, contract terms, and regulatory changes.

#### Objective 6: Increase consumer participation with the OCA

**Indicator:** The MHD Office of Consumer Affairs will distribute a brochure to consumers with reply card informing them of 800-line, opportunities for volunteers to provide the Mental Health Division with information, feedback, strengths, service information and gaps. **Deleted February 25, 2003.**

### ***GOAL 2: Support community-based mental health services***

#### Objective 1: Increase funding for innovative projects

**Indicator:** Each RSN will fund innovative projects at a level equal to at least 10% of Federal Block Grant funds each contract year (2002 and 2003).

**2002: Achieved.**

**2003: Completed.**

**Chelan-Douglas RSN** provided funding to support “Padres Unidos” an innovative parent

support group for Latino fathers, stepfathers, male relatives, or other male guardians. Clients served consisted of 73 families, including 33 children. The group met twice weekly for 10 weeks to provide parent support in communicating with the school system, behavior management strategies, and information on drug and alcohol prevention programs. Issues that were addressed included acculturation issues, English as a second language and the joys of new citizenship. The support group offered discussions and support around youth involvement with gangs. Many discussions were held around developmental stages of children with emphasis around age appropriate behavior plans that included rewards and consequences for behavior as well as positive parenting techniques. With collaboration through the State of Washington a Child Protective Worker came and presented options of adoption and foster care for the Latino children in our Community. Some of the challenges that were experienced through this support group were cultural values versus school values. The Latino families served come to one Community with a value of family and community that is very different than the American view. The program goal was to help these families hold their values and become part of both cultures.

**Clark County RSN** utilized the entire Federal Block Grant funding to provide enhanced crisis services to divert clients from acute hospitalization. The crisis services program diverted acute hospitalizations by providing assessment, medication management, crisis case management and structured placements for clients that can be better served outside the hospital setting. Of the 65 consumers served, all but two were diverted from the emergency department at the local hospital. In the two cases where hospitalization was necessary, the consumer was directly admitted to the hospital to eliminate the need for going through the emergency department.

**Grays Harbor RSN** provided enhanced crisis services to persons with co-occurring psychiatric and substance abuse related disorders. Approximately 200 face-to-face crisis contacts were provided through the Crisis Clinic, including outreach, intervention, detoxification, residential mental health stabilization, and informal supports to decrease the severity and duration of the crisis episode.

**Greater Columbia Behavioral Health RSN** funding for a Walkabout Program in a rural area. During the reporting period, 70 at-risk youth in the area were served. Some issues that have been studied while in a recreational setting include: communication, goal setting, personal definitions of self, self-esteem, life skills, parent/adolescent communication, self-control/peer pressure, golden rule, summer self care, hygiene, puberty, challenges/tools/aptitudes; anger management; future goals; consequences of alcohol/drugs; and obtaining a GED. Education was provided on development of healthy leisure activities such as sports, journaling, or music, versus risk-taking behavior. The program has been found to be beneficial to at-risk youth in the area.

**King County RSN** has developed an innovative program to increase support for employment for persons who have mental illnesses. The RSN contracts with two mental health providers to implement Regional Employment Services and Placement Centers to provide services county-wide. The program expects to serve a total of 586 clients in the

time period April 1, 2003 to December 31, 2003. The RSN has also applied for and been granted an Innovation and Education grant from the state Division of Vocational Rehabilitation Services in support of this program.

**North Central RSN** provided funding to enhance community support services by the development of 11 on-going skills groups that served over 430 clients. Four of the groups were based upon the Dialectical Behavioral Therapy model that served 60 clients.

**North Sound RSN** provided support for a variety of innovative programs, including a Consumer-Owned Fruit & Vegetable Business as an employment option for mental health consumers. Through an innovative partnership with WSU Agricultural Research and Extension Unit in Skagit County, six clients of Community Mental Health Services (CMHS) worked as volunteers two mornings per week in the 2002-2003 Vegetable Trial Program at the WSU Research and Extension Unit in Mount Vernon and participated in the 2003 Arts and Crafts Fair demonstrating samples of their produce. The RSN also provided expanded opportunities for 110 mental health consumers to participate in artistic activities through Art Studio Services. Topics included Basic Techniques of Drawing, Watercolor (taught by a well-known local artist), Acrylics (taught by a Compass Health Art Coordinator), Transparency drawing, Sumi watercolor, and Xerox techniques. Adventure-Based Counseling Service. For children and youth receiving mental health services to improve social, communication, problem-solving, and decision making skills. An Animal Therapy Services program was also funded, using animals as “natural therapy” when working with high need children. Catholic Community Services Northwest provided this service in conjunction with Windy Acre Farms in Whatcom County. Outcomes included improved social, problem-solving, communication, and decision-making skills.

**Northeast Washington RSN** provides funding for 4 consumer clubhouses. Approximately 164 consumers receive supportive services and skills training, including adult literacy, computer training, advocacy opportunities, cooking and socialization events. The clubhouses also provide an opportunity for consumers to sell arts and crafts, poetry and plants to raise funds for clubhouse activities.

**Peninsula RSN** provided funding to support the Bridges to Parent Voice Program to advocate for agency continuity of services across the RSN so that in the event of a consumer transfer, there would be similarities in delivery of services and process for registering concerns. The program also assists parents with developing integrated education plans for their children. The program sponsored 65 outreach activities designed to empower families to utilize community resources and increased communications between consumers and providers asserting consumer voice in treatment planning and to provide an increased awareness of suicide prevention. The BRIDGES program employed an Ombuds, who attended workshops/trainings to remain updated on current trends and to be a resource to the mental health consumer population.

**Pierce County RSN** provided funding for consumer family education using the model, “Pebbles in the Pond: Living with Chronic Neurobiological Disorders.” The program is a

12-week curriculum on living with chronic neurobiological disorders and is available to consumers, family members, providers from various fields, and other interested parties. Approximately 20 to 35 individuals attend each series. Participants have demonstrated improved knowledge of mental illness have increased as a result of this training as evidenced by Pre- and Post Test Scores.

**Southwest RSN** utilized all of its federal block grant funding to provide innovative enhanced case management services to improve community reintegration consumers with a co-occurring disorder who were returning from out-of-county inpatient substance abuse treatment. The RSN also developed an assessment and consultation team that focuses on identifying collaborative approaches to better meeting consumer needs, with a special focus on consumers with co-occurring disorder. This team has provided integrated case management for 240 clients.

**Spokane RSN** provided funding for a program to serve adults with co-occurring mental illness and substance abuse disorders to assist in the transition from hospitals, institutions and homelessness back into the community. Services provided 587 client contacts, include housing, psychotherapy-educational groups, individual, family and group therapy and case management to 65 consumers. The program resulted in seamless discharge from inpatient services; an increase in affordable, safe housing; a decrease in recidivism/involvement with the criminal justice system; an increase in specialized services to persons with co-occurring disorders; and an increase in housing services for persons with co-occurring disorders who are at-risk of homelessness.

**Thurston/Mason RSN** provided mental health diversion services for 183 adjudicated and at-risk juveniles in Thurston and Mason Counties who are severely mentally ill. These services include identification, diversion, referral, staff and family support, consultation and training. Ninety-four juveniles were diverted from incarceration through services provided in less restrictive settings. In addition, 89 hours of training and support was provided on site to detention employees, court staff and family members.

**Timberlands RSN** partially funded five FTEs in the Crisis Respite/Hospital Diversion program. 43 individuals were provided a total of 236 bed days. Provision of this service reduced hospitalizations by 9% compared to the previous year. The number of clients at the State Hospital was reduced from 14 to 9, a 35% reduction.

**Indicator:** King County RSN will provide community mental health and other supportive services to assist approximately 25 persons with mental illness who have been released from a Department of Corrections facility to successfully transition back into the community. (Added July 29, 2003)

**Planned for 2004.**

Objective 2: Develop and/or maintain community support activities for persons with serious mental illness or emotional disturbance

**Indicator:** Maintain an outpatient utilization rate equal to at least 20 hours per client served as reported in the service utilization database.)

**2002: 23.0 hours per client (Achieved)**

**2003: 25.9 hours per client (Achieved)**

**2004: Planned.**

**Indicator:** Maintain a percentage of clients over 30% who received outpatient services within 30 days after being discharged from the state hospital, community hospital, or freestanding evaluation and treatment facility.

**2002: 45.9% (Achieved)**

**2003: 53.8% (Achieved)**

**2004: Planned.**

**Indicator:** Develop and/or maintain community support activities for persons with serious mental illness or emotional disturbance.

**2002: Achieved.**

**2003: Achieved.**

**2004: Planned.**

**Greater Columbia Behavioral Health RSN** provided community outreach focused on working with other community service providers to deliver psycho-educational services to family members as well as persons affected with HIV/AIDS in a multi-ethnic population in a rural setting. Through these activities and distribution of mental health information regarding crisis service access and the involuntary treatment act, the agency was able to collaborate with other providers. Training and phone consultation were also provided among the provider network in this area. Individual therapy and crisis stabilization were available on a weekly basis and allowed individuals to explore treatment options and problem solve issues on a one-to-one basis from a solution focused, strengths based approach. A total of 394 service units were provided in this program.

**Peninsula RSN** utilized flexible funds to pay for rent, clothing, furniture and other necessary services in order to maintain 6 individuals in the community. A Mental Health Case Aide provided intensive contact and support, including following up after crisis contacts to ensure that identified interventions took place and continued to work. If the crisis contact interventions did not appear to be maintaining the identified outcome, the aide facilitated identification and follow-through of alternative activities until the goal was reached.

**Thurston/Mason RSN** Thurston/Mason RSN served 127 enrolled consumers in FY 2003 and a total of 1,026 mentally ill consumers served in a the Mentally Ill Offender program to divert mentally ill individuals who are incarcerated who could be better served in a less-restricted, more appropriate setting. Early intervention and linkage to community mental health services were provided to mentally ill individuals in the jails. Training and consultation for jail employees, court staff and law enforcement were also provided. This included training on issues related to the mentally ill and the mentally ill offender.

**Timberlands RSN** provided flexible funds in 16 situations to assist clients in Wahkiakum County to achieve their goals of education, employment and stable community living. Examples of expenditures include: medications, shoes, auto parts and repairs, fuel, utility bills to avoid disconnection of service, home repairs, registration for a client to attend a conference, bicycles for employment transportation, employment related training and certifications, and purchasing labor services from Elochoman Valley Partners, LLC (a client owned business) to assist a client with moving into a new residence. The RSN also provided flexible funds in 102 situations to assist clients in Pacific County to achieve their goals of education, employment and stable community living. Examples of expenditures include: summer youth groups and camps, transportation (gas, repairs), medication, rent, lodging, and phone service.

### Objective 3: Continue quality improvement in community mental health systems

Continue the initiatives in change begun through System Improvement Group activities.

*Indicator:* Convene meetings for the development of system change over the course of the plan.

**2002: Achieved.**

**2003: Achieved.**

**2004: Planned.**

The MHD formed a System Improvement Group to develop minimum eligibility criteria for authorization of outpatient mental health services known as the Access to Care Standards (ACS). The System Improvement Group is comprised of consumer advocates, consumers, parent representatives, cross-system partners, RSN representatives, provider representatives, DSHS program representatives and Mental Health Division staff. The Access to Care Standards are specific for children, adults and older adults and they are included in the current 03-05 MHD/RSN contract. The Access to Care Standards are expected to improve access to service by requiring RSNs to consider the same information when evaluating for the presence of medical necessity. The ACS include covered diagnoses along with life domains to evaluate for the presence of at least one unmet need. The Access to Care Standards rely on the Global Assessment of Functioning scale for adults and older adults and the Children's Global Assessment Scale for children.

System improvement activities will continue through 2003 and into 2004. The community mental health services section of the WAC will be revised to include required use of the Access to Care Standards for all community mental health agencies contracting with RSNs. The WAC will be revised for compliance with the newly implemented BBA regulation, the new Washington State 1915(b) waiver renewal and the recent Medicaid State Plan Amendment. Stakeholders have provided initial recommendations and direction for the WAC revision and they will continue to participate throughout the process. Implementation of the WAC is not expected sooner than April 1, 2004.

Objective 4: Conduct an independent evaluation of local crisis response systems

*Indicator:* An evaluation report of local crisis response systems. **Completed in 2002.**

Objective 5: Support the County Designated Mental Health Professional function

Funds will be provided to support 24-hour per day availability of County Designated Mental Health Professionals in King County to provide crisis outreach and intervention in cases where a decision to detain under the state Involuntary Treatment Act must be ruled out. **Completed in 2002.**

Objective 6: Improve the accessibility of consumer rights information

Develop one set of consumer rights incorporating multi sets into one. Have the rights translated to the most commonly used languages statewide.

*Indicator:* Consumer rights information developed in 2002. **Completed in 2002.**

*Indicator:* Consumer rights information translated into common languages by 2004. **Completed in 2003.**

The MHD prepared pamphlets on public mental health services, how those services are provided, and information about consumer rights and how to protect them. These pamphlets were translated into the 7 most commonly used languages in the state and distributed to all Medicaid consumers in the state.

Objective 7: Increase availability of safe and affordable housing

*Indicator:* Increase expertise in competing for funding for community housing and residential care for persons with serious mental illness. **Completed in 2002.**

The MHD contracted with the Common Ground of Washington to present two one-day conferences for approximately 120 stakeholders interested in finding housing solutions for persons with mental illness. Participants included RSN representatives, staff of homeless shelters, housing authorities, family members of homeless people, and consumers. The state Department of Community Development also provided regional meetings following the conferences to coordinate development of local resources.

*Indicator:* Increase the number of housing applications being submitted for funding and the number of successful applications for housing. **Planned for 2004.**

*Indicator:* Complete evaluation report on housing and residential capacity. **Completed in 2002.**

*Indicator:* Contract for expertise in competing for housing funds including housing for MHBG 2003 Implementation Report

youth and young adults. **Planned for 2004.**

A series of three facilitated planning sessions was sponsored by MHD. Common Ground of Washington conducted three on site planning sessions in North Sound, Peninsula and Timberlands RSNs. Participants included RSN and mental health agency staff as well as a mix of housing providers and others. The focus of the sessions was to assist localities to understand local housing and service needs for homeless mentally ill people, to assess current capacity to meet those needs and to jointly develop plans to close the gap. This effort is consistent with the national objective to end chronic homelessness within 10 years.

**Indicator:** Maintain the statewide percentage of adult outpatient service recipients age 18 years and older who had an independent living situation as their primary residence at any time during the fiscal year at a rate greater than 65%.

**2002: 69.6% (Achieved)**

**2003: 70.0% (Achieved)**

**2004: Planned.**

**Indicator:** Maintain the statewide percentage of children/youth outpatient service recipients age 18 years and under whose primary residence was listed at any time as their own home, foster care, or “other” at any time during the fiscal year at a rate greater than 75%.

**2002: 82.8% (Achieved)**

**2003: 80.2% (Achieved)**

**2004: Planned.**

### ***Goal 3: Reduce unnecessary hospitalization***

Regional Support Networks have assumed responsibility for admission certification and approval of length of stay extensions for inpatient psychiatric services for all Medicaid service recipients and manage community psychiatric inpatient care under a capitated full risk contract.

**Indicator:** Maintain a percentage of outpatient clients who were not hospitalized at a rate over 80%.

**2002: 93.5% (Achieved)**

**2003: 93.8% (Achieved)**

**2004: Planned.**

The Washington State plan in response to the Olmstead decision developed additional community choices for residential treatment. The Mental Health Division worked in partnership with the Department of Health and the DSHS Aging and Adult Services Administration to develop additional options for long term state hospital patients who were ready for discharge from inpatient care but had significant barriers to community placement. These options are providing the level of care, safety and security needed for consumers to be successful in their return to the community. During the time period of

June 2002 through September 2003, over 130 long term patients with significant barriers to placement were placed into settings with enhanced community supports.

In October 2002, DSHS was awarded a \$1.4 million Real Choice Systems Change Grant from the Center for Medicare/Medicaid Services. The proposal is a collaborative effort between the DSHS Mental Health Division, Aging and Adult Services Administration and Division of Developmental Disabilities Two positions being funded by the grant are working to assess the mental health and long term care systems to identify and develop infrastructure changes which will remove barriers and improve community options for state hospital patients.

The Mental Health Division budget for the 2001 – 2003 biennium includes a requirement to reduce the number of non-forensic beds at the state hospitals and to transition consumers to appropriate community support and placements. During the supplemental budget, the number of patients to transition were increased and there was a subsequent increase in the number of bed reductions to take place. The hospital beds are still impacted by the broader definition of involuntary treatment in 2SSB 6214 accounting for the increase in numbers in 2000 and 2001

	FUNDED BEDS			
	WSH	ESH	CSTC	Total
<b>FY 1998</b>	979	302	45	1326
<b>FY 1999</b>	1027	302	45	1374
<b>FY 2000</b>	1048	303	45	1396
<b>FY 2001</b>	1048	303	45	1396
<b>FY 2002</b>	1030	303	45	1378
<b>FY 2003</b>	898	275	45	1310
<b>FY 2004</b>	898	275	45	1276

**Objective 1: Provide training and consultation to long-term care facilities**  
 Develop support strategies for reducing unnecessary use of state and local hospitals for short-term crisis stabilization by training and providing technical assistance to community residential providers.

**Indicator:** Training will be provided to staff and operators of residential facilities, including skilled nursing facilities, adult family homes, boarding homes, in-home providers, and private physicians and psychiatrists. Topics will include identification of behavioral symptoms, underlying causes, and interventions; developing and managing effective crisis plans; and accessing mental health supports.

**2002: Achieved.**

**2003: Achieved.**

**2004: Planned.**

The MHD and the DSHS Aging and Adult Services Administration have worked to develop 160 enhanced community long term care placements for individuals who are

patients of the state hospital geriatric wards or at risk of hospitalization in these wards. The enhanced resources include skilled nursing facilities, adult family homes, and boarding homes. Funding for these enhanced resources provides for extra staffing and supports which are proving effective in maintaining individuals with complex medical and behavioral support issues in their home communities. In addition, a mental health provider in each region is contracted to provide supports for the behavioral issues of individuals to be served in these resources. These contracts include a specific focus on training and technical assistance for the staff of these residential facilities.

