

Exhibit A.2: Describe your plan to assess and ensure the provider agencies in your network (or subcontractors) are able to submit client and service data that meets the BHO reporting requirements (as specified in table below). (295)

b. Information Systems and Data Communication Plan:

The SCRBHO will assess and ensure the SUD and mental health agencies, and SUD facilities in the SCRBHO network (or subcontractors) are able to submit client and service data that meets the BHO reporting requirements (as specified in Table 1 Non-Provider One data elements) and Table 2 (Provider One Data Elements) through the IS and Data Communication Plan.

Exhibit A.2b: How are you[r] communicating the data reporting requirements? (295)

The SCRBHO will facilitate ad hoc and monthly meetings with SUD agencies, SUD facilities, mental health agencies, and mental health inpatient providers to assess and address their IT systems/capabilities, staffing resources, business processes, and training needs for being able to submit timely and accurate client demographic and service encounter data meeting the BHO reporting requirements as specified in Table 1 and 2 for reporting to DSHS/DBHR. Meetings will include current mental health agencies and mental health inpatient providers in order to address any changes to existing data collection and reporting requirements.

The SCRBHO will also use email communications, on-site visits, and phone communications to share and disseminate information and meet deadlines, collaborate on solutions and processes, and provide training. The SCRBHO's Help Desk will provide technical assistance, Raintree system training, and answer questions throughout the project to the SUD and mental health agencies, and SUD facilities.

The SCRBHO will communicate data reporting requirements by conducting and/or facilitating the following activities for meeting the objective of receiving and submitting to DSHS/DBHR timely client demographic and service encounter data for all behavioral health subcontractors:

- i. Ad hoc meetings with Information Systems, Direct Data Entry, and Executive Directors (beginning September 2015 through January 2016)
- ii. Monthly Information Systems Data Compliance Monthly Meetings: Beginning February 2016 and ongoing thereafter.
- iii. Raintree System Overview Training: Multiple sessions will be conducted during November-December 2015 to SUD agencies and facilities not familiar with the Raintree system and data collection processes.

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- iv. Raintree System Direct Data Entry Training: Multiple sessions will be conducted during February-March 2016 to all SUD agencies and SUD facilities specific to SUD data collection processes.
- v. By December 31, 2015, the SCRBHO will give a 90-day software notice to all SUD and mental health agencies and SUD facilities when they publish the "Final Draft" version of the SCRBHO Data Dictionary Effective April 1, 2016, containing the new data elements, business rules, and technical rules/requirements for submitting SUD and mental health client demographic and service encounter data into Raintree via Direct Data Entry. This documentation will also contain any updates to the EDI specifications for existing mental health agencies to continue to report client demographic and service encounter data via EDI.
- vi. By February 15, 2016, the SCRBHO will provide the updated DSHS/DBHR published Service Encounter Reporting Instructions documentation, and hold subsequent in-service meetings, with all SUD agencies and SUD facilities for all services, effective April 1, 2016.
- vii. By February 15, 2016, the SCRBHO will provide the DSHS/DBHR published SUD Access to Care Standards, Appointment Standards, and the SCRBHO level of care guidelines, and hold subsequent in-service meetings, with all SUD agencies and facilities as part of the assessing and enrolling process of SUD clients effective April 1, 2016.
- viii. By March 1, 2016, the SCRBHO will publish their final version of the updated SCRBHO Data Dictionary, effective April 1, 2016, containing the new data elements, business rules, and technical rules/requirements for reporting SUD client and service encounter data into the Raintree system via direct data entry (and MH data changes if any apply). This documentation will contain any updated requirements and specifications for existing mental health agencies to continue to submit mental health client demographic and service encounter data via EDI.
- ix. By June 1, 2016, the SCRBHO will publish the final draft version of the SCRBHO standard SUD EDI specifications for SUD agencies and facilities to submit their client demographic and service encounter data to the SCRBHO for processing into the Raintree system. The SCRBHO will publish the final version of the SCRBHO standard SUD EDI specifications by August 1, 2016.

Exhibit A.2a: Describe any barriers your substance use disorder treatment agencies have in meeting the data collection and transmission requirements? (295)

- c. Barriers and Challenges:

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The primary barriers or challenges the SCRBHO faces with the Behavioral Health Data Consolidation Project are centered on 2 key areas:

- i. Receiving the data, business, and technical requirements from DSHS/DBHR in a timely manner; and
- ii. Limited lead time to effectively analyze, document, communicate, and implement the process and software changes to all subcontractors involved and their software vendors for making the necessary system changes in a timely manner (as the subcontractors deem necessary).

These barriers specifically include:

- i. Timeliness in DSHS/ DBHR providing final documentation of data collection and transmission requirements, including the list of data elements with definitions, values, and business rules to the SCRBHO by September 1, 2015 (per DSHS/DBHR's BHDC project workgroup's July 23, 2015, email).
 1. Final documentation needs to identify which data elements and business rules are required for which client and/or service groups, more specifically for:
 - a. SUD outpatient treatment provider agencies, SUD residential and inpatient facilities, and identifying what the differences are in these requirements from existing required data elements and business rules for SUD outpatient agencies' and facilities' data.
 - b. Mental health outpatient provider agencies and mental health inpatient providers, if there are new or changed requirements from the existing required data elements and business rules for mental health inpatient and outpatient data.
 2. Final documentation needs to include the SUD Access to Care Standards requirements and criteria.
 3. Final documentation needs to include required data elements and associated business rules for collecting, storing, and reporting grievances and appeals.
 4. Final documentation needs to include the Involuntary Treatment Act (ITA) data elements and/or business rule changes associated with House Bill (HB) 1450, Senate Bill (SB) 5269, and SB 5649 which went into effect on August 24, 2015.
 5. Final documentation needs to include a current First Routine Outpatient Services list, consistent with this same list referenced in any applicable SCOPE system reports.
- ii. Timeliness in DSHS/DBHR providing final documentation of their Service Encounter Reporting Instructions (SERI), CIS Data Dictionary and EDI state

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- reporting specifications for all new or changed required data elements by September 1, 2015.
- iii. Timeliness in DSHS/DBHR providing CIS and Provider One EDI specifications for all new or changed files that are created by DSHS/DBHR and sent to the RSN/BHO, such as error files and any changes to existing EDI return file specifications which would impact the SCRBHO's existing import routines.
 - iv. Timeliness in DSHS/DBHR providing a test environment for the SCRBHO to submit EDI test files for all new required data elements by February 16, 2016, per DSHS/DBHR's Behavioral Health Data Consolidation Project Timeline (dated 3/25/2015).
 - v. Timeliness in DSHS/DBHR providing a published Service Encounter Reporting Instructions document for all the services to be used by both mental health and SUD provider agencies by the following dates, per the July 2015 SERI Workgroup Agenda:
 - *DRAFT* for public review – November 15, 2015
 - *PUBLISH* – February 1, 2016
 - *EFFECTIVE* – April 1, 2016
 - vi. Limited lead time by the SCRBHO to document the SCRBHO's Data Dictionary and EDI specifications for providers that will be in effect April 1, 2016, and give a formal 90 day notice to all impacted agencies and facilities by December 31, 2015.
 - vii. Limited lead time by software vendors' development teams to complete modifications in the health information systems of the SCRBHO, mental health and SUD agencies, and SUD facilities, with regard to meeting the IT data collection and reporting requirements by February 1, 2016, for Raintree system training, and for EDI testing by existing mental health agencies currently sending data via EDI.
 - viii. Limited lead time by the SCRBHO, mental health and SUD agencies, and SUD facilities to complete testing of their updated IT data collection and reporting systems with DSHS/DBHR by March 16, 2016, per DSHS/DBHR's Behavioral Health Data Consolidation Project Timeline (dated 3/25/2015), especially when DSHS/DBHR is scheduled to not have a test environment available until February 16, 2016.
 - ix. Limited lead time by the SCRBHO to update and publish the SCRBHO Data Dictionary containing the new data elements, technical requirements, and business requirements for direct data entry into the Raintree system by December 31, 2015, with release of the Final Draft version by March 1, 2016.

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- x. Limited lead time by the SCRBHO, SUD agencies and SUD facilities, to update their internal processes and train on their updated IT data collection and reporting systems and business rules by March 31, 2016.
- xi. Limited lead time by the SCRBHO and mental health inpatient providers to determine the most efficient process, and the associated training, for IT data collection and reporting by March 31, 2016.
- xii. Limited lead time by the SCRBHO and mental health agencies to update their internal processes and train on their updated IT data collection and reporting systems and business rules by March 31, 2016.
- xiii. Limited lead time to fully understand the 42 CFR Part 2 system and privacy requirements and implement the associated system security requirements and/or changes, software enhancements, additional IS security and confidentiality training materials, develop a finalized SCRBHO-wide consent form for disclosures, execute Qualified Service Organization Agreements (QSOA) among and with SCRBHO providers, and update/create contract compliant MIS policies for SUD and mental health system users of the Raintree system by April 1, 2016.

d. Overcoming Barriers and Challenges:

The SCRBHO plans to overcome the barriers and challenges of the Behavioral Health Data Consolidation project through active participation and engagement with DSHS/DBHR in obtaining the data, business, and technical requirements and specifications of the project, as well as seeking answers from DSHS/DBHR to questions as they arise regarding the requirements. Additionally, the SCRBHO will focus their efforts on effective planning, very deliberate relationship building, and clear and concise communications with the SUD agencies and facilities, and their software vendors. Lastly, the SCRBHO will re-assess their overall status, the impact of the barriers, and the quality and timeliness of the deliverables and milestones on a regular basis throughout the project in order to stay on schedule, achieve the SCRBHO's business goals, and meet the required contract and project objectives.

Exhibit A.2b: How are you[r] communicating the data reporting requirements? (295)

The SCRSN has an existing MIS and Data Management communications framework that will be enlarged and enhanced for addressing the project requirements with the SUD agencies and facilities, while continuing to support the existing mental health agencies.

One critical component of this communications framework includes the SCRBHO Help Desk, which provides technical assistance to subcontractors with regards to

business and data rule sharing (questions and answers), training, documentation sharing, technical advice in making data corrections, performing data reconciliation, and providing alerts and notification regarding data quality and timeliness issues, and in providing overall Raintree system support.

Exhibit A.2c: Describe technical assistance or other support you are providing to substance use disorder treatment agencies? (295)

This communications framework will be especially important when it is utilized for critical activities, such as when the SCRBHO Data and Quality Systems team will be providing technical assistance to SUD agencies and facilities. Examples of these critical project activities involving technical assistance are listed below (and include existing mental health agencies when needed):

- i. Installation of the Raintree system for all SUD data entry system users by February 15, 2016.
- ii. Initial technical assistance and Raintree system training to SUD agencies' and facilities' data entry staff by April 1, 2016.
- iii. Facilitate networking meetings with SUD agencies and facilities and provide technical assistance in developing forms for data entry purposes into the Raintree system for the collection of client demographic and service encounter data by April 1, 2016.
- iv. Technical assistance for obtaining the necessary documentation and oaths of confidentiality for setting up Raintree access for all new SUD system users based on their security role in their organization by April 1, 2016.
- v. Technical assistance to mental health agencies needing their individual system user access in Raintree updated due to SUD 42 CFR Part 2 security requirements being implemented in Raintree by April 1, 2016.
- vi. Technical assistance to establish SUD agencies' and facilities' providers (staff) and their provider levels in the Raintree system for data entry purposes by April 1, 2016.
- vii. Technical assistance to establish SUD agencies' and facilities' open clients in the Raintree system for data entry purposes by April 1, 2016.
- viii. Technical assistance and training to SUD agencies and facilities to complete monthly data reconciliation and certification forms by May 1, 2016.
- ix. Technical assistance to SUD agencies and facilities for ongoing data collection, correction, and reporting questions both before and after April 1, 2016.
- x. Training and in-service sessions to SUD agencies and facilities on an ongoing basis during the monthly Information Systems Data Compliance meetings, specifically with regard to timely and accurate data collection, monthly certifications of data, error correction, and reporting after April 1, 2016.

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- xi. Technical assistance and training to SUD agencies requesting to send SUD transactions via EDI, instead of reporting transactions via Direct Data Entry into the SCRBHO's Raintree system, with pilots beginning in late summer 2016, and available to all SUD agencies in spring 2017.
- xii. Technical assistance to SUD facilities requesting to send SUD transactions via EDI, instead of reporting transactions via Direct Data Entry into the SCRBHO's Raintree system, with pilots beginning in winter 2016, and available to all facilities in spring 2017.

Exhibit A.2d: Describe the IT systems/EHRs used by the provider agencies in your network to collect and submit client and services information? (295)

e. Data Collection, Storage, and Submission to DSHS/DBHR:

i. SUD Agencies and Facilities IT Systems/EHRs:

The SCRBHO implementation is not dependent on the IT systems/EHRs of the SUD agencies and facilities in our network to collect and store their data, nor in submitting client demographic and service encounter data to DSHS/DBHR. This is because all SUD agencies and facilities will use electronic or paper forms for collecting the required data, and will be required to submit their client and services information via direct data entry into the SCRBHO's Raintree system.

The SCRBHO will work with the SUD agencies and facilities to develop and use the necessary forms for collecting the required data and submitting the client demographic and service encounter information into the Raintree system. These forms may be electronic or paper, depending on the preference of the SUD agencies and facilities (such as whether they have an IT system/EHR, and whether they have the time, resources and/or funding to complete the necessary software modifications to produce the electronic forms in their IT system/EHR).

SUD agencies and facilities will incorporate the completion of these forms into their existing business processes, and store these completed forms for their records and annual encounter data validation and clinical monitoring purposes.

SUD agencies and facilities will be trained on the Raintree system, set up systematically with access, and prepared to submit their client demographic

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and service encounter data into the SCRBHO's Raintree system via direct data entry beginning April 1, 2016.

Upon request, SUD agencies and facilities will be trained and provided the necessary technical assistance to be able to submit their client demographic and service encounter data electronically to the SCRBHO via EDI. This decision to do so will be based on the SUD agency's or facility's request to the SCRBHO, their ability to do so within their own health information systems, and their readiness to do so. The implementation of the SUD electronic reporting capabilities will be done via a staggered approach and methodology. The SCRBHO will not require any SUD or MH agencies, or SUD facilities to submit their data electronically into the Raintree system; this additional offering will be made available upon request and in lieu of submitting the data into the Raintree system via direct data entry. Refer to the following section or Appendix B for specific EDI implementation dates and when this option for submitting data electronically will be made available to SUD agencies and facilities.³

ii. The SCRBHO Data Collection, Storage and Submission Preparations:

The SCRBHO will update, extend, and enhance existing Raintree system programs, data entry screens, and processes for collecting, storing, and submitting SUD and mental health agencies', and SUD facilities' client demographic and service encounter data based on changes in reporting requirements and specifications from DSHS/DBHR beginning April 1, 2016.

The SCRBHO will store client demographic and service encounter data received from SUD agencies and facilities in the Raintree system beginning April 1, 2016, and will begin reporting this data to DSHS/DBHR on April 15, 2016, per DSHS/DBHR's Behavioral Health Data Consolidation Project Timeline (dated 3/25/2015), or at a later date if necessary as directed by DSHS/DBHR.

By August 1, 2016, the SCRBHO will begin EDI testing with existing mental health EDI agencies that are also SUD agencies, this EDI testing will be for submitting SUD client demographic and service encounter information via EDI to the Raintree system. This will only include mental health agencies that

³ Refer to Appendix B - BHDC Project Plan – HIS Schedule at the end of this document for a more detailed project implementation schedule. This schedule is a “living” project schedule and will be updated regularly throughout the project.

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are currently sending mental health EDI transactions to the SCRBHO's Raintree system for processing. EDI Go Live dates for these mental health and SUD agencies are projected to begin October 1, 2016, but they are dependent on agency readiness.

By November 1, 2016, the SCRBHO will begin an EDI testing pilot (no more than 5 agencies) with new SUD agencies that request to submit their client demographic and service encounter information via EDI into the Raintree system, instead of via direct data entry. EDI Go Live dates for these SUD agencies are projected to begin by February 1, 2017, but they are dependent on agency readiness.

By November 1, 2016, the SCRBHO will begin an EDI testing pilot (no more than 5 agencies) with new SUD facilities that request to submit their client demographic and service encounter information via EDI into the Raintree system, instead of via direct data entry. EDI Go Live dates for these SUD facilities are projected to begin by February 1, 2017, but they are dependent on facility readiness.

By March 1, 2017, the SCRBHO will begin EDI testing with any mental health or SUD agencies, and any SUD facilities (upon request with no more than 5 agencies and/or facilities in the testing queue at the same time) for submitting client demographic and service encounter information via EDI into Raintree, with EDI Go Live dates for these agencies and facilities to be scheduled based upon their readiness.

EDI transmission of SUD client demographic and service encounter data is planned after April 1, 2016, due to the limited lead time indicated in the barriers stated previously.

Data Elements, Exhibit A.3: Document your plan to collect client and services data from the substance use residential providers located throughout the state? (295)

iii. Collecting Data from SUD Residential Agencies Located Throughout the State:

The plan for SUD residential facilities throughout Washington State is being determined by a multi-RSN workgroup. When this plan is completed for the processes of authorization/utilization management, billing, payment processing, and data entry, it will be implemented for meeting the requirements of data collection, storage, and reporting to DSHS/DBHR.

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Although the SUD agencies and facilities outside of the SCRBHO region may not follow the same processes as the SUD agencies and facilities within the SCRBHO region, the multi-RSN workgroup's plan is to have the out-of-region SUD providers follow a standard set of processes across the state for data collection, storage, and reporting to DSHS/DBHR.

The following is the plan for SUD facilities within the SCRBHO region:

- a. SUD facilities will be required to develop and use their own data entry forms, from a template that will be provided by the SCRBHO based on workgroup meetings with SUD facilities, to collect the required data for submitting client demographic and service encounter information. These forms may be electronic or paper, depending on the preference of each SUD residential facility (such as whether they have an IT system/EHR, and whether they have the time, resources and/or funding to complete the necessary software modifications to produce the electronic forms in their IT system/EHR).
- b. SUD residential facilities will utilize these completed forms in order to submit the client demographic and service encounter information via Direct Data Entry into the SCRBHO's Raintree system. SUD residential facilities will be required to store these forms for their records if they do not have the data stored in their systems for annual provider encounter data validation and clinical monitoring purposes
- c. The SCRBHO's Raintree system will be ready and available for SUD residential facilities to report their client and service encounter data via Direct Data Entry by April 1, 2016.
- d. SUD residential facilities will be trained, given Raintree system access, and prepared to submit their data to the SCRBHO into the Raintree system via direct data entry beginning April 1, 2016.
- e. The SCRBHO will begin submitting the SUD residential data to DSHS/DBHR beginning April 15, 2016, per DSHS/DBHR's Behavioral Health Data Consolidation Project Timeline (dated 3/25/2015) or at a later date, if necessary, as directed by DSHS/DBHR. SUD residential facilities will have the option of reporting their data to the SCRBHO into the Raintree system via EDI beginning May 2017, instead of submitting it via direct data entry into the Raintree system.

Data Elements, Exhibit A.4: Document your systems capacity to collect, store, and submit funding source information associated with a person and service, in order to meet block grant reporting requirements. (295)

- iv. Systems Capacity to Collect, Store, and Submit Funding Source Information:

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The SCRBHO has the ability to enhance and extend the Raintree system's capacity, data entry screens, EDI programs, state reporting programs, and processes to collect, store, and submit funding source information associated with person and service in order to meet block grant reporting requirements.

The SCRBHO's dependencies in doing so include:

- DSHS/DBHR providing the necessary documented requirements, SERI, CIS Data Dictionary, and technical specifications in a timely manner.
- The SCRBHO including the required business rules, data, and technical requirements in the SCRBHO Data Dictionary for SUD and mental health, and the mental health EDI specifications by December 31, 2015.
- The SCRBHO providing technical assistance to the SUD agencies and facilities, and mental health agencies if applicable, to update their processes and forms for collecting the required funding source information.

The SCRBHO training the SUD agencies and facilities, and mental health agencies if applicable, on submitting the required funding source information into Raintree.

Data Elements, Exhibit A.5: Describe how will you ensure that encounters are submitted within 30 days after the close of the month of service? (295)

f. Ensuring Data Timeliness

The SCRBHO will ensure that service encounters are submitted within 30 days after the close of the month of service by providing training and enforcement for the following aspects of the SCRBHO contract requirements:

1. The SCRBHO's contracts will require SUD agencies and facilities to submit their client demographic and service encounter data within timeliness standards set by the SCRBHO. These contract standards are yet to be determined by the SCRBHO, but will ensure compliance with the DSHS/DBHR timeliness requirements.
2. For all service encounter data received into the SCRBHO's Raintree system, the SCRBHO will have the capability of submitting SUD and MH service encounters on a weekly basis to DSHD/DBHR after April 1, 2016.
3. The SCRBHO will publish a monthly report to all MH and SUD agencies, and SUD facilities, regarding their service encounter timeliness compliance results, and will initiate communication with any agencies or facilities failing to meet their timeliness contract compliance requirement. If necessary, the SCRBHO will

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send Corrective Action Plan notices to agencies or facilities failing to meet their monthly timeliness contract compliance requirement with follow up, as needed, with the agencies and facilities for meeting this requirement.

4. The SCRBHO will annually monitor mental health and SUD agencies, and SUD facilities, for timeliness in reporting their client demographic and service encounter data. All mental health and SUD agencies, and SUD facilities, will be provided with an IS Monitoring report of their compliance results, with specific feedback regarding findings and recommendations. Corrective Action Plans (CAPs) will be required by SUD and mental health agencies, and SUD facilities, that receive reports containing findings and recommendations. The SCRBHO will follow through with all SUD and mental health agencies, and SUD facilities, regarding their CAPs to ensure compliance.

III. Other Management Information Systems and Data Management Areas

- a. Once the SCRBHO receives the final documentation on any new required data elements and associated business rules from DSHS/DBHR for collecting, storing, and reporting grievances and appeals, the SCRBHO will work with DSHS/DBHR to determine how best to implement and automate the current manual processes in the SCRBHO's health information systems to ensure the required data is provided to DSHS/DBHR.
- b. The SCRBHO will apply the following methodologies and practices, which have proven to be effective with the mental health agencies, to the SUD agencies and facilities to ensure contract compliance:
 1. Data Submission and Error Correction:
 - i. The SCRBHO will publish a weekly error report to all SUD agencies and facilities, requiring errors be corrected within 14 calendar days, as it does today for mental health agencies, beginning with April 2016 data in reports published during April 2016.
 - ii. The SCRBHO will publish a monthly Service Encounter Timeliness Performance Report and an Error Correction Performance Report to all SUD agencies and facilities, indicating their monthly performance results, as it does today for mental health agencies, beginning with May 2016 data in reports published during July 2016.⁴ Both reports are also published

⁴ SCRBHO provides a 60 day lag time on agencies and facilities monthly activity and performance reports in order to allow agencies sufficient time to submit and correct their client demographic and service encounter data.

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and reviewed annually and are directly connected to all SUD and mental health agencies' and SUD facilities' performance incentives.

- iii. The SCRBHO will monitor annually all SUD agencies and facilities for timely data submission and data corrections, per their contract requirements, as it does today for mental health agencies, beginning after April 1, 2016, which is directly connected to all SUD and mental health agencies' and SUD facilities' performance incentives.

2. Business Continuity and Disaster Recovery Plan:

- i. The SCRBHO reviews and updates their Business Continuity and Disaster Recovery Plan annually to ensure contract compliance. The SCRBHO tests their Business Continuity and Disaster Recovery Plan, and documents this test, annually. On an annual basis, the SCRBHO requires evidence of system backup, recovery/restore, and verification from Raintree Inc. and Spokane County Information Systems Department (ISD), for ensuring these system capabilities of disaster recovery planning. The SCRBHO's current Business Continuity and Disaster Recovery Plan will be available to all SUD and mental health agencies, and SUD facilities, beginning April 1, 2016. The SCRBHO's updated Business Continuity and Disaster Recovery Plan and system test results will be published and sent to all SUD and MH agencies, and SUD facilities, annually beginning November 2016.
- ii. The SCRBHO will perform a contract review of all new SUD agencies' and facilities' Business Continuity and Disaster Recovery Plans and provide all agencies and facilities with contract compliance feedback in the timeframe from April 2016 through June 30, 2017.
- iii. The SCRBHO will perform annual IS Monitoring of all SUD agencies and facilities, as it does today for mental health agencies, beginning April 1, 2016. The SCRBHO will specifically review SUD agencies and facilities Business Continuity and Disaster Recovery Plans for contract compliance. All agencies and facilities will be provided with an IS Monitoring report of their compliance results, with specific feedback regarding findings and recommendations. CAPs will be required by SUD and mental health agencies, and SUD facilities, that receive reports containing findings and recommendations. The SCRBHO will follow through with all SUD and

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mental health agencies, and SUD facilities, regarding their CAPs to ensure compliance.

3. HIPAA Compliance:

- i. The SCRBHO will ensure HIPAA compliance with 45 CFR Parts 160 and 164, with the SUD agencies and facilities beginning April 1, 2016, as it does today with mental health agencies and software vendors, including Spokane County ISD.
- ii. The SCRBHO will conduct HIPAA Security Officer training with all new SUD agencies and facilities in spring of 2016, to ensure their understanding of the HIPAA IS standards and requirements in preparation for annual IS Monitoring by the SCRBHO.
- iii. The SCRBHO will ensure HIPAA compliance with use and disclosure of protection health information, individual rights, subcontracts and other third party agreements, and breach notification through implementation and enforcement of compliant MIS policies and procedures, oaths of confidentiality, new employee HIPAA privacy and security training, and annual HIPAA privacy and security training by all SUD and mental health agencies, and SUD facilities.
- iv. The SCRBHO's annual IS Monitoring of SUD agencies and facilities, mental health agencies, and software vendors will include the review of MIS policies and procedures, business continuity and disaster recovery plans, data security requirements (Exhibit A), and evidence of complying with 45 CFR Parts 160 and 164. The IS Monitoring Tool includes a comprehensive set of 190 questions aimed at reviewing and verifying HIPAA HI-TECH compliance of all subcontracting agencies and facilities.
- v. The SCRBHO will provide all SUD and MH agencies, and SUD facilities, with an IS monitoring report of their compliance results, with specific feedback regarding findings and recommendations. CAPs will be required by SUD and mental health agencies, and SUD facilities, that receive reports with findings and recommendations. The SCRBHO will follow through with all SUD and mental health agencies, and SUD facilities, regarding their CAPs to ensure compliance.

4. Information Systems 42 CFR Part Two Compliance - IS Security and Protection of Confidential Information:

- i. The SCRBHO will evaluate the requirements of 42 CFR Part 2, and implement and enforce them in their MIS' security programs and protocols, system access rules and user based roles, IS Monitoring Tool

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and monitoring processes, and create or update as deemed necessary, all MIS Policies and Procedures to ensure compliance by April 1, 2016.

APPENDIX A

Additional mechanisms the SCRBO will utilize to ensure SUD and mental health agency, and SUD facility, compliance include: policies, reports, training, and monitoring, which will be replicated and extended to SUD agencies and facilities. Specifics on the policies, reports, and processes that will be updated or created can be found in this appendix.

1. Policy Changes

- The following is a list of existing SCRBO Mental Health Management Information Systems Policies that will be reviewed and updated to meet 42 CFR Part 2- Confidentiality of Alcohol and Drug Abuse Patient Records and DSHS/DBHR contract requirements of SUD confidentiality, and will apply to mental health and SUD agencies, and SUD facilities.

MIS - 08 Encounter Certification
MIS - 10 Device and Media Controls - Master and Raintree Data Backup and Storage (Revised)
MIS - 12 Information Systems Monitoring
MIS - 13 Data Dictionary Requirements
MIS - 16 Disaster Recovery
MIS - 17 Data Security, Device/Media Controls - Disposal and Media Re-use, Access Control - Encryption and Decryption (Revised)
MIS - 21 Management Information System
MIS - 22 Data Reporting
MIS - 23 Sharing Consumer Data
MIS - 24 Oaths of Confidentiality
MIS - 25 Access Control - Automatic Logoff
MIS - 26 Access Control - Emergency Access Procedures
MIS - 27 Applications and Data Criticality Analysis
MIS - 28 Assigned Security Responsibility
MIS - 29 Business Associate Contracts/Agreements
MIS - 30 Device and Media Controls - Accountability
MIS - 31 Emergency Mode Operation Plan
MIS - 32 Facility Access Controls - Access Control, Validation Procedures, Contingency Operations
MIS - 33 Facility Access Controls - Facility Security Plan and Maintenance Records
MIS - 34 Information Access Management - Access Authorization, Establishment, Modification
MIS - 35 Information System Activity Review
MIS - 36 Information Systems (IS) Audit Controls
MIS - 37 Information Systems (IS) Evaluation
MIS - 38 Information Systems (IS) Integrity

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MIS - 39 Information Systems (IS) Security Incident Procedures Response and Reporting
MIS - 40 Log-in Monitoring
MIS - 41 Password Management, Person or Entity Authentication, Access Control-Unique User Identification
MIS - 42 Protection from Malicious Software
MIS - 43 Risk Analysis
MIS - 44 Risk Management
MIS - 45 Sanction
MIS - 46 Security Awareness and Training
MIS - 47 Security Management Process
MIS - 48 Security Reminders
MIS - 49 Testing and Revision Procedures
MIS - 50 Transmission Security - Integrity Controls, Encryption
MIS - 51 Workforce Security - Authorization and/or Supervision Policy
MIS - 52 Workforce Security - Termination Procedures
MIS - 53 Workforce Security - Workforce Clearance
MIS - 54 Workstation Use, Workstation Security

2. IS Monitoring Process Changes:

- The following is a list of existing SCRBHO components that make up the annual IS Monitoring, which currently includes monitoring for HIPAA HI TECH compliance and the current DSHS/DBHR contract requirements. These components will be reviewed and updated as needed to meet 42 CFR Part 2-Confidentiality of Alcohol and Drug Abuse Patient Records and DSHS/DBHR contract requirements, effective April 1, 2016. These components and the SCRBHO IS Monitoring process will apply to mental health and SUD agencies, and SUD facilities, after April 1, 2016.
 - Annual IS Monitoring Tool and Site Visit Questions;
 - Annual IS Monitoring Training (to providers);
 - HIPAA Security Rule Compliance Training (only needed for security officers at agencies and facilities new to the SCRBHO as of April 1, 2016);
 - Annual IS Monitoring Detail and Summary Reports;
 - Monitoring Letter for Corrective Action Plan; and
 - Follow Up Communications Ensuring Provider Compliance (through the corrective action plan process).

3. Contractual Performance and Data Compliance Report Changes and/or Additions

- SUD Outpatient Treatment Provider Agencies and SUD Residential and Inpatient Facilities:
 - The following is a list of relevant SCRBHO performance and data compliance reports for managing the performance and data compliance results of agencies on

Spokane County Regional Behavioral Health Organization

a regular basis. These reports will be created, updated, enhanced or replicated for the SUD agencies and facilities (where applicable).

- Data Correction:
 - Weekly Data Error Correction Report
 - Daily Electronic Data Interchange (EDI) Client Demographic Return Files
 - Daily Electronic Data Interchange (EDI) Client Demographic Service Encounter Return Files
- Monthly Activity Reports:
 - Monthly Aged Service Encounter Timeliness Report
 - Monthly Unique Consumers Served Activity Report
 - Monthly Services Activity Report
 - Monthly Service Hours and Per Diem Activity Report
 - Monthly Outpatient and Inpatient Statistics Report
 - Monthly Agency Admissions Report
- Monthly Performance Reports:
 - Monthly DSHS/DBHR Measure - Penetration Performance Report
 - Monthly DSHS/DBHR Measure - Retention Performance Report
 - Monthly Business Day Submission (Service Encounter Timeliness) Report
 - Monthly Access to Care Report
 - Monthly Error Correction Performance Report
 - Monthly Inpatient Admit Performance Report
 - Monthly Individuals Served, Services, and Service Hours Performance Report
- Annual Performance Reports:
 - Clinical Monitoring Report
 - Encounter Data Validation (EDV) Monitoring Report
 - Information Systems Monitoring Report
 - Disaster Recovery Plan Monitoring Report
 - Regional Performance Goal 1: Contact with Community Psychiatric Hospital Staff within 3 Business Days
 - Regional Performance Goal 2: Routine Services within 7 Business Days of State Psychiatric Hospital Discharge
 - Regional Performance Goal 3: Minimum of 1 Measurable Treatment Goal on Treatment Plan
 - Annual Admissions Report
 - Annual Inpatient and Outpatient Statistics Report
- On Demand Reports:
 - On Demand Pending Authorization Report

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- On Demand Open Client List Report
- On Demand Service Report
- On Demand Provider Staff Report
- Adoption and Creation of Necessary Operational Reports Currently Produced from the DSHS/DBHR's Target System for SCRBHO Administration
- Adoption and Creation of Necessary Operational Reports Currently Produced from the DSHS/DBHR's SCOPE System for SCRBHO Program Integrity and Administrative Purposes
- MH Agencies Only – New DSHS/DBHR Performance Measure Reports:
 - Monthly Penetration Performance Metric Report
 - Monthly Inpatient Psychiatric Readmission Performance Metric Report

4. Grievances and Appeals Processes

- Once the SCRBHO receives the final documentation on any new required data elements and associated business rules from DSHS/DBHR for collecting, storing, and reporting grievances and appeals, the SCRBHO will work with DSHS/DBHR and determine how best to implement and automate the current manual processes in the SCRBHO's health information systems to ensure the required data is provided to DSHS/DBHR.

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APPENDIX B (SCRBHO MIS and HIS Project Schedule)

Project #	Project Name or Project Task Description	Start Date	End Date
1.0	Behavioral Health Data Consolidate Project		
1.1	Business and Data Requirements Phase	9/1/2015	12/31/2015
1.1.1	DSHS/DBHR Releases CIS Data Dictionary, EDI Specifications, Business Rules, New Data Elements, SUD Access to Care Standards for:	9/1/2015	10/9/2015
1.1.1.1	SUD Outpatient Provider Agencies	9/1/2015	10/9/2015
1.1.1.2	SUD Residential & Inpatient Facilities	9/1/2015	10/9/2015
1.1.1.3	MH Outpatient Provider Agencies	9/1/2015	10/9/2015
1.1.2	Compare State Data Dictionary with SCRSN Data Dictionary and EDI Specification Document	9/1/2015	10/22/2015
1.1.3	Document Impact Analysis, Gap Analysis	10/1/2015	11/1/2015
1.1.4	Revise SCR BHO Data Dictionary and EDI Specification Documentation	11/1/2015	12/31/2015
1.1.5	Business Process Analysis	9/1/2015	12/31/2015
1.1.5.1	Contracts Process Review: BHO, MH, SUD	9/1/2015	Ongoing
1.1.5.2	SUD: Authorization Process	9/1/2015	12/15/2015
1.1.5.3	SUD: Administrative Process Analysis	9/1/2015	12/15/2015
1.1.5.4	SUD: Financial Process Analysis	9/1/2015	12/15/2015
1.1.5.5	SUD: Quality Assurance Process Analysis	9/1/2015	12/15/2015
1.1.5.6	SUD: Client and Service Activity Process Analysis	9/1/2015	12/15/2015
1.1.5.7	SUD: Program Integrity Process Analysis	9/1/2015	12/15/2015
1.1.5.8	SUD: Network Analysis and Development	9/1/2015	12/15/2015
1.1.5.9	SUD: Evidence Based, Practice Analysis Development	9/1/2015	12/15/2015
1.1.5.10	Grievances and Appeals Processes	9/1/2015	12/31/2015
1.1.5.11	Milestone: Requirements Phase Completed	12/31/2015	12/31/2015
1.2	Design Phase	10/1/2015	12/31/2015
1.2.1	Design Work Group Sessions with MH and SUD Outpatient Provider Agencies and SUD Residential & Inpatient Facilities	10/1/2015	12/1/2015
1.2.2	Document Design Documentation for Feedback and Approval	12/1/2015	12/20/2015
1.2.3	Finalize Design Documentation for Raintree Direct Data Entry & EDI (MH existing outpatient provider agencies only)	12/20/2015	12/31/2015

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1.2.4	Release Final Draft Version of SCRBHO Data Dictionary (all MH & SUD agencies and residential & inpatient facilities), EDI Specifications (for existing MH Outpatient Provider Agencies only) Effective 4/1/2016	12/31/2015	12/31/2015
1.2.4.1	Provide 90 Day Notice to Existing MH Outpatient Provider Agencies of Software Changes	12/31/2015	12/31/2015
1.2.4.2	Milestone: Design Phase Completed	12/31/2015	12/31/2015
1.3	Development Phase	12/1/2015	3/1/2016
1.3.1	Raintree - Implement System Software Enhancements	12/1/2015	2/28/2016
1.3.2	Raintree - Redesign State Reporting EDI Process	12/1/2015	2/28/2016
1.3.3	Raintree - Implement SERI Configuration Changes for MH and SUD Effective 4/1/2016	2/1/2016	3/1/2016
1.3.4	Milestone: Development Phase Completed	3/1/2016	3/1/2016
1.4	Testing Phase	12/1/2015	3/31/2016
1.4.1	Test Raintree Direct Data Entry for MH and SUD Outpatient Provider Agencies, SUD Residential & Outpatient Facilities	12/1/2015	2/28/2016
1.4.2	Raintree EDI Testing MH - Existing MH EDI Outpatient Provider Agencies (inbound and outbound)	2/1/2016	3/31/2016
1.4.3	Testing of State Reporting Process (test Raintree data feed to State for SUD and new MH requirements)	2/16/2016	3/31/2016
1.4.4	Update SCRBHO Data Dictionary and MH Outpatient Provider Agencies EDI Specifications Effective 4/1/2016 Based on Testing	2/1/2016	3/31/2016
1.4.5	Milestone: Testing Phase Completed	3/31/2016	3/31/2016
1.5	Final Documentation Phase	11/15/2015	3/1/2016
1.5.1	DSHS/DBHR Publishes Final Data Dictionary Effective 4/2/2016	11/15/2015	11/15/2015
1.5.2	DSHS/DBHR Publishes Draft SERI SUD and MH) Effective 4/1/2016; SCRBHO Provides to MH and SUD Agencies and Facilities	11/15/2015	11/15/2015
1.5.3	DSHS/DBHR Publishes Final SERI SUD and MH) Effective 4/1/2016; SCRBHO Provides to MH and SUD Agencies and Facilities	2/1/2016	2/1/2016
1.5.4	SCRBHO Updates SERI Duration Matrix and Publishes to MH and SUD Agencies and Facilities	2/1/2016	3/1/2016
1.5.5	Release Final Draft Version of SCRBHO Data Dictionary Effective 4/1/2016 (all MH & SUD agencies and residential & inpatient facilities), EDI Specifications (for existing MH Outpatient Provider Agencies only), SCRBHO SERI Duration Matrix	3/1/2016	3/1/2016

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1.5.6	SCRBHO Updates Grievances and Appeals Processes and User Procedures (due to any business process changes and/or implemented data elements and systematic automation)	3/1/2016	3/31/2016
1.5.7	Milestone: Final Documentation Phase Completed	3/31/2016	3/31/2016
1.6	Raintree Training Phase	1/1/2016	3/31/2016
1.6.1	Document and Finalize Raintree Training Plan	1/1/2016	2/1/2016
1.6.2	Document Training Schedule and Distribute to All MH and SUD Outpatient Agencies, SUD Residential & Inpatient Facilities	2/1/2016	3/1/2016
1.6.3	Update Raintree End User Training Materials	2/1/2016	3/1/2016
1.6.4	Training Sessions Conducted	3/1/2016	3/31/2016
1.6.5	Milestone: Raintree Training Phase Completed	3/31/2016	3/31/2016
1.7	Go Live Preparation Phase	3/15/2016	4/15/2016
1.7.1	Load New Providers and NPIs to Raintree for All SUD Outpatient Provider Agencies, SUD Residential & Inpatient Facilities, Load NPIs to Raintree for Existing Providers (if required)	3/15/2016	4/1/2016
1.7.2	Coordinate and Load New and Open Clients to Raintree for All SUD Outpatient Provider Agencies, SUD Residential & Inpatient Facilities	3/28/2016	4/15/2016
1.7.3	Milestone: Go Live Preparation Phase Completed	4/15/2016	4/15/2016
1.8	Go Live for SCR BHO and MH & SUD Outpatient Provider Agencies and Residential & Inpatient Facilities	4/1/2016	4/15/2016
1.8.1	SCR BHO & MH EDI MIS System Changes Migrated/Configured in Production Environments	4/1/2016	4/1/2016
1.8.2	State CIS Data Dictionary Effective	4/1/2016	4/1/2016
1.8.3	State SERI Effective	4/1/2016	4/1/2016
1.8.4	SCR BHO Data Dictionary/SERI Code Matrix Effective	4/1/2016	4/1/2016
1.8.5	Direct Data Entry Go Live - SUD Outpatient Provider Agencies, SUD Residential & Inpatient Facilities, Existing MH Outpatient Provider Agencies	4/1/2016	4/15/2016
1.8.6	EDI Go Live MH - Existing MH EDI Outpatient Provider Agencies Only	4/1/2016	4/15/2016
1.8.7	Milestone: Go Live for SCR BHO and MH & SUD Outpatient Provider Agencies and Residential & Inpatient Facilities	4/1/2016	4/15/2016
1.9	SCR BHO Standard Reports Phase	2/1/2016	6/1/2016
1.9.1	State Performance Measure Reports - Development, Testing, Publish	2/1/2016	5/1/2016
1.9.1.1	MH Penetration - Performance Measure Report	2/1/2016	5/1/2016

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1.9.1.2	MH Inpatient Psychiatric Readmissions - Performance Measure Report	2/1/2016	5/1/2016
1.9.1.3	SUD Penetration - Performance Measure Report	4/1/2016	5/1/2016
1.9.1.4	SUD Retention - Performance Measure Report	4/1/2016	5/1/2016
1.9.2	SCRBHO Administrative and Operational Reports regarding SUD Agencies and Residential & Inpatient Facilities - Development, Testing, Publish	2/1/2016	5/1/2016
1.9.3	SCRBHO Operational Reports Published to SUD Agencies and Residential & Inpatient Facilities - Development, Testing, Publish	3/1/2016	6/1/2016
1.9.4	SCRBHO Performance Reports Published to SUD Agencies and Residential & Inpatient Facilities - Development, Testing, Publish	3/1/2016	6/1/2016
1.9.5	Specifically Identified New SUD Reports and Updated MH Reports	3/1/2016	6/1/2016
1.9.5.1	New SUD Appointment Standards to Access to Care Report (2.277-Timely Access)	3/1/2016	6/1/2016
1.9.5.2	Update MH Existing Access to Care Report (2.277-Timely Access)	3/1/2016	6/1/2016
1.9.5.3	Update MH Existing Raintree Pending Auth Report (2.277-Timely Access)	3/1/2016	6/1/2016
1.9.5.4	New SUD Raintree Pending Auth Report (2.277-Timely Access)	3/1/2016	6/1/2016
1.9.5.5	New SUD Open Client Report (2.277-Timely Access)	3/1/2016	6/1/2016
1.9.5.6	New SUD Clinical Monitoring Tool and Reports (2.277-Timely Access)	3/1/2016	6/1/2016
1.9.5.7	New SUD Monthly Unique Consumers Served Activity Report (2.277-Timely Access)	3/1/2016	6/1/2016
1.9.5.8	New SUD Monthly Service and Service Hours Activity Report (2.277-Timely Access)	3/1/2016	6/1/2016
1.9.5.9	Milestone: SCR BHO Standard Reports Phase Completed	6/1/2016	6/1/2016
1.10	Electronic Data Interchange (EDI) Phase with MH/SUD Provider Agencies and Residential & Inpatient Facilities	2/1/2016	5/1/2017
1.10.1	EDI Testing MH - Existing MH EDI Outpatient Provider Agencies (inbound and outbound)	2/1/2016	3/31/2016
1.10.2	EDI Go Live MH - Existing MH EDI Outpatient Provider Agencies	4/1/2016	4/1/2016

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1.10.3	Final Draft Version of EDI Specifications Published for SUD Outpatient Provider Agencies and Residential & Inpatient Facilities	5/1/2016	5/1/2016
1.10.4	Final Version of EDI Specifications Published for SUD Outpatient Provider Agencies and Residential & Inpatient Facilities	6/1/2016	6/1/2016
1.10.5	EDI Testing SUD - Existing MH EDI, SUD Outpatient Provider Agencies	8/1/2016	9/30/2016
1.10.6	EDI Go Live SUD - Existing MH EDI, SUD Outpatient Provider Agencies	10/1/2016	10/1/2016
1.10.7	EDI Testing SUD - New SUD Outpatient Provider Agencies (pilot of 5 agencies)	11/1/2016	1/31/2017
1.10.8	EDI Go Live SUD - New SUD Outpatient Provider Agencies (pilot of 5 agencies)	2/1/2017	2/1/2017
1.10.9	EDI Testing SUD - New Residential & Inpatient Facilities (pilot of 5 facilities)	11/1/2016	1/31/2017
1.10.10	EDI Go Live SUD - New Residential & Inpatient Facilities (pilot of 5 facilities)	2/1/2017	2/1/2017
1.10.11	EDI Testing MH - New MH Outpatient Provider Agencies (upon request, 5 limit at one time)	3/1/2017	Ongoing
1.10.12	EDI Go Live MH - New MH Outpatient Provider Agencies (upon request, 5 limit at one time)	5/1/2017	Ongoing
1.10.13	EDI Testing SUD - New SUD Outpatient Provider Agencies (upon request, 5 limit at one time)	3/1/2017	Ongoing
1.10.14	EDI Go Live SUD - New SUD Outpatient Provider Agencies (upon request, 5 limit at one time)	5/1/2017	Ongoing
1.10.15	EDI Testing SUD - New Residential & Inpatient Facilities (upon request, 5 limit at one time)	3/1/2017	Ongoing
1.10.16	EDI Go Live SUD - New Residential & Inpatient Facilities (upon request, 5 limit at one time)	5/1/2017	Ongoing
1.10.17	<i>Milestone: EDI Phase with MH/SUD Provider Agencies and Residential & Inpatient Facilities Completed</i>	5/1/2017	5/1/2017
2.0	Data Warehouse and Business Intelligence Project - Phase 1	5/1/2015	6/1/2016
2.1	Phase 1 - Project Planning Phase: Project Charter, Architecture Plan	5/1/2015	6/10/2015
2.2	Phase 1 - Requirements Phase: Conceptual Model	6/1/2015	10/1/2015
2.2.1	Infrastructure, Platform, Systems Architecture, Security, Sizing	6/1/2015	7/15/2015
2.2.2	Business Requirements Documentation Development and Signoff	6/1/2015	10/1/2015

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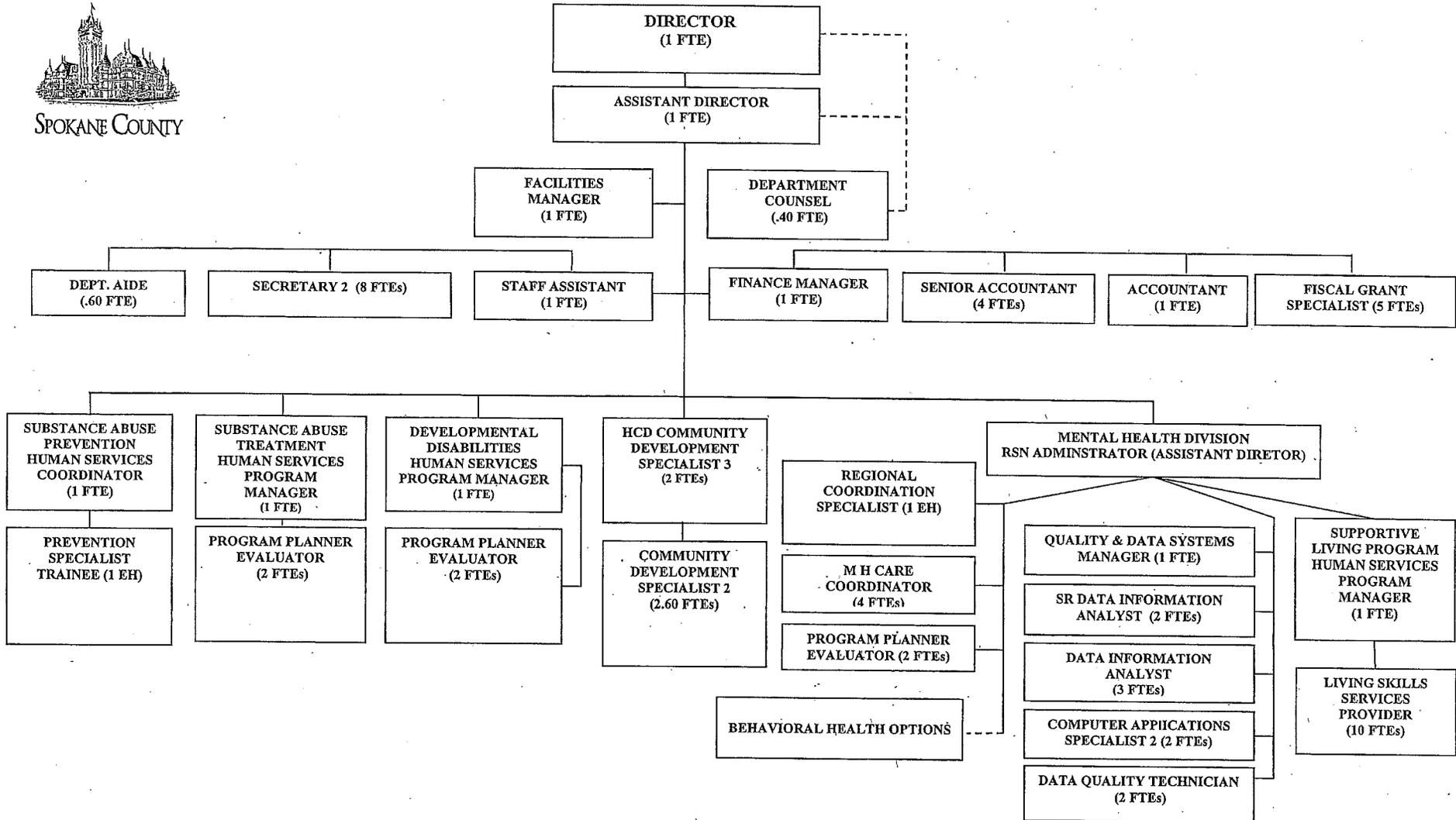
2.2.3	Technical Requirements Documentation Development and Signoff	6/1/2015	10/1/2015
2.3	Phase 1 - Network/Hardware/Software Installation Phase	6/1/2015	3/4/2016
2.4	Phase 1 - Design Phase for Business and Technical Requirements, Logical and Physical Model	8/3/2015	11/30/2015
2.4.1	Data Modeling	8/3/2015	11/30/2015
2.4.2	Documentation of Business and Data Rules	8/3/2015	11/30/2015
2.5	Phase 1 - Development Phase for Business and Technical Requirements	10/2/2015	4/30/2016
2.5.1	ETL, Initial Load, and Data Warehouse Build	10/2/2015	1/29/2015
2.5.2	Business Analytics and Standard Reports Development	11/1/2015	4/30/2016
2.6	Phase 1 - Testing Phase for Business and Technical Requirements, Data Warehouse, Reports, Analytics	2/1/2016	4/30/2016
2.7	Phase 1 - Product and Systems Certification Phase	5/1/2016	6/1/2016
2.8	Phase 1 - End User Documentation Development, Training Plan, Training Phase	5/1/2016	6/1/2016
2.9	Phase 1 - Go Live	5/1/2016	6/1/2016
2.10	Milestone: Data Warehouse and Business Intelligence Project Phase 1 Complete	6/1/2016	6/1/2016

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Attachment 1

**SPOKANE COUNTY
COMMUNITY SERVICES, HOUSING, AND COMMUNITY DEVELOPMENT DEPARTMENT**

Date Revised 9/25/2014

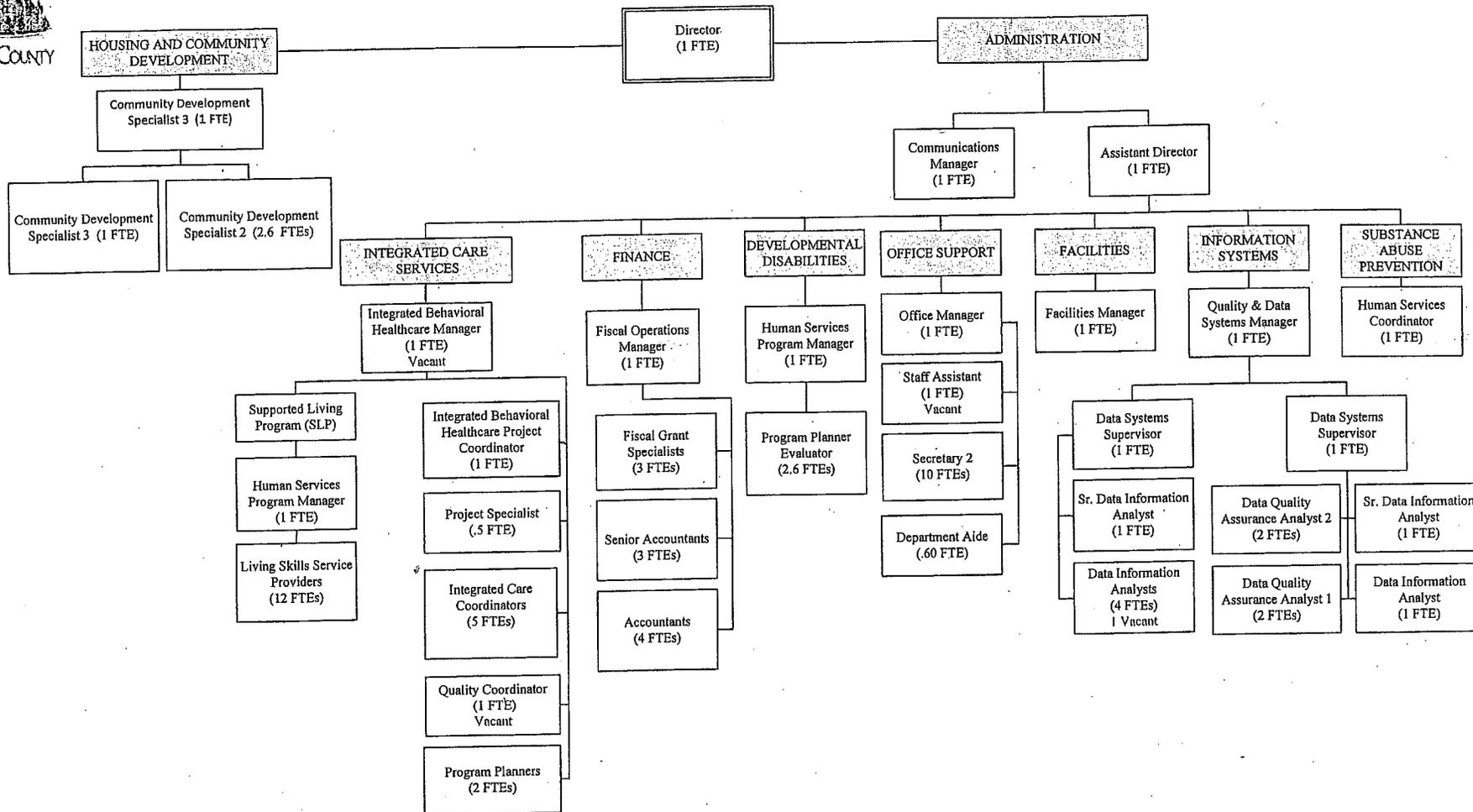


Spokane County Regional Behavioral Health Organization

Attachment 2

SPOKANE COUNTY
COMMUNITY SERVICES, HOUSING, AND COMMUNITY DEVELOPMENT DEPARTMENT

Revised: 9/30/2015



Attachment 3

SUBSTANCE ABUSE TREATMENT SERVICES AGREEMENT

EXHIBIT B - 3

SCOPE OF WORK

INVOLUNTARY TREATMENT ACT SERVICES

1. Program Description

- 1.1. Individuals referred to this program are gravely disabled as a result of chemical dependency and are in need of intensive case management and an intensive treatment program with a higher security level than traditional inpatient treatment facilities.