The enhanced community resources for individuals with complex medical and behavioral issues in eastern Washington began accepting individuals in November 2002. In western Washington, these facilities begin accepting individuals in early 2003. A total of 96 individuals have been served in these settings. Approximately two thirds have been placed directly from the state hospitals and the remaining have been placed from community settings or other long term care settings which were unable to meet these individuals' needs.

In addition to these efforts, the MHD, DSHS Aging and Adult Services Administration, and DSHS Medical Assistance Administration are jointly funding a geriatric pharmacy residency program in eastern and western Washington. One of the specific functions of the resident in these programs will be to provide education and consultation to individuals with significant medical and behavioral issues and their caregivers.

**Indicator:** Psychiatric consultation will also be provided to crisis staff and case management staff in nursing homes.

**2002: Achieved.**

**2003: Achieved.**

**2004: Planned.**

The MHD contracted with Ken Ryan who is a local expert on the development of community support plans for older adults with behavioral disorders. Mr. Ryan provided individual consultation on the development of development of strength based individual community care plans for 30 long-term older adult state hospital patients transitioning to enhanced community placements.

**Greater Columbia Behavioral Health RSN** provided funding for a Crisis Outreach Nurse from Senior Adult Services to prevent unnecessary hospitalizations and assist older adults to remain in the least restrictive environment possible. During the reporting period, 88 older adult consumers received crisis outreach services, with approximately 60 crisis psychiatric evaluations performed. Training presentations were provided on dementia and depression and how to access treatment programs. These presentations have been given throughout the community, nursing homes and assisted living facilities.

**North Central RSN** provided funding for a psychiatrist and an Advanced Registered Nurse Practitioner, who are currently monitoring over 400 active adult/child consumers. Approximately 15% of the consumers served live in "hinterland" service delivery areas.

**Indicator:** Training on crisis stabilization provided to community long-term care providers and caregivers.

**2002: Achieved.**

**2003: Achieved.**

**2004: Planned.**

Through an Olmstead Grant received from the Center for Mental Health Services, the MHD also funded 6 regional trainings entitled “*Crisis Intervention: Cross System Plans for Older Adults*” which were facilitated by Ken Ryan, a local expert on the development of community support plans for older adults with behavioral disorders. Attendance for these 6 regional trainings was approximately 100 per training and included staff, caregivers, and advocates from the mental health and long term care systems.

**Indicator:** Maintain a utilization rate of under 25 days per 1,000 population for clients admitted to community hospitals and freestanding evaluation and treatment facilities.

**2002: 22.1 days per 1,000 population (Achieved)**

**2003: 16.4 days per 1,000 population (Achieved)**

**2004: Planned.**

**Indicator:** Maintain a statewide rate of adults served in state hospitals not greater than 0.7 per 1,000 general population.

**2002: 0.6 per 1,000 population (Achieved)**

**2003: 0.5 per 1,000 population (Achieved)**

**2004: Planned.**

## Objective 2: Train community support teams

**Indicator:** Develop and train multi-disciplinary community support teams to work with long-term or high-risk state hospital consumers prior and subsequent to their return to the community. Consumers with a history of exceptionally high use of inpatient hospital-based services will be provided multi-disciplinary support 24 hours a day /7 days a week.

**2002: Achieved.**

**2003: Achieved.**

**2004: Planned.**

Community support teams were developed through the Expanding Community Services program to serve long term state hospital patients with significant barriers to discharge. Teams received training through individualized consultation and group training provided by Martha Hodge and Ken Ryan.

**Indicator:** Maintain a percentage of under 5% of clients who were discharged from a state hospital, community hospital, or freestanding evaluation and treatment facility and who were readmitted to any of the inpatient settings within 30 days.

**2002: 3.9% (Achieved)**

**2003: Not available.**

**2004: Planned.**

**Timberlands RSN** funded five FTEs in the Crisis Respite/Hospital Diversion program to provide innovative in-community crisis stabilization and hospital diversion for 80 consumers who were either seriously mentally ill or seriously emotionally disturbed. These 80 individuals were provided with a total of 406 bed days of service in the community. Provision of this service in the community reduced hospitalizations by 16%, from 100 in FY 2001 to 84 in FY 2002. The provider in Lewis County also consulted with Michael Hartman, a nationally recognized expert in the field of recovery and crisis stabilization. This consultation resulted in training of adult case managers and supervisors in the recovery/ intensive community support model of treatment and has reduced the number of Lewis County consumers at Western State Hospital from 21 to 14, a 34% reduction.

Objective 3: Expand community alternatives to hospital care and increase community capacity

*Indicator:* Expand the research project “discharge process evaluation” funded under the 2001 supplemental funds for community. **Planned for 2004.**

The Western Branch of the Washington Institute designed and collected primary data for a program evaluation of the Enhanced Community Services project that the MHD conducted during Fiscal Year 2003. An evaluation report is being written that will demonstrate the efficacy of the program and aid the Mental Health Division in planning for future state hospital downsizing efforts.

*Indicator:* Maintain a proportion of persons served in community hospitals and freestanding evaluation and treatment facilities at a statewide rate not greater than 3.0 per 1,000 persons in the general population.

**2002: 1.6 per 1,000 population (Achieved)**

**2003: 1.1 per 1,000 population (Achieved)**

**2004: Planned.**

*Indicator:* Develop and maintain creative and innovative alternatives to hospital care.

**2002: Achieved.**

**2003: Achieved.**

**2004: Planned.**

The 2001 Legislature provided funding for the development and operation of community support services for state hospital patients with substantial barriers to community placement who no longer require active inpatient psychiatric treatment. Transition of long term state hospital patients to community settings is being conducted through the combined efforts of a number of DSHS entities and other partners, including the Department of Health. The MHD implemented a six-phase reduction of hospital wards, which ultimately resulted in a reduction of 178 state hospital beds by April 2003. The

MHD continues with the effort to develop enhanced community resources for long term state hospital patients with barriers to community placement. The transition of 31 long-term adult patients at Western State Hospital has been completed. MHD provided support for RSN plans to develop the community support teams, training, and transition required for these individuals. These patients have been placed in a variety of intensive residential or community support programs in five of the western RSNs that submitted plans and contracted with the MHD for the return of these patients. All but 1 of the patients returned to the RSN where they resided prior to hospitalization. Despite significant challenges resulting from their disabilities and long histories of hospitalization, most of these individuals are reported to have adjusted well to community integration and appear to be content with their current community placements.

**Clark County RSN** utilized the entire Federal Block Grant funding to provide enhanced crisis services to divert clients from acute hospitalization. A total of 4,278 hours of enhanced crisis services were provided to 65 adult consumers during this period. The crisis services program diverted acute hospitalizations by providing assessment, medication management, crisis case management and structured placements for clients that can be better served outside the hospital setting. The program also maintains one psychiatrist or ARNP within the crisis services program for psychiatric evaluation, medication and consultation services on an emergency basis. Of the 65 consumers served, all but three were diverted from the emergency department at the local hospital. In the three cases where hospitalization was necessary, the consumer was directly admitted to the hospital to eliminate the need for going through the emergency department.

**Greater Columbia Behavioral Health RSN** has developed a number of initiatives to expand community alternatives to hospital care and increase community capacity. These efforts focus on use of flexible funding and supports to assure quick access to crisis management, including payment of utility bills; purchases of food, clothing and medications; lodging for emergency housing; and psychiatric services. A crisis bed was established in a rural area of the RSN in collaboration with local hospitals. Three consumers were hired as aides and provided with training to provide support to consumers when the local crisis bed is being utilized. The program has been reported to be very successful according to clients, family members, and hospital personnel. Another area of the RSN hired 4 Community Stabilization Specialists to work in conjunction with the Crisis Response Unit, RSN resource management, adult mental health, and elder mental health providers to discuss all high risk clients being served to ensure that all efforts are being made to avert any unnecessary hospitalization as well as homelessness.

**King County RSN** provided funding for a Crisis Triage Unit to prevent hospitalization and facilitate referrals for individuals experiencing a behavioral health crisis. In calendar year 2002, the program had 7,766 adult admissions and 382 child admissions. Sixty percent of the clients served have primary or co-occurring substance abuse disorders, 28% are homeless, and 53% are unemployed.

**King County RSN** provided funding for a Geriatric Regional Assessment Team to provide specialized, out-of facility crisis services to older adults who have not been authorized for a Medicaid tier benefit. From January to June 2003, the program received referrals for 133 clients, 105 of whom were provided with a face-to-face crisis visit within three days. The program provides consultation, care planning and education for families or other care providers, and to mental health, aging services, and health care providers.

**Peninsula RSN** provided funding for a Crisis Stabilization Unit to provide intensive crisis outreach and stabilization to the community to assist in the prevention of unnecessary hospitalizations. A total of 112 diversions were provided, resulting in a savings of 930 days at the state hospital and 48 community hospital admissions.

**Pierce County RSN** provided funding for a Crisis Triage Center to provide short-term psychiatric crisis intervention services in a safe, medically supervised environment 24 hours per day, seven days per week. These triage services are designed to identify and address the special needs of individuals who are impacted by multiple issues as a result of mental health, substance abuse, and/or developmental disabilities issues and who are at risk of being hospitalized or incarcerated. An average of 11 individuals are served each day by the Crisis Triage Center.

**Thurston/Mason RSN** funded a Partial Hospitalization Program, an intensive acute group therapy program consisting of process group, psycho-educational groups, activity group, and daily assessment by a multidisciplinary treatment team. The program also serves as a step down from inpatient hospitalization to support increasing independence in the community. An aftercare group is offered to support adults in continuing symptom management. Services are coordinated with case managers and provide telephone support to participants during the business day outside of group treatment hours. There were 47 consumers served in the program that were diverted from inpatient services and gained independence in their community.

**Objective 4: Assure seamless discharge from inpatient services.**

**Indicator:** Maintain a percentage of at least 30% of clients who received outpatient services within 30 days after being discharged from a state hospital, community hospital, or freestanding evaluation and treatment center.

**2002: 45.9% (Achieved)**

**2003: 53.8 % (Achieved)**

**2004: Planned.**

**Indicator:** Community provider staff involved in hospital discharge planning.  
**Completed in 2003.**

The two adult state psychiatric hospitals (Western and Eastern State) and the Regional Support Networks developed written working agreements regarding patient admission,

treatment and discharge procedures. The discharge section specifically establishes policies and define roles and responsibilities to facilitate a timely, coordinated discharge. These revised procedures have resulted in improved communication and are expected to improve the timeliness of discharge for adults leaving a state hospital.

**North Central RSN** provided funding for a psychiatrist to consult with long-term care facilities and to provide training to 120 clinicians and consumer advocates to reduce unnecessary hospitalization and assure seamless discharge from inpatient services.

#### Objective 5: Update statewide protocols for County Designated Mental Health Professionals

*Indicator:* Routinely update and distribute the legislatively mandated statewide Protocols for County Designated Mental Health Professionals. These protocols provide uniform development and application of criteria for persons who are being evaluated for involuntary detention and treatment. **Completed in 2002.**

#### ***GOAL 4: Provide age and culturally competent mental health services for ethnic/cultural minority populations***

##### Objective 1: Provide culturally competent services for ethnic/cultural minorities

*Indicator:* Maintain a statewide penetration rate of at least 1.5% for ethnic minority persons who received publicly funded outpatient mental health services.

**2002: 2.3% (Achieved)**

**2003: 2.4% (Achieved)**

**2004: Planned.**

*Indicator* Regional Support Networks will provide culturally competent mental health services and programs to meet the needs of ethnic/cultural minority consumers.

**2002: Achieved.**

**2003: Achieved.**

**2004: Planned.**

**Chelan Douglas RSN** provided funding for an Anger Management/Domestic Violence Group for Latino individuals referred by the County District Court Probation office. The group was led by a qualified facilitator under the supervision of a Mental Health Professional. The majority of the 39 individuals participating in the program have low to mid-high predisposition to violent behavior toward their partner's and/or children. Most clients are taking full advantage of the program. In addition to the group, they have come to several individual and couple's sessions as a benefit of the public mental health system. Most clients were able to understand their behavior of domestic violence against their spouse and/or children. The majority made significant progress in understanding themselves and the effects of domestic violence and consequences of losing control.

They also learned the dynamic of violence and impact on the family unit.

**Greater Columbia Behavioral Health RSN** provided funding to support culturally competent services for 155 Hispanic adults, including case management, individual treatment, brief treatment and medication management. The clients also received coordination with access to medical, dental and social services. The agency also placed a psychiatrist and two psychologists in its medical clinics to provide immediate access to a mental health professional. The agency, in an effort to retain bilingual/bicultural staff, encouraged staff to work toward completion of a Master's degree while working full-time for the agency. This support has proven to be an effective way to increase the education of staff as well as the expertise available to clients.

**North Central RSN** provided funding to support culturally competent services for two Hispanic specific programs that served a total of 19 children and 14 adults. The target populations for these programs were high risk multi-system failure youth and low-income families referred through a federally sponsored health care clinic. The remainder of the minority focus was on improved coordination of care for 420 American Indian and Hispanic clients by designating specific clinicians to serve in coordination capacities with the Colville Confederated Tribes and the Hispanic communities.

**North Sound RSN** funded medically necessary community mental health services for 1299 Hispanic persons with mental illness who are not eligible for the Medicaid program and are at risk for hospitalization, jail, losing their homes or access to basic human needs.

## Objective 2: Promote best practice models in cross-cultural services

**Indicator** Conduct a research project to determine best practice methods to engage ethnic minority consumers in service and develop measurable performance indicators defined by 2004. **Amended:** This indicator was amended in the revised Federal Block Grant plan submitted on February 25, 2003. The MHD will conduct a literature search on exemplary programs for serving special populations and will publish a guide on evidence-based best practice models. **Completed in 2003.**

The MHD contracted with the Eastern Branch of the Washington Institute for Mental Illness and Training to conduct a literature search and develop a Resource Guide on best practice models of serving ethnic minority populations. The contractor has prepared and disseminated materials on Evidence Based Best Practice models to interested persons and included a link to the documents on the MHD web page through a Universal Resource Locator (URL) link.

## Objective 3: Build a consultation protocol for ethnic minority specialists

The Mental Health Division and the MHPAC Ethnic/Cultural Minorities Treatment and Services Subcommittee will collaborate to build a consultation protocol for ethnic minority mental health specialists to use as they provide consultation to mainstream service staff.

**Indicator:** Consultation protocol developed by 2003. **Completed in 2003.**

The MHD contracted with the Eastern Branch of the Washington Institute for Mental Illness and Training to conduct a literature search and develop a Resource Guide on best practice models for engaging and serving special populations. The Resource Guide and literature search documents will be distributed to interested persons and included on the MHD web page through a Universal Resource Locator (URL) link.

Objective 4: Support forums to promote ethnic minority consumer involvement in systems change

**Indicator:** One consumer forum held each year in 2002, 2003, and 2004.

**2002: Achieved.**

**2003: Achieved.**

**2004: Planned.**

Approximately 100 individuals who specialize in serving ethnic minorities, children, older adults and disabled individuals attended the consumer forum held in June 2003. The focus of this forum was “Integrating Research into Current Services” addressing the special barriers and difficulties involved in measuring and quantifying culturally competent services and outcome measures. The forum also presented strategies for developing appropriate treatment and medication protocols with specific communities; how to replicate best practices; and how to integrate research in policy.

Objective 5: Develop advanced minority mental health training curriculum.

**Indicator:** Curriculum and training protocol developed by 2003 and training conducted by 2004. **Completed in 2003.**

The MHD contracted with the Eastern Branch of the Washington Institute for Mental Illness and Training to conduct a literature search and develop a Resource Guide on best practice models for engaging and serving special populations. The Resource Guide and literature search documents will be distributed to interested persons and included on the MHD web page through a Universal Resource Locator (URL) link.

Objective 6: Support the Ethnic Minorities Treatment and Services Subcommittee

Support the statewide MHPAC Ethnic/cultural Minorities Treatment and Services Subcommittee in order to provide input on policy, programs and legislation to the Mental Health Planning and Advisory Council.

**Indicator:** Quarterly meetings of the Ethnic/cultural Minorities Treatment and Services Subcommittee and recommendations from the committee.

**2002: Achieved.**

**2003: Achieved.**

**2004: Planned.**

The MHPAC Ethnic/cultural Minorities Treatment and Services Subcommittee has met on a quarterly basis to monitor progress of services to ethnic minorities and other underserved populations statewide and to promote standards of care, performance indicators and outcome measures. They have encouraged projects such as the Mental Health Specialist Forum and the Specialist Consultation Protocol to promote increased capacity to serve diverse populations. Most of the membership of the Subcommittee participated in a combined stakeholder meeting sponsored by the Mental Health Planning and Advisory Council and contributed to shaping the agenda. The Subcommittee has been very active in monitoring and promoting progress toward access to a full range of services and insuring the proper mix of services appropriate to ethnic/cultural minorities. The MHPAC Ethnic/cultural Minorities Treatment and Services Subcommittee holds a number of public forums each year, meeting with community leaders and community members.

***GOAL 5: Improve delivery of mental health services to American Indians***

**Objective 1: Provide culturally competent services for American Indians**

***Indicator:*** Maintain a statewide penetration rate of at least 2% for American Indian persons who received publicly funded outpatient mental health services.

**2001: 4.6% (Achieved)**

**2002: 4.7% (Achieved)**

**2003: 4.8% (Achieved)**

**2004: Planned.**

***Indicator:*** More than fifty percent of American Indian youth and parent/caregivers surveyed agree with the items on the MHSIP survey regarding their perception of the quality and appropriateness of mental health services provided. This survey is conducted every other year.

**2001: 82.9% (Achieved)**

**2002: Not available.**

**2003: 84.3% (Achieved)**

**2004: Planned.**

***Indicator:*** More than fifty percent of American Indian adults surveyed agree with the items on the MHSIP survey regarding their perception of the quality and appropriateness of mental health services provided. This survey is conducted every other year.