2. Applicable Laws and References

- 2.1.. Washington Administrative Code (WAC) 388-877B-0300 to 0370 Chemical Dependency Outpatient Treatment
- 2.2. WAC 246-811 – Chemical Dependency Professionals
- 2.3. Revised Code of Washington (RCW) 74.50.080 – Standards of Assistance
- 2.4. RCW 70.96A.140 – Involuntary Treatment Act
- 2.5. WAC 388-810-010- Definition of Designated Chemical Dependency Professional
- 2.6 WAC 388-810-030 – Qualifications to be Designated Chemical Dependency Professional

3. Involuntary Treatment Act Services

- 3.1. Individuals may be referred when:
 - 3.1.1. An assessment indicates the individual presents a likelihood of serious harm or is gravely disabled as a result of chemical dependency addiction;
 - 3.1.2. The individual has been admitted for detoxification, sobering services or chemical dependency treatment twice or more in the preceding twelve (12) months pursuant to RCW 70.96A.140 and is in need of a more sustained treatment program; or
 - 3.1.3. The individual is chemically dependent, has threatened, attempted, or inflicted physical harm on another and is likely to inflict physical harm on another unless committed.
 - 3.1.4. A refusal to go to treatment, by itself, does not constitute evidence of lack of judgment as to the need for treatment.
- 3.2. Services include:
 - 3.2.1. Referral for financial assistance application for any individual who does not have Medicaid or Medical Care Services medical coverage;

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- 3.2.2. Screening to determine if the initial needs of the individual would be better served by placement within the mental health system and appropriate referrals;
 - 3.2.3. Chemical dependency assessment and arrangement for treatment in an appropriate agency; and
 - 3.2.4. Preparation of a Petition for Involuntary Commitment pursuant to the requirements of RCW 70.96A.140; and
 - 3.2.5. Contractor shall assure secure transportation to and from treatment for all individuals committed pursuant to RCW 70.96A.140.
- 3.3. Staff persons who provide Involuntary Treatment Act (ITA) services must be designated as an ITA Specialist by the Spokane County Community Services, Housing, and Community Development Department (CSHCD) Human Services Program Manager for the Substance Abuse Treatment Division and the designation form must be in the personnel file of all designated staff persons. They must maintain Chemical Dependency Professional (CDP) status in the State of Washington and seek to fulfill annual training requirements that specifically assist in understanding the needs of incapacitated or gravely disabled individuals.
- 3.4. The ITA Specialist shall convene a committee of collaborating agencies and programs serving the individuals who are referred to this program which will meet a minimum of eight (8) times per year to address the treatment needs of persons who have been admitted for detoxification or treatment two (2) or more times in one (1) year pursuant to RCW 70.96A.140 and to initiate involuntary placement for anyone admitted to detoxification five (5) or more times in ninety (90) days.
- 3.5. ITA services are reported in TARGET as non-treatment activities. In addition a monthly report will be submitted to the Human Services Program Manager for the Substance Abuse Treatment Division that includes the following information:
- 3.5.1. Number of individuals referred;
 - 3.5.2. Funding and Clinical priority status of each individual;
 - 3.5.3. Total unduplicated referred for current program year;
 - 3.5.4. Number of individuals with co-occurring disorders diagnosed;
 - 3.5.5. Number of individuals placed voluntarily in treatment services;
 - 3.5.6. Number of individuals referred to community resources;
 - 3.5.7. Number of individuals involuntarily committed; and
 - 3.5.8. Gender, ethnicity, age, and disability for each individual served.

4. Billable Services

- 4.1. Billable services include:
- 4.1.1. Outreach;
 - 4.1.2. Assessment; and
 - 4.1.3. Transportation.

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- 4.2. CSHCD reserves the right to reduce the funds awarded for this service if the Contractor's expenditures for treatment services/activities fall below eighty-five percent (85%) of expected levels during any fiscal year quarter.
- 4.3. Rates for services are the standard rates on the Rate Table. Exhibit G attached hereto and incorporated herein by reference.

Spokane County Regional Behavioral Health Organization

DSHS CONTRACT NUMBER:

0961-68399

Amendment No. 02



CONTRACT AMENDMENT

"1290 Coordination"

This Contract Amendment is between the State of Washington Department of Social and Health Services (DSHS) and the Contractor identified below.

Program Contract Number

Contractor Contract Number

CONTRACTOR NAME		CONTRACTOR doing business as (DBA)	
Spokane County		Spokane County Regional Support Network	
CONTRACTOR ADDRESS		WASHINGTON UNIFORM BUSINESS IDENTIFIER (UBI)	DSHS INDEX NUMBER
312 W. 8th Avenue Fourth Floor Spokane, WA 99204-		600-331-756	1239
CONTRACTOR CONTACT	CONTRACTOR TELEPHONE	CONTRACTOR FAX	CONTRACTOR E-MAIL ADDRESS
Gail Kogle	(509) 477-4538	(509) 477-6204	gkogle@spokanecounty.org
DSHS ADMINISTRATION		DSHS DIVISION	DSHS CONTRACT CODE
Economic Services Administration		Community Services Division	3000LC-61
DSHS CONTACT NAME AND TITLE		DSHS CONTACT ADDRESS	
John Vasquez WorkFirst Coordinator		PO Box 9428 Yakima, WA 98909-	
DSHS CONTACT TELEPHONE		DSHS CONTACT FAX	DSHS CONTACT E-MAIL ADDRESS
(509) 225-7923		(509) 575-2904	vasquja@dshs.wa.gov
IS THE CONTRACTOR A SUBRECIPIENT FOR PURPOSES OF THIS CONTRACT?		CFDA NUMBERS	
No			
AMENDMENT START DATE		CONTRACT END DATE	
07/01/2012		06/30/2014	
PRIOR MAXIMUM CONTRACT AMOUNT	AMOUNT OF INCREASE OR DECREASE	TOTAL MAXIMUM CONTRACT AMOUNT	
\$0.00	\$0.00	\$0.00	
REASON FOR AMENDMENT; CHANGE OR CORRECT PERIOD OF PERFORMANCE			
ATTACHMENTS. When the box below is marked with an X, the following Exhibits are attached and are incorporated into this Contract Amendment by reference: <input type="checkbox"/> Additional Exhibits (specify):			
This Contract Amendment, including all Exhibits and other documents incorporated by reference, contains all of the terms and conditions agreed upon by the parties as changes to the original Contract. No other understandings or representations, oral or otherwise, regarding the subject matter of this Contract Amendment shall be deemed to exist or bind the parties. All other terms and conditions of the original Contract remain in full force and effect. The parties signing below warrant that they have read and understand this Contract Amendment, and have authority to enter into this Contract Amendment.			
CONTRACTOR SIGNATURE		PRINTED NAME AND TITLE	DATE SIGNED
		Nancy Lucas, CSd Contracts Officer	
DSHS SIGNATURE		PRINTED NAME AND TITLE	DATE SIGNED

Spokane County Regional Behavioral Health Organization

This Contract between the State of Washington Department of Social and Health Services (DSHS) and the Contractor is hereby amended as follows:

This agreement is extended as written through June 30, 2014.

All other terms and conditions of this Contract remain in full force and effect.

Attachment 5

MENTAL HEALTH SERVICES AGREEMENT

EXHIBIT B

SCOPE OF WORK

SPOKANE COUNTY DETENTION SERVICES: OUTPATIENT SERVICES

1. PURPOSE

- 1.1. The purpose of this Agreement is for the Contractor to provide services to promote recovery for seriously mentally ill adults and resiliency for seriously emotionally disturbed children and adolescents. Recovery means the processes through which people are able to live, work, learn, and participate fully in their communities. Resiliency means the personal and community qualities that enable individuals to rebound from adversity, trauma, tragedy, threats, or other stressors, and to live productive lives
- 1.2. The Contractor shall provide mental health services as described in this Scope of Work, Contractor Policy and Procedures, and recognized professional practice standards, in conformance with federal and state legislative, and administrative regulations, and as required by the Department of Social and Health Services (DSHS), Division of Behavioral Health and Recovery (DBHR) mental health contracts.

2. SERVICE ENCOUNTER REPORTING

- 2.1. The Contractor shall follow the DSHS/DBHR Service Encounter Reporting Instructions, the DSHS/DBHR Consumer Information System (CIS), SCRSN Data Dictionary, and any attendant updates and will report all clients and services funded in part or wholly by SCRSN to the SCRSN Information System.

3. ALLOWABLE SERVICE MODALITIES

- 3.1. Crisis Services - H2011
- 3.2. Rehabilitation Case Management (RCM) and/or Engagement – H0023
- 3.3. Special Population Consultation – H2014 by phone; H2014 Face to Face with Provider and Specialist
- 3.4. Testimony for Involuntary Treatment – 99075
- 3.5. Assistance on Medicaid Application – T0038
- 3.6. Therapeutic Psychoeducation – H0025

4. CONTRACTOR ACTIVITIES

- 4.1. Mental Health Professional (MHP) Responsibilities:
 - 4.1.1. Develops, implements (with the Detention Services Staff), and monitors Behavioral Management Plans;

- 4.1.2. Consults as appropriate with the mental health Detention Services Staff regarding interventions and treatment plans;
 - 4.1.3. Consults with the assigned Detention Services Staff regarding the Behavior Management Plans, interventions and urgent care needs;
 - 4.1.4. Provides training to Officers and Detention Services Staff in appropriate behavioral interventions regarding current mental health issues;
 - 4.1.5. Participates and successfully completes all training requirements at the direction of the Spokane County Detention Services Director;
 - 4.1.6. Assists Detention Services Mental Health Management to draft departmental mental health policies and procedures;
 - 4.1.7. Screens, interviews and assesses those inmates identified as having mental health issues and needed follow-up treatment;
 - 4.1.8. Identifies inmates in need of mental health services, including assessments and identification of special needs, and provides crisis intervention as appropriate;
 - 4.1.9. Evaluates and observes inmates whose daily classification status indicates a physical threat to self or others; and
 - 4.1.10. Staff performing mental health professional duties will maintain the appropriate current credentials and licenses.
- 4.2. Case Management Responsibilities:
- 4.2.1. Coordinates mental health services with other departments, external organizations and agencies as appropriate;
 - 4.2.2. Screens, interviews and assesses those inmates identified as having mental health issues, assuring appropriate housing and follow-up treatment;
 - 4.2.3. Consults, and coordinates with Detention Services Staff and mental health staff on a transitional treatment plan;
 - 4.2.4. Coordinates with community resources, including personal Contractors of inmates, chemical dependency providers, developmental disability providers, and other ancillary agencies, services and supports;
 - 4.2.5. Identifies, consults, and coordinates with external mental health case managers, and, as resources permit, the families of Detention Services Mental Health inmates;
 - 4.2.6. Recommends and/or refers to appropriate community resources, including Contractor, to be employed after release; and
 - 4.2.7. Coordinates with other Community agencies to provide post-incarceration housing, medical, and mental health services. For those inmates that do not have a identified service provider in the community upon release, the Contractor will document efforts to refer inmates to other community agencies to provide housing, medical and mental health services for up to ninety (90) days post-incarceration.

4.3. Medical and Medication Responsibilities:

- 4.3.1. Identifies inmates in need of mental health services, including assessments and identification of medication needs, and provides crisis intervention as appropriate;
- 4.3.2. Initiates a treatment plan to provide stabilization services, including medications, education, and counseling. Provides follow up assessments of treatment plan;
- 4.3.3. Educates and advises the Detention Service's correctional and medical staff on relevant issues, including medication; and
- 4.3.4. Develops, consults, and coordinates with Detention Services Staff on comprehensive treatment plans which would include post incarceration discharge planning.

4.4. Administrative Responsibilities:

- 4.4.1. Oversees and supervises Mental Health Detention Services Program;
- 4.4.2. Develops, researches, and analyzes programs on an on-going basis to ensure quality of care;
- 4.4.3. Liaisons with Detention Services Corrections, Medical, and Mental Health staff;
- 4.4.4. Maintains a current database and all necessary documentation of services including, but not limited to: screenings, assessments, referrals, counseling, consultations, behavioral and treatment plans, agency and administrative paperwork;
- 4.4.5. Enter SCRSN data system episode, State data, and or any other future State required information;
- 4.4.6. Ensures all necessary documentation is maintained;
- 4.4.7. Identifies and secures Mental Health Detention Services Program staff training needs and resource requirements;
- 4.4.8. Develops and ensures appropriate Detention Services Staff training programs are completed;
- 4.4.9. Develops, researches, writes, and implements Mental Health Protocols, Policies and Procedures;
- 4.4.10. Ensure all Detention Services Staff working under this contract have the required credentials to perform their functions, and at a minimum at least one (1) staff will be an MHP in order to perform intakes and supervise the work of all non MHP's; and
- 4.4.11. Ensure that all mental health licensure requirements for Spokane County Detention Services are up to date and that the licensure remains current.

4.5. Additional Activities:

- 4.5.1. The SCRSN shall accept referrals for intake of persons who are not enrolled in community mental health services but who meet priority populations as defined in Revised Code of Washington (RCW) 71.24. The

SCRSN shall conduct mental health intake assessments for these persons and when appropriate provide transition services prior to their release from Detention Services.

4.5.2. The SCRSN shall develop and execute a Memorandum of Understanding (MOU) with local Community Service Offices (CSO) for expedited application or reinstatement of medical assistance for individuals in Detention Services, prisons, or Institute for Mental Diseases (IMD). The Contractor shall assist individuals with mental illness in completing and submitting applications for medical assistance to the local CSO prior to release from Detention Services.

4.5.3. The Contractor shall follow all terms of MOUs.

5. ACCESSIBILITY OF SERVICES

5.1. The Contractor shall provide for the accessibility of services, in accordance with Washington Administrative Code (WAC) 388-865-0415 or any successors, and the SCRSN contract.

6. WORKING AGREEMENTS

6.1. The Contractor shall adhere to all expectations of formal written agreements between SCRSN and allied systems. Contractor shall participate, upon request, in the development of written agreements with allied systems.

7. PROVISION OF SPECIALIZED SERVICES

7.1. The status presented by an individual, the coordination of care, and the individualized plan of care, may indicate the need for the Contractor to provide specialized services, which may consist of the following services: specialist consultations, psychiatric/medical services, psychological services, and residential consultation. The Contractor shall monitor the provision of specialized services to assure its occurrence and completion, and shall document the encounters.

8. REFERRAL FOR OTHER COMMUNITY RESOURCES

8.1. The status presented by an individual, the coordination of care, and the individualized plan of care, may indicate the need for a referral to other community resources. The Contractor shall monitor the referral to assure its occurrence and completion, and shall document the referral and place the referral in the individual's file.

9. CRISIS PLAN

9.1. Contractor will create and maintain a crisis plan for required individuals in treatment beyond thirty (30) days in Detention who meet clinical appropriateness for a plan.

9.2. An individual **will** require a Crisis Plan under the following circumstances:

9.2.1. Least Restrictive Alternative (LRA) orders;

- 9.2.2. Psychiatric hospitalization within the past six (6) months (state hospitals, Evaluation & Treatment (E&T) facilities, Children's Long Term Inpatient Program (CLIP), community psychiatric hospitals);
 - 9.2.3. Frequent crisis service contacts;
 - 9.2.4. Current suicidal/homicidal ideations or attempts;
 - 9.2.5. Allen/Marr members;
 - 9.2.6. Currently enrolled in a SCRSN funded residential placement;
 - 9.2.7. Enrolled in Programs for Assertive Community Treatment (PACT) services;
 - 9.2.8. Non-Medicaid High Utilizer individuals in mental health treatment; and
 - 9.2.9. Current self-injurious and/or assaultive behavior.
- 9.3 The crisis plan will be developed collaboratively with the individual and the Mental Health Care Provider (MHCP). The crisis plan will be provided to residential facilities where the individual resides and to ancillary SCRSN contractors that also provide services to the individual.

10. REHABILITATION CASE MANAGEMENT AND ENGAGEMENT SERVICES

- 10.1. Rehabilitation Case Management (RCM)
 - 10.1.1. The usage of RCM is limited by SCRSN to inpatient, jail and juvenile detention facilities. These facilities are: Eastern State Hospital (ESH), Community Hospitals, Sunshine Health Adult Residential Treatment Facility (ARTF), Evaluation and Treatment facilities (E&T), CLIP facilities (McGraw, Child Study and Treatment Center, Pearl Street, and Tamarack Center), Spokane County Jail, and Juvenile Detention.
 - 10.1.2. The RCM encounter code may be used by agencies that have either an Enrolled Responsible or an Enrolled Ancillary relationship with the individual. If the individual is unknown to the agency, a Registered episode must be created. Refer to SCRSN Data Dictionary for Episodes.
 - 10.1.3. RCM is to be utilized to provide liaison activities outlined in the description of the DSHS/DBHR Service Encounter Reporting Instructions for Regional Support Networks (RSN). The primary purpose of RCM is to provide case management services, care coordination services, and services that promote continuity of mental health care, appropriate discharge planning to maximize the benefits of the placement, and to minimize the risk of unplanned readmission.
 - 10.1.4. RCM should not be used for therapeutic services as these are the responsibility of the hospital, ARTF, E & T, Jail, or Juvenile Detention.
 - 10.1.5. An intake is not required prior to performing RCM services, however the individual must have an existing open Enrolled Responsible, Ancillary, or new Registered episode in the SCRSN information system.
 - 10.1.6. RCM services may be provided regardless of individual financial eligibility or Contractor's source of funding provided in the SCRSN contract with the provider.

10.2. Required RCM Services

- 10.2.1. The Contractor will ensure that the assigned case manager/clinician will provide appropriate RCM to all active individuals admitted to a psychiatric state or community hospital, Sunshine ARTF, E&T, CLIP facility, and/or jail and juvenile detention facilities for purposes of discharge planning.
- 10.2.2. The assigned case manager/clinician in collaboration with the SCRSN Care Coordinator will provide RCM services for all individuals admitted to ESH, Community Hospital, E&T, or the CLIP facility. This will be accomplished by:
 - 10.2.2.1. Serving as the primary case contact for hospital program staff;
 - 10.2.2.2. Providing individual case management from pre-admission to discharge;
 - 10.2.2.3. Active participation in person or via phone conferencing in scheduled treatment team meetings and discharge planning with Eastern State Hospital, the community psychiatric hospitals, and the CLIP treatment teams;
 - 10.2.2.4. Facilitating discharge transition to community outpatient services that support hospital discharge recommendations to include medication management;
 - 10.2.2.5. Providing an enrollment intake during the hospitalization upon individual, hospital, or RSN request.
 - 10.2.2.6. Providing ongoing communication and collaboration with the SCRSN Care Coordinator on behalf of the individual from the point of hospital admission through discharge to outpatient treatment.

11. INDIVIDUALS ON A LESS RESTRICTIVE ALTERNATIVE (LRA)

- 11.1. All active individuals that are assigned to the agency as enrolled responsible for the case will be provided outpatient mental health services by the agency while on a LRA. The assigned provider agency is responsible for fulfilling all requirements of the LRA court order, including providing the required periodic LRA status report regarding the LRA to the LRA Monitoring provider staff, in accordance with WAC requirements.
- 11.2. If the individual requests psychiatric services outside of SCRSN Lead Services, then the individual's MHCP, assigned to the individual, will be responsible to notify Superior Court and LRA Monitoring provider staff that the individual has chosen to receive psychiatric services at another community provider not originally indicated on the court order. The individual's MHCP is responsible for ensuring that the required periodic psychiatric LRA Status Report is completed by the community psychiatric provider, in accordance with WAC requirements and submitted to the LRA Monitoring provider staff.

12. COORDINATION WITH ANCILLARY SCRSN CONTRACTED MENTAL HEALTH PROVIDERS

- 12.1. Contractors will provide the following documentation to ancillary SCRSN providers when an individual is referred for mental health treatment and services and Contractor is the responsible agency for the enrollment of the SCRSN individual:
- 12.1.1. Most Recent Treatment Plan;
 - 12.1.2. Agency Release of Information (ROI) (to ancillary program);
 - 12.1.3. Global Assessment of Individual Needs – Short Screener (GAINS SS) (if applicable);
 - 12.1.4. Most recent crisis plan (if applicable);
 - 12.1.5. Most recent psychological assessment (if applicable);
 - 12.1.6. Most recent psychiatric evaluation (if applicable);
 - 12.1.7. Specialty consultation (if applicable);
 - 12.1.8. Guardianship and Power of Attorney paperwork (if applicable);
 - 12.1.9. Medical advance directive (if applicable); and
 - 12.1.10. Mental health advance directive (if applicable).
 - 12.1.11. LRA court order and LRA treatment plan.
- 12.2. SCRSN ancillary providers are required to make every effort to obtain guardianship and Power of Attorney paperwork from individuals they serve when the primary agency assigned to the individual is unable to obtain it.

13. REFERRAL FOR SCRSN LEAD SERVICES

- 13.1. The status presented by an Individual, the coordination of care, and the individualized plan of care, may indicate the need for the Contractor to refer for Lead Services, which shall consist of the following services:
- 13.1.1. Psychiatric/medical services; psychological services; specialty consultations including age, ethnicity, language and/or disability; and clinical consultation services at and to residential facilities serving individuals, and potential individuals.
- 13.2. The Contractor shall monitor the referral to assure its occurrence and completion, and shall document the referral and continuing coordination in the individual's file. Lead services including specialist consultation recommendations shall be incorporated in the individual's file in a timely manner.

14. PERFORMANCE GOALS

- 14.1. State Required Regional Performance Measures:
- 14.1.1. The Contractor must participate and comply with designated Regional Performance Measures for all outpatient services:

- 14.1.1.1. The Contractor will initiate contact with community hospital psychiatric inpatient staff within three (3) business days of
 - 14.1.1.3. The Contractor shall ensure that each individual receiving services shall have a minimum of one (1) measureable treatment goal identified in the Individual Treatment Plan.
- 14.2. Management Information System Data Submission Compliance:
- 14.2.1. The Contractor understands and will comply with Management Information Systems standards for compliance with mandatory data submissions of demographics and service encounters.
 - 14.2.2. The Contractor's data submissions will be complete, accurate and timely for the production of reliable and accurate Business Day Submission Reports that guide performance outcome goals and meet state and SCRSN requirements.
- 14.3. Active Participation in SCRSN Quality and Clinical Leadership Committees:
- 14.3.1. The agency will designate a representative for attendance in all assigned SCRSN Committees, to include the Clinical and Quality Improvement Committees, financial, contractual, and future planning with and/or with County Commissioners. These meetings will serve as the oversight forums for the mental health system of care.
 - 14.3.2. Meetings shall be attended by the agency Director, County Coordinator, or their designee, who shall be knowledgeable and authorized to make decisions on behalf of that agency. Compliance with this requirement will be a significant factor considered in the evaluation of contract performance.
 - 14.3.3. Representative(s) will attend, on time, to every assigned committee meeting and fully participate in the committee agenda and is responsible to inform Contractor leadership of the outcome of each meeting.
 - 14.3.4. Complete monthly Service Denial and Contract Compliance reports.
- 14.4. Participation is ongoing with other providers in the SCRSN system of care to identify individual needs in the community and to collaborate regarding specific children and adults in inpatient or in need of diversion in order to develop a plan for those individuals and families.
- 14.5. SCRSN will monitor and share the Monthly Performance Reports with Contractor each month in order to ensure that the agency has an opportunity to provide feedback and input into the required standards and to assure SCRSN that the statistics provided are accurate. A pattern of reduction in number of individuals/services/hours will require a review with the SCRSN RSN Administrator.

Attachment 6

JOINT OPERATING AGREEMENT

BETWEEN

AMERIGROUP WASHINGTON INC. MANAGED HEALTH CARE ORGANIZATION

AND

SPOKANE COUNTY REGIONAL SUPPORT NETWORK

The Operational Agreement is between Amerigroup Washington, Inc., a Managed Health Care Organization contracted with the Washington State Health Care Authority to manage Healthy Options and Basic Health Plan (herein after referred to as the **Health Plan**), and the Spokane County Regional Support Network (RSN) contracted with Washington State Division of Behavior Health and Recovery Services to manage a Prepaid Inpatient Health Plan (PIHP) (herein after referred to as the **RSN**) and serves Spokane, Lincoln, Stevens, Ferry, Grant, Okanogan, Adams, and Pend Oreille Counties.

I. PURPOSE

This agreement delineates the roles and responsibilities of the **Health Plan** and the **RSN** related to the provision of mental health benefits for their enrollees who are insured under Washington State Medicaid Healthy Options contract and the Washington State Medicaid PIHP contract.

The agreement also demonstrates a shared commitment by both the **Health Plan** and the **RSN** to coordinate care for persons who are involved in or require services from both systems of care.

This agreement is not intended to identify the operational procedures specific to each Health Plan and each RSN. To ensure that both Health Plan and RSN responsibilities are fully met, details of the local procedures and agreements between each Health Plan and each RSN will be provided in an attachment to this Operating Agreement to be completed by **December 31, 2012** (*Referred to as the Operation Agreement Attachment*).

II. BACKGROUND

A. Health Plan

The Amerigroup Washington Health Plan provides managed health care services to eligible individuals insured under the Healthy Options Plan in Spokane and Stevens Counties and potentially in Lincoln, Ferry, Grant, Okanogan, Adams, and Pend Oreille Counties.

B. RSN

The Spokane County Regional Support Network provides covered mental health services to eligible consumers in Spokane, Lincoln, Stevens, Ferry, Grant, Okanogan, Adams, and Pend Oreille Counties.

III. RESPONSIBILITIES AND ROLES

A. Sharing Protected Health Information

The parties agree that information shared under this agreement is shared for the purpose of coordination of treatment and/or health care operations. The parties also agree not to use or disclose protected health information other than as permitted or required by this Agreement, HIPAA and the Health Information Technology for Economic and Clinical Health Act (HITECH). The parties shall use and disclose protected health information only if such use or disclosure, respectively, is in compliance with each applicable requirement of 45 CFR § 164.504(e).

B. Referrals between the Health Plan and the RSN

While both the **Health Plan** and the **RSN** benefit plans cover medically necessary mental health services the scope of the benefits are distinct. The mental health benefit under the **Health Plan** is a limited benefit. The **RSN** mental health benefit has a broad scope and serves individuals with need for higher intensity and/or specialty mental health services. The Washington State Medicaid Program PIHP requires enrollees to meet both medical necessity and Mental Health Access to Care Criteria to define members' qualification for **RSN** mental health services.

Consumer choices, and/ or person centered care, are essential guiding principles of this agreement. Therefore, enrollees covered under Healthy Options may approach either the **Health Plan** or the **RSN** network providers to request mental health services.

Enrollees who choose to access the **Health Plan** may be referred to the **RSN** by the **Health Plan** providers if it appears that they may meet Access to Care criteria. Enrollees who choose to access an **RSN** network provider will be assessed and either authorized by the **RSN** into care or referred to the **Health Plan** based on PIHP criteria.

1. RSN Responsibility

- a. The **RSN** has the responsibility to provide a face-to-face assessment for any person enrolled in Medicaid who requests an intake to determine if the individual meets medical necessity and Access to Care criteria for **RSN** mental health services. The **RSN** shall accept a referral from the **Health Plan** for a face-to-face assessment when the **Health Plan** believes the individual may meet Access to Care criteria for the **RSN** mental health benefit.
- b. The **RSN** will authorize and serve any individual who meets medical necessity and the Access to Care criteria and chooses to be served by the **RSN** contracted provider.
- c. The **RSN** will refer individuals to the **Health Plan** for mental health benefits when the individual does not meet Access to Care criteria or medical eligibility, or has graduated from **RSN** services and/ or no longer meets criteria for access to **RSN** services but still may meet medical necessity for the **Health Plan** mental health benefit.

2. **Health Plan Responsibility**

- a. The **Health Plan** has the responsibility to determine if their members meet medical necessity for their mental health benefit or if a referral to the **RSN** for an assessment is warranted. The **Health Plan** is also responsible to provide a mental health benefit for their Healthy Option members who present with medical necessity for mental health services and do not meet the **RSN** PIHP Access to Care criteria.
- b. The **Health Plan** may refer individuals at any time to the **RSN** even if they have been served under the **Health Plan's** mental health benefit to determine if the individual meets Access to Care criteria for **RSN** mental health benefits.

C. **Coordination of Care and Care Transitions**

The **RSN** and the **Health Plan** have responsibility to assure that enrollees who have multiple needs and make frequent use of the systems of care are provided with quality coordinated care. Specific attention shall also be paid to individuals with co-morbid physical and mental health conditions who are admitted to institutional care for either physical health or mental health conditions. The **RSN** and the **Health Plan** and their respective designees (e.g. care managers, contractors, provider networks) will collaborate on coordination of care for persons who are involved in or require services from both systems of care.

1. **RSN Responsibility**

- a. The **RSN** shall participate in the Care Transitions Performance Improvement Plan pursuant to the requirements in the RSN contract with the state Division of Behavioral Health and Recovery Services (DBHR)
- b. The **RSN** shall provide timely information related to psychiatric hospital admission and discharge for **Health Plan** Healthy Options members.
- c. The **RSN** and its designees will collaborate with **Health Plan** care coordination activities for individuals who are identified through the state PRISM system with high risk scores. During the first year of this agreement the **RSN** will work with the **Health Plan** to develop procedures and/or protocols for their collaboration on care coordination for persons who are identified as high risk.
- d. Additional region specific procedures are provided in the Operational Agreement Attachment.

2. **Health Plan Responsibility**

- a. The **Health Plan** shall participate in the Care Transitions Performance Improvement Plan pursuant to the requirements in the Healthy Options contract with the state Health Care Authority (HCA).
- b. The **Health Plan** shall provide timely information related to medical hospital admission and discharge for **Health Plan** Healthy Options members receiving **RSN** PIHP services.
- c. The **Health Plan** and its designees will collaborate with **RSN** care coordination activities for individuals who are identified through the state PRISM system with high risk scores. During the first year of this agreement the **Health Plan** will work with the **RSN** to develop procedures and/or protocols for their collaboration on care coordination for persons who are identified as high risk.

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- d. Additional region specific procedures are provided in the Operational Agreement Attachment.

D. Communications

1. Each **Health Plan** and each **RSN** will provide contact information for functions that will be coordinated between the **Health Plan** and the **RSN**. The individual contacts provided in the Operation Agreement Attachment will include at minimum:
 - a. Referrals
 - b. Care Coordination and Care Management
 - c. Crisis Services Contacts
 - d. Data Sharing
 - e. Performance Improvement and Quality Management
 - f. Dispute Resolution
 - g. Critical Incidents

2. The **Health Plan** and the **RSN** agree to participate in further development of additional guidelines and operational procedures that will enhance the bi-directional care coordination between entities. The areas to be addressed may include, but are not limited to the following:
 - a. Referral Procedures
 - b. Screening Guidelines
 - c. Notification of Admissions to Institutional Care
 - d. Care Transitions/Discharge Planning from Institutional Care
 - e. Continuing Care Transitions
 - f. Care Management and Coordination
 - g. Performance Measures and Improvement Processes
 - h. Notifications of Emergent Care
 - i. Data Sharing
 - j. Dispute Resolution
 - k. Notification of Critical Incidents

IV. Hold Harmless

1. Regardless of any verbal statements made prior to or following signature on this Agreement, nothing in this Agreement is intended to establish a legally binding agreement between the parties.
2. The parties of this agreement will hold one another including their contractors, employees, interns and volunteers harmless for failure to perform any of the roles identified above, including termination of this Agreement with or without advance notice.
3. There shall be no remedy available to one party for failure to perform any role identified above by the other party, or a third party.

V. Dispute Resolution

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1. All disputes occurring between the parties of this agreement shall be resolved through informal negotiation between the parties of the Agreement. A guiding principle for resolving disputes is that resolution should be sought at the lowest level and only progress up the hierarchy when satisfactory resolution has not been achieved.
2. Failure to resolve disputes may result in termination of the Agreement.

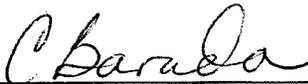
VI. Term and Termination

1. The effective date of this Agreement will be upon the final signature of the parties to this Agreement and it shall remain in effect until it is terminated in accordance with the terms of this Agreement.
2. Any of the parties to this Agreement may withdraw and terminate their participation from this Agreement for any reason and at any time upon thirty (30) days prior written notice to the other party. Such notice and other correspondence related to this Agreement should be sent to the contacts and addresses listed above.

VII. Amendment

This Agreement may be amended at any time by written agreement and signature of all the parties.

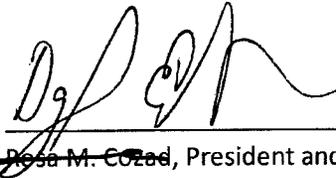
IN WITNESS WHEREOF, the parties hereto have caused this OA to be executed by the dates and signatures herein under affixed. The persons signing this OA on behalf of the parties represent that each has authority to execute the OA on behalf of the party entering this OA.



RSN Administrator

1-23-13

Date



~~Rosa M. Cozad~~, President and CEO - *Daryl Edmonds*
AMERIGROUP WASHINGTON, INC.

1-30-13

Date

Attachment 7

SCOPE OF SERVICES AND COLLABORATION ATTACHMENT

This Scope of Services and Collaboration Attachment ("**Attachment**") shall supplement the Operational Agreement ("**Agreement**") by and between Cenpatico Behavioral Health, LLC ("**Cenpatico**"), a managed behavioral health organization under contract with Coordinated Care Corporation ("**Plan**"), an Indiana corporation qualified to do business in the state of Washington and Spokane County Regional Support Network (SCRSN) ("**RSN**"), a Regional Support Network duly licensed in the State of Washington ("**State**"). Cenpatico and SCRSN to be referred to collectively herein as the "**Parties**". The Parties agree as follows:

ARTICLE I**CARE COORDINATION PROCESSES AND PROCEDURES****1.1 Screening Guidelines.**

- A. Cenpatico will refer patients enrolled with Plan ("Members") to SCRSN for eligibility determination.
- B. The SCRSN will screen Members to determine eligibility for services through the SCRSN system.

1.2 Referral Procedures.**A. Non-Crisis Referrals**

- (i) The SCRSN will refer all non-RSN eligible Members back to the Cenpatico liaison within one (1) business day of a non-eligible determination. The SCRSN will refer Member back to Cenpatico customer service at (877) 644-4613.
- (ii) Cenpatico will refer all mental health Healthy Options Members post screening to their local RSN through secure email. The SCRSN will provide Cenpatico with a monthly list of Members that receive services for that month.

B. Crisis-Referrals

- (i) Member or representative of Member will call and the crisis line will refer the Member to an appropriate provider.
- (ii) The SCRSN understands that Cenpatico maintains after-hours coverage through "Nurse Wise (1-877-644-4613), a twenty-four (24) hour nurse hotline. All Members are eligible to utilize Nurse Wise for after-hours crisis calls.

1.3 Notification of Admissions to Institutional Care & Care Transitions.

- A. **Inpatient Admissions.** The SCRSN agrees to notify Cenpatico within the next business day of SCRSN becoming aware of a Member's admission to an inpatient placement and shall provide two (2) business days notice of a Member's discharge from an inpatient setting. Such notification shall be made through secured email to the identified Cenpatico RSN liaison. The SCRSN further agrees to notify Cenpatico prior to Member's discharge and shall ensure

the Member is scheduled for an outpatient visit with their behavioral health provider to occur within seven (7) days of discharge.

- B. **Notifications of Emergent Care.** Cenpatico agrees to notify the SCRSN through a monthly report, of any Member visits to emergency rooms. Cenpatico further agrees to notify the SCRSN of Member's discharge.
- C. **Notifications of Medical/Surgical Inpatient Admissions.** Cenpatico agrees to notify the SCRSN within seven (7) business days of any Member admissions for inpatient medical/surgical care. Such notification shall be made through secured email to the identified Cenpatico RSN liaison. Cenpatico further agrees to notify the SCRSN of Member's discharge.
- 1.4 **Continuing Care Transitions from the SCRSN System.** The SCRSN agrees to make best efforts to notify the Cenpatico RSN liaison via secure email within two (2) business days of a Member's discharge from the SCRSN system to provide information relative to previous services the Member received and recommended services the Member is in need of obtaining. The SCRSN will provide a copy of the Member's RSN exit letter or send a secure email to Cenpatico notifying them of the Member's transition from the SCRSN system.
- 1.5 **High Risk Members.** Cenpatico and the SCRSN will follow high risk member coordination procedures as outlined High Risk Members. The Parties agree to adhere to the processes set forth in in the Agreement section III, C.
- 1.6 **Data Sharing.** The SCRSN will provide Cenpatico with a monthly data file based on mutually agreed upon data elements and structured file format. The SCRSN will provide, in a secure manner, agreed upon data no later than the 45th calendar day following the end of the measurement period for all monthly reports. Cenpatico will also provide, in a secure manner, all required data no later than the 30th calendar day following the end of the measurement period for all monthly reports. The SCRSN and Cenpatico agree to exchange all data within the timeframes specified in this Attachment. Both parties agree to submit valid and the most reliable data available at the time to each other by the agreed upon due date. Until such time that the State makes available reporting identifying the managed care organization of each SCRSN Member, Cenpatico will provide the SCRSN a list of Cenpatico eligible members. The SCRSN will match those members to their eligibility records, which matching criteria will be based upon mutually agreeable and available data elements, and provide Cenpatico with the final eligibility file.
- 1.7 **Dispute Resolution.** In the event of a dispute between the Parties regarding the terms of this Attachment, the Parties agree that such matter shall first be resolved through good faith negotiations between designated representatives of the Parties that have authority to settle the dispute. If the matter has not been resolved within forty-five (45) days of the request for negotiation, either party may initiate dispute resolution in accordance with the terms of the Agreement by providing written notice to the other party.

ARTICLE II
CONTACT LISTING

Functional Area	Cenpatico Contact	RSN Contact
Referrals	Department: Case Management/Care Coordination Title: Case Manager/Care Coordinator Phone: (877) 644-4613	Department: RSN/BHO Title: Bob Brandon, Clinical Care Authorization Manager Phone: 509-477-4605
Care Coordination & Care Management	Department: Case Management/Care Coordination Title: Case Manager/Care Coordinator Phone: (877) 644-4613	Department: RSN/BHO Title: Bob Brandon, Clinical Care Authorization Manager Phone: 509-477-4605
Crisis Services	Department: Case Management/Care Coordination Title: Case Manager/Care Coordinator Phone: (877) 644-4613	Department: RSN/BHO Title: Bob Brandon, Clinical Care Authorization Manager Phone: 509-477-4605
Data Sharing	Department: Case Management/Care Title: Case Manager/Care Coordinator Coordination Phone: (877) 644-4613	Department: SCRSN Title: Kathleen Torella, Quality and Data System Manager Phone: (509) 477-4689
Performance Improvement & Quality Management	Department: Case Management/Care Coordination Title: Case Manager/Care Coordinator Phone: (877) 644-4613	Department: SCRSN Title: Suzie McDaniel, Assistant Director Phone: (509) 477-4510

<p>Dispute Resolution</p>	<p>Department: Case Management/Care Coordination</p> <p>Title: Case Manager/Care Coordinator</p> <p>Phone: (877) 644-4613</p>	<p>Department: SCRSN</p> <p>Title: Suzie McDaniel, Assistant Director</p> <p>Phone: (509) 477-4510</p>
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**ARTICLE III
MISCELLANEOUS**

- 3.1 **Confidentiality.** Neither party shall disclose the substance of this Attachment nor any information acquired from the other party during the course of or pursuant to the Agreement to any third party, unless required by federal or state law, including but not limited to HIPPA laws. RSN acknowledges and agrees that all information relating to Cenpatico's programs, policies and, protocols and procedures is proprietary information and further agrees not to disclose such information to any person or entity without Cenpatico's express written consent.
- 3.2 **Authority.** The parties whose signatures are set forth below represent and warrant that they are duly empowered to execute this Attachment.

Cenpatico:

Cenpatico Behavioral Health, LLC
 Signature: Leonard W Whyte
 Print: Len Whyte
 Title: COO
 Date: 10/31/13

RSN:

Spokane County Regional Support Network
 Signature: Christine Barada
 Print: Christine Barada
 Title: Director
 Date: 10/1/13

Attachment 8

JOINT OPERATING AGREEMENT

BETWEEN

COMMUNITY HEALTH PLAN OF WASHINGTON, MANAGED HEALTH CARE ORGANIZATION

AND

SPOKANE COUNTY REGIONAL SUPPORT NETWORK

The Operational Agreement is between the Community Health Plan of Washington, a Managed Health Care Organization contracted with the Washington State Health Care Authority to manage Healthy Options and Basic Health Plan (herein after referred to as the **Health Plan**) and Spokane County RSN, the Regional Support Network (**RSN**) contracted with Washington State Division of Behavior Health and Recovery Services to manage a Prepaid Inpatient Health Plan (PIHP) (herein after referred to as the **RSN**).

I. PURPOSE

This agreement delineates the roles and responsibilities of the **Health Plan** and the **RSN** related to the provision of mental health benefits for their enrollees who are insured under Washington State Medicaid Healthy Options contract and the Washington State Medicaid PIHP contract.

This agreement also demonstrates a shared commitment by both the **Health Plan** and the **RSN** to coordinate care for persons who are involved in or require services from both systems of care.

This agreement is not intended to identify the operational procedures specific to each **Health Plan** and each **RSN**. To ensure that both **Health Plan** and **RSN** responsibilities are fully met, details of the local procedures and agreements between each **Health Plan** and each **RSN** will be developed through ongoing collaborative efforts during the first year of this Operating Agreement.

II. BACKGROUND

A. Health Plan

The **Health Plan** provides managed health care services to eligible individuals insured under the Healthy Options Plan in Washington State.

B. RSN

The **RSN** provides covered mental health services to eligible consumers in Washington State.

III. RESPONSIBILITIES AND ROLES

A. Sharing Protected Health Information

The **Health Plan** and the **RSN** agree that information shared under this agreement is shared for the purpose of coordination of treatment and/or health care operations. The **Health Plan** and the **RSN** also agree not to use or disclose protected health information other than as permitted or required by this Agreement, HIPAA and the Health Information Technology for Economic and Clinical Health Act (HITECH). The parties shall use and disclose protected health information only if such use or disclosure, respectively, is in compliance with each applicable requirement of 45 CFR § 164.504(e).

B. Referrals between the Health Plan and the RSN

While both the **Health Plan** and the **RSN** benefit plans cover medically necessary mental health services the scope of the benefits are distinct. The mental health benefit under the **Health Plan** is a limited benefit. The **RSN** mental health benefit has a broad scope and serves individuals with the need for higher intensity and/or specialty mental health services. The Washington State Medicaid Program PIHP requires enrollees to meet both medical necessity and Mental Health Access to Care Criteria to define members' qualification for **RSN** mental health services.

Consumer choices, and/or person centered care, are essential guiding principles of this agreement. Therefore, enrollees covered under Healthy Options may approach either the **Health Plan** or the **RSN** network providers to request mental health services.

Enrollees who choose to access the **Health Plan** may be referred to the **RSN** by the **Health Plan** providers if it appears that they may meet Access to Care criteria. Enrollees who choose to access an **RSN** network provider will be assessed and either authorized by the **RSN** into care or referred to the **Health Plan** based on PIHP criteria.

1. RSN Responsibility

- a. The **RSN** has the responsibility to provide a face-to-face assessment for any person enrolled in Medicaid who requests an intake to determine if the individual meets medical necessity and Access to Care criteria for **RSN** mental health services. The **RSN** shall accept a referral from the **Health Plan** for a face-to-face assessment when the **Health Plan** believes the individual may meet Access to Care criteria for the **RSN** mental health benefit.
- b. The **RSN** will authorize and serve any individual who meets medical necessity and the Access to Care criteria and chooses to be served by the **RSN** contracted provider.
- c. The **RSN** will refer individuals to the **Health Plan** for mental health benefits when the individual does not meet Access to Care criteria or medical eligibility, or has graduated from **RSN** services and/or no

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longer meets criteria for access to **RSN** services but still may meet medical necessity for the **Health Plan** mental health benefit.

2. **Health Plan** Responsibility

- a. The **Health Plan** has the responsibility to determine if their members meet medical necessity for their mental health benefit or if a referral to the **RSN** for an assessment is warranted. The **Health Plan** is also responsible to provide a Covered mental health benefit for their Healthy Option members who present with medical necessity for mental health services and do not meet the **RSN** PIHP Access to Care criteria.
- b. The **Health Plan** may refer individuals at any time to the **RSN** even if they have been served under the **Health Plan's** mental health benefit to determine if the individual meets Access to Care criteria for **RSN** mental health benefits.

C. **Coordination of Care and Care Transitions**

The **RSN** and the **Health Plan** have responsibility to assure that enrollees who have multiple needs and make frequent use of the systems of care are provided with quality coordinated care. Specific attention shall also be paid to individuals with co-morbid physical and mental health conditions who are admitted to institutional care for either physical health or mental health conditions. The **RSN** and the **Health Plan** and their respective designees (e.g. care managers, contractors and provider networks) will collaborate on coordination of care for persons who are involved in or require services from both systems of care.

1. **RSN** Responsibility

- a. The **RSN** shall participate in the Care Transitions Performance Improvement Plan pursuant to the requirements in the **RSN** contract with the State Division of Behavioral Health and Recovery Services (DBHR)
- b. The **RSN** shall provide timely information to the **Health Plan** related to psychiatric hospital admission and discharge for **Health Plan** Healthy Options members.
- c. The **RSN** and its designees will collaborate with **Health Plan** care coordination activities for individuals who are identified through the state PRISM system with high risk scores. During the first year of this agreement the **RSN** will work with the **Health Plan** to develop procedures and/or protocols for their collaboration on care coordination for persons who are identified as high risk.

2. **Health Plan** Responsibility

- a. The **Health Plan** shall participate in the Care Transitions Performance Improvement Plan pursuant to the requirements in the Healthy Options contract with the State Health Care Authority (HCA).
- b. The **Health Plan** shall provide timely information related to medical hospital admission and discharge for **Health Plan** Healthy Options members receiving **RSN** PIHP services.

Spokane County Regional Behavioral Health Organization

Health Plan/RSN HO Operating Agreement

- c. The **Health Plan** and its designees will collaborate with **RSN** care coordination activities for individuals who are identified through the State PRISM system with high risk scores. During the first year of this agreement the **Health Plan** will work with the **RSN** to develop procedures and/or protocols for their collaboration on care coordination for persons who are identified as high risk.
1. Each **Health Plan** and each **RSN** will provide contact information for functions that will be coordinated between the **Health Plan** and the **RSN**. The individual contacts will include at minimum:
 - a. Referrals
 - b. Care Coordination and Care Management
 - c. Crisis Services Contacts
 - d. Data Sharing
 - e. Performance Improvement and Quality Management
 - f. Dispute Resolution
 - g. Critical Incidents
2. The **Health Plan** and the **RSN** agree to participate in further development of additional guidelines and operational procedures that will enhance the bi-directional care coordination between entities. The areas to be addressed may include, but are not limited to the following:
 - a. Referral Procedures
 - b. Screening Guidelines
 - c. Notification of Admissions to Institutional Care
 - d. Care Transitions/Discharge Planning from Institutional Care
 - e. Continuing Care Transitions
 - f. Care Management and Coordination
 - g. Performance Measures and Improvement Processes
 - h. Notifications of Emergent Care
 - i. Data Sharing
 - j. Dispute Resolution
 - k. Notification of Critical Incidents

IV. Dispute Resolution

1. All disputes occurring between the parties of this agreement shall be resolved through informal negotiation between the parties of the Agreement. A guiding principle for resolving disputes is that resolution should be sought at the lowest level and only progress up the hierarchy when satisfactory resolution has not been achieved.
2. Failure to resolve disputes may result in termination of the Agreement.

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V. Term and Termination

1. The effective date of this Agreement will be upon the final signature of the parties to this Agreement and it shall remain in effect until it is terminated in accordance with the terms of this Agreement.
2. Any of the parties to this Agreement may withdraw and terminate their participation from this Agreement for any reason and at any time upon thirty (30) days written notice to the other party. Such notice and other correspondence related to this Agreement should be sent to the contacts and addresses listed below.

VI. Amendment

This Agreement may be amended at any time by written agreement and signature of all the parties.

IN WITNESS WHEREOF, the parties hereto have caused this Operating Agreement to be executed by the dates and signatures herein under affixed. The persons signing this Operating Agreement on behalf of the parties represent that each has authority to execute this Operating Agreement on behalf of the party entering into this Operating Agreement.

By: Christine Barada

By: Abie Castillo

Print Name: Christine Barada
RSN Administrator Director CSHUD

Abie Castillo
Vice President, Network Development

312 W. 8th Avenue
Address

720 Olive Way, Ste. 300
Address

Spokane, WA 99204
City, State Zip

Seattle, WA 98101
City, State Zip

12/4/12
Date

12/13/12
Date

JOINT OPERATING AGREEMENT

BETWEEN

MOLINA HEALTHCARE OF WASHINGTON, MANAGED HEALTH CARE ORGANIZATION

AND

SPOKANE COUNTY RSN, REGIONAL SUPPORT NETWORK

The Joint Operating Agreement is between **Molina Healthcare of Washington**, a Managed Health Care Organization contracted with the Washington State Health Care Authority to manage Healthy Options and Basic Health Plan (herein after referred to as the **Health Plan**) and **Spokane County RSN**, a Regional Support Network contracted with Washington State Division of Behavior Health and Recovery Services to manage a Prepaid Inpatient Health Plan (PIHP)(herein after referred to as the **RSN**) and serves Adams, Ferry, Grant, Lincoln, Okanogan, Pend Orielle, Spokane and Stevens Counties.

I. PURPOSE

This Agreement delineates the roles and responsibilities of the **Health Plan** and the **RSN** related to the provision of mental health benefits for their enrollees who are insured under Washington State Medicaid Healthy Options contract and the Washington State Medicaid PIHP contract.

The Agreement also demonstrates a shared commitment by both the **Health Plan** and the **RSN** to coordinate care for persons who are involved in or require services from both systems of care.

This Agreement is not intended to identify the operational procedures specific to each Health Plan and each RSN. To ensure that both Health Plan and RSN responsibilities are fully met, details of the local procedures and agreements between each Health Plan and each RSN will be provided in an Attachment to this Joint Operating Agreement (*Referred to as the Joint Operating Agreement Attachment*).

II. BACKGROUND A. Health Plan

The **Health Plan** provides managed health care services to eligible individuals insured under the Healthy Options Plan in Adams, Ferry, Grant, Lincoln, Okanogan, Pend Orielle, Spokane and Stevens Counties.