**2002: 75.4% (Achieved)**

**2003: Not available.**

**2004: Planned.**

***Indicator:*** Regional Support Networks will continue, in conjunction with tribal

government and tribal members, to provide innovative mental health services and programs to American Indians.

**2002: Achieved.**

**2003: Achieved.**

**2004: Planned.**

The MHD provided funding to support 10 tribal and intertribal projects promoting culturally relevant and culturally accessible mental health activities for American Indians, Alaskan Natives, and their communities.

- The *Colville Confederated Tribes* held a 2-day event to address psychological and trauma issues of 114 American Indian/Alaska Native community members from birth to old age.
- The *Elwha Klallam Tribe* supported and inspired 96 elders, adults and youth through an examination of quest traditions and contemporary issues. They spent 2 months building awareness, conducting interviews, listening, and held a daylong celebration and sharing of specific tribal cultural activities and contributions.
- The *Jamestown S'Klallam Tribe* held a daylong Traditional Medicine event bringing 25 community members together with Traditional Healers.
- The *Nooksack Indian Tribe* began a community-based suicide intervention project by sending key tribal members to learn of the White Mountain Apache Tribe's fully integrated tribal-wide program that identifies those at risk and provides prevention programs through all departments.
- The *Puyallup Tribe* provided 3 days of interactive learning activities, learning to make traditional dance regalia, dance styles, and a drumming class, involving 127 elders, adults and youth.
- The *South Puget Intertribal Planning Agency, a five tribe consortium of Nisqually Indian Tribe, the Confederated Tribes of the Chehalis Reservation, Shoalwater Bay Indian Tribe, Skokomish Indian Tribe, and Squaxin Island Tribe*, conducted a four day Women and Girls Gathering for 185 people from local tribes and non-tribal based Native Americans.
- The *Spokane Tribe of Indians* held a 4-day event for women aged 7 months to 65 years of age all of whom have experienced domestic violence. They focused on renewing female energies through personal identity, positive thinking skills, bonding, grief processing, and interpersonal support skills.
- The *Swinomish Indian Tribal Community* held a 2 day interactive training on suicide intervention, risk reduction and assessment of suicidal behavior for 27 community adults and elders to increase the abilities of community members and formal tribal services staff to respond to suicide.

**North Sound RSN** funded an innovative and culturally relevant program to provide mental health treatment for Native Americans within the Tulalip Tribes. Activities included an annual spiritual encampment, weekly Sweat Lodge and Culture Nights as well as ongoing home-based counseling and outreach services. These services focus on empowering individuals from a holistic approach, healing the spiritual, physical and emotional elements to restore balance to the person and the community. A total of 747

American Indians within the Tulalip Tribes received Traditional Health Services. Of these, 144 were children under the age of 18; 413 were adults between the ages of 18 and 59; and 190 were adults age 60 and older.

### Objective 2: Improve services to American Indians with co-occurring disorders

Jointly fund, plan, organize and implement a joint tribal summit. A quality improvement plan will be developed each year to work toward the identification of service gaps and barriers and make recommendations on culturally competent service delivery to American Indians.

**2002: Achieved.**

**2003: Achieved.**

**2004: Planned.**

The MHD commissioned “*The Mental Health Needs of American Indians in Washington State: Implications of Phase III Mental Health Reform for American Indian Mental Health Programs*” report in 2002, and distributed it in 2003. The report identifies service gaps and barriers and makes recommendations for culturally competent service delivery to American Indians. In November, 2003, a Tribal Mental Health Summit will be held in conjunction with two statewide Indian policy groups, the Indian Policy Advisory Committee and the American Indian Health Commission. This Summit will promote policy discussions highlighting mental health issues and policy needs of American Indians in Washington State.

**Indicator:** Maintain a percentage of at least 5% American Indian mental health outpatient service recipients who also received services from the DSHS Division of Alcohol and Substance Abuse.

**2002: 9.4% Achieved.**

**2003: Not available.**

**2004: Planned.**

### Objective 3: Collaborate with the Indian Policy Advisory Committee.

The Mental Health Division will participate in the DSHS Indian Policy Advisory Committee as it pertains to the development of legislation, policy and programs relating to the delivery of mental health services to American Indians.

**Indicator:** Attend quarterly meetings.

**2002: Achieved.**

**2003: Achieved.**

**2004: Planned.**

Representatives of the Health and Rehabilitative Sub-Committee of the Indian Policy Advisory Committee, Tribal Mental Health administrators and staff, and DSHS Mental Health Division staff have met twelve times to plan, organize and implement the first statewide Tribal Mental Health Summit in November 2003.

***GOAL 6: Improve delivery of mental health services for persons with co-occurring psychiatric and substance abuse disorders***

Objective 1: Increase specialized services for persons with co-occurring disorders

***Indicator:*** Maintain a statewide percentage of mental health outpatient service recipients who had both a mental illness diagnosis and a substance abuse diagnosis and/or substance abuse impairment at a rate of at least 5%.

**2002: 14.6% (Achieved)**

**2003: 11.7% (Achieved)**

**2004: Planned.**

***Indicator:*** Maintain a percentage of at least 3% of mental health outpatient service recipients who also received services from the DSHS Division of Alcohol and Substance Abuse.

**2002: 6% (Achieved)**

**2003: Not available.**

**2004: Planned.**

***Indicator:*** Develop the specialized resources needed to promote effective assessment, evaluation, treatment and recovery of individuals with co-occurring psychiatric and substance-related disorders. Regional Support Networks will continue to provide innovative mental health services to persons with co-occurring disorders.

**2002: Achieved.**

**2003: Achieved.**

**2004: Planned.**

The MHD, the DSHS Division of Alcohol and Substance Abuse, and the state Department of Health have implemented new rules for residential treatment facilities. The revised rules better integrate substance abuse and mental health treatment standards and implement improved health and safety standards pertaining to consumer seclusion and restraint interventions.

**Grays Harbor RSN** provided crisis outreach services to 79 consumers and admitted 57 consumers to the Crisis Clinic for treatment of co-occurring substance abuse and mental illness. The program's Chemical Dependency Professional provides outreach, motivational interviews, assessments and referrals for consumers with a co-occurring disorder, assistance with purchasing medications, and family support and educational services /interventions. The goal of services is to decrease the severity and duration of a crisis episode, improve the consumer's use of formal and informal supports, decrease the likelihood of criminal activity associated with alcohol and drug use and decrease the consumer's use of drugs and alcohol.

**Greater Columbia Behavioral Health RSN** provided funding to support collaborative efforts of a team of community service providers and stakeholders in the development of individualized treatment for clients presenting with co-occurring disorders. During the school year, the team worked closely with the local school district to identify high-risk children who would benefit from a psychiatric consultation with their primary care physician present. The RSN also supported hiring of a Master's level counselor who is also a chemical dependency counselor to work with adult and adolescent clients with a dual diagnosis. The RSN also funded establishment of a Mentally Ill Chemical Abusing (MICA) program to serve 11 consumers. This program has resulted in a decrease in hospitalizations among group members.

**King County RSN** provided funding for Detoxification Enhancement Services to serve approximately 91 individuals with a mental illness who require immediate detoxification services in order to stabilize. Services are targeted for individuals experiencing suicidal ideation or persons with an established mental health diagnosis.

**North Central RSN** provided funding for hiring a Chemical Dependency/Mental Health Professional. Specialized services and consultation were provided to 100 clients with co-occurring disorders.

**Peninsula RSN** provided funding to support programs for 259 severely mentally ill persons with a co-occurring chemical dependency disorder. Services provided included a weekly co-occurring disorder support group and cross-system assessment and evaluation for targeted clients. A total of 259 consumers were served by these programs. Preliminary outcome data indicate general consumer satisfaction; a decrease in reported substance usage and psychiatric symptomatology; reduced hospitalization events and increased community tenure.

**Southwest RSN** utilized all of its federal block grant funding to provide innovative enhanced case management services to improve community reintegration consumers with a co-occurring disorder who were returning from out-of-county inpatient substance abuse treatment. The RSN also developed an assessment and consultation team that focuses on identifying collaborative approaches to better meeting consumer needs, with a special focus on consumers with co-occurring disorder. This team has provided integrated case management for 240 clients.

**Spokane RSN** provided funding for a program to serve adults with co-occurring mental illness and substance abuse disorders to assist in the transition from hospitals, institutions and homelessness back into the community. Services provided 587 client contacts, include housing, psychotherapy-educational groups, individual, family and group therapy and case management to 65 consumers. The program resulted in seamless discharge from inpatient services; an increase in affordable, safe housing; a decrease in recidivism/involvement with the criminal justice system; an increase in specialized services to persons with co-occurring disorders; and an increase in housing services for persons with co-occurring disorders who are at-risk of homelessness.

Objective 2: Support consumer voice on issues related to co-occurring disorders

**Indicator:** Fund travel costs for two consumers or family members of consumers to attend bimonthly stakeholder meetings on issues related to co-occurring disorders. This will provide an opportunity for consumer voice on the committee and its subcommittees. **(Deleted February 25, 2003)**

Objective 3: Replicate exemplary programs on co-occurring disorders.

**Indicator:** Evaluate resources for persons with co-occurring disorders. **Amended:** This indicator was amended in the revised Federal Block Grant plan submitted on February 25, 2003. The MHD will conduct a literature search on exemplary programs for serving special populations and will publish a guide on evidence-based best practice models. **Completed in 2003.**

The MHD contracted with the Eastern Branch of the Washington Institute for Mental Illness and Training to conduct a literature search and develop a Resource Guide on best practice models for engaging and serving persons with co-occurring disorders. The contractor has prepared and disseminated materials on Evidence Based Best Practice models to interested persons and included a link to the documents on the MHD web page through a Universal Resource Locator (URL) link.

**Indicator:** Publish and distribute a guide on best practice models for serving persons with co-occurring disorders. **Amended:** This indicator was amended in the revised Federal Block Grant plan submitted on February 25, 2003. The MHD will conduct a literature search on exemplary programs for serving special populations and will publish a guide on evidence-based best practice models. **Completed in 2003.**

The MHD contracted with the Eastern Branch of the Washington Institute for Mental Illness and Training to conduct a literature search and develop a Resource Guide on best practice models for engaging and serving special populations. The Resource Guide and literature search documents will be distributed to interested persons and included on the MHD web page through a Universal Resource Locator (URL) link.

### ***GOAL 7: Improve delivery of mental health services to older adults***

Objective 1: Increase access to mental health services for older adults

**Indicator:** Maintain the proportion of older adults (60+ years) who received publicly funded outpatient mental health services at a rate greater than 1% of the general population.

**2002: 1.4% (Achieved)**

**2003: 1.4% (Achieved)**

**2004: Planned.**

**Indicator:** More than fifty percent of older adults surveyed agree with the items on the MHSIP survey pertaining to timely and convenient access to mental health services. This survey is conducted every other year.

**2002: 79.1% (Achieved)**

**2003: Not available.**

**2004: Planned.**

**Indicator:** Regional Support Networks will continue, in conjunction with DSHS programs and residential service providers and caregivers, to provide innovative mental health services and programs to meet the unique needs of older adults with mental health needs, including those with Alzheimer's disease and other dementias.

**2002: Achieved.**

**2003: Achieved.**

**2004: Planned.**

**Greater Columbia Behavioral Health RSN** provided funding for an elder support services program in collaboration with DSHS Aging and Adult Services Administration, Dial-A-Ride, Senior Center, Life Line, Veterans' Administration, natural supports and crisis services. Forty two persons received services under the supervision of a geriatric mental health specialist, and all but a few of the services were provided in the client's homes. Elder Support Services and Community Stabilization Specialists collaborated with landlords to maintain housing or secure ongoing housing for those who were homeless or at risk of becoming homeless. Assertive case management, a collaborative philosophy and a client-focused approach were the cornerstones of the success of the project.

**Timberlands RSN** provided mental health services to 52 clients age 60 and over who are non-Medicaid eligible and, based on income, are not assessed a fee to receive medically necessary services. Approximately two psychiatric consultations were provided each month at a rural nursing home facility. 38 non-Medicaid clients were provided 219 hours of service. An elder support multi-disciplinary team met monthly. Team members include support from a medical representative, law enforcement, Aging and Disabilities Services, Community Action Program, clergy, prosecuting attorney, EMTs, and nursing home employees. On occasion family members have attended and participated in their family members service planning.

**North Sound RSN** provided services to 48 unduplicated older adults who are not eligible for public assistance and who cannot or will not pay for services. A Geriatric Mental Health Specialist conducted an evaluation to determine each client's level of risk and need for care. Services included evaluation and assessment, mental health treatment, psychiatric consultation, medication management. In those cases where mental health services are not necessary, the Geriatric Specialist helps the client to link with other, more appropriate services.

**Indicator:** Complete the needs assessment begun in 1999 to better understand

demographic characteristics, clinical characteristics, service utilization and service gaps of older adults served in the public mental health system. **Deleted April 15, 2002.**

**Indicator:** Complete and disseminate a final report on service utilization based on cross system data review by 2004. **Deleted April 15, 2002.**

**Objective 2: Support the Older Adult Treatment and Services Subcommittee**  
Support the statewide MHPAC Older Adult Treatment and Services Subcommittee in order to provide input on policy, programs and legislation to the Mental Health Planning and Advisory Council.

**Indicator:** Quarterly meetings of the Subcommittee.

**2002: Achieved.**

**2003: Achieved.**

**2004: Planned.**

The MHPAC Older Adult Treatment and Services Subcommittee (OATS) met every other month. Attendance in the bi-monthly meetings has steadily increased with more than half attending each meeting. There are currently thirteen active members including one older adult consumer. Efforts are underway to recruit another older adult consumer. Rick Crozier, an Older Adult Program Director, presented information at the Annual MHPAC All Stakeholder Meeting in August. His description of the experience of aging in the United States was well received and created an emotional impact on the audience. The Subcommittee focused effort on ensuring the representation of older adults in as many MHD and community activities as possible and successfully secured membership on three MHD committees that did not have older adult representation. Two Subcommittee members formed the Washington State Coalition for Aging, Mental Health and Substance Abuse (WSCAMHSA) to actively promote awareness, education and legislative action for the empowerment of older adults and for improvements in the systems that serve them. Membership continues to grow with individuals from around Washington State attending each bi-monthly meeting.

**Objective 3: Develop and implement a cross-system staffing model**  
Technical assistance will be provided to continue the development and implementation of cross system staffing throughout the state.

**Indicator:** Number of areas where teams are implemented. **Completed in 2003.**

The MHD contracted with Dr. Richard Powers to provide training on a cross-system model around managing difficult behaviors in a residential facility. Approximately 150 persons were trained, included participants from the Colville Indian Reservation, nursing home providers, residential facilities and group homes.

**Objective 4: Continue development of the “Gatekeeper” program**

**Indicator:** Number of sites where technical assistance is provided to continue the

development and implementation of “Gatekeeper” case finding programs. **Deleted April 15, 2002.**

**Greater Columbia Behavioral Health RSN** provided funding to conduct research into Gatekeeper programs and organized a volunteer meeting to identify community members who would be interested in the program. Volunteers will be organized to best meet the needs of the elderly population. The program has taken the following steps to assure progress towards meeting set goals and objectives: Established contact with other county Gatekeeper programs, identified other Gatekeeper professionals to assist in program development, identified revenue sources, identified contact agencies, began brochure development, and began development of an education program for community groups.

**North Central RSN** provided funding for a mental health professional to develop a “Gatekeeper” program and coordinate community networks to identify and support older adults in need of mental health services. Approximately 40-65 active consumers were served by this program.

**Peninsula RSN** provided services to 8 older adult consumers who would not otherwise have sought or received needed mental health services. Services included mental health services, psychiatric services, evaluation and medication monitoring services, and referral to other community services that could assist them in their daily living.

**Timberlands RSN** provided 24 Gatekeeper Training events to facilitate outreach and service provision to clients age 60 and over in Pacific County.

#### Objective 5: Replicate peer counseling/peer support model

*Indicator:* Number of sites where peer counseling models are implemented.

**2002: Achieved.**

**2003: Achieved.**

**2004: Planned.**

**North Sound RSN** developed and implemented an elder support services program in San Juan County. This project successfully trained peer counselors to serve elderly residents and their families. Two peer trainings were completed and 30 clients were served.

**Thurston/Mason RSN** provided support for seniors through continued mental health stabilization, socialization, peer support and social integration into a community living setting of the consumer’s choice. The program helps impaired seniors by offering support, education, communication and respite to their caregivers. The STARS (Services To At Risk Seniors) program has 10 consumers in the program at all times, with an average of 17 days per month of participation.

**Timberlands RSN** Peer Support/Alzheimer Caregiver Support Groups met a total of 23 times in North and South Pacific County and provided support to 106 participants. Each group session is about one and one half-hours in duration and are made available to the

public, at no cost. This group meets once a month with a Willapa Counseling Center geriatric mental health specialist and a co-facilitator.

#### Objective 6: Assist communities to build effective coalitions to serve older adults with mental illness

Technical assistance will be provided to assist communities in building effective coalitions to improve the utilization of resources and sharing of information within those communities.

**Indicator:** Number of communities where technical assistance is provided.

**2002: Achieved.**

**2003: Achieved.**

**2004: Planned.**

**Greater Columbia Behavioral Health RSN** provided funding for psychiatric consultation and educational services to be provided to local nursing homes and assisted living facilities. The staff person consults monthly with the adult care team including DSHS Adult Protective Services, Council on Aging, Community Action, and Home Health workers. Regular meetings are also held with facility pharmacists and physicians to discuss medication use and consultation is also available to primary care providers of nursing home patients. These efforts have resulted in establishing an excellent relationship between community primary care providers and the agency's geriatric team. As a result, three hospitalizations have been avoided and several patients were able to transition to lower levels of care.

#### Objective 7: Develop an Internet resource guide/database

Develop an Internet resource guide/database that provides sources of information on services for older adults.

**Indicator:** Implementation of Universal Resource Links on the MHD the web page by 2004. **Completed in 2002.**

#### Objective 8: Provide information to in-home caregivers and residential providers

**Indicator:** MHD and the RSNs will explore the best avenues to develop a help line to address both the local and statewide issues. If feasible by 2004, this line will be in place.

**Amended:** This indicator was amended in the revised Federal Block Grant plan submitted on February 25, 2003. The MHD will conduct a literature search on exemplary programs for serving special populations and will publish a guide on evidence-based best practice models. **Completed in 2003.**

The MHD contracted with the Eastern Branch of the Washington Institute for Mental Illness and Training to conduct a literature search and develop a Resource Guide on best practice models for engaging and serving older adults. The contractor has prepared and disseminated materials on Evidence Based Best Practice models to interested persons and

included a link to the documents on the MHD web page through a Universal Resource Locator (URL) link.

### Objective 9: Pilot crisis intervention models in residential facilities

**Indicator:** Nursing facilities generally lack sufficient number of trained staff to provide extended one-on-one support to residents during a crisis. A pilot project will be initiated to develop a pool of trained staff who can be mobilized to provide one-on-one support for individuals meeting threshold criteria. These individuals will be tied in with local crisis systems and help lines.

**2002: Achieved.**

**2003: Achieved.**

**2004: Planned.**

**Timberlands RSN** held training events at a nursing home and at an assisted living facility in the last year. This included training on Depression and Dementia in the Elderly for all staff of a community nursing home to educate them on the signs and symptoms of the disorders and to assist them in making appropriate referrals for mental health services. Staff were also trained on how to document specific behaviors that help the mental health professional evaluate and develop appropriate treatment strategies. Training on behavioral management of residents was provided to assist staff on dealing with difficult residents and minimizing aggressive behaviors, which can prevent unnecessary psychiatric hospitalizations. The trainer also identified situations that may cause a resident to become upset and agitated. Instruction was provided to an Assisted Living Facility on how to help the residents cope with depression and the grieving process. The training was directed at all staff, and also helped them deal with their own feelings of loss in losing residents with whom they have developed caring relationships. Staff members' feelings of loss and grief can negatively effect the quality of care they provide.

### Objective 10: Replicate outreach programs for at-risk older adults

**Indicator:** Best practice models will be replicated in other areas of the state, with an emphasis on rural areas. **Amended:** This indicator was amended in the revised Federal Block Grant plan submitted on February 25, 2003. The MHD will conduct a literature search on exemplary programs for serving special populations and will publish a guide on evidence-based best practice models. **Completed in 2003.**

The MHD contracted with the Eastern Branch of the Washington Institute for Mental Illness and Training to conduct a literature search and develop a Resource Guide on best practice models for engaging and serving special populations. The Resource Guide and literature search documents will be distributed to interested persons and included on the MHD web page through a Universal Resource Locator (URL) link.

***GOAL 8: Provide culturally sensitive mental health treatment to persons who are sexual minorities***

**Objective 1: Promote local networks of support for sexual minorities**

***Indicator:*** Informational “Pink Bag” meetings will be held to develop a local network of support and to distribute resource materials in two Regional Support Networks in 2003. **Completed in 2003.**

**North Sound RSN** has begun implementation of a Gay, Lesbian, Bisexual, Transgender, and Questioning (GLBTQ) committee, which meets monthly. The committee has conducted three training sessions on the GLBTQ population for region providers.

**Greater Columbia RSN** has begun work on building a support group for the GLBTQ population both in Walla Walla and Yakima. There was an initial training session for provider staff in the region on the GLBTQ population and there was an expressed desire for additional training and consultation. Members of the Sexual Minority subcommittee members who live in Spokane are also exploring ways to implement a Pink Bag meeting in their RSN.

**Objective 2: Promote programs on sexual minority mental health treatment**  
Initiate a statewide survey to identify agencies that provide treatment resources for sexual minorities. Publish a Best Practice Guideline on exemplary mental health treatment approaches for sexual minorities.

***Indicator:*** Update the Resource Guide on treatment resources for sexual minorities in 2002. **Completed in 2003.**

The MHPAC Sexual Minority Treatment and Services Subcommittee updated the Sexual Minority Resource Guide, which was published in draft form in August 2003. There are an additional number of contacts in the RSNs that are interested in assuring the needs of clients who are GLBTQ receive appropriate and culturally relevant services. The directory includes both public and private providers and other community resources for the GLBTQ population.

***Indicator:*** Update and publish the Best Practice Guideline by 2004. **Amended:** This indicator was amended in the revised Federal Block Grant plan submitted on February 25, 2003. The MHD will conduct a literature search on exemplary programs for serving special populations and will publish a guide on evidence-based best practice models. **Completed in 2003.**

The MHD contracted with the Eastern Branch of the Washington Institute for Mental Illness and Training to conduct a literature search and develop a Resource Guide on best practice models for engaging and serving special populations. The Resource Guide and literature search documents will be distributed to interested persons and included on the

MHD web page through a Universal Resource Locator (URL) link.

**Objective 3: Explore the creation of a training program for clinicians and administrators on transgender issues and treatment courses**

**Indicator:** By 2003 the Subcommittee with the assistance of the MHD will have initiated a meeting to discuss the topic. **Completed in 2003.**

In September 2003 the MHPAC Sexual Minority Subcommittee began discussion of the content for a training that would be useful and important for clinicians and administrators to know regarding transgender issues and treatment choices. The group received and commented that the Harry Benjamin International Standards of Care for Gender Identity disorders, Sixth Version should be available to all clinicians. The Subcommittee will request that this information be provided in a workshop at the statewide Behavioral Healthcare Conference in 2004.

**Objective 4: Support the Sexual Minority Treatment and Services Subcommittee**

Support the statewide MHPAC Sexual Minority Treatment and Services Subcommittee in order to provide input on policy, programs and legislation to the Mental Health Planning and Advisory Council.

**Indicator:** Quarterly meetings of the Sexual Minority Treatment and Services Subcommittee.

**2002: Achieved.**

**2003: Achieved.**

**2004: Planned.**

The MHPAC Sexual Minority Treatment and Services Subcommittee met quarterly in 2003, including one time with the Mental Health Planning and Advisory Council. The Subcommittee Bylaws and mission are being restructured to assure better coordination and communication with the Mental Health Planning and Advisory Council. The Subcommittee is working currently to increase the membership of representatives from eastern and southwestern Washington and to find a representative to the Legislative Subcommittee of the MHPAC. The Subcommittee wants to enhance and encourage local support groups for the GLBTQ population over the next year.

***GOAL 9: Improve access to medical/dental services for persons with mental illness***

**Objective 1: Maintain working agreements with Healthy Options Plans**

**Indicator:** The MHD and Regional Support Networks will continue to work with the DSHS Medical Assistance Administration (MAA) and Healthy Options plans to maintain working agreements for the community.

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**2002: Achieved.**  
**2003: Achieved.**  
**2004: Planned.**

The MHD and Medical Assistance Administration (MAA) have directives in their respective contracts with RSNs and Healthy Options plans that encourage working relationships in the community. The contracts also make it clear that problems not resolved locally will be resolved at the state level. As hoped, this has resulted in energetic efforts locally to coordinate care and resolved disputes. Furthermore, MHD and MAA have taken informative presentations to many communities in the state wherein RSN and Healthy Options providers meet, learn about one another's services, and are encouraged to continue working together locally.

**Objective 2: Promote access to medical services for Medicaid mental health consumers**

*Indicator:* Maintain a percentage of at least 80% of adults who reported on the MHSIP survey that they saw a nurse or doctor in the past year for a health check up or because they were sick. This survey is conducted every other year.

**2002: 87.6% (Achieved)**  
**2003: Not available.**  
**2004: Planned.**

*Indicator:* Promote access to medical services for Medicaid mental health consumers.

**2002: Achieved.**  
**2003: Achieved.**  
**2004: Planned.**

The MHD encourages maximum utilization of medical/dental services through contract and administrative code. Washington Administrative Code (WAC) 388-865-0420 defines the necessary elements of an intake evaluation to be completed with all individuals entering community support services within fourteen days of entrance into the system. Specifically, the WAC calls for collection of a medical history. In addition, WAC 388-865-0425 calls for completion of an individual service plan that addresses the unique needs of the individual. The service plan must determine and meet needs and in several life domains including health and dental care. This plan and the domains must then be reviewed every 180 days. Furthermore, WAC 388-865-0458 related to the provision of psychiatric treatment requires service providers to make referral to or seek consultation from physicians when physical health problems are suspected or identified. Finally, the contract between the State and the local Regional Support Networks (section 2.3.5) calls for referral to physical health care services if health care needs are identified.

**Objective 3: Promote access to dental health services for consumers**

*Indicator:* Promote access to dental health services for consumers. **Achieved.**

The MHD and RSNs assist mental health consumers in accessing dental services consistent with the contract (section 1.3.18) which requires RSNs to provide assistance to individuals to obtain state and federal entitlements (e.g. Medicaid).

***GOAL 10: Improve coordination of services for persons with developmental/sensory disabilities and mental illness***

Objective 1: Provide specialized services for persons with a developmental disability

***Indicator:*** Serve at least 3,000 persons with both a mental illness and a developmental disability in outpatient settings.

**2002: 3,309 persons, or 2.5% of persons served (Achieved)**

**2003: 5,582 persons, or 4.4% of persons served (Achieved)**

**2004: Planned.**

***Indicator:*** Provide an average of at least 20 hours of outpatient service per person for persons served who have both a mental illness and a developmental disability.

**2002: 29.37 average hours (Achieved)**

**2003: 47.60 average hours (Achieved)**

**2004: Planned.**

***Indicator:*** The MHD will continue to advocate for utilization of alternatives to state psychiatric hospitalization for individuals who are also developmentally disabled. Provide cross training of psychiatric residents/interns in dual diagnosis mental health and developmental disabilities to “grow our own expertise.” Support workshops, conferences and other research into this field.

**2002: Achieved.**

**2003: Achieved.**

**2004: Planned.**

**Greater Columbia Behavioral Health RSN** provided funding to improve the coordination of services for persons with developmental disabilities and mental illness. During the reporting period, the agency served 35 consumers directly and provided consultation on 3 additional consumers. Additional attention was given to those consumers who have Down’s Syndrome who are entering the 40 – 50 year old age range. Early symptoms of Alzheimer’s are being watched for so early treatment with atypical medications can be considered. These efforts assist in maintaining good working relationships with primary medical practitioners as they become more knowledgeable and comfortable with current psychiatric treatments for this population. The assigned case manager continues to work with residential providers and families to develop and implement behavior support plans. The psychiatrist and ARNP provide both direct and consultative medication management services to these clients or to their primary care providers. The agency also coordinated training provided by a Ph.D. behavioral

specialist. Participants included residential, community access, supported employment and mental health providers.

**North Central RSN** provided funding to hire a mental health professional/developmental disabilities services coordinator. Approximately 15-20 clients with developmental disabilities and mental illness received specialized services, including supportive employment and life domain services.

**Objective 2: Provide specialized services for persons who are blind, deaf or hard of hearing**

*Indicator:* Serve at least 1,000 persons with both a mental illness and a sensory impairment in outpatient settings.

**2002: 1,662, or 1.3% of persons served (Achieved)**

**2003: 2,440, or 1.9% of persons served (Achieved)**

**2004: Planned.**

*Indicator:* Provide an average of at least 15 hours of outpatient service for persons served who have both a mental illness and a sensory impairment.

**2002: 19.73 average hours (Achieved)**

**2003: 25.32 average hours (Achieved)**

**2004: Planned.**

*Indicator:* Provide specialized services for persons who are blind, deaf or hard of hearing.

**2002: Achieved.**

**2003: Achieved.**

**2004: Planned.**

The MHD administrative code requires that providers ensure compliance with all state and federal nondiscrimination laws, rules, and plans. This includes providing access to telecommunication devices or services and certified interpreters for deaf or hearing-impaired consumers and providing documents in alternative format for consumers who are blind. Contractors are required to provide whatever “auxiliary aids” are needed by the client to make spoken or aural language accessible.

### ***GOAL 11: Increase supported education/employment opportunities for persons with mental illness***

**Objective 1: Continue support for Consumer-to-Provider Training Programs**  
The Mental Health Division will continue its role as a funding partner of the Consumer to Provider (CTP) training programs in western Washington.

*Indicator:* Train and find employment for consumers each year.

**2002: Achieved.**  
**2003: Achieved.**  
**2004: Planned.**

The MHD contracted with the Center for Psychiatric Recovery to provide continued support of the Consumer-to-Provider program. The program enrolled 19 students. Of the 17 consumers who graduated from the program, 14 are successfully employed.

*Indicator:* Develop a process to expand and update the Consumer to Provider program.

**2002: Achieved.**  
**2003: Achieved.**  
**2004: Planned.**

The MHD provided funding to the contractor of the Consumer-to-Provider program to work with colleges to facilitate hiring of program graduates and educate potential stakeholders in supported education programs. The program provided consultation to 5 supported education programs to train persons with psychiatric disabilities as coordinators for programs in the Consumer-to-Provider program. Field placements are followed by long-term support and technical assistance. In addition, the contractor has initiated a Records Assistant Program that enrolled 24 consumers.

## Objective 2: Encourage development of consumer owned businesses

*Indicator:* Regional Support Networks will support development of consumer-owned businesses. **Deleted April 15, 2002.**

**North Sound RSN** provided funding to support a consumer owned business producing and marketing fresh fruits and vegetables as an employment option for mental health consumers. A core group of consumers has worked in partnership with the Washington State University Agricultural Research and Extension Unit located in Skagit County. The project has been a great success, as consumers work along with community volunteers and gain important knowledge of direct agricultural production and horticulture. The project has also been successful in reducing stigma, as volunteers have commented on their positive experiences working with the group of consumers.

## Objective 3: Evaluate employment program models

*Indicator:* A project will be designed to study various employment program models being used throughout the state and identify and promote best practices. **Completed in 2002.**

## Objective 4: Contract to provide technical assistance on supported employment/education

*Indicator:* Increase the number of consumers receiving supported employment services.

**2002: 1,569, or 1.6% of persons served (Achieved)**  
**2003: 1,967, or 1.6% of persons served (Achieved)**  
**2004: Planned.**

*Indicator:* The number of consumers employed in supported employment positions.

**2002: 784 (Achieved)**  
**2003: 620 (Achieved)**  
**2004: Planned.**

*Indicator:* Provide technical assistance in the development and maintenance of supported employment/education programs for persons who are experiencing long-term psychiatric disabilities.

**2002: Achieved.**  
**2003: Achieved.**  
**2004: Planned.**

**Pierce County RSN** contracted with Pierce College to provide supported education services to assist individuals with severe psychiatric disabilities to integrate into secondary and/or post secondary educational settings. This program assisted an average of 44 individuals to complete supported education services each quarter.

**Objective 5: Increase supported employment in state government**

*Indicator:* Provide supported employment opportunities in state government.

**2002: 12 (Achieved)**  
**2003: 12 (Achieved)**  
**2004: Planned.**

*Indicator:* Continuation of the MHD interagency agreement with the Division of Developmental Disabilities to support the development of professional job opportunities for individuals with severe mental illness.

**2002: Achieved.**  
**2003: Achieved.**  
**2004: Planned.**

The MHD contracts with the DSHS Division of Developmental Disabilities to administer the Employment in State Government program to increase the number of permanent hires in state government of individuals with mental illness or individuals diagnosed with a developmental disability and a mental illness. Activities focus on active coordination with the employment staff involved in the recruitment of potential employees. Because of a worsening economy and reductions in hiring for state government, 18 individuals in the Supported Employment in State Government Program lost their employment during the last year. Of the 18, 5 were individuals with mental illness. During the current contract period with the Division of Developmental Disabilities, twelve individuals have been hired into state government positions. Despite this time of budgetary reduction and fiscal restraint, program staff continue to market the benefits of hiring individuals in the

program. It should be noted that state government enacted a “reduction in force” during the last two legislative sessions. The decline in supported employment positions is not unexpected.

## Objective 6: Increase the number of consumers employed

**Indicator:** Maintain a statewide percentage of at least 10% of adults outpatient service recipients between the ages of 18 and 64 years who were employed at any time during the fiscal year.

**2002: 16.4% (Achieved)**

**2003: 12.9% (Achieved)**

**2004: Planned.**

**Indicator:** Continue to work with regional and local Division of Vocational Rehabilitation (DVR) offices and work force development systems to increase number of consumers employed.

**2002: Achieved.**

**2003: Achieved.**

**2004: Planned.**

The MHD has developed a set of benchmarking standards and targets that will include desired improvements in employment. Increases in demand and cost of DVR services exceeded funding for the system, which resulted in a statewide freeze in DVR services and an implementation of prioritization called Order of Selection. The Order of Selection process continues for DVR recipients. Over the past year, MHD has participated in the Ticket to Work Steering Committee that is led by DVR. Through this involvement, MHD increased collaborative efforts with DVR. MHD is currently partnering with DVR on a Mental Health/DVR Task Force that will assess the current status of employment support systems statewide. The Task Force will then make recommendations that will support improvement of the system. MHD also participated in DVR’s ongoing assessment of its strategic planning process.

**Greater Columbia Behavioral Health RSN** provided funding for supported employment programs for persons with a mental illness. In one rural area, five consumers were provided with supported employment opportunities. In another rural service area, 15 consumers were provided with an opportunity to learn a job skills and perform a variety of job duties. During the reporting period, none of the consumers involved in the supported employment programs was hospitalized.

**King County RSN** has developed an innovative program to increase support for employment for persons who have mental illnesses. The RSN contracts with two mental health providers to implement Regional Employment Services and Placement Centers to provide services county-wide. The program expects to serve a total of 586 clients in the time period April 1, 2003 to December 31, 2003. The RSN has also applied for and been granted an Innovation and Education grant from the state Division of Vocational Rehabilitation Services in support of this program.

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**North Central RSN** has provided funding for a contract with Career Paths Services for the delivery of intensive supportive employment services for up to ten mental health consumers as part of an Assertive Community Treatment modality.