The **RSN** provides covered mental health services to eligible consumers in Adams, Ferry, Grant, Lincoln, Okanogan, Pend Orielle, Spokane and Stevens Counties.

III. RESPONSIBILITIES AND ROLES

A. Sharing Protected Health Information

The parties agree that information shared under this Agreement is shared for the purpose of coordination of treatment and/or health care operations. The parties also agree not to use or disclose protected health information other than as permitted or required by this Agreement, HIPAA and the Health Information Technology for Economic and Clinical Health Act (HITECH) and/or other applicable law.

B. Referrals between the Health Plan and the RSN

While both the **Health Plan** and the **RSN** benefit plans cover medically necessary mental health services the scope of the benefits are distinct. The mental health benefit under the **Health Plan** is a limited benefit. The **RSN** mental health benefit has a broad scope and serves individuals with need for higher intensity and/or specialty mental health services. The Washington State Medicaid Program PIHP requires enrollees to meet both medical necessity and Mental Health Access to Care Criteria to define members' qualification for **RSN** mental health services.

Consumer choices, and/ or person centered care, are essential guiding principles of this Agreement. Therefore, enrollees covered under Healthy Options may approach either the **Health Plan** or the **RSN** network providers to request mental health services.

Enrollees who choose to access the **Health Plan** may be referred to the **RSN** by the **Health Plan** providers if it appears that they may meet Access to Care criteria. Enrollees who choose to access an **RSN** network provider will be assessed and either authorized by the **RSN** into care or referred to the **Health Plan** based on **PIHP** criteria.

1. RSN Responsibility

- a. The **RSN** has the responsibility to provide a face-to-face assessment for any person enrolled in Medicaid who requests an intake to determine if the individual meets medical necessity and Access to Care criteria for **RSN** mental health services. The **RSN** shall accept a referral from the **Health Plan** for a face-to-face assessment when the **Health Plan** believes the individual may meet Access to Care criteria for the **RSN** mental health benefit.
- b. The **RSN** will authorize and serve any individual who meets medical necessity and the Access to Care criteria and chooses to be served by the **RSN** contracted provider.
- c. The **RSN** will refer individuals to the **Health Plan** for mental health benefits when the individual does not meet Access to Care criteria or medical eligibility, or has graduated from **RSN** services and/or no longer meets criteria for access to **RSN** services but still may meet medical necessity for the **Health Plan** mental health benefit.

2. Health Plan Responsibility

- a. The Health Plan has the responsibility to determine if their members meet medical necessity for their mental health benefit or if a referral to the **RSN** for an assessment is warranted. The **Health Plan** is also responsible to provide a mental health benefit for their Healthy Option members who present with medical necessity for mental health services and do not meet the **RSN** PIHP Access to Care criteria.
- b. The **Health Plan** may refer individuals at any time to the **RSN** even if they have been served under the **Health Plan's** mental health benefit to determine if the individual meets Access to Care criteria for **RSN** mental health benefits.

C. Coordination of Care and Care Transitions

The **RSN** and the **Health Plan** have responsibility to assure that enrollees who have multiple needs and make frequent use of the systems of care are provided with quality coordinated care. Specific attention shall also be paid to individuals with co-morbid physical and mental health conditions who are admitted to institutional care for either physical health or mental health conditions. The **RSN** and the **Health Plan** and their respective designees (e.g. care managers, contractors, provider networks) will collaborate on coordination of care for persons who are involved in or require services from both systems of care.

1. RSN Responsibility

- a. The **RSN** shall participate in the Care Transitions Performance Improvement Plan pursuant to the requirements in the **RSN** contract with the state Division of Behavioral Health and Recovery Services (DBHR)
- b. The **RSN** shall provide timely information related to psychiatric hospital admission and discharge for **Health Plan** Healthy Options members.
- c. The **RSN** and its designees will collaborate with **Health Plan** care coordination activities for individuals who are identified through the state PRISM system with high risk scores. During the first year of this agreement the **RSN** will work with the **Health Plan** to develop procedures and/or protocols for their collaboration on care coordination for persons who are identified as high risk.
- d. Additional region specific procedures are provided in the Joint Operating Agreement Attachment.

2. Health Plan Responsibility

- a. The **Health Plan** shall participate in the Care Transitions Performance Improvement Plan pursuant to the requirements in the Healthy Options contract with the state Health Care Authority (HCA).
- b. The **Health Plan** shall provide timely information related to medical hospital admission and discharge for **Health Plan** Healthy Options members receiving **RSN** PIHP services.

- c. The **Health Plan** and its designees will collaborate with **RSN** care coordination activities for individuals who are identified through the state PRISM system with high risk scores. During the first year of this Agreement the **Health Plan** will work with the **RSN** to develop procedures and/or protocols for their collaboration on care coordination for persons who are identified as high risk.
- d. Additional region specific procedures are provided in the Joint Operating Agreement Attachment.

D. Communications

- 1. Each **Health Plan** and each **RSN** will provide contact information for functions that will be coordinated between the **Health Plan** and the **RSN**. The individual contacts provided in the Joint Operating Agreement Attachment will include at minimum:
 - a. Referrals
 - b. Care Coordination and Care Management
 - c. Crisis Services Contacts
 - d. Data Sharing
 - e. Performance Improvement and Quality Management
 - f. Dispute Resolution
 - g. Critical Incidents
- 2. The **Health Plan** and the **RSN** agree to participate in further development of additional guidelines and operational procedures that will enhance the bi-directional care coordination between entities. The areas to be addressed may include, but are not limited to the following:
 - a. Referral Procedures
 - b. Screening Guidelines
 - c. Notification of Admissions to Institutional Care
 - d. Care Transitions/Discharge Planning from Institutional Care
 - e. Continuing Care Transitions
 - f. Care Management and Coordination
 - g. Performance Measures and Improvement Processes
 - h. Notifications of Emergent Care
 - i. Data Sharing
 - j. Dispute Resolution
 - k. Notification of Critical Incidents

Spokane County Regional Behavioral Health Organization

MOU 12 Molina
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HO Operating Agreement

IV. Hold Harmless

1. Regardless of any verbal statements made prior to or following signature on this Agreement, nothing in this Agreement is intended to establish a legally binding agreement between the parties.
2. The parties of this Agreement will hold one another including their contractors, employees, interns and volunteers harmless for failure to perform any of the roles identified above, including termination of this Agreement with or without advance notice.
3. There shall be no remedy available to one party for failure to perform any role identified above by the other party, or a third party.

V. Dispute Resolution

1. All disputes occurring between the parties of this Agreement shall be resolved through informal negotiation between the parties of the Agreement. A guiding principle for resolving disputes is that resolution should be sought at the lowest level and only progress up the hierarchy when satisfactory resolution has not been achieved.
2. Failure to resolve disputes may result in termination of the Agreement.

VI. Term and Termination

1. The effective date of this Agreement will be upon the final signature of the parties to this Agreement and it shall remain in effect until it is terminated in accordance with the terms of this Agreement.
2. Any of the parties to this Agreement may withdraw and terminate their participation from this Agreement for any reason and at any time upon thirty (30) days written notice to the other party. Such notice and other correspondence related to this Agreement should be sent to the contacts and addresses listed above.

VII. Amendment

This Agreement may be amended at any time by written agreement and signature of all the parties.

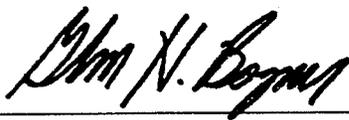
IN WITNESS WHEREOF, the parties hereto have caused this Joint Operating Agreement to be executed by the dates and signatures herein under affixed. The persons signing this Joint Operating Agreement on behalf of the parties represent that each has authority to execute the Joint Operating Agreement on behalf of the party entering this Joint Operating Agreement.



Christine Barada
Director

10-30-12

Date



Glen H. Bogner
President

11/14/12

Date

ATTACHMENT 1

Joint Operating Agreement Attachment

This Attachment, as identified in the Joint Operating Agreement between **Molina Healthcare of Washington**, a Managed Care Health Organization and **Spokane County RSN**, a Regional Support Network, Article I. PURPOSE, details the local procedures and agreements between the Health Plan and RSN.

1. Coordination of Care/Care Transition

A. RSN Sharing:

- Psychiatric Hospital Admissions
- If receiving services from RSN provider network, the Case Manager name, agency name, and contact information

B. Molina Healthcare Sharing:

For members who:

- Meet Access to Care Standards and are currently receiving services from RSN provider network AND
- Are enrolled in the Molina Case Management Program:
 - a. Medical Hospital Admissions
 - b. Emergency Department visits

C. Collaboration on High Risk Cases

The RSN and Molina Healthcare will coordinate and collaborate to assure best patient outcomes for high risk cases.

2. Communication

A. Contact List

- i. Referrals: Erin Darrah (back up Christi Sahlin)
- ii. Care Coordination and Care Management: Erin Darrah (back up Christi Sahlin)
- iii. Medical Crisis Services Contacts: 24 hour Molina Nurse Advice Line
 - a. English: 1-888-275-8750
 - b. Spanish: 1-866-648-3537
 - c. TTU: 1-866-735-2929
- iv. Data Sharing: Christi Sahlin (back up Lisa Andrade)
- v. Performance Improvement and Quality Management: Christi Sahlin (back up Lisa Andrade)
- vi. Dispute Resolution: Christi Sahlin (back up Lisa Andrade)
- vii. Critical Incidents: Christi Sahlin (back up Lisa Andrade)

Spokane County Regional Behavioral Health Organization

Health Plan/RSN
HO Operating Agreement

Christi Sahlin, MSW, LICSW
Manager of Integrated Case
Management (425) 424-7103

Erin Darrah, RN, CCM
Supervisor of Integrated Case
Management (425) 424-7171

Lisa Andrade, RN, MSN,
MBA Director of Health
Care Services (425) 424-
7172

B. Mechanism for Sharing & Updating Contact List:

Contact list included in Attachment. Updated contact list will be shared as information changes.

c. Other Data Sharing:

Molina Healthcare will share the following information with the RSN for members who are:

- Currently enrolled in Molina Healthcare AND
- Eligible for services from the RSN provider network
 - a. Name
 - b. Provider One ID#
 - c. Address
 - d. Phone Number
 - e. DOB
 - f. PCP
 - g. Enrollment Date
 - h. Currently enrolled in Case Management Program and if yes — name of assigned Case Manager

Molina Healthcare will share the following information with the RSN for members who are:

- Currently enrolled in Molina Healthcare AND
- Meet Access to Care Standards and are actively receiving services from the RSN provider network
 - a. Diagnosis(s): both medical and psychiatric
 - b. Physician visits in past 90 days (include both primary care and specialty care visits)
 - c. All medications filled in the past 90 days
 - d. Currently enrolled in Patient Review and Coordination Program (PRC)

Attachment 2

Operational Agreement Attachment

This Attachment, as identified in the Joint Operating Agreement between Molina Health Care of Washington, a Managed Health Care Organization and Spokane County Regional Support Network, Article I. PURPOSE, details the local procedures and agreements between the Health Plan and SCRSN.

The following are the contact persons and phone numbers for SCRSN:

Inpatient Care – BHO, Jim O’Hare 1-877-226-0741, 24/7/ 365 days

Referrals - BHO, Jim O’Hare 1-877-226-0741, 24/7/ 365 days

Outpatient Care, Medical Hospital Admissions, and Emergency Department visits:

Spokane County Adults – SCRSN Mental Health Care Coordinator, Joe Beckett, 1-509-477-2587

Spokane County Children and Youth through age 20 – SCRSN Mental Health Care Coordinator, Danielle Cannon, 1-509-477-4544

Adams, Ferry, Grant, Okanogan, Pend Oreille, Lincoln, Stevens Counties, all ages, - SCRSN Mental Health Care Coordinator, Stacey Chay, 1-509-477-4683.

All Other Issues – SCRSN, Suzie McDaniel, Asst. Director for Spokane County Community Services, Housing, and Community Development Department and SCRSN Regional Support Network, RSN Administrator, 1-509-477-4510.

Attachment 10

JOINT OPERATING AGREEMENT

BETWEEN

UNITEDHEALTHCARE COMMUNITY PLAN MANAGED HEALTH CARE ORGANIZATION

AND

SPOKANE COUNTY REGIONAL SUPPORT NETWORK

The Operational Agreement is between the UnitedHealthcare Community Plan a Managed Health Care Organization contracted with the Washington State Health Care Authority to manage Healthy Options and Basic Health Plan (herein after referred to as the **Health Plan**) and the Spokane County Regional Support Network (RSN) contracted with Washington State Division of Behavior Health and Recovery Services to manage a Prepaid Inpatient Health Plan (PIHP)(herein after referred to as the **RSN**) and serves Spokane County.

I. PURPOSE

This agreement delineates the roles and responsibilities of the **Health Plan** and the **RSN** related to the provision of mental health benefits for their enrollees who are insured under Washington State Medicaid Healthy Options contract and the Washington State Medicaid PIHP contract.

The agreement also demonstrates a shared commitment by both the **Health Plan** and the **RSN** to coordinate care for persons who are involved in or require services from both systems of care.

This agreement is not intended to identify the operational procedures specific to each Health Plan and each RSN. To ensure that both Health Plan and RSN responsibilities are fully met, details of the local procedures and agreements between each Health Plan and each RSN will be provided in an attachment to this Operating Agreement to be completed by **September 01, 2012** (*Referred to as the Operation Agreement Attachment*).

II. BACKGROUND

A. Health Plan

The UnitedHealthcare Community Health Plan provides managed health care services to eligible individuals insured under the Healthy Options Plan in Spokane County.

B. RSN

The Spokane County Regional Support Network provides covered mental health services to eligible consumers in Spokane county.

III. RESPONSIBILITIES AND ROLES

A. Sharing Protected Health Information

The parties agree that information shared under this agreement is shared for the purpose of coordination of treatment and/or health care operations. The parties also agree not to use or disclose protected health information other than as permitted or required by this Agreement, HIPAA and the Health Information Technology for Economic and Clinical Health Act (HITECH). The parties shall use and disclose protected health information only if such use or disclosure, respectively, is in compliance with each applicable requirement of 45 CFR § 164.504(e).

B. Referrals between the Health Plan and the RSN

While both the **Health Plan** and the **RSN** benefit plans cover medically necessary mental health services the scope of the benefits are distinct. The mental health benefit under the **Health Plan** is a limited benefit. The **RSN** mental health benefit has a broad scope and serves individuals with need for higher intensity and/or specialty mental health services. The Washington State Medicaid Program PIHP requires enrollees to meet both medical necessity and Mental Health Access to Care Criteria to define members' qualification for **RSN** mental health services.

Consumer choices, and/ or person centered care, are essential guiding principles of this agreement. Therefore, enrollees covered under Healthy Options may approach either the **Health Plan** or the **RSN** network providers to request mental health services.

Enrollees who choose to access the **Health Plan** may be referred to the **RSN** by the **Health Plan** providers if it appears that they may meet Access to Care criteria. Enrollees who choose to access an **RSN** network provider will be assessed and either authorized by the **RSN** into care or referred to the **Health Plan** based on PIHP criteria.

1. RSN Responsibility

- a. The **RSN** has the responsibility to provide a face-to-face assessment for any person enrolled in Medicaid who requests an intake to determine if the individual meets medical necessity and Access to Care criteria for **RSN** mental health services. The **RSN** shall accept a referral from the **Health Plan** for a face-to-face assessment when the **Health Plan** believes the individual may meet Access to Care criteria for the **RSN** mental health benefit.
- b. The **RSN** will authorize and serve any individual who meets medical necessity and the Access to Care criteria and chooses to be served by the **RSN** contracted provider.
- c. The **RSN** will refer individuals to the **Health Plan** for mental health benefits when the individual does not meet Access to Care criteria or medical eligibility, or has graduated from **RSN** services and/or no

longer meets criteria for access to RSN services but still may meet medical necessity for the **Health Plan** mental health benefit.

2. Health Plan Responsibility

- a. The **Health Plan** has the responsibility to determine if their members meet medical necessity for their mental health benefit or if a referral to the **RSN** for an assessment is warranted. The **Health Plan** is also responsible to provide a mental health benefit for their Healthy Option members who present with medical necessity for mental health services and do not meet the **RSN** PIHP Access to Care criteria.
- b. The **Health Plan** may refer individuals at any time to the **RSN** even if they have been served under the **Health Plan's** mental health benefit to determine if the individual meets Access to Care criteria for **RSN** mental health benefits.

C. Coordination of Care and Care Transitions

The **RSN** and the **Health Plan** have responsibility to assure that enrollees who have multiple needs and make frequent use of the systems of care are provided with quality coordinated care. Specific attention shall also be paid to individuals with co-morbid physical and mental health conditions who are admitted to institutional care for either physical health or mental health conditions. The **RSN** and the **Health Plan** and their respective designees (e.g. care managers, contractors, provider networks) will collaborate on coordination of care for persons who are involved in or require services from both systems of care.

1. RSN Responsibility

- a. The **RSN** shall participate in the Care Transitions Performance Improvement Plan pursuant to the requirements in the RSN contract with the state Division of Behavioral Health and Recovery Services (DBHR)
- b. The **RSN** shall provide timely information related to psychiatric hospital admission and discharge for **Health Plan** Healthy Options members.
- c. The **RSN** and its designees will collaborate with **Health Plan** care coordination activities for individuals who are identified through the state PRISM system with high risk scores. During the first year of this agreement the **RSN** will work with the **Health Plan** to develop procedures and/or protocols for their collaboration on care coordination for persons who are identified as high risk.
- d. Additional region specific procedures are provided in the Operational Agreement Attachment.

2. Health Plan Responsibility

- a. The **Health Plan** shall participate in the Care Transitions Performance Improvement Plan pursuant to the requirements in the Healthy Options contract with the state Health Care Authority (HCA).
- b. The **Health Plan** shall provide timely information related to medical hospital admission and discharge for **Health Plan** Healthy Options members receiving **RSN** PIHP services.

Spokane County Regional Behavioral Health Organization

Health Plan/RSN
HO Operating Agreement

- c. The **Health Plan** and its designees will collaborate with **RSN** care coordination activities for individuals who are identified through the state PRISM system with high risk scores. During the first year of this agreement the **Health Plan** will work with the **RSN** to develop procedures and/or protocols for their collaboration on care coordination for persons who are identified as high risk.
- d. Additional region specific procedures are provided in the Operational Agreement Attachment.

D. Communications

- 1. Each **Health Plan** and each **RSN** will provide contact information for functions that will be coordinated between the **Health Plan** and the **RSN**. The individual contacts provided in the Operation Agreement Attachment will include at minimum:
 - a. Referrals
 - b. Care Coordination and Care Management
 - c. Crisis Services Contacts
 - d. Data Sharing
 - e. Performance Improvement and Quality Management
 - f. Dispute Resolution
 - g. Critical Incidents

- 2. The **Health Plan** and the **RSN** agree to participate in further development of additional guidelines and operational procedures that will enhance the bi-directional care coordination between entities. The areas to be addressed may include, but are not limited to the following:
 - a. Referral Procedures
 - b. Screening Guidelines
 - c. Notification of Admissions to Institutional Care
 - d. Care Transitions/Discharge Planning from Institutional Care
 - e. Continuing Care Transitions
 - f. Care Management and Coordination
 - g. Performance Measures and Improvement Processes
 - h. Notifications of Emergent Care
 - i. Data Sharing
 - j. Dispute Resolution
 - k. Notification of Critical Incidents

Spokane County Regional Behavioral Health Organization

Health Plan/RSN
HO Operating Agreement

IV. Hold Harmless

1. Regardless of any verbal statements made prior to or following signature on this Agreement, nothing in this Agreement is intended to establish a legally binding agreement between the parties.
2. The parties of this agreement will hold one another including their contractors, employees, interns and volunteers harmless for failure to perform any of the roles identified above, including termination of this Agreement with or without advance notice.
3. There shall be no remedy available to one party for failure to perform any role identified above by the other party, or a third party.

V. Dispute Resolution

1. All disputes occurring between the parties of this agreement shall be resolved through informal negotiation between the parties of the Agreement. A guiding principle for resolving disputes is that resolution should be sought at the lowest level and only progress up the hierarchy when satisfactory resolution has not been achieved.
2. Failure to resolve disputes may result in termination of the Agreement.

VI. Term and Termination

1. The effective date of this Agreement will be upon the final signature of the parties to this Agreement and it shall remain in effect until it is terminated in accordance with the terms of this Agreement.
2. Any of the parties to this Agreement may withdraw and terminate their participation from this Agreement for any reason and at any time upon thirty (30) days written notice to the other party. Such notice and other correspondence related to this Agreement should be sent to the contacts and addresses listed above.

VII. Amendment

This Agreement may be amended at any time by written agreement and signature of all the parties.

IN WITNESS WHEREOF, the parties hereto have caused this OA to be executed by the dates and signatures herein under affixed. The persons signing this OA on behalf of the parties represent that each has authority to execute the OA on behalf of the party entering this OA.



RSN Administrator

8-14-12

Date



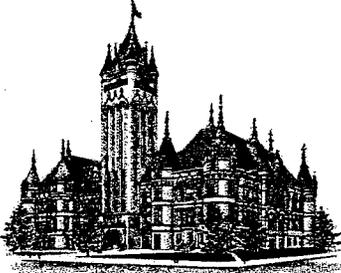
Health Plan President

8-24-12

Date

Spokane County Regional Behavioral Health Organization

Attachment 11

 SPOKANE COUNTY Regional Support Network Prepaid Inpatient Health Plan	Policy Title: Provider Linkages and Coordination		Policy # CS - 15
	Signature: 	Revised: 8/31/12	
	Christine Barada, Director Community Services, Housing, and Community Development Department	Reviewed: 	
	Signature Date: 3/21/13	Signing by authority of Res. No. 2007-0038	

Applies to: Internal External

References

Washington Administrative Code (WAC) 388-865-0200

Scope

Spokane County Regional Support Network (SCRSN) and its network providers.

1. Policy

- 1.1. SCRSN and its network providers will utilize coordination and linkage to facilitate seamless service delivery to individuals enrolled in services throughout the system of care.

2. Procedures/Mechanisms

- 2.1. SCRSN network providers shall coordinate with the SCRSN or its designee, the ancillary service systems, housing and residential providers, substance abuse providers, primary care medical providers, state and local community agencies, criminal justice facilities, homeless services, minority community agencies, schools, third party payers, Educational Services Districts (ESD), Department of Social and Health Services (DSHS), Division of Developmental Disabilities (DDD), Department of Corrections (DOC), Children's Administration, (CA), Children's Long-term Inpatient Programs (CLIP), community hospitals, Tribal and Recognized American Indian Organizations (RAIO), Detox, Fire Departments, Hospital Emergency Departments, Regional Health Districts, and any other community agency.
 - 2.1.1. SCRSN and its network providers will furnish information regarding local services and referrals to individuals who are in need of such information.
 - 2.1.2. All coordination and linkage will comply with SCRSN policies regarding Health Insurance Portability and Accountability Act (HIPAA) and any internal HIPAA policies.
- 2.2. SCRSN network providers shall document all coordination efforts on behalf of SCRSN enrolled individuals.

Spokane County Regional Behavioral Health Organization

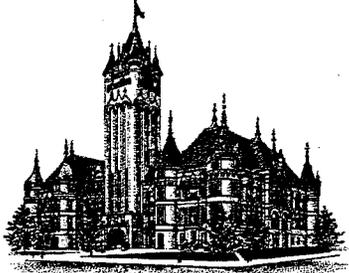
- 2.3. SCRSN network providers will participate, upon request, in coordination planning with SCRSN or its designee.

- 3. **Monitoring**

- 3.1. This policy will be monitored through the annual contracted provider monitoring, with the appropriate recommendations, findings and/or corrective actions required in performance improvement projects.

Spokane County Regional Behavioral Health Organization

Attachment 12

 <p>SPOKANE COUNTY Regional Support Network Prepaid Inpatient Health Plan</p>	Policy Title: Coordination and Continuity of Care		Policy # CS - 21
	Signature: <i>Christine Barada</i> Signature on file	Revised: 6/10/2009	
	Christine Barada, Director Community Services, Housing and Community Development	Reviewed: Date <i>6/11/09</i>	
	Signature Date: Date <i>6/11/09</i>	Signing by authority of Res. No. 2007-0038	

Applies to:

Internal External

References

CFR & WAC references
 Title 42 CFR 438.208
 WAC 388-865-0345
 WAC 388-865-0425
 WAC 388-865-0230
 MHD/SCRSN Contract

Scope

Spokane County Regional Support Network (SCRSN) and its contracted providers.

1. Policy

1.1. SCRSN network providers shall ensure its eligible consumers have access to primary mental health care, services and supports, which are optimally coordinated and integrated with their other healthcare and human and social services. SCRSN shall ensure consumers have access to at least the following: emergency crisis intervention services, case management services, psychiatric treatment including medication supervision, counseling and psychotherapy services, day treatment services, consumer employment services, and peer support services.

2. Procedures/Mechanisms

2.1. SCRSN and Provider Network Procedures:

- 2.1.1. **Providers Ensuring Access to Care.** Each provider contracted with the SCRSN shall ensure consumers' access to primary Mental Health Care, which is appropriate to their needs.
- 2.1.2. **Providers Ensuring Access to Care Provider.** Each provider contracted with the SCRSN shall ensure consumers' have access to a Mental Health Care Provider, the person or entity formally designated as primarily responsible for creating an individualized plan of care.

Spokane County Regional Behavioral Health Organization

- 2.1.3. **Practicing the Continuity of Care.** Each provider contracted with the SCRSN shall practice the continuity of care, ensuring consumers' have access to a primary Mental Health Care Provider, who will coordinate mental health services with services of other healthcare and human and social service providers.
- 2.1.4. The practice of the continuity of care, including all coordination efforts, shall be documented in consumers' clinical records.
- 2.1.5. Each provider contracted with the SCRSN shall attempt to prevent duplication of services through coordination with other service providers.
- 2.1.6. In the practice of the continuity of care, each provider contracted with the SCRSN shall ensure consumers' privacy is protected.
- 2.1.7. Each provider contracted with the SCRSN shall ensure consumers with special health care needs receive comprehensive assessments in order to identify any special conditions that require intervention or monitoring.
- 2.1.8. Each provider contracted with the SCRSN shall ensure consumers with special health care needs have comprehensive treatment plans. These treatment plans shall be developed by the consumers' primary Mental Health Care Provider with consumers' participation, and in consultation with any specialists involved in the consumers' care and in accord with any applicable state quality assurance and utilization review standards.
- 2.1.9. Each provider contracted with the SCRSN shall ensure consumers with special health care needs have access to specialists, as appropriate for the consumers' conditions and needs.
- 2.1.10. Each provider contracted with the SCRSN shall ensure child consumers have access to mental health screening and treatment under the federal Title XIX Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program.
- 2.1.11. Each provider contracted with the SCRSN shall ensure, that for child consumers who have Individual Education Plans (IEPs), their mental health treatment plans shall be integrated with these IEPs, whenever possible.
- 2.1.12. Each provider contracted with the SCRSN shall ensure that for child consumers under age three (3) whose families have Individualized Family Services Plans (IFSPs), their mental health treatment plans shall be integrated with these IFSPs.
- 2.1.13. Each provider contracted to the SCRSN shall fully cooperate with the SCRSN's annual monitoring regimen, which shall include examining clinical records with a focus on federal and state requirements, and on documented evidences of coordination and continuity of care.