**Thurston/Mason RSN** provided a prevocational/educational assistance to promote technical assistance in the development and maintenance of supported employment/education programs for persons who are experiencing long-term psychiatric disabilities. Clients participating need not be enrolled. This program will help alleviate the need for direct mental health services by providing a support system to develop independence. In FY 2003 at Capital Clubhouse, the prevocational program had 189 consumers enrolled with 28 job placements. In addition, there were 35 consumers enrolled in local schools. The prevocational program operates a member-run lunch program that provides inexpensive meals for members, while at the same time, provides restaurant training for pre-vocational students. The Capital Clubhouse served 411 meals to local consumers. Rural members are encouraged to attend the Clubhouse and there is special transportation provided by Capital Clubhouse staff to encourage outreach. There were 14 unduplicated rural consumers served at Capital Clubhouse during FY 2003, an increase over last year.

**Objective 7: Support programs to employ 16-21 year old youth with serious emotional disturbance.**

*Indicator:* Increase the number of youths with serious emotional disturbance who received supported employment services in supported employment positions.

**2002: 73 (Achieved)**

**2003: 76 (Achieved) 44 are in supported employment positions**

**2004: Planned.**

*Indicator:* The mental health system will continue to encourage and support the development of programs that result in the employment of youth with serious emotional disturbance. **Deleted February 25, 2003.**

**Objective 8: Increase the number of consumers who are peer support providers within the public mental health system**

*Indicator:* Increase the number of consumers who are peer support providers within the public mental health system.

**Chelan-Douglas RSN** provided funding for The Promise Club, an innovative consumer-run clubhouse that provides part-time employment to 5 consumers. Consumers engage in on-the-job-training which includes customer service and professional communication skills. The clubhouse also offers peer-to-peer support for consumers, including assistance with filling out job applications, social security and DSHS paperwork as well as providing 3 computers with Internet access. The clubhouse is open four days per week

and serves an average of 10 persons per day.

**North Sound RSN** supported the Rainbow Center, a clubhouse/drop-in center operated by Whatcom Counseling and Psychiatric Center which uses peer counselors to provide self-help and support groups, pre-vocational skill building, social/recreational activities, a lunch meal, shower and assistance with seeking mental health services to consumers in Whatcom County.

**Thurston Mason RSN** provides assistance and referral regarding community services and support groups as well as providing socialization and peer-support through a contract with Capital Clubhouse. The Clubhouse operates a daily "drop-in" facility at least six (6) days a week, for not less than, a total of 32 hours per week. Peer Support services facilitate services with mental health agencies and/or community service agencies for all members. This includes assisting clients in completing applications for entitlement and other resources and services. The Clubhouse provides information sessions for members and referrals regarding community services and support groups including, helping members identify and access health care services (physical, dental, mental health, etc.), assisting members to identify and access safe and affordable housing by establishing relationships with local landlords of affordable housing in the Thurston Mason area. They locate other services which allow clients to live independently and have continuity of care, use community resources in developing money-managing skills, provide information on mental illness and treatment options, provide training on social skills development and assist members with decision making regarding their options. The Clubhouse also offers consumers opportunities for problem solving plausible difficult social situations and assistance with resource referral, and completing SSI/SSA and GAU/GAX forms. In addition, Clubhouse members provide advocacy for client groups and individuals.

#### Objective 9: Provide training on consumer employment initiatives

**Indicator:** Through the Medicaid Infrastructure Grant, support enhancement to ticket-to-work, e.g., conferences and workshops on specific skill building.

**2002: Achieved.**

**2003: Achieved.**

**2004: Planned.**

The MHD has implemented a statewide training plan for the Healthcare for Workers with Disabilities (HWD) Program. HWD is part of Washington State's response to the Ticket to Work – Work Incentives Improvement Act of 1999. Title II of the Act allows individuals with disabilities to purchase Medicaid coverage through payment of a premium based on their income after allowed deductions. MHD has initiated statewide training to internal and external stakeholders of DSHS, including consumers and consumer advocates. Access to needed medical services has long been one of the primary barriers to individuals seeking employment. HWD eliminates this barrier. The Ticket to Work roll out begins in November 2003. MHD is providing statewide education concerning the actual "ticket". The arrival of the ticket, combined with the

HWD program will better accomplish the goal of increasing employment.

#### Objective 10: Provide training for consumers on SSI/SSDI

**Indicator:** Provide training for consumers on SSI/SSDI. **Completed in 2003.**

The MHD sponsored a series of 6 specialized training workshops on consumer employment at the statewide Behavioral Healthcare Conference in June 2003. Training on the impact of employment earnings for consumers on SSI/SSDI was provided for consumers, case managers, and vocational specialists. One workshop provided specific information on HWD and Ticket to Work for consumers on SSI/SSDI programs.

#### Objective 11: Host a statewide conference on employment by 2003

**Indicator:** Host a statewide conference on employment by 2003. (Amended April 15, 2002) The MHD will sponsor a specialized training track on consumer employment at the statewide Behavioral Healthcare Conference in June 2003. **Completed in 2003.**

Several workshops were presented at the 2003 statewide Behavioral Health Conference that focused on consumer employment. Presenters were individuals representing allied partners such as Department of Vocational Rehabilitation and Fountain House. The MHD provided scholarships for 20 individuals from the provider community who were either consumers who are receiving employment related services or staff members from employment service providers or clubhouses. Specific workshops were provided on the following topics:

- Psychiatric Rehabilitation: Building on What Works;
- Consumer Leadership Academy-Promoting Voice and Recovery;
- Implementing Principles of Recovery to Greatly Increase Employment and Supported Housing Outcome;
- Implementing Principles of Recovery to greatly Increase Employment and Supported Housing Outcomes;
- The Ticket to Work Program and Medicaid Buy-In; and
- Harborview's Computer Center: A Role for Technology Education in Public Mental Health.

### ***GOAL 12: Increase consumer and family involvement at all levels of service delivery***

#### Objective 1: Support Ombuds and Quality Review Team Oversight Committee

Support the statewide Ombuds and Quality Review Team Oversight Committee in order to obtain stakeholder, community, and Regional Support Network input on policy and programs related to consumer voice through the involvement of Ombuds and Quality Review Teams in the Regional Support Network quality management process.

**Indicator:** Quarterly meetings of the Committee and recommendations from the committee. **Completed in 2002.**

## Objective 2: Provide training to Ombuds and Quality Review Team members

**Indicator:** Provide training to Ombuds and Quality Review Team members.

**2002: Achieved.**

**2003: Achieved.**

**2004: Planned.**

The MHD contracted with the Washington Institute for Mental Illness Research and Training (WIMIRT) to provide training to Ombuds and Quality Review Team (QRT) members. Emphasis of the training has been on understanding quality management at the RSN/PHP level and how Ombuds and QRT members can participate more effectively in the process. Ombuds have been assisted to report complaint, grievance and fair hearing information correctly, which will promote comparisons of those occurrences statewide and among RSNs. It will also help to identify areas that need attention at the state and local level and which may need referral to QRT members for further systems level review. QRT members have been provided significant levels of training in development and implementation of survey and other information gathering techniques. An electronic database system has been created to enable Ombuds to analyze data and identify systems level concerns that might be referred to Quality Review Teams to make recommendations within the established quality management processes of their respective RSNs. The database will be maintained to serve as the basis for ongoing reports on complaints, grievances and fair hearings to be submitted to the RSN, MHD, and the Center for Medicaid and Medicare Services. This electronic database is founded on confidential, individual case files. MHD and RSN personnel can access aggregate data, but individual client data remains confidential.

The Washington Institute on Mental Illness, Research and Training has continued to provide training and technical support to Ombuds and QRT members statewide. In addition to quarterly meetings, individualized training is provided to new Ombuds and QRT members. The training to new personnel is primarily for QRT members, as the cadre of Ombuds is relatively stable, with over 75% of them having served in that capacity for more than one year, some as long as seven. The Ombuds/QRT training manual was revised and updated. It now includes a focus on use of management information and other sources of data to help guide reviews of system performance and to serve as a foundation for recommendations for change. The manual on Fair Hearings (administrative appeals processes for consumers) has also been revised. Training on how to assist consumers pursuing appeals has been a focus for Ombuds this year.

## Objective 3: Support mental health stigma reduction efforts

**Indicator:** Mental illness advocacy efforts. **Achieved.**

The Mental Health Planning and Advisory Council has instituted “Way To Go” awards to recognize individuals who have supported mental health stigma reduction efforts. Awards have been made to several newspaper reporters for their contributions in stigma reduction. The MHPAC also hosted an all-stakeholder meeting in August 2003. This meeting was well attended by community representatives and awards were given to outstanding Children’s Programs. The afternoon presentation focused on the treatment needs of older adults, which is the selected theme for next year’s all-stakeholder meeting.

The MHD contracts with the Washington State chapter of the National Alliance for Mental Illness to provide outreach and educational programs, statewide information and referral, and advocacy efforts for individuals with a mental illness and their families. The state chapter was faced with an embezzlement of funds. When the alleged theft was discovered in December, 2002, NAMI’s national headquarters dismissed all but one of the nonprofit board members. The new chapter president has stated that none of the missing money came from state or federal grants. The state MHD has stopped the contract and has hired an independent monitor until the group provides an accounting for past contract funds.

**North Sound RSN** supported stigma reduction through a variety of advocacy efforts, including sponsoring an annual poster contest; sponsoring the 2nd annual Recovery Conference which was attended by over 220 individuals; sponsoring the annual Tribal Conference “Year of the Tribal Generations” which was attended by over 200 individuals; sponsoring a poetry and short story contest which resulted in publication of a book, Faces of Recovery, 1500 copies will be distributed throughout the region; and hosting an Arts and Crafts Fair on September 19th, 2003. 62 artisans participated in this day-long event. All were consumers and/or advocates. The event was very well-attended, allowed consumers to earn money, and provided both formal and informal opportunities to interact with the general public and demonstrate that recovery from mental illness is possible.

**Thurston/Mason RSN** Thurston/Mason RSN provided funding for training to the National Alliance for the Mentally Ill of Thurston/Mason (NAMI T/M) to develop a model curriculum and training for "first responders", which includes local peace officers and medics, on how to respond to and assist persons with mental illness who are experiencing a crisis. These weeklong training sessions are held with an expert panel consisting of a family advocate, NAMI Thurston/Mason board member, psychologist, counselor, pharmacist, crisis intervention specialists, and a nationally recognized police trainer.

Objective 4: Support parent and family advocate participation in training

**Indicator:** Support an annual scholarship fund for parents to attend training and technical assistance opportunities, conferences and seminars.

**2002: Achieved.**

**2003: Achieved.**

**2004: Planned.**

The MHD awarded scholarships for parents to attend the Federation of Families Conference, the Building Family Strengths Conference, and the Behavioral Healthcare Conference. The Parent's Council administers this fund, and the Office of Consumer Affairs administers the consumer support. Transportation and housing are covered as needed for consumers, parents and family advocates to attend training/conferences.

#### Objective 5: Support innovative services provided by family advocates

*Indicator:* Utilize block grant funds for innovative projects based upon successful models e.g., Family to Family program. **Completed in 2003.**

The Community Connectors project continues to provide support to parents from parents. There are approximately thirty Connectors at any given time. The Connectors held a joint training with SAFE WA this year. There were 50 parents at the two-day event, most of who were new to the system. The training focused on the overall mental health system, parents role, parent's rights and access and for those parents more actively involved a dual training track on how to become a more effective leader and a strong mentor. Parents are involved in many activities within the public mental health system. They are active members of the MHPAC, the children's subcommittee, the RSN advisory boards, the Quality committees, the monitoring and review activities of the MHD and the RSNs.

#### Objective 6: Support training provided by family advocates

*Indicator:* Support uniform, standardized training on an ongoing basis for all care coordinator trainers should consist of panels that include knowledgeable family, consumer, providers, board members, local legislators, etc.

**2002: Achieved.**

**2003: Achieved.**

**2004: Planned.**

**King County RSN** contracted with a local affiliate of the Washington State National Alliance for the Mentally Ill to provide training on topics related to recovery. The conference was attended by 256 participants, of which approximately one-third were consumers. The conference served as a catalyst for the RSN to reaffirm its commitment to recovery and revitalize employment support services. The conference also provided the NAMI affiliate with the opportunity to recruit consumers interested in participating in anti-stigma activities, specifically In Our Own Voice, a program of NAMI through which consumers make presentations to a broad array of audiences on their personal experience with mental illness and recovery. A total of 15 consumers were trained in the program and to date 17 presentations have been provided to great acclaim.

Objective 7: Each RSN will provide funds for family members to visit consumers.

*Indicator:* Provide funding support for family members to visit consumers in residential programs and institutions. **Deleted April 15, 2002.**

## **Criterion II: Mental Health System Data Epidemiology**

This criterion provides an estimate of Washington State data on the incidence and prevalence of serious mental illness among adults and serious emotional disturbance among children and quantitative targets to be achieved in the implementation of the system of care described under Criterion 1.

### **Adults (18 years and older)**

Based on the prevalence estimates provided in the Federal Register, Vol. 64, No. 121 Washington State has an estimated 194,686 adults with serious mental illness (SMI). The Mental Health Division (MHD) has used the guidelines set forth in the Federal Register, Vol. 64, No. 121 to estimate the number of clients in our service population who have SMI. The MHD operationalized the guidelines using diagnoses and the Global Assessment of Functioning (GAF). All diagnoses except substance abuse, development disorders, personality disorders, and dementia were used in the calculation. A GAF score of 60 or below was used as the functioning cutoff to determine SMI status. All numbers reported are based on data from calendar year 2002.

Table 1: 2002 SMI Estimates for Adults (18 years or older)

Estimated SMI	Total Adults Served	Estimated SMI Served	Quantitative Target
194,686	88,560	55,086	50,000

### **Children (0-17 years)**

Based on the prevalence estimates provided in the Federal Register, Vol. 64, No. 121 Washington State has an estimated number of children with serious emotional disorders (SED) between 71,457 and 85,748. The Mental Health Division (MHD) has used the guidelines set forth in the Federal Register, Vol. 64, No. 121 to estimate the number of children in our service populations who have SED. The MHD operationalized the guidelines using diagnoses and the Children's Global Assessment Scale (CGAS). All diagnoses except substance abuse and development disorders were used in the calculation. A CGAS score of 60 or below was used as the functioning cutoff to determine SED status. All reported numbers are based on data from calendar year 2002.

Table 2: 2002 SED Estimates for Children (0-17 years of age)

Estimated SED	Total Children Served	Estimated SED Served	Quantitative Target
71,457-85,748	37,503	26,456	20,000

**Discussion:**

The data presented here are likely underreports of the number of adults with SMI and children with SED receiving services. The MHD has been collecting diagnosis and GAF and CGAS scores for a little over a year, and there is much missing data. This is impacting our ability to accurately determine the number of adults with SMI and children with SED. The table below shows the number of individuals where these elements are missing compared to the total served population. As data and reporting systems stabilize, reporting on the number of adults with SMI and children with SED who are receiving services will improve.

Table 3: Missing Data

Age Group	Total Served	Missing GAF/CGAS	Missing Diagnosis
Children	37,503	18,530	11,820
Adults	88,560	38,487	38,137

### **Criterion III: Children's Services**

#### ***GOAL 1: Maximize Collaboration on Behalf of Children with Serious Emotional Disturbance/Complex Needs***

Objective 1: Support the Children's Treatment and Services Subcommittee  
Support the MHPAC Children's Treatment and Services Subcommittee in order to provide input on policy, programs and legislation to the Mental Health Planning and Advisory Council.

**Indicator:** Quarterly Subcommittee meetings 2002-2004.

**2002: Achieved.**

**2003: Achieved.**

**2004: Planned.**

The MHPAC Children's Treatment and Services Subcommittee has met quarterly for the past year. Parents, advocates, and cross system partners have provided input to the Mental Health Planning and Advisory Council, the MHD Director and staff about children's mental health issues. The MHPAC Children's Treatment and Services Subcommittee is working with Northeast Washington Regional Support Network (NEWRSN) on a model for the most efficient way to implement cross-system partnerships, training for parents and other care givers, in home support, respite care both in and out of home, individualized and tailored care training, and use of natural support and informal systems. In 2003, the focus of the MHPAC Service Excellence Awards was mental health services to children and youth. Awards were presented in three categories for outstanding Service Program, Individual Service Provider, and Advocate. The awards ceremony included a presentation by Health 'n' Action, a King County Youth program, Parent Voice, and a power point presentation about cross systems collaboration, "Working Hand in Hand".

Objective 2: Support the Parent Council and Community Connectors

**Indicator:** Continue to support the quarterly meetings and at least once a year retreats of both the Parent Council and the Community Connectors to provide input to the Office of Consumer Affairs and to the Mental Health Division Director.

**2002: Achieved.**

**2003: Achieved.**

**2004: Planned.**

The parent organizations across the state continue to grow in size and services. There are now 13 separate groups that report they have served 452 families. This year three of the organizations, Community Empowerment Training, A Common Voice of Pierce County and Passages of Spokane have reached out into neighboring RSNs to host focus groups for parents on how to start support groups, the support they will need, the challenges they

will face and what to expect in the process. These meetings were well attended and in two of the three RSNs it appears that parent groups will be formed. A fourth organization hosted with the county conflict resolution center a training for parents and professionals on training on how to work together for the good of all. The training was attended by 40 people with positive results.

**Indicator:** By 2003 the MHD will host a statewide parent meeting to gather information and input with regards to children’s mental health and to provide to parents information on laws, rules and regulations that affect their children’s services. **Completed in 2003.**

The parent organizations across the state have continued to grow in size and services. There are now 13 separate groups that report they have served 452 families. This year three of the organizations, Community Empowerment Training, A Common Voice of Pierce County and Passages of Spokane have reached out into neighboring RSNs to host focus groups for parents on how to start support groups, the support they will need, the challenges they will face and what to expect in the process. These meetings were well attended and in two of the three RSNs it appears that parent groups will be formed. A fourth organization hosted with the county conflict resolution center a training for parents and professionals on training on how to work together for the good of all. The training was attended by 40 people with positive results.