3. Monitoring

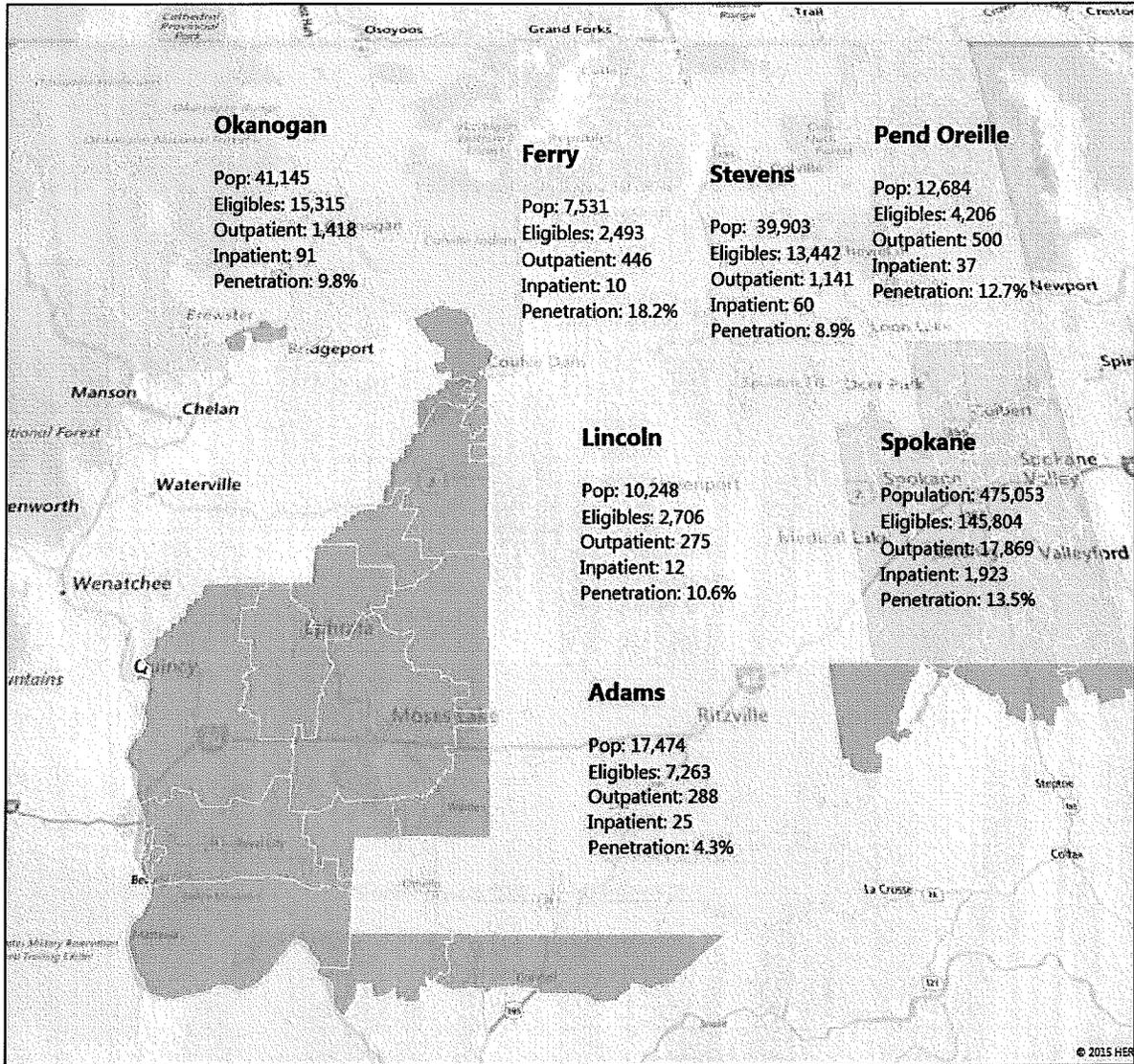
- 3.1. This policy will be monitored on an annual basis, with the appropriate recommendations, findings and/or corrective actions required in performance improvement projects.

Spokane County Regional Behavioral Health Organization

Attachment 13



Spokane County Regional Behavioral Health Organization (SCRBHO)
Population, Eligibility and Mental Health Clients Served



Population Based on 2010 Census Data

Medicaid Eligible Clients Based on June 2015 RSN Data

Unique Mental Health Clients Served Based on July 2014 – June 2015 RSN Data

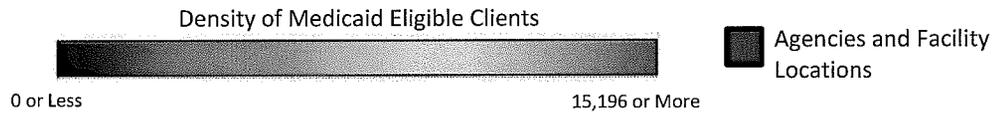
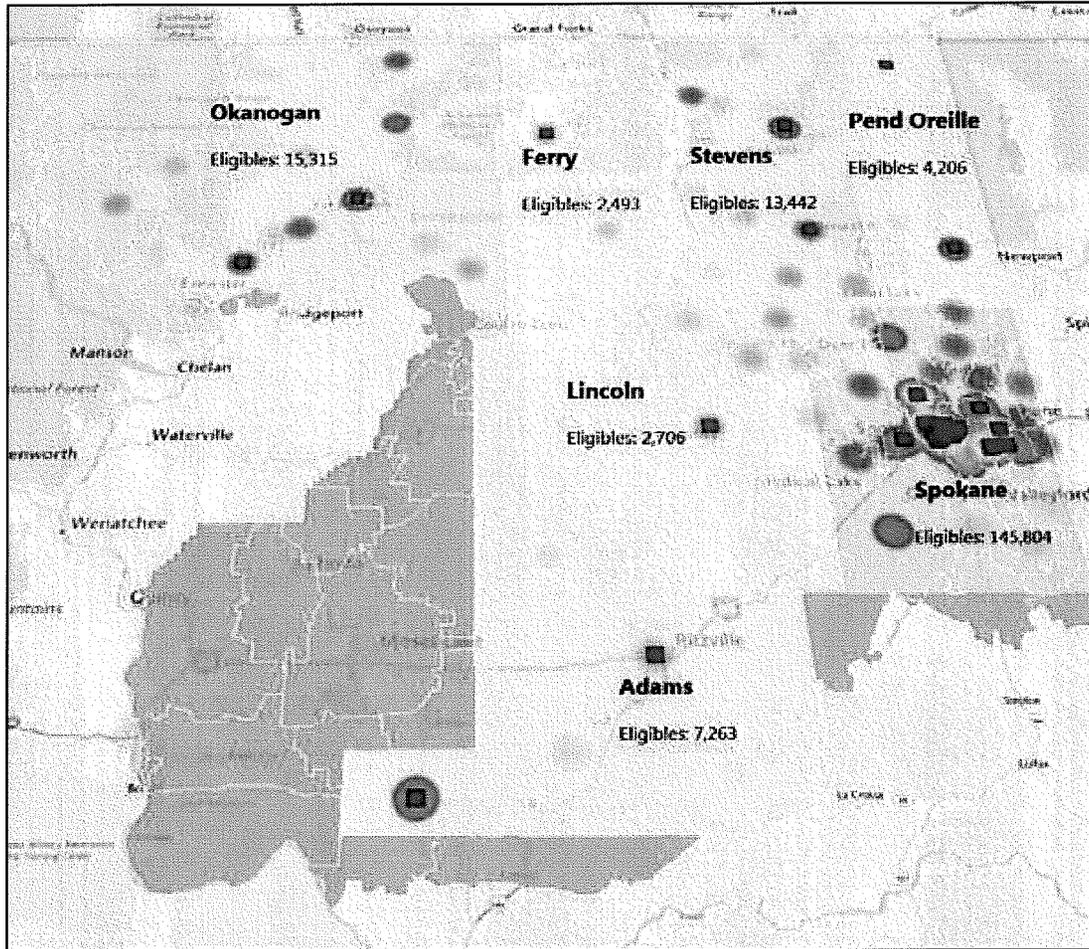
Penetration = (Outpatient Clients + Inpatient Clients) / Number of Eligibles

Spokane County Regional Behavioral Health Organization

Attachment 15



Spokane County Regional Behavioral Health Organization (SCRBO)
Agencies and Licensed Facilities and Medicaid Eligible Individuals



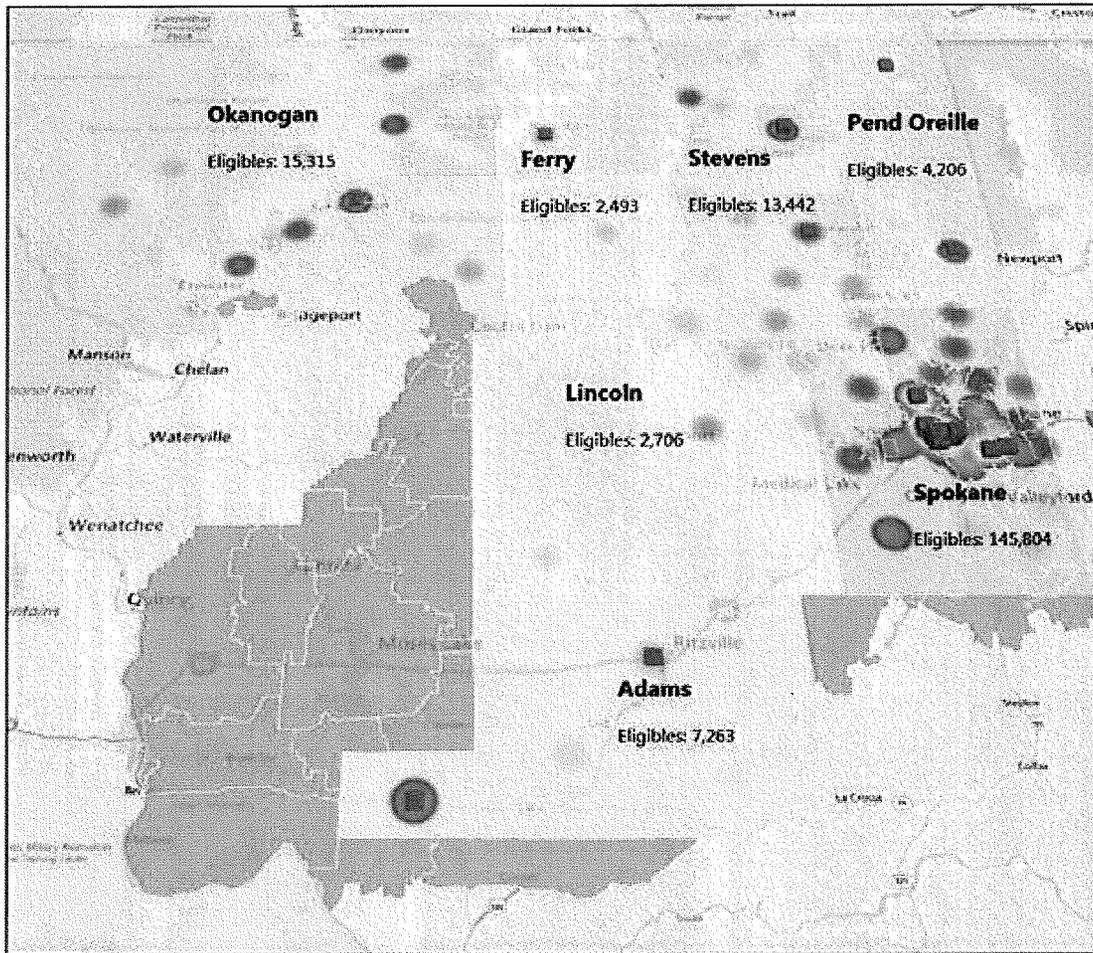
Medicaid Eligible Clients Based on June 2015 RSN Data
Mental Health Outpatient, SUD Inpatient, and SUD Outpatient Facilities Based on June 2015 RSN Data

Spokane County Regional Behavioral Health Organization

Attachment 16



Spokane County Regional Behavioral Health Organization (SCRBHO)
Agencies and Licensed Facilities and Medicaid Eligible Individuals



Density of Medicaid Eligible Clients

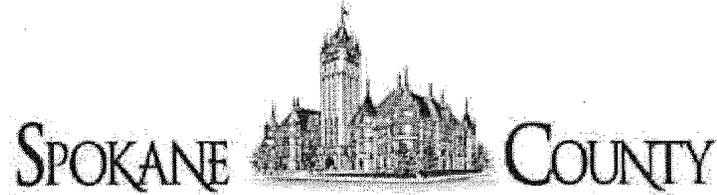


Dual-Licensed Locations

Medicaid Eligible Clients Based on June 2015 RSN Data
Dual-Licensed Locations Based on June 2015 RSN Data

Spokane County Regional Behavioral Health Organization

Attachment 17



COMMUNITY SERVICES, HOUSING, AND COMMUNITY DEVELOPMENT DEPARTMENT
SPOKANE COUNTY REGIONAL SUPPORT NETWORK

Agency and Contact Information	Ages Served	SCSRN Funded Mental Health Services	Other Locations	Mental Health Specialists on Staff	Non-English Languages Spoken
Adams County					
<p>Adams County Integrated Health Care Services 425 E. Main, Suite 600 Othello, WA 99334 (509) 488-5611 Crisis & After Hours (509) 488-5611 Vicki Guse, Administrator vickig@co.adams.wa.us</p>	<p>Children, Adolescents, Adults, and Families</p>	<p>Assessment, Individual Treatment, Group Therapy, Medication Monitoring, Outpatient Psychiatric Services, 24-hour Crisis Hotline, Crisis Response Services, Less Restrictive Alternative Monitoring</p>		<p>Geriatric, Hispanic, Child/Adolescent Developmental Disability, Physical Disability</p>	<p>Spanish</p>
Ferry County					
<p>Northeast Washington Alliance Counseling Services 65 N. Keller PO Box 1120 Republic, WA 99166 (509) 775-3341 or (866) 268-5108 David Nielsen, Executive Director dmielsen@co.stevens.wa.us</p>	<p>Children, Adolescents, Adults and Families</p>	<p>Brief Intervention, Case Management, Crisis Emergency Involuntary Detention, Crisis Outreach, Crisis Peer Support, Crisis Stabilization, Crisis Telephone Support, Day Support, Family Therapy, Group Therapy, Individual Treatment, Lesser Restrictive Alternative (LRA) Support, Psychiatric Medication, Recovery Employment Support, Recovery Medication Support, Recovery Peer Support</p>		<p>Child/Adolescent Developmental Disabilities</p>	

Spokane County Regional Behavioral Health Organization

Lincoln County Providers					
<p>Northeast Washington Alliance Counseling Services 1211 Merriam Davenport, WA 99122 (509) 725-3001 or (866) 268-5108</p> <p>David Nielsen, Executive Director dmnielsen@co.stevens.wa.us</p>	<p>Children, Adolescents, Adults, and Families</p>	<p>Brief Intervention, Case Management, Crisis Emergency Involuntary Detention, Crisis Outreach, Crisis Peer Support, Crisis Stabilization, Crisis Telephone Support, Day Support, Family Therapy, Group Therapy, Individual Treatment, Lesser Restrictive Alternative (LRA) Support, Psychiatric Medication, Recovery Employment Support, Recovery Medication Support, Recovery Peer Support</p>		<p>Child</p>	
Okanogan County Providers					
<p>Okanogan Behavioral Healthcare 107 Koala Drive Omak, WA 98841 (509) 826-6191</p> <p>Elmer "Skip" Rosenthal, Chief Executive Officer srosenthal@okbhc.org</p>	<p>Children, Adolescents, Adults, and Families</p>	<p>Assessment, Individual Treatment, Group Therapy, Outpatient Psychiatric Services, 24-hour Crisis, Less Restrictive Alternative Monitoring, Day Support, Peer Support, Recovery Employment Support, Alcohol/Drug Information School, DUI Assessment, Level I Outpatient, Level II Intensive Outpatient, Information & Referral, Community Education, Case Management</p>	<p>Brewster School District, Pateros School District, Liberty Bell School District, Omak School District, Okanogan School District, Oroville School District, Tonasket School District, Room One, Pateros Resource Center, Family Health Centers-Brewster, local nursing home and Living Facilities, Juvenile</p>	<p>Geriatric, Hispanic, Native American, Child/Adolescent, Chemical Dependency</p>	<p>Spanish</p>

Spokane County Regional Behavioral Health Organization

Pend Oreille County Providers					
<p>Pend Oreille County Counseling Services 105 S. Garden Avenue PO Box 5055 Newport, WA 99156 (509) 447-5651</p> <p>Annabelle Payne, Director apayne@pendoreille.org</p>	<p>Children, Adolescents, Adults, and Families</p>	<p>Assessment, Individual Treatment, Group Therapy, Outpatient Psychiatric Services, 24-hour Crisis, Less Restrictive Alternative Monitoring</p>	<p>Services in Schools</p>	<p>Child/ Adolescent Geriatric Dev. Disabilities, Native American</p>	
<p>Pend Oreille County Counseling Services 302 Park Street Metaline Falls, WA 99153 (509) 446-2096</p> <p>Annabelle Payne, Director apayne@pendoreille.org</p>	<p>Children, Adolescents, Adults, and Families</p>	<p>Assessment, Individual Treatment, Group Therapy, Outpatient Psychiatric Services, 24-hour Crisis, Less Restrictive Alternative Monitoring</p>	<p>Services in Schools</p>		
Spokane County Providers					
<p>Catholic Charities Counseling 12 E. 5th Avenue Spokane, WA 99202 (509) 242-2308</p> <p>Jerry Schwab, Director of Counseling Services JSchwab@ccspokane.org</p>	<p>Adults</p>	<p>Brief Intervention, Case Management, Family Therapy Group Therapy, Individual Treatment, Recovery Peer Support</p>	<p>St. Thomas More Parish - 515 W. St. Thomas More Way, Spokane, WA</p> <p>House of Charity Annex – W. 19 Pacific Avenue Spokane, WA</p>	<p>Child Mental Health Specialist</p>	
<p>Children’s Home Society of Washington 2323 N. Discovery Place Spokane Valley, WA 99216 (509) 747-4174</p> <p>Libby Hein, Eastern Washington Regional Director LibbyH@chs-wa.org</p>	<p>Children, Adolescents, and Families</p>	<p>Assessment, Individual Treatment, Group Therapy, Medication Monitoring</p>	<p>West Valley School District</p>	<p>Children</p>	

Spokane County Regional Behavioral Health Organization

<p>Children's Home Society of Washington – Northeast Community Center 4001 N. Cook Spokane, WA 99207 (509) 747-4174</p> <p>Libby Hein, Eastern Washington Regional Director LibbyH@chs-wa.org</p>	<p>Children, Adolescents, and Families</p>	<p>Assessment, Individual Treatment, Group Therapy, Medication Monitoring</p>		<p>Children</p>	
<p>Children's Home Society of Washington 8727 W. Highway 2, Suite 200 Airway Heights, WA 99224 (509) 795-8450</p> <p>Libby Hein, Eastern Washington Regional Director LibbyH@chs-wa.org</p>	<p>Children, Adolescents, and Families</p>	<p>Assessment, Individual Treatment, Group Therapy, Medication Monitoring</p>		<p>Children</p>	
<p>Community Colleges of Spokane Institute for Extended Learning - SEER Program 3305 Fort George Wright Drive Spokane, WA 99224 (509) 279-6055</p> <p>Linda DeFord, Linda.Deford@scc.spokane.edu</p>	<p>Adults</p>	<p>Continuing Secondary Education and Employment Training</p>			
<p>Community Detox Services of Spokane County 312 W. 8th Avenue Spokane, WA 99204 (509) 477-4631</p> <p>Jon Schlenske, Director jschlenske@spokanedetox.net</p>	<p>Adults</p>	<p>Outpatient, Co-occurring Treatment, Intensive Co-Occurring Outpatient Services</p>		<p>Chemical Dependency</p>	

Spokane County Regional Behavioral Health Organization

<p>Community Detox Services of Spokane County Karen's House 4324 N. Jefferson Spokane, WA 99205 (509) 315-8682 Jon Schlenske, Director jschlenske@spokanedetox.net</p>	<p>Adults</p>	<p>Residential Outpatient Mental Health and Chemical Dependency for Adult Women without Children</p>			
<p>Excelsior Youth Services – Day Treatment 3754 W. Indian Trail Road Spokane, WA 99208 (509) 328-7041 Robert Faltermeyer, Chief Executive Officer bobf@4eyc.org</p>	<p>Child/ Adolescent (ages 10-18)</p>	<p>Hospitalization Diversion, Intensive Treatment, Case-management, Assessment Group Therapy, Therapeutic Recreation</p>		<p>Child/Adolescent, Ethnic Minority</p>	<p>Child/ Adolescent (ages 10-18)</p>
<p>Excelsior Youth Services – Co Occurring 3754 W. Indian Trail Road Spokane, WA 99208 (509) 328-7041 Robert Faltermeyer, Chief Executive Officer bobf@4eyc.org</p>	<p>Youth ages 12 - 17</p>	<p>Children, Adolescent (ages 10-20)</p>	<p>Intensive Co-Occurring Outpatient Services: Individual treatment, Group Therapy, Family & Community Support, Assessment, Medication Monitoring, Therapeutic Recreation</p>		<p>Chemical Dependency, Child/Adolescent, Ethnic Minority</p>
<p>Excelsior Youth Services – Respite 3754 W. Indian Trail Road Spokane, WA 99208 (509) 328-7041 Robert Faltermeyer, Chief Executive Officer bobf@4eyc.org</p>	<p>Child/ Adolescent (ages 10-18)</p>	<p>Planned respite</p>		<p>Child/Adolescent, Ethnic Minority</p>	<p>Child/ Adolescent (ages 10-18)</p>
<p>Excelsior Youth Services – LifePoint 3754 W. Indian Trail Road Spokane, WA 99208 (509) 328-7041 Robert Faltermeyer, Chief Executive Officer bobf@4eyc.org</p>	<p>Adolescent/ Young Adult (ages 17-20)</p>	<p>Individual, group, & family therapy, Community Support, Life Skills Development, Crisis Management, Therapeutic Recreation, Medication Monitoring, Medical Care Coordination</p>		<p>Child/Adolescent, Ethnic Minority</p>	<p>Adolescent/ Young Adult (ages 17-20)</p>

Spokane County Regional Behavioral Health Organization

<p>Excelsior Youth Services – Roads to Community Living 3754 W. Indian Trail Road Spokane, WA 99208 (509) 328-7041</p> <p>Robert Faltermeyer, Chief Executive Officer bobf@4eyc.org</p>		<p>Intensive Relocation Support Therapeutic Recreation, Family Therapy, Case Management, Substance Use Services, Behavior Management Consultation</p>		<p>Child/Adolescent, Ethnic Minority</p>	<p>Intensive Relocation Support Therapeutic Recreation, Family Therapy, Case Management, Substance Use Services, Behavior Management Consultation</p>
<p>Frontier Behavioral Health – Washington location 151 S. Washington Spokane, WA 99201 (509) 838-4128</p> <p>Jeff Thomas, Chief Executive Officer jthomas@smhca.org</p>	<p>Adults</p>	<p>Assessment, Individual Treatment, Group Therapy, Medication Monitoring, High Intensity Case Management</p>	<p>East Valley School District (FAAST program)</p>	<p>Child/Adolescent, Chemical Dependency, Peer Counselor</p>	
<p>Frontier Behavioral Health – Howard location 7 S. Howard, Suite 321 Spokane, WA 99201 (509) 838-4128</p> <p>Jeff Thomas, Chief Executive Officer jthomas@smhca.org</p>	<p>Children, Adolescents, Adults, and Families</p>	<p>Assessment, Individual Treatment, Group Therapy, Medication Monitoring, High Intensity Case Management, Co-occurring Treatment</p>	<p>East Valley School District (FAAST program)</p>	<p>Disability, Child/Adolescent, Geriatric, Chemical Dependency</p>	
<p>Frontier Behavioral Health - Child & Family 131 S. Division Spokane, WA 99202 (509) 838-4651</p> <p>Jeff Thomas, Chief Executive Officer jthomas@smhca.org</p>	<p>Children, Adolescents, Adults, and Families</p>	<p>Assessments, Individual Treatment, Group Therapy, Family Therapy, Case Management</p>	<p>Riverside School District, Deer Park School District</p>	<p>Child/ Adolescent,</p>	
<p>Frontier Behavioral Health - WISE 131 S. Division Spokane, WA 99202 (509) 838-4651</p> <p>Jeff Thomas, Chief Executive Officer jthomas@smhca.org</p>	<p>Children, Adolescents, and Families</p>	<p>Assessments, Individual Treatment, Group Therapy, Family Therapy, Case Management</p>		<p>Child/ Adolescent, Chemical Dependency Specialist, MFT, Peer Support</p>	<p>Spanish</p>

Spokane County Regional Behavioral Health Organization

<p>Frontier Behavioral Health - Adult Intensive Outpatient Services 17 E. First Avenue Spokane, WA 99202 (509) 838-4651</p> <p>Jeff Thomas, Chief Executive Officer jthomas@smhca.org</p>	<p>Adults</p>	<p>Individual Treatment, Group Therapy, Case Management, Medication monitoring</p>		<p>Chemical Dependency, Peer Support, Disability</p>	<p>N/A</p>
<p>Frontier Behavioral Health - Adult Recovery Services 107 S. Division Spokane, WA 99202 (509) 838-4651</p> <p>Jeff Thomas, Chief Executive Officer jthomas@smhca.org</p>	<p>Adults</p>	<p>Individual Treatment, Group Therapy, Case Management, Psychoeducation, Medication Monitoring, Stabilization Services</p>		<p>Child/ Adolescent Ethnic, Chemical Dependency, Disability, Peer Specialist, Peer Connectors</p>	
<p>Frontier Behavioral Health - Adult Outpatient Program 103 E. First Avenue, Hulskamp Building Spokane, WA 99202 (509) 838-4651</p> <p>Jeff Thomas, Chief Executive Officer jthomas@smhca.org</p>	<p>Adults</p>	<p>Individual Treatment, Group Therapy, Case Management, Psychoeducation, Medication Monitoring, Specialist Consultations</p>		<p>Ethnic, Chemical Dependency, Geriatric, Disability, Peer Counselor</p>	<p>Spanish</p>
<p>Frontier Behavioral Health - Intensive Co-Occurring Services (ICOS) 127 W. Boone Spokane, WA 99201 (509) 838-4651</p> <p>Jeff Thomas, Chief Executive Officer jthomas@smhca.org</p>	<p>Adults</p>	<p>Assessments, Individual Treatment, Group Therapy, Case Management, Psychoeducation, Medication Management,</p>		<p>Chemical Dependency, Peer Counselor</p>	