**Objective 3: Promote inter-system collaboration on services to children with serious emotional disturbance**

**Indicator:** Number of cross-system children with serious emotional disturbance who are served.

**2002:**

<b>Program areas</b>	<b># served</b>
MHD and Juvenile Rehabilitation	251
MHD and Developmental Disabilities	794
MHD and Substance Abuse	842
MHD and Children’s Services	11,394

**2003: Not available.**

**2004: Planned.**

**Indicator:** Provide start-up funds to initiate inter-system, inter-agency collaboration across and within the RSNs. Provide funds to existing inter system/agency collaboration entity(ies) to study, publish and disseminate: (1) Policy/procedures which have created such collaboration; (2) Challenge barriers which have defeated such collaboration; and (3) Recommendations for the development of such collaboration. **Completed in 2003.**

**Peninsula RSN** initiated a Children’s Multi-system Care Coordination project called Kitsap Shared Resources. This project served 22 children and their families in

wraparound planning and team meetings. This is a blended funding project with the PRSN, local Division of Children and Family Services, and Juvenile Services and Court contributing to the funding. The Shared Resources Committee provides direct team consultation, training sessions have been provided to cross system partners to identify and resolve systems barriers relative to children's mental health needs, and diverted a majority of the children from accessing more intensive resources located out of the community.

**Indicator:** Implement recommendations of "Task Force on Behavioral Disabilities Final Report - Toward a Comprehensive System of Care: An Investment Strategy for Children and Youth in Washington State." **Completed in 2003.**

The DSHS Secretary has established a Select Committee of service providers to draft a proposal to implement a comprehensive system for care for children across multiple systems.

**Indicator:** Provide diversion services to juvenile detention and rehabilitation facilities.  
**2002: Achieved.**  
**2003: Achieved.**  
**2004: Planned.**

**Pierce County RSN** provided assessment and stabilization services to an average of 537 at-risk youth entering the Pierce County juvenile detention center every six months. Services included collaboration and consultation with detention staff, assessment services, intensive brief stabilization therapy, skill-building groups, and facilitating referrals to inpatient care and facilitating transitions in care.

**Indicator:** Provide assessments, intensive brief stabilization, skill building and consultation for staff at juvenile detention centers.  
**2002: Achieved.**  
**2003: Achieved.**  
**2004: Planned.**

**Thurston/Mason RSN** provided mental health diversion services for 183 adjudicated and at-risk juveniles in Thurston and Mason Counties who are severely mentally ill. These services include identification, diversion, referral, staff and family support, consultation and training. 151 juveniles were diverted from incarceration through services provided in less restrictive settings. Of these, 33 were currently enrolled in mental health services and 48 were referred to community mental health services. In addition, training and support was provided on site to detention employees, court staff and family members.

#### Objective 4: Develop mental health services to American Indian children

**Indicator:** By 2003 begin to research, evaluate and replicate creative programs to serve  
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American Indian children with mental health needs. **Amended:** This indicator was amended in the revised Federal Block Grant plan submitted on February 25, 2003. The MHD will conduct a literature search on exemplary programs for serving special populations and will publish a guide on evidence-based best practice models. **Completed in 2003.**

The MHD contracted with the Eastern Branch of the Washington Institute for Mental Illness and Training to conduct a literature search and develop a Resource Guide on best practice models for engaging and serving American Indian children. The Resource Guide and literature search documents will be distributed to interested persons and included on the MHD web page through a Universal Resource Locator (URL) link.

**Greater Columbia Behavioral Health RSN** provided funding for a culturally competent program of intensive treatment services to Native American children and families within their own environment. During the reporting period 89 identified clients were served, plus 293 additional household members, with priority being given to children who have a history of abuse and neglect. The program is operated through interagency collaboration of the Yakama Nation, the mental health agency and county administrators. Treatment strategies focus on the strengths of the family and community, with a special emphasis to promote an understanding among non-Indian providers of the culture, customs, and family structures of Native Americans.

**Indicator:** Continue support for American Indians or Alaska Native children and their families who have experienced battery and/or domestic violence.

**2002: Achieved.**

**2003: Achieved.**

**2004: Planned.**

**Pierce County RSN** contracted with the Puyallup Tribal Health Authority Kwawchee Counseling Center to provide intervention services for Native American children and their families who have experienced battery and/or domestic violence. Every six months, an average of 133 children/families received intervention services from this program.

**Objective 5: Evaluate effectiveness of early intervention programs**

Evaluate the effectiveness of early intervention/prevention programs for seriously emotionally disturbed children and youth and disseminate materials on Evidence Based Best Practice models.

**Indicator:** Conduct a study by 2003. **Amended:** This indicator was amended in the revised Federal Block Grant plan submitted on February 25, 2003. The MHD will conduct a literature search on exemplary programs for serving special populations and will publish a guide on evidence-based best practice models. **Completed in 2003.**

The MHD contracted with the Eastern Branch of the Washington Institute for Mental Illness and Training to conduct a literature search and develop a Resource Guide on best practice models of early intervention/prevention programs for seriously emotionally

disturbed children and youth. The contractor has prepared and disseminated materials on Evidence Based Best Practice models to interested persons and included a link to the documents on the MHD web page through a Universal Resource Locator (URL) link.

**Indicator:** Disseminate materials on “Best Practice” models by 2004. **Amended:** This indicator was amended in the revised Federal Block Grant plan submitted on February 25, 2003. The MHD will conduct a literature search on exemplary programs for serving special populations and will publish a guide on evidence-based best practice models. **Completed in 2003.**

The MHD contracted with the Eastern Branch of the Washington Institute for Mental Illness and Training to conduct a literature search and develop a Resource Guide on best practice models for engaging and serving special populations. The Resource Guide and literature search documents will be distributed to interested persons and included on the MHD web page through a Universal Resource Locator (URL) link.

**Objective 6: Provide technical assistance to families of children with serious emotional disturbance**

**Indicator:** By 2003 the Community Connectors with the assistance of the parent advocate in the Mental Health Division Office of Consumer Affairs will update the *Parents Guide to Mental Health Services*. **Completed in 2003.**

The Parent Advocate in the Mental Health Division Office of Consumer Affairs has worked with parents to update the “Parents Guide to Mental Health Services” This is a guide book of the system written by parents for parents as a navigational tool through the system. The parent advocate has also been involved in drafting a brochure for parents to assist them to understand the inpatient system and the process for inpatient care both at the acute level and the long term residential level.

**Indicator:** Convene a cross-system group including parents and youth to develop possible activities for summer activities and other long periods of time when school is out (such as winter break). **Deleted February 25, 2003.**

**Indicator:** Explore after school programs for high need children with an emphasis on youth. **Deleted February 25, 2003.**

**Indicator:** Training for parents on SSI/SSDI. **Deleted February 25, 2003.**

***GOAL 2: Provide Support/Assistance/Relief for Children with Serious Emotional Disturbance/Complex Needs, and Provided in Their Natural Settings: Homes, Schools, Groups and Activities***

**Indicator:** Maintain a statewide percentage of at least 15% of children/youth under the age of 18 who received outpatient mental health services outside the mental health

provider agency, including in the home or at school, at any time during the fiscal year.

**2002: 65.1% (Achieved)**

**2003: 37.6% (Achieved)**

**2004: Planned.**

### Objective 1: Create a written model for providing Support/Assistance/Relief

The MHPAC Children's Treatment and Services Subcommittee will create a written model of providing support/assistance/relief. The model will include best practices in children service including cross-system partnerships, training for parents and other care givers, in home support, respite care both in and out of home, individualized and tailored care training using both national and local facilitators and trainers, use of natural supports and informal systems. This model should be inclusive of the protocols being developed by the Regional Support Networks for service delivery in their areas.

**Indicator:** Develop a stakeholder workgroup to propose a model for consideration by the Mental Health Division. **Completed in 2003.**

The MHPAC Children's Treatment and Services Subcommittee is working in partnership with the MHD and Regional Support Networks to develop a pilot project for improving the delivery of services to children through cross-system partnerships, training for parents and other care givers, in home support, respite care both in and out of home, individualized and tailored care training, and use of natural supports and informal systems. The Subcommittee has selected Northeast Washington RSN as the community for a pilot site, and is in the process of developing a draft model for presentation to the Mental Health Division and the RSN.

**Indicator:** A draft model will be developed and presented to the Mental Health Division and the Regional Support Networks by the subcommittee in 2004. **Planned for 2004.**

**Indicator:** If accepted by the Mental Health Division and a pilot Regional Support Network(s) is identified, and the budget allows, the model may be piloted in 2005 as a means of providing services for children and their families in an area where this service does not exist. **Planned for 2005.**

### Objective 2: Develop "Best Practice" models for serving children with complex needs

Develop means to identify and disseminate information on best practice models and outcome measures for serving children with complex needs. Training on the model will be developed in collaboration with parents and other caregivers and allied systems.

**Indicator:** Information will be disseminated in 2002-2004. **Amended:** This indicator was amended in the revised Federal Block Grant plan submitted on February 25, 2003. The MHD will conduct a literature search on exemplary programs for serving special populations and will publish a guide on evidence-based best practice models. **Completed**

**in 2003.**

The MHD contracted with the Eastern Branch of the Washington Institute for Mental Illness and Training to conduct a literature search and develop a Resource Guide on best practice models for engaging and serving special populations. The Resource Guide and literature search documents will be distributed to interested persons and included on the MHD web page through a Universal Resource Locator (URL) link.

**Objective 3: Provide in-home mental health stabilization and consultation for children and their families**

**Indicator:** Provide crisis mental health stabilization and consultation for children and their families in their residences whenever possible and appropriate.

**2002: Achieved.**

**2003: Achieved.**

**2004: Planned.**

**Pierce County RSN** provided crisis intervention, assessment, and stabilization services to resolve the crisis in the client's residence whenever possible. This program served an average of 224 persons every six months. Forty-six percent of the services were provided out of the agency's facility.

**Objective 4: Provide joint efforts with Children's Administration for crisis respite beds**

**Indicator:** Provide joint efforts with Children's Administration for crisis respite beds.

**2002: Achieved.**

**2003: Achieved.**

**2004: Planned.**

**Pierce County RSN** provided children's crisis respite services through a joint effort between the RSN and the Children's Administration Division of Children and Family Services. This program provides intensive treatment and residential services for up to 14 days. Services include coordination and development of a plan for intervention with the child, family members and other involved persons, assertive case management and intensive individual and family therapy. An average of 42 children ages 12 to 17 were served by this program in each six-month period.

### ***GOAL 3: Support Community-Based Services for Children and Youth***

**Objective 1: Provide community support for children who are in need of public services but may not qualify due to income**

**Indicator:** Maintain a percentage of at least 1% of children in the general population who received mental health services.

**2002: 2.4% (Achieved)**  
**2003: 2.5% (Achieved)**  
**2004: Planned.**

*Indicator:* More than fifty percent of youth and parent/caregivers surveyed agree with the items on the MHSIP survey pertaining to timely and convenient access to mental health services. This survey is conducted every other year.

**2001: 68.2%**  
**2002: Not available.**  
**2003: 70.3% (Achieved)**  
**2004: Not available.**

*Indicator:* Individualized and Tailored Care (ITC) teams (including family and natural supports) will be developed and/or maintained for children who do not qualify for Medicaid, EPSDT, etc.

**2002: Achieved.**  
**2003: Achieved.**  
**2004: Planned.**

**North Central RSN** provided funding to hire a Children's Mental Health Specialist to provide counseling and support services to approximately 300 children with mental health issues/concerns and their families.

**North Sound RSN** established a Community Team for Children and Youth to bring together representatives from a variety of state and local systems to address the specific needs of high-risk children, youth and families. The Community Team conducted 85 formal case reviews and participated in development of feasible and comprehensive child and family team plans for 58 families.

*Indicator:* Provide flexible funding and services to support these children in their community.

**2002: Achieved.**  
**2003: Achieved.**  
**2004: Planned.**

**Chelan Douglas RSN** provided funding for implementation of a Primary Intervention Program at four elementary schools, serving 394 unduplicated students. Each school employs an experienced child development associate to provide direct services to referred students. Children in need of additional mental health services are referred to community mental health providers for assessment and other services. The PIP program continued to adhere to the original model of service delivery, providing both individual and group sessions, stressing social skill development, improved self-esteem and assertiveness and practicing on-task behaviors. Referrals to the program by classroom teachers continue to be challenging. The PIP team met weekly for approximately one hour, with support from the CHSW Mental Health Consultant and the School District Coordinator. These meetings allowed the opportunity to provide mutual support, ask for help for difficult

situation, seek information about community resources and engage in planning.

**North Sound RSN** provided flexible funding to be used to support creative solutions to enhance successful family functioning for the 58 families served by the Community Team program. Most of the assistance provided was in three main areas: individual treatment aids, respite, alternative treatments, therapeutic services and assessments; rent assistance, utility bills, household necessities and basic needs, such as clothing; and for social/recreational programs such as summer camp, YMCA memberships, and mentor programs.

**Peninsula RSN** provided funds for a Parent Support group in each county to establish an active parent/family advocacy program for families with minor children. The program provides assistance to families, such as one-on-one support, educational workshops, and training opportunities. The program also includes “seed money” to launch fundraising activities to go back into their respective communities. Money raised was used to provide training scholarships, winter coats for children with limited resources, school trip funding; outreach to families potentially needing mental health services; purchase of library materials for support groups; and supporting parents by accompanying them to appointments with the court, police, Child Protective Services and to school meetings or providing respite services.

**Spokane RSN** provided funding for 1,408 client contacts to 156 clients to offer individual, group and family counseling and case management services for children with Serious Emotional Disturbance and their families. Services are strength-based and individually tailored, utilizing focusing on a brief intervention model of outpatient treatment. The program resulted in increased treatment services to families with children with serious emotional disturbance; a decrease in unnecessary hospitalizations and/or institutionalization of children with serious emotional disturbance; an increase in family involvement in service delivery and discharge planning; and an increase in support for parents with children with serious emotional disturbance.

## Objective 2: Support parents of children with serious emotional disturbance

**Indicator:** Maintain a percentage of at least 60% of youth and caregivers served agreeing or strongly agreeing with the items on the MHSIP Youth/Family Survey – Participation in Treatment Scale. This survey is conducted every other year.

**2001: 67.9% (Achieved)**

**2002: Not available**

**2003: 68.1% (Achieved)**

**2004: Not available**

**Indicator:** Develop an Internet resource guide/database that provides sources of information on services for children and youth. **Completed in 2002.**

**Indicator:** Implementation of the web page by 2004. **Completed in 2002.**

**Indicator:** Provide mentoring and information sharing to parents prior to their joining

policy meetings to allow for them to “come-up-to-speed” on activities.

**2002: Achieved.**

**2003: Achieved.**

**2004: Planned.**

This year three organizations, Community Empowerment Training, A Common Voice of Pierce County and Passages of Spokane have reached out into neighboring RSNs to host focus groups for parents on how to start support groups, the support they will need, the challenges they will face and what to expect in the process. These meetings were well attended and in two of the three RSNs it appears that parent groups will be formed. A fourth organization hosted with the county conflict resolution center a training for parents and professionals on training on how to work together for the good of all. The training was attended by 40 people with positive results.

*Indicator:* Explore the possibility of using older adults (senior centers) as mentors to children and youth. If applicable, replicate the elder mentoring process in Alaska for use in Washington with children of diverse ethnic background. **Deleted February 25, 2003.**

**Greater Columbia Behavioral Health RSN** provided funding for the Valley Intervention Program, a service offered at a local university campus for children 2 through 6 years of age who have identified behavioral or emotional problems. During the reporting period, the program served a total of 20 children and over 12 families, the majority being single-parent families. A total of 260 hours of individualized parent-child behavioral management services were provided, as well as five daycare consultations to community daycare programs.

*Indicator:* Create a technical support fund and brokerage to increase parent access to electronic information and communication. **Deleted February 25, 2003.**

*Indicator:* Explore the possibility of statewide parent meetings using teleconferencing. **Deleted February 25, 2003.**

*Indicator:* Provide in home mentors on parenting skills for young parents and/or parenting teens. **Deleted February 25, 2003.**

*Indicator:* Provide training and information to parents which is comparable to that provided to foster parents. **Deleted February 25, 2003.**

Objective 3: Evaluate the use of parent/child-initiated plans.

Initiate one pilot project each year (one eastside and one westside) where parents and child write up their own plan, including budget. Implement their plan. Research element to see what the impact and difference were.

*Indicator:* Initiate pilot project in 2002. **Deleted April 15, 2002.**

*Indicator:* Evaluate pilot project results in 2003. **Deleted April 15, 2002.**

*Indicator:* Project report findings in 2004. **Deleted April 15, 2002.**

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#### Objective 4: Support grants for parent-directed groups

**Indicator:** The Regional Support Networks will provide start-up or maintenance grant(s) for the creation of at least one more parent directed group.

**2002: Achieved.**

**2003: Achieved.**

**2004: Planned.**

**Chelan-Douglas RSN** provided funding to support “Padres Unidos” a parent support group for Latino fathers, stepfathers, male relatives, or other male guardians. The group was led by a licensed psychologist and met twice weekly for 10 weeks to provide parent support in communicating with the school system, behavior management strategies, and information on drug and alcohol prevention programs.

**Pierce County RSN** funded A Common Voice, a countywide family support network that assists families with children with mental disorders to access needed resources. Each month, an average of 63 parents attended support groups, workshops, training events and presentations.

**Spokane RSN** provided funding for Passages, a parent support group program that provides an array of services to parents and primary caregivers of children with serious emotional disturbance throughout the RSN. The program is a strength-based, family centered education, support and advocacy program that provides information, referral and educational services as well as representing parent voice on numerous mental health advisory boards, councils, and committees throughout the state.

#### Objective 5: Develop strategies to improve the recruitment and retention of respite service providers

**Indicator:** Provide resources and training to respite service providers. **Completed in 2002.**

#### Objective 6: Provide resource management for Children’s Long-term Inpatient Program facilities

**Indicator:** The MHD will assure the provision of resource management of the Children’s Long-term Inpatient Program (CLIP) in accordance with written agreements between CLIP administration and the Regional Support Networks.

**2002: Achieved.**

**2003: Achieved.**

**2004: Planned.**

The MHD maintains written agreements between the Children’s Long-term Inpatient Program administration and the RSNs to assure the provision of resource management of

the Children's Long-term Inpatient Program (CLIP). These agreements are updated periodically to incorporate quality improvements, clarify expectations, and advance inclusion of families and key partners in all local decision-making.

**Objective 7: Include family participation in discharge planning.**

The Children's Long-term Inpatient Program (CLIP) facilities will include families, parents, and Regional Support Network representatives in discharge planning. Exit interviews will be completed on 10% of the children discharged to assess child and family satisfaction with discharge planning. A report will be generated and submitted to the Mental Health Division at the end of each fiscal year.

**Indicator:** Annual report on satisfaction with discharge planning.

**2002: Achieved.**

**2003: Achieved.**

**2004: Planned.**

All Children's Long-term Inpatient Program (CLIP) facilities actively invite and engage parents, other family members and key partners (RSN representatives, DSHS Division of Child and Family Service caseworkers, probation officers, etc.) in both treatment and discharge planning. Four of the five CLIP facilities conduct routine resident and caregiver satisfaction surveys. The MHD Inspection of Care (IOC) team reviews the results of these surveys annually. In addition, the annual IOC process includes an independent follow-up satisfaction survey. These surveys are attempted for 100% of all children discharged in the previous year. Response rate is excellent, ranging from 50-90%. The trend results are incorporated in the final IOC reports, which are submitted to MHD. The CLIP system is currently piloting a modified satisfaction survey instrument, administered by the parent advocates employed by each of the facilities.

**Criterion IV: Targeted Services to Rural and Homeless Populations**

***GOAL 1: Provide mental health services designed to meet the needs of homeless persons***

**Objective 1: Continue to support PATH programs**

**Indicator:** Apply for annual renewal of the Programs to Aid in the Transition from Homelessness (PATH) grant, 2002, 2003, and 2004.

**2002: Achieved.**

**2003: Achieved.**

**2004: Planned.**

The number of Regional Support Networks with a contract to provide PATH programs has increased from 5 to 8. A total of eleven mental health agencies are currently contracted to deliver services to homeless mentally ill and/or substance abusing

individuals. In addition, one more program will be brought on line this year. PATH has been developing a data collection process that uses handheld computer (Palm Pilot) technology. This year the project will be fully implemented.

**Indicator:** Utilize the structure and funding of the PATH grant to supplement needed outreach and services to homeless individuals.

**2002: Achieved.**

**2003: Achieved.**

**2004: Planned.**

The MHD provided PATH funding to identify and engage mentally ill and substance abusing individuals who are homeless, many of whom may qualify for publicly funded benefits but who are not enrolled. From October 1, 2001 through September 30, 2002, a total of 2,439 people were served in eight locations around the state by eleven provider agencies. Of those, approximately half (1,248) became PATH enrolled, many of which were then referred to other ongoing services.

**Objective 2: Provide ongoing support services to homeless persons who are mentally ill**

**Indicator:** Maintain the proportion of adult outpatient service recipients who were homeless at some point in time during the fiscal year at 5%.

**2002: 11.1% (Achieved)**

**2003: 8.1% (Achieved)**

**2004: Planned.**

**Indicator:** Provide ongoing supportive services, including medication monitoring, case management, drug and alcohol treatment, etc., to homeless persons who are mentally ill.

**2002: Achieved.**

**2003: Achieved.**

**2004: Planned.**

**Greater Columbia Behavioral Health RSN** provided funding for a program of ongoing community support services for persons who are homeless or at risk of homelessness and who have a mental illness. A total of 27 unduplicated consumers were provided with assistance with locating and moving into rental units. In addition, 13 consumers received advocacy regarding landlord-tenant issues. A Tenant Advocacy Coordinator provided services that were culturally competent and delivered whenever possible by bi-cultural, bilingual staff in the consumer's primary language.

**King County RSN** provided engagement and support to homeless individuals to improve the likelihood that they will become involved in treatment services to assist in gaining entitlement benefits, access community services, and make the transition to permanent housing. During the first half of 2003, 166 outreach clients were seen and 20 clients were assisted in securing housing.

**Spokane RSN** provided funding for a Homeless Outreach Team that provided 4,720 client contacts to engage an average of 524 homeless individuals per month in accessing community services and promote transition to permanent housing. Team members also work with community shelters and mental health providers to offer education regarding mental illness and chemical dependency issues, mental health and/or addiction screening, risk assessment, and information on resources to serve homeless persons. The program resulted in an increase in support services to persons who are mentally and/or chemically dependent; an increase in homeless consumer's access to medical and dental health care services; a decrease in recidivism/involvement with the criminal justice system; a reduction in homelessness; and an increase in mobile, on-site care throughout the RSN.

**Objective 3: Develop outcome indicators for serving homeless persons**  
Continue to fund the project to develop outcome/performance indicators for serving homeless persons with mental illness.

**Indicator:** Outcome measures developed by 2002. **Completed in 2002.**

**Objective 4: Support the Continuum of Care Strategy development**

**Indicator:** Encourage Regional Support Networks to participate in the development of Continuum of Care Strategies to assess needs, set priorities, and develop services and housing resources for their area.

**2002: Achieved.**

**2003: Achieved.**

**2004: Planned.**

**Greater Columbia Behavioral Health RSN** provided funding to support the local Continuum of Care Planning Group in an effort to participate in or generate at least one collaborative grant proposal annually to provide housing for homeless persons with a mental illness. An agency staff person serves on several subcommittees to review services to homeless teens, determine dissemination of agency funds to homeless projects, prioritize fund requests for local homeless grants, and develop a policy for use of HUD-generated funds.

**Thurston/Mason RSN** assisted 53 households in finding rental homes and maintaining tenure and placement into Section 8 housing. The Housing Authority of Thurston County served 71 households, placing 30 consumers into Section 8 housing.

**Objective 5: Develop respite and other resources in rural areas for homeless and at-risk- youth**

**Indicator:** Number of rural and homeless youth and adults served.

**2002: 104 youths served; 1,847 adults served (Achieved)**

**2003: 117 youth served; 1,883 adults served (Achieved)**

**2004: Planned.**

*Indicator:* Develop respite and other resources in rural areas for homeless and at-risk youth. **Deleted February 25, 2003.**

Objective 6: Support the expansion of housing for persons with co-occurring disorders at risk of homelessness

*Indicator:* Continue to support efforts to increase housing resources for persons with co-occurring disorders, including youth and older persons. **Deleted February 25, 2003.**

**Grays Harbor RSN** provided transitional living resources for 16 consumers with co-occurring disorders who were at risk of homelessness or hospitalization because of substance abuse. Of these 16 consumers, 3 “graduated” from the program, 12 left for independent living or returned to a hospital, jail, the Mission, or a more intensive placement.

**Peninsula RSN** provided housing, food, and socialization services to 4 consumers who would otherwise be homeless. These services resulted in increased community residency, reduced hospitalization, and reduced involvement with law enforcement.

Objective 7: Provide outreach services to at-risk teens

*Indicator:* Provide outreach services to at-risk teens.

**2002: Achieved.**

**2003: Achieved.**

**2004: Planned.**

**Greater Columbia Behavioral Health RSN** funding for a Walkabout Program in a rural area. During the reporting period, 70 at-risk youth in the area were served. Some issues that have been studied while in a recreational setting include: communication, goal setting, personal definitions of self, self-esteem, life skills, parent/adolescent communication, self-control/peer pressure, golden rule, summer self care, hygiene, puberty, challenges/tools/aptitudes; anger management; future goals; consequences of alcohol/drugs; and obtaining a GED. Education was provided on development of healthy leisure activities such as sports, journaling, or music, versus risk-taking behavior. The program has been found to be beneficial to at-risk youth in the area.

Objective 8: Provide support services for homeless children and their families to assist them out of homelessness

*Indicator:* Maintain a statewide percentage of under 5% of children/youth outpatient service recipients whose primary residence was listed as homeless in the fiscal year and number of hours of service.

**2002: 2.2% (Achieved)**

**2003: 1.1% (Achieved)**  
**2004: Planned.**

*Indicator:* Provide support services for homeless children and their families to assist them out of homelessness.

**2002: Achieved.**  
**2003: Achieved.**  
**2004: Planned.**

**Pierce County RSN** assisted homeless children and their families to successfully attain needed services and supports, e.g., health, education, employment, transportation, recreation, skills training, parenting, housing, food and clothing, to end their homelessness and move into permanent housing. An average of 306 children were enrolled in this support program every six months.

### ***GOAL 2: Improve services to persons with mental illness in rural areas***

*Indicator:* Increase the number of persons in rural areas served and the number of service hours.

**2002: 40,138 persons served; 774,952 service hours (Achieved)**  
**2003: 57,264 persons served; 996,910 service hours (Achieved)**  
**2004: Planned.**

Objective 1: Expand the Community Partners program in rural areas.

*Indicator:* Regional Support Networks will expand Community Partners programs to act as support persons for mental health consumers in rural areas.

**2002: Achieved.**  
**2003: Achieved.**  
**2004: Planned.**

**North Central RSN** provided funding in support of a Mental Health Professional responsible for development and coordination of a countywide Community Partners program. The program provided wrap around services for over 400 consumers this year.

Objective 2: Expand PATH programs to rural areas

*Indicator:* Support expansion of PATH funding into rural Regional Support Networks.  
**Completed in 2002.**

Objective 3: Support use of teleconferencing for rural areas

Evaluate and support the use of telecommunication and teleconferencing in rural and frontier areas to increase participation and feedback from consumers, family members, and service providers in mental health service delivery and policy development.

**Indicator:** Evaluation of telecommunication and teleconferencing. **Deleted February 25, 2003.**

Objective 4: Continue to support Rural Consortium

**Indicator:** Support efforts of the Rural Consortium (Chelan-Douglas RSN, Clark RSN, Timberlands RSN, Grays Harbor RSN, and Northeast RSN) to purchase an information system. **Completed in 2002.**

Objective 5: As part of reduction of stigma, education and speak-out forums will occur on mental health and mental illness

**Indicator:** Number of speak-out forums held. **Deleted February 25, 2003.**

Objective 6: Rural RSNs will provide training and support to local hospital staff and other emergency personnel on mental illness

**Indicator:** Rural RSNs will provide training and support to local hospital staff and other emergency personnel on mental illness.

**2002: Achieved.**

**2003: Achieved.**

**2004: Planned.**

**Peninsula RSN** provided funding to provide increased awareness of mental illness and recovery to persons in rural areas. Four presentations were given for participants to learn to recognize signs and how to respond to suicidal behaviors and to provide an increased awareness of depression, especially among youth and older adults.

## **Criterion V: Management Systems**

### ***Goal 1: Continue to promote training through the Washington Institute for Mental Illness Research and Training***

Objective 1: Support the Washington Institute for Mental Illness Research and Training

**Indicator:** Support the Washington Institute for Mental Illness Research and Training.

**2002: Achieved.**

**2003: Achieved.**

**2004: Planned.**

The MHD contracted with the Washington Institute for Mental Illness Research and Training (WIMIRT) to provide technical assistance, evaluation expertise and training throughout the mental health system. WIMIRT has been a collaborative partner of the

Mental Health Division for over 10 years. This partnership brings mental health services researchers and public mental health policy makers together in a mutually beneficial partnership. The Mental Health Division has benefited from the technical assistance, products and services provided by WIMIRT and WIMIRT has benefited from the infusion of public sector realities and issues into academic settings. WIMIRT consists of two branches; a Western Branch, which is affiliated with the University of Washington and based on the grounds of Western State Hospital, and the Eastern Branch, which is affiliated with Washington State University and is housed within the WSU- Health Sciences Center.

**Objective 2: Provide case management training academy**

**Indicator:** The Washington Institute for Mental Illness Research and Training (WIMIRT) will conduct eight (8) one week sessions of case management training focusing on case management fundamentals, eight (8) sessions on co-occurring case management and will offer three (3) sessions on advanced topics.

- 2002: Achieved.**
- 2003: Achieved.**
- 2004: Planned.**

The Western Branch also conducts several training series, or training academies, that aid mental health providers delivering specialty services. The following training academies were conducted during Fiscal Year 2003:

- Fundamental of Case Management – one week training seminar focused on case management fundamentals.
- Residential Provider Boot Camp – one week of basic core training in mental health residential care.
- Co-occurring Disorders Case Management–one week training seminar
- Youth with Co-occurring Disorders Case Management– one week seminar.
- Ethnic Minority Specialists- year-long training on culturally competent services.
- CDMHP Trainings- developed curriculum and offered week-long training on acute and emergency response for County Designated Mental Health Professionals (CDMHPs).

<b>Number of Trainees</b>			
	<b>FY01</b>	<b>FY02</b>	<b>FY03</b>
General Case Management	34	20	42
Residential “Boot Camp”	36	32	36
Adult COD	45	97	64
Youth COD	36	75	46
Ethnic Minority Specialists	14	14	14
CDMHP		30	35
<b>Total Trainees</b>	<b>165</b>	<b>268</b>	<b>237</b>

### Objective 3: Provide training in forensic psychology

*Indicator:* The Washington Institute for Mental Illness Research and Training (WIMIRT) will continue its forensic training, which supports post-doctoral positions in forensic psychology. A series of training began in September 2002 covering such topics as evaluation, commitment and treatment of sex offenders; issues regarding right to treatment /right to refuse treatment; and voluntary intoxication as a mental defense.

**2002: Achieved.**

**2003: Achieved.**

**2004: Planned.**

The MHD contracted with the Washington Institute for Mental Illness Research and Training (WIMIRT) to continue to support a post-doctoral position in forensic psychology. The Institute offered a forensic curriculum in 2003 to all doctoral and post-doctoral trainees, including the following topics:

- Civil and Forensic Evaluations
- Workplace Safety Evaluations
- Pediatric Forensic Evaluations
- Parenting Evaluations
- Civil commitment and competencies
- Risk Management
- Sex Offender Evaluation
- Psychopathy
- Advance Directives
- Correctional Mental Health
- Not Guilty by Reason of Insanity (NGRI)/Conditional Release
- Treatment of Violent Patients

### Objective 4: Expand lending library of video instructional materials

*Indicator:* The Washington Institute for Mental Illness Research and Training will maintain and continue to expand, and make available upon request, a lending library of video instructional materials.

**2002: Achieved.**

**2003: Achieved.**

**2004: Planned.**

The MHD contracted with the Washington Institute for Mental Illness Research and Training (WIMIRT) to expand the lending library of video instructional materials. All training academy courses are available on video. As additional trainings are developed, they are also made available on videotape. This has proven to be extremely useful for rural and frontier providers who may not have the staff or the resources to attend training classes at the WIMIRT campus.

## Objective 5: Implement training as identified from focus groups

**Indicator:** Implement the training as identified from the focus groups conducted by the eastern branch of the Washington Institute for Mental Illness Research and Training.

**2002: Achieved.**

**2003: Achieved.**

**2004: Planned.**

The MHD contracted with the Washington Institute for Mental Illness Research and Training (WIMIRT) to implement training needs identified by focus groups. This has included co-occurring disorders, crisis response and certification, and geriatric mental health. WIMIRT has been able to incorporate two of the three training needs into their current curriculum. The third, geriatric mental health, was cut due to funding constraints. Additional training needs identified were training issues surrounding evidence-based practices. Following is a summary of training events provided by WIMIRT under this contract: *Family Education at the State Hospital; Provider Training and Supervision in Family Psychoeducation; Spokane County Psychiatric Rehabilitation Guiding Coalition; Aging Certificate Program; Ethnic Minority Training for MH Specialists; Measurement of Patient Satisfaction and Quality Improvement; Depression Screening Program in the Schools; and Geriatric Psychopharmacy Program.*

## Objective 6: Conduct consumer/family satisfaction surveys

**Indicator:** Each year, the Washington Institute for Mental Illness Research and Training will conduct a satisfaction survey of consumers and their families using the Mental Health Statistical Improvement Project (MHSIP). Children/youth and adults will each be surveyed on alternate years.

**2002: Achieved.**

**2003: Achieved.**

**2004: Planned.**

The MHD contracted with the Western Branch of the Washington Institute to conduct surveys of consumer perceptions of care. These survey results are used to meet reporting requirements for the Uniform Reporting System, to meet survey requirements for the Washington State Department of Social and Health Services, and are reported in the MHD Performance Indicator system. In Fiscal Year 2003 two perception of care surveys were completed by WIMIRT.

1. MHSIP Adult Consumer Survey- surveyed 2150 adults receiving mental health services using a Computer Assisted Telephone Interview (CATI) system. Created sample frame, hired and trained interviewers, retrieved contact information, and conducted follow-up calls. Generated toolkit and report;
2. MHSIP Child and Family Survey- surveyed 413 youth receiving mental health services, and 901 parents of youth receiving mental health services. Used a Computer Assisted Telephone Interview (CATI) system. Created sample frame, hired and

trained interviewers, retrieved contact information, and conducted follow-up calls.  
Generated toolkit and report.

***Goal 2: Promote a highly skilled community current with best practices***

**Objective 7: Support an annual statewide Behavioral Health Conference**

***Indicator:*** Provide support to the annual Behavioral Health Conference, including scholarships for consumers, parents and family advocates.

**2002: Achieved.**

**2003: Achieved.**

**2004: Planned.**

The MHD contracted with the Washington Community Mental Health Council to present a three-day statewide conference entitled “Promoting Stability in Unstable Times.” The conference was attended by over 600 persons in the fields of mental health, developmental disabilities, and chemical dependency, including 100 consumers and family advocates. Consumer involvement is viewed as crucial to the overall success of the conference, and scholarships were provided to 71 consumers and family advocates to support their attendance. Dedicated program tracks were offered on the following subjects: Older adults; Children and Family Services; Consumer Advocacy; Consumer Employment; and Developmental Disabilities.

**Objective 8: Support training on the specialized needs of older adults**

The Mental Health Division will provide support for conferences and for persons to attend training by paying registration, travel and per diem.

***Indicator:*** Support of the two Alzheimer conferences yearly by providing stipends for persons to attend the conference.

**2002: Achieved.**

**2003: Achieved.**

**2004: Planned.**

The MHD provided funds to the two Alzheimer advocacy groups active in Washington State. The Alzheimer’s Association and the Alzheimer Society both received funds to provide stipends in support of family members and caregivers interested in attending the conference. Each organization successfully planned and delivered conferences which addressed issues of primary concern to families struggling with the challenge of dementia. Nationally recognized speakers and experts in the field presented information.