Spokane County Regional Behavioral Health Organization

<p>Frontier Behavioral Health - Valley Office 317 N. Pines Road Spokane Valley, WA 99206 (509) 838-4651</p> <p>Jeff Thomas, Chief Executive Officer jthomas@smhca.org</p>	<p>Children, Adolescents, Adults, and Families</p>	<p>Assessments (children/adolescents), Individual Treatment, Group Therapy, Case Management, Psychoeducation, Medication Management, Co- Occurring Services</p>		<p>Child/ Adolescent Chemical Dependency, Disability, Peer Specialist</p>	
<p>Frontier Behavioral Health - Crisis Response Services 107 S. Division Spokane, WA 99201 (509) 838-4651</p> <p>Jeff Thomas, Chief Executive Officer jthomas@smhca.org</p>	<p>Children, Adolescents, and Adults</p>	<p>24- Hour First Call for Help, Involuntary Treatment Evaluations, Crisis Intervention, Crisis Diversion, Less Restrictive Alternative Monitoring, Onsite Walk-in Services, Mobile Outreach Services</p>		<p>Child/ Adolescent Chemical Dependency, Geriatric, Disability, DMHP, Peer Support</p>	
<p>Frontier Behavioral Health - Homeless Services 2102 E. Sprague Avenue Spokane, WA 99201 (509) 838-4651</p> <p>Jeff Thomas, Chief Executive Officer jthomas@smhca.org</p>	<p>Adults</p>	<p>Outreach, Engagement, Stabilization for Homeless Individuals</p>			
<p>Frontier Behavioral Health - Elder Services Raschko Building 5125 N. Market Spokane, WA 99217 (509) 458-7450</p> <p>Jeff Thomas, Chief Executive Officer jthomas@smhca.org</p>	<p>Adults age 60 and older</p>	<p>Assessments, Individual Treatment, Group Therapy, Case Management, Medication Monitoring, Crisis Intervention Information and Referral, Mobile Outreach</p>		<p>Geriatric and Disability</p>	
<p>Frontier Behavioral Health - Foothills Evaluation & Treatment (E&T) 505 E. North Foothills Drive Spokane, WA 99207 (509) 838-4651</p> <p>Jeff Thomas, Chief Executive Officer jthomas@smhca.org</p>	<p>Adults</p>	<p>Inpatient Acute Care – Evaluation, Stabilization, and Treatment</p>		<p>Chemical Dependency Specialist (used at E&Ts and Stabilization), Peer Specialist</p>	

Spokane County Regional Behavioral Health Organization

<p>Frontier Behavioral Health - Calispel Evaluation & Treatment (E&T) 1401 N. Calispel Street Spokane, WA 99201 (509) 838-4651</p> <p>Jeff Thomas, Chief Executive Officer jthomas@smhca.org</p>	<p>Adults</p>	<p>Inpatient Acute Care – Evaluation, Stabilization, and Treatment</p>		<p>Peer Specialist</p>	
<p>Frontier Behavioral Health – Stabilization Unit 1401 N. Calispel Street Spokane, WA 99201 (509) 838-4651</p> <p>Jeff Thomas, Chief Executive Officer jthomas@smhca.org</p>	<p>Adults</p>	<p>Stabilization Services</p>		<p>Peer Specialist</p>	
<p>Frontier Behavioral Health - Evergreen Club 2102 E. Sprague Avenue Spokane, WA 99202 (509) 458-7454</p> <p>Jeff Thomas, Chief Executive Officer jthomas@smhca.org</p>	<p>Adults</p>	<p>Clubhouse Model: Psychosocial Rehabilitation, Supported Employment</p>			
<p>Frontier Behavioral Health - PACT Team 505 E. North Foothills Drive Spokane, WA 99207 (509) 838-4651</p> <p>Jeff Thomas, Chief Executive Officer jthomas@smhca.org</p>	<p>Adults</p>	<p>Program for Assertive Community Treatment, High Intensity Outreach services for individuals who would otherwise be hospitalized; individual, group, case management, medication monitoring, available 24/7.</p>		<p>Chemical Dependency, Peer Counselor</p>	
<p>Frontier Behavioral Health - Lead Services 107 S. Division Spokane, WA 99207 (509) 838-4651</p> <p>Jeff Thomas, Chief Executive Officer jthomas@smhca.org</p>	<p>Children, Adolescents, and Adults</p>	<p>Psychiatric/Medical Services, Psychological Services, Specialty Consultation Services including age, ethnicity, language, and/or disability, clinical residential consultation services</p>			

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<p>Frontier Behavioral Health – Mobile Assertive Community Treatment (MCAT) 107 S. Division Spokane, WA 99207 (509) 838-4651</p> <p>Jeff Thomas, Chief Executive Officer jthomas@smhca.org</p>	<p>All ages Medicaid or non-Medicaid RSN Enrolled or not enrolled</p>	<p>Case management, Crisis intervention, stabilization services</p>		<p>RN, CDP, Peer</p>	<p>N/A</p>
<p>Institute for Family Development - Homebuilders 720 W. Boone, Suite 101 Spokane, WA 99201 (509) 328-3802</p> <p>Monica Wafstet-Solin, Homebuilders Program Manager mwafstet-solin@institutefamily.org</p>	<p>Age 18 or enrolled in high school</p>	<p>MH Homebuilders/Intensive Family Preservation Services. Hospital Diversion</p>	<p>Family home and natural environment</p>	<p>Child mental Health specialist</p>	
<p>Institute for Family Development - WISE 720 W. Boone, Suite 101 Spokane, WA 99201 (509) 475-78919 or (509) 328-3802 (800) 446-0259</p> <p>Monica Wafstet-Solin, Homebuilders Program Manager mwafstet-solin@institutefamily.org</p>	<p>Up through age 20</p>	<p>WISE/Wraparound with Intensive Services. Hospital/CLIP diversion</p>	<p>Family home and natural environment</p>	<p>Child mental Health specialist</p>	
<p>Institute for Family Development 720 W. Boone, Suite 101 Spokane, WA 99201 (509) 475-78919 or (509) 328-3802 (800) 446-0259</p> <p>Monica Wafstet-Solin, Homebuilders Program Manager mwafstet-solin@institutefamily.org</p>	<p>Age 2 - 7</p>	<p>Mobile PCIT/Parent - Child Interaction Therapy</p>	<p>Family home and natural environment</p>	<p>Child mental Health specialist</p>	

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<p>Lutheran Community Services Northwest 210 W. Sprague Avenue Spokane, WA 99201 (509) 747-8224</p> <p>Heike Lake, Program Director hlake@lcsnw.org</p>	<p>Children, Adolescents, Adults, and Families</p>	<p>Assessment, Individual Treatment, Group Therapy, Family Therapy, Case Management, Least Restrictive Alternative Support, Recovery Peer Support, Adult Trauma, In-home Stabilization for Families and Children</p>	<p>Cheney, WA Deer Park, WA</p>	<p>Disability, Child/ Adolescent</p>	<p>Spanish</p>
<p>NATIVE Project 1803 W. Maxwell Spokane, WA 99201 (509) 325-5502</p> <p>Toni Lodge, Executive Director tlodge@nativeproject.org</p>	<p>Children, Adolescents, Non T-19 Adults, and Indian Health Services Eligible Adults</p>	<p>Assessment, Individual Treatment, Group Therapy, Medication Monitoring, Co-Occurring Treatment, Culturally Specific Case Management</p>		<p>Child/ Adolescent Chemical Dependency, Ethnic Minority</p>	<p>Spanish, Vietnamese</p>
<p>Partners with Families and Children 1321 W. Broadway Avenue Spokane, WA 99201-2053 (509) 473-4810</p> <p>Carol Plischke, Executive Director plischc@inhs.org</p>	<p>Children, Adolescents, Adults, & Families</p>	<p>Assessment, Individual, Family, and Group Treatment, Co- Occurring Outpatient, Infant-Parent Support, EMDR, Multidisciplinary Integrative Service Model, Case Management, Parent Child Initiated Treatment (PCIT)</p>		<p>Child/ Adolescent Chemical Dependency, Peer Support</p>	
<p>Passages Family Support 1002 N. Superior St. Spokane, WA 99202 (509) 892-9241</p> <p>Rebecca Bates, Executive Director bbates@passagesfs.org</p>	<p>Children, Adolescents, and Adults</p>	<p>Assessment, Individual Treatment, Case Management, Group Therapy, Medication Monitoring, Peer Support, Case Management</p>		<p>Peer Counselor, Child/ Adolescent</p>	
<p>Providence Sacred Heart Medical Center & Children's Hospital – Adult Psychiatric 101 W. 8th Avenue Spokane, WA 99204 (509) 474-4893</p> <p>Tamara Sheehan, Director of Psychiatry tamara.sheehan@providence.org</p>	<p>Adults and Elders</p>	<p>Inpatient Acute Care</p>		<p>Adult</p>	

Spokane County Regional Behavioral Health Organization

<p>Providence Sacred Heart Medical Center & Children's Hospital – BEST Program 101 W. 8th Avenue Spokane, WA 99204 (509) 474-2223 or (509) 474-2112</p> <p>Tamara Sheehan, Director of Psychiatry tamara.sheehan@providence.org</p>	<p>Children K through 6th grade</p>	<p>5-week Intensive Day Support</p>		<p>Child/ Adolescent</p>	
<p>Providence Sacred Heart Medical Center & Children's Hospital – Psychiatric Center for Children and Adolescents (PCCA) 101 W. 8th Avenue Spokane, WA 99204 (509) 474-2312</p> <p>Tamara Sheehan, Director of Psychiatry tamara.sheehan@providence.org</p>	<p>Adolescents age 12-17</p>	<p>Inpatient Acute Care</p>		<p>Child/ Adolescent</p>	
<p>Spokane County Detention Services 1100 W. Mallon Avenue Spokane, WA 99260 (509) 477-6686</p> <p>Kristie Ray, Mental Health Supervisor KRay@spokanecounty.org</p>	<p>Adults</p>	<p>Assessment, Individual Treatment, Case Management, Medication Monitoring, Community Transition, Crisis Management</p>			
<p>Spokane County Juvenile Court and Detention Center 1208 W. Mallon Avenue Spokane, WA 99201 (509) 477-4742</p> <p>Bonnie Bush, Director BBUSH@spokanecounty.org</p>	<p>Adolescents</p>	<p>Assessment, Individual Treatment, Case Management, Psychoeducation, Medication Monitoring, Crisis Management</p>		<p>Child/ Adolescent</p>	

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<p>Spokane Addiction Recovery Centers (SPARC) 520 S. Walnut Spokane, WA 99204 (509) 241-3130</p> <p>Administrative Offices/Mailing Address 812 S. Walnut Spokane, WA 99204 (509) 624-3251</p> <p>Mark Brownlow, Executive Director markb@sparcop.org</p>	<p>Adults</p>	<p>Intensive Co-Occurring Outpatient Services, Assessment, Individual Treatment, Group Therapy, Psychoeducation, Medication Monitoring, Crisis Management</p>		<p>Chemical Dependency / Mental Health Professionals, Psychiatric ARNP</p>	<p>Japanese, Spanish</p>
<p>Spokane County Supportive Living Program 312 W. 8th Avenue Spokane, WA 99204 (509) 477-4388</p> <p>Kim Longhofer, Human Services Program Manager klonghofer@spokanecounty.org</p>	<p>Adults</p>	<p>Supportive Living and Group Community Integration</p>			<p>Spanish</p>

Spokane County Regional Behavioral Health Organization

<p>Spokane Public Schools 200 N. Bernard Spokane, WA 99202 (509) 354-7946</p> <p>David Crump, Director of Student Services davidcr@spokaneschools.org</p>	<p>Children Adolescents Families</p>	<p>Therapeutic and Mainstream School Programs, Assessment, Individual Treatment, Group Therapy, Family Therapy, Medication Monitoring</p>	<p>Community School, MAP & Eagle Peak High Schools: Ferris, Lewis and Clark, North Central, Rogers, and Shadle Park Middle Schools: Chase, Garry, Glover, Shaw Elementary Schools: Adams, Arlington, Audubon, Balboa, Bemiss, Brown, Cooper, Grant, Hamilton, Holmes, Indian Trail, Jefferson, Lidgerwood, Linwood, Logan, Longfellow, Madison, Regal, Roosevelt, Sheridan, Stevens, Westview, Willard, and Whitman Mead Schools: Shiloh Hills Elem., Mountainside MS, Mt. Spokane HS Central Valley Schools: Opportunity, Broadway, Adams, and North Pines</p>	<p>Child/ Adolescent Chemical Dependency</p>	<p>Spanish</p>
<p>Sunshine Health Facilities, Inc. 1102 S. Raymond Road Spokane Valley, WA 99206 (509) 892-4342</p>	<p>Adults</p>	<p>Assessment, Individual Treatment, Group Therapy, Medication Monitoring,</p>			

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<p>Sunshine Health Facilities, Inc. - Adult Residential Treatment Facility (ARTF) 1102 S. Raymond Road Spokane Valley, WA 99206 (509) 892-4342</p>	Adults	Residential Care, Crisis and Short-term Care as alternative to inpatient or step-down from psychiatric community hospital or evaluation and treatment facility			
<p>Sunshine Health Facilities, Inc. – Behavioral Health – Step Down Housing 1102 S. Raymond Road Spokane Valley, WA 99206 (509) 892-4342</p>	Adults	Semi-independent Residential Step Down services for individuals discharging from inpatient psychiatric settings			
<p>Tamarack Center 2901 W. Fort George Wright Drive Spokane, WA 99204 (509) 326-8100 or (800) 736-3410</p>	Adolescents	Day Treatment, Inpatient Diversion, CLIP Beds, Individual Treatment, Family Therapy, Medication Management		Child/ Adolescent	
<p>YFA Connections 22 S. Thor PO Box 3344 Spokane, WA 99202 (509) 532-2000</p>	Adults 18 and over	ASPIRE: Co-occurring Outpatient		Substance Abuse	
<p>YFA Connections - RESPITE 22 S Thor 99202 P.O. Box 3344 Spokane, WA 99220-3344 (509) 624-2868</p>	Ages 12-17	FAMILY RESPITE up to 48 hours	201 W 6 th Avenue 99204	Child Mental Health Specialist	
<p>YFA Connections - School Based Services 22 S Thor 99202 P.O. Box 3344 Spokane, WA 99220 (509) 532-2000</p>	Elementary, Middle school and High School students	Assessment, individual, group, family, case management	Nine Mile Falls School District Riverside School District Deer Park School District	Child Mental Health Specialists	

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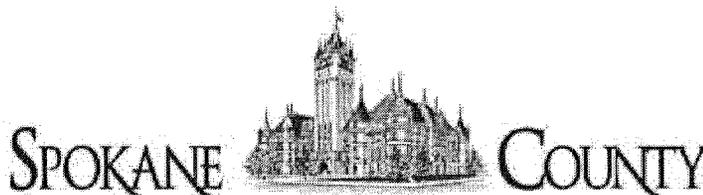
Stevens County Providers					
<p>Northeast Washington Alliance Counseling Services 301 E. Clay, Suite 201 PO Box 905 Chewelah, WA 99109 (509) 935-4808</p> <p>David Nielsen, Executive Director dmnielsen@co.stevens.wa.us</p>	<p>Children, Adolescents, Adults, and Families</p>	<p>Brief Intervention, Case Management, Crisis Emergency Involuntary Detention, Crisis Outreach, Crisis Peer Support, Crisis Stabilization, Crisis Telephone Support, Day Support, Family Therapy, Group Therapy, Individual Treatment, Lesser Restrictive Alternative (LRA) Support, Psychiatric Medication, Recovery Employment Support, Recovery Medication Support, Recovery Peer Support</p>		<p>Child</p>	
<p>Northeast Washington Alliance Counseling Services 165 E. Hawthorne Avenue Colville, WA 99114 (509) 684-4597 David Nielsen, Executive Director dmnielsen@co.stevens.wa.us</p>	<p>Children, Adolescents, Adults, and Families</p>	<p>Brief Intervention, Case Management, Crisis Emergency Involuntary Detention, Crisis Outreach, Crisis Peer Support, Crisis Stabilization, Crisis Telephone Support, Day Support, Family Therapy, Group Therapy, Individual Treatment, Lesser Restrictive Alternative (LRA) Support, Psychiatric Medication, Recovery Employment Support, Recovery Medication Support, Recovery Peer Support</p>	<p>Colville SD, Northport SD, Onion Creek SD, Local Nursing Homes / Assisted Living Facilities, Stevens County Jail</p>	<p>Child/ Adolescent, Geriatric, Developmental Disability, & Hispanic</p>	

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<p>Northeast Washington Alliance Counseling Services Lee Smutzler Crisis Stabilization Facility 150 E. Glen Colville, WA 99114 (509) 685-0641 or (866) 268-5108</p> <p>David Nielsen, Executive Director dmnielsen@co.stevens.wa.us</p>	<p>Children, Adolescents, Adults, and Families</p>	<p>Brief Intervention, Case Management, Crisis Emergency Involuntary Detention, Crisis Outreach, Crisis Peer Support, Crisis Stabilization, Crisis Telephone Support, Day Support, Family Therapy, Group Therapy, Individual Treatment, Lesser Restrictive Alternative (LRA) Support, Psychiatric Medication, Recovery Employment Support, Recovery Medication Support, Recovery Peer Support</p>		<p>Child/ Adolescent, Geriatric, Developmental Disability, & Hispanic</p>	
<p>Northeast Washington Alliance Counseling Services (Satellite Office) 5998 Hwy. 291, Suite # 2 Nine Mile Falls, WA 99206 (509) 465-2200 (509) 465-2220</p> <p>David Nielsen, Executive Director dmnielsen@co.stevens.wa.us</p>	<p>Children, Adolescents, Adults, and Families</p>	<p>Brief Intervention, Case Management, Crisis Emergency Involuntary Detention, Crisis Outreach, Crisis Peer Support, Crisis Stabilization, Crisis Telephone Support, Family Therapy, Individual Treatment, Lesser Restrictive Alternative (LRA) Support, Psychiatric Medication, Recovery Employment Support, Recovery Medication Support, Recovery Peer Support</p>			

Spokane County Regional Behavioral Health Organization

Attachment 18



COMMUNITY SERVICES, HOUSING, AND COMMUNITY DEVELOPMENT DEPARTMENT
SUBSTANCE ABUSE PROVIDERS

Agency and Contact Information	Ages Served	Spokane County Funded Outpatient Substance Abuse Services	Website & Information
ADAMS COUNTY			
<p>Adams County Integrated Health Care Services * 108 W. Main Ritzville, WA 99169 (509) 659-4357 Vicki Guse, Administrator vickig@co.adams.wa.us</p>	<p>Children, Adolescents, Adults, and Families</p>	<p>Assessment, Individual Treatment, & Group Therapy</p>	<p>http://www.co.adams.wa.us/departments/counseling.asp Geriatric, Hispanic, Child/ Adolescent Developmental Disability, Physical Disability</p>
FERRY COUNTY			
<p>Northeast Washington Alliance Counseling Services * 65 N. Keller Republic, WA 99166 (509) 775-3341 or (866) 268-5108 David Nielsen, Executive Director dmielsen@co.stevens.wa.us</p>	<p>Children, Adolescents, Adults and Families</p>	<p>Assessment, Individual Treatment, & Group Therapy</p>	<p>http://www.co.stevens.wa.us/counseling/ Child/ Adolescent, Developmental Disabilities Chemical Dependency</p>

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LINCOLN COUNTY			
<p>Lincoln County Alcohol & Drug Center 510 S. Morgan Street PO Box 152 Davenport, WA 99122 (509) 725-2111</p> <p>Darren Mattozzi, Executive Director/Prevention Coordinator dmattozzi@co.lincoln.wa.us</p>	<p>Children, Adolescents, Adults, and Families</p>	<p>Assessment, Individual Treatment, & Group Therapy</p>	<p>http://www.co.lincoln.wa.us/About%20Lincoln%20County/Alcohol%20and%20Drug/Alcohol%20and%20Drug.htm</p> <p>Chemical Dependency</p>
OKANOGAN COUNTY			
<p>Okanogan Behavioral Healthcare * 107 Koala Drive Omak, WA 98841 (509) 826-6191 Crisis: (509) 826-6191</p> <p>Elmer "Skip" Rosenthal, Chief Executive Officer srosenthal@okbhc.org</p>	<p>Children, Adolescents, Adults, and Families</p>	<p>Assessment, Individual Treatment, & Group Therapy</p>	<p>http://www.okbhc.org/</p> <p>Geriatric, Hispanic, Native American, Child/Adolescent</p>
PEND OREILLE COUNTY			
<p>Pend Oreille County Counseling Services * 105 S. Garden Avenue PO Box 5055 Newport, WA 99156 (509) 447-5651</p> <p>Annabelle Payne, Director apayne@pendoreille.org</p>	<p>Children, Adolescents, Adults, and Families</p>	<p>Assessment, Individual Treatment, & Group Therapy</p>	<p>http://www.pendoreilleco.org/county/cs.asp</p> <p>Child/Adolescent Geriatric Dev. Disabilities, Native American</p>
<p>Pend Oreille County Counseling Services 302 Park Street Metaline Falls, WA 99153 (509) 446-2096</p> <p>Annabelle Payne, Director apayne@pendoreille.org</p>	<p>Children, Adolescents, Adults, and Families</p>	<p>Assessment, Individual Treatment, & Group Therapy</p>	<p>http://www.pendoreilleco.org/county/cs.asp</p>

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SPOKANE COUNTY			
<p>ADEPT Assessment Center 1321 N. Ash Spokane, WA 99201 (509) 327-3120 Shana Windhorst, Owner adeptspokane@comcast.net</p>	<p>Adults</p>	<p>Assessments and Outpatient Treatment</p>	<p>Also offers Alcohol Drug Information School and Abuse Treatment</p>
<p>ADEPT Treatment Center Inc. 104 W Crawford Deer Park, WA 99006 (509) 276-2797 adeptdeerpark@comcast.net</p>	<p>Adults and Adolescents</p>	<p>Assessments and Outpatient Treatment</p>	<p>Also offers Alcohol Drug Information School and Abuse Treatment</p>
<p>Community Detox of Spokane * 312 W 8th Avenue Spokane, WA 99220 (509) 477-4650 Jon Schlenske, Director jschlenske@spokanedetox.net</p>	<p>Adults</p>	<p>Detoxification, Assessment/Referral, Sobering Services, & Involuntary Treatment Service</p>	<p>http://www.cdss.biz/ This agency is dually licensed to serve people with chemical dependency and mental health issues. Agency has an ARNP.</p>
<p>Daybreak Youth Services * 960 E 3rd Avenue Spokane, WA 99202 (509) 444-7033 Annette Klinefelter, Executive Director AKlinefelter@daybreakinfo.org</p>	<p>Adolescents</p>	<p>Assessment, Outpatient Treatment, Assessment and Treatment at Tamarack, Assessment and Outreach at Sacred Heart Children's Hospital</p>	<p>www.daybreakinfo.org This agency also has an inpatient treatment center. This agency is dually licensed to serve people with chemical dependency and mental health issues.</p>

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<p>Excelsior Youth Services * 3754 W. Indian Trail Road Spokane, WA 99208 (509) 328-7041</p> <p>Robert Faltermeyer, Chief Executive Officer bobf@4eyc.org</p>	<p>Adolescents</p>	<p>Assessment, Outpatient Treatment, & Outreach and Assessment at Crosswalk and Crisis Residential Center</p>	<p>www.excelsioryouthcenter.com</p> <p>This agency is dually licensed to serve youth with chemical dependency and mental health issues. Agency also provides inpatient treatment, day treatment and respite services.</p> <p>Agency has an ARNP.</p>
<p>Lakeside Recovery Center 3710 N Monroe Spokane, WA 99205 (509) 328-5234</p> <p>Christopher Mullin, Executive Director cmullin@lakesidespokane.com</p>	<p>Adults</p>	<p>Assessment, Outpatient Treatment, Medically assisted treatment for opioid recovery (suboxone)</p>	<p>www.lakesiderecoverycenter.com</p>
<p>Lakeside Recovery Center 818 E. Sharp Spokane, WA 99202 (509) 328-5234</p> <p>Christopher Mullin, Executive Director cmullin@lakesidespokane.com</p>	<p>Adults</p>	<p>Assessment, Outpatient Treatment, Medically assisted treatment for opioid recovery (suboxone)</p>	<p>www.lakesiderecoverycenter.com</p>
<p>NATIVE Project * 1803 W. Maxwell Spokane, WA 99201 (509) 325-5502</p> <p>Toni Lodge, Director tlodge@nativeproject.org</p>	<p>Adolescents</p>	<p>Assessments and Outpatient Treatment</p>	<p>www.nativeproject.org</p> <p>This agency is dually licensed to serve youth with chemical dependency and mental health issues. Services are co-located with a medical clinic on-site.</p>

Spokane County Regional Behavioral Health Organization

<p>New Horizon Care Centers * 504 E. Second Avenue Spokane, WA 99202 (509) 838-6092</p> <p>Fariba Nikdel, Executive Director farbia@newhorizoncarecenters.org</p>	<p>Adults</p>	<p>Assessment, Outpatient Treatment, & Assessment and Treatment at Spokane Regional Health District for HIV/AIDS population.</p>	<p>http://www.nhccspokane.org/</p> <p>Also offers Inpatient Treatment, including a pregnant and parenting woman inpatient program, Alcohol Drug Information School, Abuse Treatment, Problem Gambling Treatment MRT, and Parent Child Assistance Program.</p> <p>ARNP medication management services on site.</p>
<p>New Horizons Care Centers 15407 E. Mission Avenue Spokane, WA 99037 (509) 927-1542</p> <p>Fariba Nikdel, Executive Director farbia@newhorizoncarecenters.org</p>	<p>Adults</p>	<p>Assessment, Outpatient Treatment</p>	<p>http://www.nhccspokane.org/</p> <p>Also offers Inpatient Treatment, including a pregnant and parenting woman inpatient program, Problem Gambling Treatment, and Parent Child Assistance Program.</p> <p>ARNP medication management services on site.</p>
<p>Northeast Washington Treatment Alternatives (NEWTA) 1224 N. Ash Spokane, WA 99201 (509) 326-7740</p> <p>Lorenzo Driggs, Executive Director ldriggs@newta.org</p>	<p>Adults</p>	<p>Assessment, Outpatient Treatment, Drug Court Outpatient Treatment, Assessment, & referral at Geiger Correctional Center and County Jail</p>	<p>www.newta.org</p> <p>This agency is dually licensed to serve people with chemical dependency and mental health disorder.</p> <p>Also has Alcohol Drug Information School</p>