***Indicator:*** Sponsor statewide conference on aging and mental health issues. **Deleted**  
**April 15, 2002**

***Indicator:*** By 2004 training on the specialized needs of older adults will be provided to Home and Community Services case managers, Residential Care Services, Area Agencies on Aging, Regional Support Networks, Mental Health Providers, Mental Health

Crisis Workers, and County Designated Mental Health Professionals. This training will include the behavioral needs of older adults and those with organic disorders (e.g. dementia, Traumatic Brain Injury); developing and managing coordinated care plans; and developing and managing effective crisis plans. **Deleted April 15, 2002.**

**Objective 9: Support training on treatment for persons with co-occurring disorders**

The Mental Health Division will provide support for conferences and for persons to attend training by paying registration, travel and per diem.

**Indicator:** Jointly fund, plan, organize and offer the 12<sup>th</sup>, 13<sup>th</sup> and 14th annual co-occurring disorders conference with the Division of Alcohol and Substance Abuse.

**2002: Achieved.**

**2003: Achieved.**

**2004: Planned.**

The MHD provided funding in support of the annual Division of Alcohol and Substance Abuse conference, which was held in September 2003 in Yakima. This conference was attended by 350 clinicians and stakeholders. This was the first conference that had support and funding by 4 state agencies. For the first time the Department of Corrections and Aging and Adult Disability Administration participated.

**Indicator:** Provide one training session per year on the unique needs of consumers with co-occurring disorders who are sexual minorities. The MHPAC Sexual Minority Treatment and Services Subcommittee will work with the Division of Alcohol and Substance Abuse to plan and provide this training.

**2002: Achieved.**

**2003: Achieved.**

**2004: Planned.**

The MHD provided funding to support this conference, which was held June 6, 2003 in Shoreline, Washington. There were approximately 210 participants in attendance. The goals of the conference were to 1) foster a greater awareness of the range and scope of prevention, intervention and treatment services needed to address the unique needs of sexual minority individuals and their family members; 2) promote best practices to address co-occurring alcohol, tobacco, other drugs, mental health and other health issues facing sexual minority communities; and 3) provide information on national, state and local resources available to support sexual minority individuals and their family members. Evaluations of the conference workshops and keynotes were very positive.

**Indicator:** Annual Conference on Fetal Alcohol Syndrome/Effect. The Mental Health Division will work in partnership with the Children's Administration; Division of Alcohol and Substance Abuse; Division of Developmental Disabilities; Department of Health; Department of Corrections; and the Office of the Superintendent of Public Instruction to promote education and awareness of these conditions among service

providers.

**2002: Achieved.**

**2003: Achieved.**

**2004: Planned.**

The Fetal Alcohol Syndrome Interagency Workgroup, comprised of representatives from various state agencies including DASA, DDD, DOH, JRA, CA, DOC, the University of Washington and the FAS Family Resource Institute continues to meet every other month. They have in the past put on yearly training educating professionals and parents about FAS/ARND and effective treatment approaches. The funding has been so limited over the past two years, a conference was not possible. The Workgroup will request that information on this topic be provided in a workshop at the statewide Behavioral Healthcare conference in 2004.

#### Objective 10: Provide cross-system training on the needs of persons with a developmental disability

Training will be provided each year under a contract to be jointly funded with the Division of Developmental Disabilities to provide cross-system training through the University of Washington or another specialized training resource.

*Indicator:* Cross-system training on persons with a developmental disability.

**2002: Achieved.**

**2003: Achieved.**

**2004: Planned.**

The MHD and the DSHS Division of Division of Developmental Disabilities collaborated on the provision of multiple trainings to both mental health and developmental disabilities providers in the community as well as at the state psychiatric hospitals. This included training and consultation with Dr. Ruth Ryan, a nationally recognized expert on clients with a dual diagnosis and a half day presentation at the spring conference of the Washington Association of County Designated Mental Health Professionals. MHD and DDD also collaborated to provide training on topics related to clients with a dual diagnosis at the statewide 2003 Behavioral Healthcare Conference. In addition to a keynote address by Ann Poindexter, MD, "Not Yours, Not Mine, But Ours - What I've Learned About Serving People with Mental Health/Mental Retardation" a specialized clinical track (five separate presentations) was presented. Presentation topics included: (1) Multi-Modal Treatment; (2) Crisis Stabilization Services; (3) Spokane MH Crisis Stabilization model; (4) Instilling Self-Love; and (5) Medical Issues with Assessments.

#### Objective 11: Provide training to increase sensitivity on sexual minority issues

Provide an annual "Say It Out Loud" conference co-sponsored with the Division of Alcohol and Substance Abuse. Provide "Do Ask/Do Tell" training to 3 additional

Regional Support Networks. Explore the possibility of developing training on sexual minority issues using a documentary book/video of stories both by consumers and staff for future replication with other consumer populations.

**Indicator:** Annual training provided in 2002, 2003, and 2004.

**2002: Achieved.**

**2003: Achieved.**

**2004: Planned.**

The MHD provided funding to support the annual “Saying It Out Loud” conference, which was held in June 2003 in Shoreline, Washington. There were approximately 210 participants in attendance. The goals of the conference were to 1) foster a greater awareness of the range and scope of prevention, intervention and treatment services needed to address the unique needs of sexual minority individuals and their family members; 2) promote best practices to address co-occurring alcohol, tobacco, other drugs, mental health and other health issues facing sexual minority communities; and 3) provide information on national, state and local resources available to support sexual minority individuals and their family members. Evaluations of the conference workshops and keynotes were very positive.

The “Do Ask/ Do Tell” training, regarding how to ask the data question about sexual orientation in a culturally sensitive manner was provided over this past year to the QRT/Advisory Board in Grays Harbor RSN, to providers in three areas of Greater Columbia RSN( Walla Walla, Yakima and Richland), and at Grant Mental Health in North Central RSN. Approximately 120 participants attended .

**Objective 12: Provide training on the special needs of sexual minority youth**  
A training packet/program will be developed for use by the Case Management Academy, the Behavior Health Conference, grandparents as caregivers, teachers and foster parents on the special needs of children who are sexual minorities or who have parents or supports who are sexual minorities.

**Indicator:** A training packet/program is developed by 2004. **Planned for 2004.**

**Objective 13: Provide training on the needs of consumers with HIV/AIDS**  
Collaborate with the Division of Alcohol and Substance Abuse and the Department of Health on developing a survey tool for case managers across our three systems to assess their understanding of HIV/AIDS issues and their needs for further training and technical assistance. In addition, plan and co fund conferences and training efforts for front line provider systems about new developments in HIV/AIDS.

**Indicator:** Conference held each year. **Planned for 2003.**

Due to fiscal constraints in 2003, the Department of Health did not have an annual cross system conference about the new developments in HIV/AIDS. Information on this topic

will be presented to mental health clinicians at the statewide Behavioral Healthcare conference in 2004.

**Greater Columbia Behavioral Health RSN** provided community outreach focused on working with other community service providers to deliver psycho-educational services to family members as well as persons affected with HIV/AIDS in a multi-ethnic population in a rural setting. Through these activities and distribution of mental health information regarding crisis service access and the involuntary treatment act, the agency was able to collaborate with other providers. Training and phone consultation were also provided among the provider network in this area. Individual therapy and crisis stabilization were available on a weekly basis and allowed individuals to explore treatment options and problem solve issues on a one-to-one basis from a solution focused, strengths based approach. A total of 394 service units were provided in this program.

#### Objective 14: Support Geriatric Mental Health Specialist Training

Support will be provided for a Geriatric Specialist training program to provide specialized knowledge for successful treatment of aging individuals with conditions such as mental illness, Alzheimer's and dementia.

**Indicator:** # of individuals completing Geriatric Specialist Training Program.

**Deleted February 25, 2003.**

The Western Branch of WIMIRT conducted and completed an Older Adults Needs Assessment. The needs of Older Adult mental health consumers have not been well documented in the state. This assessment allows for identification and planning for service delivery systems to meet the specialized needs of this population. This assessment will aid in the development of training curriculum geared to mental health providers who specialize in treating this population.

#### Objective 15: Training on the cross-system needs of children with emotional disturbance

**Indicator:** Provide annual training on mental health, chemical dependency, and children's issues. Co-fund with the Division of Alcohol and Substance Abuse the Youth Academy and Adult Academy statewide training for mental health workers, chemical dependency workers, and children's social workers.

**2002: Achieved.**

**2003: Achieved.**

**2004: Planned.**

During the time period 2001-2003 there were 8 case management weekly programs conducted by WIMIRT specific to the needs of youth with Co-Occurring Disorders and 8 for Adults with Co-Occurring Disorders. This training program was jointly administered and funded with the DSHS Division of Alcohol and Substance Abuse and will be continued through the 2003-2005 biennium.

**Indicator:** Identify and train day care centers on how to provide appropriate services for children with a mental illness in support of working parents. **Completed in 2002.**

**Indicator:** Provide training on exemplary models of respite care. **Deleted February 25, 2003.**

**Indicator:** Provide for training of case aides specific to the needs of complex children.  
**Amended:** This indicator was amended in the revised Federal Block Grant plan submitted on February 25, 2003. The MHD will conduct a literature search on exemplary programs for serving special populations and will publish a guide on evidence-based best practice models. **Completed in 2003.**

The MHD contracted with the Eastern Branch of the Washington Institute for Mental Illness and Training to conduct a literature search and develop a Resource Guide on best practice models for engaging and serving special populations. The Resource Guide and literature search documents will be distributed to interested persons and included on the MHD web page through a Universal Resource Locator (URL) link.

**Indicator:** Plan and co-fund the annual Foster Care Conference with the Children's Administration; Division of Developmental Disabilities; and Division of Alcohol and Substance Abuse.

**2002: Achieved.**

**2003: Achieved.**

**2004: Planned.**

The MHD provided funding to support the annual Foster Care Conference. The 2003 Fall Conference was held in Yakima, 425 attended. The following conference outcomes were achieved: 1) conference overall rating was "very good"; 2) presented sessions on the "Stepping Stones to Quality Foster Care", including workshops on ethnic issues, behavior management, life transitions for children in care and self care for the caregivers; 3) workshop leaders included local and national experts; and 4) there was strong foster parent participation (205) through the scholarship program.

**Indicator:** Plan and co-fund the annual Early Childhood Conference with the Office of the Superintendent of Public Instruction; Division of Developmental Disabilities; Children's Administration; and Division of Alcohol and Substance Abuse.

**2002: Achieved.**

**2003: Achieved.**

**2004: Planned.**

The MHD provided funding in support of the 23<sup>rd</sup> annual statewide Infant and Early Childhood Conference that took place at the Yakima Convention Center in Yakima, Washington from May 7 – 9, 2003. The Infant and Early Childhood Conference provides opportunities for families and service providers to come together to learn, share and advocate on behalf of all young children, especially those with developmental delays, disabilities and/or other special health care needs, including mental health care needs.

One of the primary goals of the conference is to foster partnerships and collaboration across families, disciplines, agencies and funding sources to provide coordinated services in local communities. The Conference program consisted of 48 workshop sessions as well as a pre conference training day on Infant Mental Health attended by about 60 educators, administrators, providers and parents. The conference itself was attended by 600 participants. This conference is an important avenue for dissemination of information in support of early intervention/prevention services for babies and young children including education about mental health issues.

**Indicator:** Support the Children's Mental Health Specialist training program. **Deleted February 25, 2003**

#### Objective 16: Provide training on Individualized and Tailored Care (ITC) model

Training and technical assistance will be provided to Regional Support Networks or providers to better utilize an Individualized and Tailored Care (ITC) process for developing services to meet the needs of consumers, children and their families. This training will include crisis, ethnic, geriatric and children's specialists.

**Indicator:** Training will occur in at least five Regional Support Networks. **Completed in 2002.**

#### Objective 17: Support professional development for County Designated Mental Health Professionals

Jointly fund, plan, organize and offer the twice yearly Washington Association of County Designated Mental Health Professional (WACDMHP) conferences and other WACDMHP professional development training activities. This activity also provides training on communication skills for emergency room personnel, police, caseworkers and consumers

**Indicator:** Twice yearly conferences held.

**2002: Achieved.**

**2003: Achieved.**

**2004: Planned.**

The MHD contracted with the WACDMHP to host a conference in April 17-18, 2003. The conference was attended by 68 persons representing both county designated mental health professionals (CDMHP) and persons from allied systems. The first day of the conference was devoted to the assessment and treatment of persons with both mental illness and a developmental disability and the work currently underway by the two systems (mental health and developmental disabilities) to work more collaboratively. This part of the conference was in response to a Mental Health Division request. The second day was divided into two topics, the Attributes of Youth Violence and Model Documents for CDMHPs. The presentation on Youth Violence addressed its epidemiology, the development of individual risk and treatment options. The Model Document presentation included an overview of the legal documentation required by the

involuntary treatment acts and the distribution of a series of draft model documents that can be used by CDMHPs in this work.

### Objective 18: Support training academy for County Designated Mental Health Professionals

Develop a curriculum and jointly fund, plan, organize and implement a County Designated Mental Health Professional academy to provide basic legal, clinical and process training to all newly designated County Designated Mental Health Professionals.

**Indicator:** Develop training curriculum in 2002. **Completed in 2002.**

**Indicator:** Provide training on annual basis beginning in 2003.

**2003: Achieved.**

**2004: Planned.**

Statewide CDMHP training was developed to further the work of providing new and current County Designated Mental Health Professionals with basic training that will promote statewide uniform decision making in regard to the treatment of individuals and the protection of the public; more effective administration of chapter 71.05 RCW (Mental Illness) and chapter 10.77 RCW (Criminally Insane—Procedures; and Chapter 71.34 RCW (Mental Health Services for Minors). Two five-day series of CDMHP training were developed. In addition to the purposes stated above, the values driving the curriculum were that the information would focus on the explication of Washington State Laws and would be presented by experts in each topic. The first training series was delivered in Western Washington in the Spring of 2002; the second training series was delivered in Eastern Washington in the November, 2002. Thirty-four CDMHPs representing 7 RSNs and two Federally recognized tribes completed the 32 hour series.

### Objective 19: Evaluate the use of mental health specialists and develop “Best Practice” models.

**Indicator:** Complete evaluation of use of mental health specialists by 2003. **Completed in 2003.**

The MHD contracted with the Eastern Branch of the Washington Institute for Mental Illness and Training to conduct a literature search and develop a Resource Guide for mental health specialists and other interested persons on best practice models for engaging and serving special populations. The Resource Guide and literature search documents will be distributed to interested persons and included on the MHD web page through a Universal Resource Locator (URL) link. Development of the curriculum for mental health specialist training programs will focus on evidence based best practice models of care as determined by these studies.

**Indicator:** Report on “Best Practice” models for use of mental health specialists. **Planned for 2004.**

## Objective 20: Provide training on mental illness screening

**Indicator:** The Mental Health Division will establish a contract with the DSHS Economic Services Administration to provide mental health training to Community Service Office Social Workers to improve referrals of persons with mental illness who have not yet been identified. **Deleted February 25, 2003.**

## Objective 21: Stigma reduction education

**Indicator:** Provide community education on mental health and mental illness to law enforcement and first responders regarding mental illness and organic disorders. These efforts will be targeted to reduce stigma and improve the responsiveness and effectiveness of law enforcement when dealing with individuals experiencing behaviors related to their mental illness or disorder. This training shall focus on age related issues specific to children and older adults.

**2002: Achieved.**

**2003: Achieved.**

**2004: Planned.**

**Thurston/Mason RSN** provided funding for training to the National Alliance for the Mentally Ill of Thurston/Mason (NAMI T/M) to develop a model curriculum and training for 75 “first responders” on how to respond to and assist persons with mental illness who are experiencing a crisis. Three weeklong training sessions were held with an expert panel consisting of a family advocate, NAMI T/M board member, psychologist, counselor, pharmacist, crisis intervention specialists, and a nationally recognized police trainer.

**Indicator:** # of other anti-stigma activities, such as bullying prevention, walk for mental health, recovery speakers, vision of hope conference, “Pebbles in the Pond” training, grade school education, web sites, etc.

**2002: Achieved.**

**2003: Achieved.**

**2004: Planned.**

**Grays Harbor RSN** provided mental health education for 59 consumers, family members, providers and the public using the “Pebbles in the Pond” training curriculum.

**North Sound RSN** held a “Vision of Hope” conference to provide training and education on “Embracing the Recovery Continuum” as a way of providing clarity about exactly what mental health recovery means. Wilma Townsend was the keynote speaker and provided leadership and direction throughout the conference. Over 250 persons attended the conference, including family members, collateral systems, and 130 consumers. The goal of the conference was to develop mutual respect between consumers and providers by building services based upon consumer and family strengths and this was achieved.

**Pierce County RSN** provided funding for consumer family education using the model, “Pebbles in the Pond: Living with Chronic Neurobiological Disorders.” The program is a 12-week curriculum on living with chronic neurobiological disorders and is available to consumers, family members, providers from various fields, and other interested parties. Approximately 20 to 35 individuals attend each series. Participants have demonstrated improved knowledge of mental illness have increased as a result of this training as evidenced by Pre- and Post Test Scores.

**Objective 22: Provide training based on new data dictionary definitions**

**Indicator:** Provide training at the Regional Support Network and provider level on the new data dictionary terms and codes. This training focused on increasing the reliability and consistency of data in the Community Mental Health Information System.

**Completed in 2002.**

**Objective 23: Provide training on disaster mental health services**

**Indicator:** Provide training specific to emergency/disaster outreach services and the Crisis Counseling Program to assure improved coordination amongst disaster outreach workers so that those who individuals who are in need of additional mental health assessment and services are properly referred.

**2002: Achieved.**

**2003: Achieved.**

**2004: Planned.**

Washington State maintains an active volunteer cadre able to respond in a declared disaster. A meeting of all RSN Disaster Preparedness Coordinators was held during the past year and information was provided about the cadre. Coordinators had an opportunity to network and update each other on progress in their region. Resource information was distributed and individuals were asked to identify areas in need of future training resources. This information will be utilized in 2004 to consolidate and formalize the state’s disaster preparedness plan with the RSNs.