Spokane County Regional Behavioral Health Organization

<p>Partners with Families and Children * 1321 W. Broadway Spokane, WA 99207 (509) 473-4810</p> <p>Carol Plischke, Executive Director plischc@inhs.org</p>	<p>Adults</p>	<p>Assessment and Outpatient Treatment</p>	<p>www.partnerswithfamilies.org</p> <p>This agency is dually licensed to serve people with chemical dependency and mental health issues. They specialize in families with children at risk.</p>
<p>Spokane Addiction Recovery Center (SPARC) * 1508 W Sixth Avenue Spokane, WA 99204 (509) 624-5228</p> <p>Mark Brownlow, Executive Director markb@sparcop.org</p>	<p>Adults</p>	<p>Assessment, Outpatient Treatment, Assessment and Outreach projects at hospitals, & Community Service Offices</p>	<p>www.sparcop.org</p> <p>This agency also offers Alcohol Drug Information School, Abuse Treatment, Inpatient Treatment and Recovery House. Agency has an ARNP. This agency is dually licensed to serve people with chemical dependency and mental health issues.</p>
<p>Spokane Public Schools * 200 N. Bernard Street Spokane, WA 99201 (509) 354-7946</p> <p>David Crump, Director of Student Services davidcr@spokaneschools.org</p>	<p>Adolescents</p>	<p>Assessment and Outreach</p>	<p>www.spokanepublicschools.org</p> <p>This agency is dually licensed to serve people with chemical dependency and mental health issues.</p>
<p>Spokane Regional Health District Treatment 1101 W College Avenue Spokane, WA 99201 (509) 324-1420</p> <p>Julie Albright, Clinic Director jalbright@srhd.org</p>	<p>Adults</p>	<p>Opiate Substitution Treatment (Methadone)</p>	<p>www.SRHD.org</p>

Spokane County Regional Behavioral Health Organization

<p>YFA Connections * 22 S Thor Street Spokane, WA 99202 (509) 532-2000 x15 Cathy Doran, Chief Executive Officer cdoran@yfaconnections.org</p>	<p>Adults</p>	<p>Assessment & Outpatient Treatment</p>	<p>www.yfaconnections.org This agency is dually licensed to serve people with chemical dependency and mental health issues. Agency has an ARNP.</p>
<p>STEVENS COUNTY</p>			
<p>Northeast Washington Alliance Counseling Services 301 E. Clay, Suite 201 PO Box 201 Chewelah, WA 99109 (509) 935-4808 David Nielsen, Executive Director dmnielsen@co.stevens.wa.us</p>	<p>Children, Adolescents, Adults, and Families</p>	<p>Assessment, Individual Treatment, & Group Therapy</p>	<p>http://www.co.stevens.wa.us/counseling/</p>
<p>Northeast Washington Alliance Counseling Services 165 E. Hawthorne Avenue Colville, WA 99114 (509) 684-4597 David Nielsen, Executive Director dmnielsen@co.stevens.wa.us</p>	<p>Children, Adolescents, Adults, and Families</p>	<p>Assessment, Individual Treatment, & Group Therapy</p>	<p>http://www.co.stevens.wa.us/counseling/</p>
<p>Northeast Washington Alliance Counseling Services 150 E. Glen Colville, WA 99114 (509) 685-0641 Lee Smutzler, Crisis Stabilization Facility David Nielsen, Executive Director dmnielsen@co.stevens.wa.us</p>	<p>Children, Adolescents, Adults, and Families</p>	<p>Assessment, Individual Treatment, & Group Therapy</p>	<p>http://www.co.stevens.wa.us/counseling/</p>

Spokane County Regional Behavioral Health Organization

<p>Northeast Washington Alliance Counseling Services (Satellite Office)</p> <p>5998 Hwy. 291, Suite # 2 Nine Mile Falls, WA 99206 (509) 465-2200 (509) 465-2220</p> <p>David Nielsen, Executive Director dmnielsen@co.stevens.wa.us</p>	<p>Children, Adolescents, Adults, and Families</p>	<p>Assessment, Individual Treatment, & Group Therapy</p>	<p>http://www.co.stevens.wa.us/counseling/</p>
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Spokane County Regional Behavioral Health Organization

Agency and Contact Information	Ages Served	Spokane County Funded Inpatient Substance Abuse Services	Website & Information
SPOKANE COUNTY			
American Behavioral Health Systems Inc.- Cozza 44 E. Cozza Drive Spokane, WA 99209 (509) 232-5766	Adults		
American Behavioral Health Systems Inc.- Specialty Services I, LLC 44 E. Cozza Drive Spokane, WA 99209 (509) 232-5766	Adults		
American Behavioral Health Systems Inc.- Mission 12715 E. Mission Avenue Spokane Valley, WA 99216(509) 32-5766	Adults		
Daybreak Youth Center 628 South Cowley Spokane, WA 99202 (888) 454-5506 x1003	Adolescents	Female only	www.daybreakinfo.org
Excelsior Youth Center 3754 W. Indian Trail Road Spokane, WA 99208 (509) 328-7041	Adolescents		www.excelsioryouthcenter.com
The Healing Lodge of the Seven Nations 5600 E. 8th Avenue Spokane, WA 99212 (509) 533-6910	Adolescents	Male & Female	http://www.healinglodge.org/

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<p>New Horizons - Isabella House 2308 W. 3rd Avenue Spokane, WA 99202 (509) 624-1244</p>	<p>Adults</p>	<p>For pregnant and parenting women</p>	<p>http://www.nhccspokane.org/</p>
<p>New Horizons - Sun Ray Court 518 S. Browne Street Spokane, WA 99202 (509) 456-4565</p>	<p>Adults</p>	<p>Males only</p>	<p>http://www.nhccspokane.org/</p>
<p>Pioneer Center East 3400 W. Garland Avenue Spokane, WA 99205 (509) 325-2355</p>	<p>Adults</p>		<p>http://pioneerhumanservices.org/treatment/cd/involuntary/pce/</p>
<p>Spokane Addiction Recovery Center (SPARC) – Christoph House W. 1403 7th Avenue Spokane, WA 99204 (509) 624-3251</p>	<p>Adults</p>		<p>www.sparcop.org</p>
<p>Spokane Addiction Recovery Center (SPARC) – Delany and Shaw House 1509 W. 8th Street Spokane, WA 99204 (509) 624-7436</p>	<p>Adults</p>		<p>www.sparcop.org</p>
<p>Spokane Addiction Recovery Center (SPARC) – Westbrook House 1404 W. 8th Street Spokane, WA 99204 (509) 624-3251</p>	<p>Adults</p>		<p>www.sparcop.org</p>

* Dual-Licensed Agency

Spokane County Regional Behavioral Health Organization

Attachment 19

Community Services Housing and Community Development Department
Request for Information for Calendar Year 2016 (Jan16-Dec16)

AGENCY NAME:	
NAME OF FACILITY:	
TYPE OF FACILITY (Inpatient, Long Term Residential, or Recovery House):	
IMD or NON-IMD:	
TOTAL NUMBER OF BEDS:	
NAME OF PERSON COMPLETING THIS FORM:	
If Facility has been operational less than 12 months, please identify the date the facility opened	

1. Daily Average # of Beds	
----------------------------	--

CALENDAR YEAR 2016 EXPENSES	
** Amounts should match your Financial General Ledger Reports**	
2. Total Annual Cost for Calendar Year 2016 - 12 months	

CALENDAR YEAR 2016 REVENUES	
** Amounts should match your Financial General Ledger Reports**	
3a. Total Annual Residential Medicaid Revenue for Jan -Dec 2016 (Include Room & Board)	
3b. Total State Grant In Aid (GIA) Revenue	
3c. Federal Block Grant Revenue	
3d. Criminal Justice Treatment Account (CJTA) Revenue	
3e. TANF Revenue	
3f. CA Parents in Reunification Revenue	
3g. Other Non County Contacted Revenue	
3h. 3rd Party Revenue	
3i. TOTAL Revenue	\$ -

Difference between Total Revenue(3i) and Annual Cost (2)	\$ -
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Spokane County Regional Behavioral Health Organization

Attachment 20

Community Services Housing and Community Development Department
Request for Substance Use Disorder Outpatient Information for the Period July 2014-June 2015

Submit completed form to Suzie McDaniel, smcdaniel@spokanecounty.org, and Laura Schultz, lschultz@spokanecounty.org, no later than Friday, September 4, 2015

AGENCY NAME:	
PROGRAM	Substance Use Disorder Outpatient
PERIOD:	July 2014 - June 2015
NAME & PHONE # OF PERSON COMPLETING THIS FORM:	

SERVICES (July 2014-June 2015) ** Include ALL County Paid Funding Sources (including Medicaid and ABP)**

	# of Clients	# of Services	# of Hours
Combined Services (include Assessment, Intake, Group & Individual Treatment for Youth & Adult, Interim Services, Case Management, Intervention & Referral, Involuntary Commitment, Urine Analysis Tests)			
Outreach			
Child Care Broker Services			
Sobering Services			
Detoxification (Sub-Acute)			
Opiate Substitution Tx			

ABP REVENUE BILLED (July 2014-June 2015)

Total Amount of Revenue Billed for ABP for the period of July 2014- June 2015:

ANNUAL EXPENSES (July 2014-June 2015)

Total Annual Amount of Agency Expenses (spent to administer your outpatient program) for the period of July 2014- June 2015:

Attachment 21

**EXAMPLE OF CONTRACTUAL PERFORMANCE EXPECTATIONS
 CURRENTLY USED FOR MH BUT SOMETHING SIMILAR WILL BE USED FOR SUD
 PROVIDERS BASED ON THEIR EXPECTATIONS THAT ARE STILL BEING DISCUSSED
 SERVICES AGREEMENT
 EXHIBIT G
 PERFORMANCE EXPECTATIONS FOR DATE THROUGH DATE
 AGENCY NAME**

(Incentive %)

- 10% { 1) Hospital and Psychiatric admission reductions;
 - a. Adult admissions at Eastern State Hospital shall not exceed.
 - b. Child admissions at Community Hospitals shall not exceed.

The expectation is for each county as a whole, except for Northeast Washington Alliance Counseling Services which is three (3) counties. The measurement encompasses all individuals, Medicaid and Non-Medicaid. This measurement does not include psychiatric hospitalizations at CLIP, E&T's, or crisis stabilization facilities.
- 20% { 2) At a minimum the agency should serve the following within the contract period:
 - a. Number of Individuals
 - b. Number of services provided
 - c. The number of hours provided
 - d. No-shows or cancelations for intakes shall not exceed ___% based on the Access to Care Report.
- 40% { 3) Annual Monitoring:
 - a. Seventy percent (70%) of the person center recovery questions (2 – 8 on the clinical monitoring tool) chosen for clinical review must demonstrate with a "Met".
 - b. The monitoring tool questions 9 – 15, WAC requirements, must meet or exceed ninety-five percent (95%).
 - c. Encounter Data Validation must meet or exceed a minimum of ninety-five percent (95%) of all the questions contained on the EDV monitoring.
 - d. Information Systems (IS) monitoring must meet or exceed ninety-five percent (95%). The "total findings divided by the total scoreable questions" determines the percentage. Informational questions are not included, and "met with recommendations" are not counted as findings.
- 30% { 4) Data Submission:
 - a. Ninety-nine percent (99%) of data must be submitted within thirty (30) calendar days based on Business Day Submission Timeliness report.
 - b. One hundred percent (100%) of error report data corrections must be submitted within fourteen (14) calendar days of notification based on the Spokane County Regional Support Network (SCRSN) Weekly Error Report.

Incentive: Agencies will be able to earn up to 1% of the 6 month contract funding October 1, 2015 through March 31, 2016. The agency will be paid a percentage for each measurement achieved (1 through 4) that could total 1% of the base contract if all measurements are met or a portion depending on how many measurements are achieved.

Attachment 22



**Spokane County
Community Services, Housing, and
Community Development Department**

(509) 477-5722, (800) 273-5864 www.spokanecounty.org/CommunitySvcs/SAT/ 312 West 8th Avenue, Spokane, WA 99204

Daybreak Youth Services

Overall Monitoring Summary
2015 Annual Provider Monitoring

Monitoring Dates and Participants

Dates of Review: June 26, 2015
CSHCD Reviewers: Charisse Pope, Joe Beckett
Agency Staff: Dawn Fleece

Monitoring Overview and Introduction

This monitoring visit focused on services provided for the period June 1, 2014 – July 31, 2014.

2015 Monitoring

The goal of the 2015 monitoring process is to assure contract compliance while identifying areas needing improvement. This review was conducted jointly with Daybreak Youth Services to provide feedback and support in each area reviewed, while supporting an overall collaborative working relationship.

Strengths

Summary of this Monitoring Review:

Facility	Interior appeared to have been updated and is more welcoming
Human Resources	Appropriate documentation in each file reviewed
Clinical File Review	Intakes were strengths-based. Staff are very positive and responsive to the review process. The agency shows positive changes toward adapting to the recovery model.
File compared to TARGET	Overall have good group notes and include family in sessions
File compared to MMIS	
County billed services	

Attachment 22



**Spokane County
Community Services, Housing, and
Community Development Department**

(509) 477-5722, (800) 273-5864 www.spokanecounty.org/CommunitySvcs/SAT/ 312 West 8th Avenue, Spokane, WA 99204

Recommendations and Findings

Recommendations: See four Recommendations in File Compared to TARGET review section, three Recommendations in Clinical File Review section and one overall Recommendation in County Billed section.

Findings: See four Findings in File Compared to TARGET review section, and three Findings in File Compared to MMIS section.

Attachment 23



**Spokane County
Community Services, Housing, and
Community Development Department**

(509) 477-5722, (800) 273-5864 www.spokanecounty.org/CommunitySvcs/SAT/ 312 West 8th Avenue, Spokane, WA 99204

Partners with Families and Children

Overall Monitoring Summary
2015 Annual Provider Monitoring

Monitoring Dates and Participants

Dates of Review: June 3, 2015
CSHCD Reviewers: Charisse Pope
Agency Staff: Kolleen Steward

Monitoring Overview and Introduction

This monitoring visit focused on services provided for the period June 1, 2014 – July 31, 2014.

2015 Monitoring

The goal of the 2015 monitoring process is to assure contract compliance while identifying areas needing improvement. This review was conducted jointly with Partners with Families and Children to provide feedback and support in each area reviewed, while supporting an overall collaborative working relationship.

Strengths

Summary of this Monitoring Review:

Facility	Reviewed separately by SCRSN
Human Resources	Reviewed separately by SCRSN
Clinical File Review	Intake includes a readiness to change component and specific client strengths under each domain.
File compared to TARGET	
File compared to MMIS	
County billed services	

Attachment 23



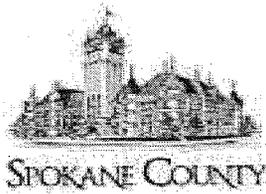
**Spokane County
Community Services, Housing, and
Community Development Department**

(509) 477-5722, (800) 273-5864 www.spokanecounty.org/CommunitySvcs/SAT/ 312 West 8th Avenue, Spokane, WA 99204

Recommendations and Findings

Recommendations: See two Recommendations in File Compared to TARGET, Clinical File review and County Billed services review sections

Findings: Five Findings in File compared to TARGET and five Findings in MMIS review



**Spokane County
Community Services, Housing, and
Community Development Department**

(509) 477-5722, (800) 273-5864 www.spokanecounty.org/CommunitySvcs/SAT/
312 West 8th Avenue, Spokane, WA 99204

Spokane Addiction Recovery Center (SPARC)

Overall Monitoring Summary
2015 Annual Provider Monitoring

MONITORING DATES AND PARTICIPANTS

Dates of Review: June 8, 2015
CSHCD Reviewers: Charisse Pope, Danielle Cannon
Agency Staff: Linda Kruger

MONITORING OVERVIEW AND INTRODUCTION

This monitoring visit focused on services provided between June 1, 2014 through July 31, 2014.

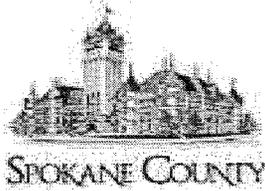
2015 MONITORING

The goal of the 2015 monitoring process is to assure contract compliance while identifying areas needing improvement. This review was conducted jointly with SPARC to provide feedback and support in each area reviewed, while supporting an overall collaborative working relationship.

STRENGTHS

Summary of this Monitoring Review:

Facility	Reviewed separately during SCRSN administrative review
Human Resources	Reviewed separately during SCRSN administrative review
Clinical File Review	Treatment plans are timely
Medicaid Funded Services	Agency offers mental health focused groups, i.e. groups addressing grief and anxiety. At Sunshine agency offers one hour groups which is really reflective of the group clientele.
File compared to TARGET	
County Funded Services	



**Spokane County
Community Services, Housing, and
Community Development Department**

(509) 477-5722, (800) 273-5864 www.spokanecounty.org/CommunitySvcs/SAT/
312 West 8th Avenue, Spokane, WA 99204

RECOMMENDATIONS AND FINDINGS

Recommendations: See one Recommendation in File Compared to TARGET review, five Recommendations in Clinical File review, and one Recommendation in County Billed Services review.

Findings: See two Findings in File Compared to TARGET review, and two Findings in File Compared to MMIS review.

Attachment 25

**INTERLOCAL AGREEMENT
BETWEEN THE COUNTIES OF: ADAMS, FERRY, LINCOLN, OKANOGAN, PEND
OREILLE, STEVENS AND SPOKANE
FOR MENTAL HEALTH AND SUBSTANCE USE DISORDER TREATMENT AND
SERVICES**

1. PARTIES

- 1.1. This Interlocal Agreement (hereinafter "AGREEMENT" or "ILA") is made by and between Adams County, Ferry County, Lincoln County, Okanogan County, Pend Oreille County, Stevens County and Spokane County (hereinafter referred to jointly as the "COUNTIES" or "PARTIES" or "PARTY"), each individually political subdivisions of the State of Washington, pursuant to Chapter 71.24 RCW (Community Mental Health Services Act) and Chapter 39.34 RCW (the Interlocal Cooperation Act).

2. PURPOSE AND RECITALS

- 2.1. Purpose of Agreement. This AGREEMENT acknowledges the mutual interest in jointly planning and coordinating mental health and substance use disorder treatment and services for individuals with mental illness and/or substance abuse disorders under agreements with the Department of Social Health Services (DSHS), the Division of Behavioral Health and Recovery (DBHR), and potentially other funders. The PARTIES desire to integrate and coordinate their respective mental health and substance use disorder services, strategies, actions and responsibilities within their respective jurisdictions; and the PARTIES believe that it is in the public interest to cooperate in carrying out state and federal mental health and substance use treatment and services funding priorities; conducting meetings to determine and evaluate the performance outcomes and plan for allocated funding. The purpose of this AGREEMENT is to facilitate an orderly transition of responsibility for administration of a Behavioral Health Organization (BHO) that will operate within the geographic boundaries of Adams, Ferry, Lincoln, Okanogan, Pend Oreille, Spokane, Stevens Counties (jointly referred to as the COUNTIES) and the operation of the Spokane County Regional Behavioral Health (SCRBH) as the BHO for mental health and substance use disorder treatment and services provided pursuant to this agreement.
- 2.2. Agreement application. This AGREEMENT applies to all powers and duties of the SCRBH pursuant to RCW 71.24. 045, and such agreements as may hereafter be entered into between the SCRBH and the Department of Social and Health Services of the State of Washington and/or any division thereof.
- 2.3. Guiding Principles for SCRBH Administration. SCRBH will administer a BHO within and on behalf of the COUNTIES under the following guiding principles:

Spokane County Regional Behavioral Health Organization

- 2.3.1. The primary goal is to ensure access to mental health and substance use disorder treatment and services for individuals of all ages in all counties, based on local need under SCR BH;
- 2.3.2. The successful performance of this AGREEMENT will require partnerships designed to provide adequate access and care to individuals with mental illness and/or substance use disorders, and will include all levels of government;
- 2.3.3. SCR BH will be responsible for coordinating and developing regional solutions to ensure that within available funding there are programs and services within the region for mental health and substance use disorder treatment;
- 2.3.4. All levels of government and SCR BH system of care must work cooperatively to provide the needed access and care to individuals with mental illness within the available resources, guidelines, contracts, and state and federal requirements upon the SCR BH;
- 2.3.5. The PARTIES will collaborate regarding SCR BH regional and County local common interests, needs, and concerns to facilitate communication with State Legislators and each County's community; and
- 2.3.6. Decisions must be outcome based and sustainable within available resources.

ADMINISTRATION ISSUES

3. ADMINISTRATION

- 3.1. Spokane County Community Services, Housing, and Community Development Department (CSHCD) shall administer SCR BH for the COUNTIES in accordance with the DSHS/DBHR guidelines, and General Terms and Conditions.
 - 3.1.1. SCR BH shall continue to exist as a Prepaid Inpatient Health Plan, bearing the risk for the mental health and substance use disorder treatment services, and inpatient costs for the covered persons pursuant to the DSHS/DBHR Contract for the COUNTIES. 3.1.2. In the context of this AGREEMENT, SCR BH is referred to as the SCR BH .
 - 3.1.3. SCR BH shall enter into contracts with the DSHS/DBHR.
 - 3.1.4. Each COUNTY shall bear a share of the cost of mental health and substance use disorder services. Each COUNTY shall spend its funding allocation on mental health substance use disorder services per the contract with SCR BH.
 - 3.1.5. Pursuant to RCW 71.24.100, the Spokane County Treasurer shall be the custodian of the funds made available for the purposes of mental health and substance abuse services provided under this AGREEMENT. The Treasurer may make payment from such funds upon audit by the appropriate auditing officer of Spokane County, to ensure the provision of services under this AGREEMENT.
 - 3.1.6. Upon execution of a contract with the DSHS/DBHR:

Spokane County Regional Behavioral Health Organization

- 3.1.6.1. SCRBH shall fund SCRBH administration, utilization management, information systems, Quality Review Team, Ombudsman, operating and risk reserves, and all other services that are not for direct mental health and substance use disorder treatment programs as permitted under the DSHS/DBHR contracts.
 - 3.1.6.2. Any reductions in DSHS/DBHR funding to SCRBH will result in a separate reduction in each County's funding under this AGREEMENT. Mental health and substance use disorder program reduction amounts will not be co-mingled unless funding is determined to be inadequate to meet the COUNTIES mental health and substance use disorder programs, SCRBH state and federal contract requirements, and performance outcomes. Any reductions in funding allocations described in this paragraph shall be determined in a meeting described in paragraph 6.1 of this AGREEMENT.
 - 3.1.7. Administration costs of SCRBH shall not exceed the limits set by the contracts between SCRBH and DSHS/DBHR. SCRBH will be responsible for determining the needs, requirements, and cost of the administration of SCRBH.
 - 3.1.8. SCRBH will be responsible for determining the needs, requirements, and cost of SCRBH Information System and Utilization Management/ Quality Assurance functions, which are allowed outside of the Administration cost limitation.
 - 3.1.8.1. All funds necessary for the administration of SCRBH shall remain with the SCRBH to support the required processes identified in the DBHR/SCRBH contract. SCRBH will make a recommendation to County Commissioners regarding allocation of unexpended funds (if any) to the COUNTIES or to SCRBH reserves.
 - 3.1.9. SCRBH will be responsible for maintaining risk and operating reserves required by DSHS/DBHR contracts for all COUNTIES. Risk reserves will be set aside prior to funding allocation distributions. When there are available operating reserves, SCRBH and all COUNTIES will collaborate together to discuss how or when the funding may or may not be utilized.
 - 3.1.10. The cost reimbursement for any over allocation of the State Psychiatric Hospitals beds will be paid by SCRBH from the DBHR Contract with SCRBH. Bed allocation is determined by the DSHS/DBHR contract with SCRBH.
 - 3.1.11. The cost of Community Psychiatric Hospital and SCRBH authorized Evaluation and Treatment Facility bed days will be paid by SCRBH from the DBHR Contract with SCRBH.
 - 3.1.12. Mental health and substance use disorder treatment programs and services funding allocations for each COUNTY will be separate. Funds allocated to COUNTIES providers will be reviewed and approved based on available funds for the allocations set forth.
- 3.2. Funding Allocation Approval

Spokane County Regional Behavioral Health Organization

- 3.2.1. Each COUNTY shall ensure that a budget is provided to SCR BH prior to funding allocation recommendations made to the Spokane County Commissioners. SCR BH will review and incorporate the COUNTIES' budget proposals into the overall SCR BH budget. SCR BH will work with each Mental Health County Coordinator to ensure that budgets presented address the requirements of the SCR BH contract with DSHS/DBHR within the available funding provided by the DSHS/DBHR.
- 3.2.2. The Spokane Board of County Commissioners will approve the SCR BH budget and funding allocations based on SCR BH recommendations for administrative, information systems, and utilization management/quality assurance for SCR BH (Administration).
- 3.2.3. The Spokane Board of County Commissioners will recommend the DSHS/DBHR funding for the COUNTIES' mental health and substance use disorder and services allocation based solely on the available DSHS/DBHR funding for the COUNTIES.
- 3.2.4. The COUNTIES and SCR BH will work together in collaboration to propose needed revisions, and approve collectively (and separately) each of their mental health and substance use disorder treatment programs and services, funding allocations based on the individual COUNTY'S budget for revenue/expenditures and the local community needs necessary to perform the requirements set by DSHS/DBHR and SCR BH. Recommended and agreed upon revisions will be reviewed with SCR BH to ensure that contractual requirements are met and adequate funding is available for the revisions. SCR BH will then provide the Spokane County Commissioners with an updated revision for their consideration and approval.
- 3.2.5. The County Commissioners of each COUNTY shall approve the funding allocations to the county over which they have jurisdiction, ensuring that they follow the agreements with SCR BH. The COUNTIES and SCR BH shall negotiate in good faith to reach an agreement regarding the funding allocations to each COUNTY. Upon agreement between each COUNTY and SCR BH, the proposed agreement will be presented to the Spokane Board of County Commissioners for approval. When approving the final SCR BH budget and funding allocations, the Spokane Board of County Commissioners shall consider SCR BH's recommendations and each Party's County Commissioners' approval for their respective County budgets.
- 3.2.6. SCR BH will offer contracts to the COUNTIES' providers for the mental health services required and funded by the DSHS/DBHR contracts, for COUNTIES to operate and maintain their respective mental health and substance use disorder treatment programs and services.
- 3.3. SCR BH will contract directly with the providers for mental health and substance use disorder treatment.

Spokane County Regional Behavioral Health Organization

3.4. The Parties recognize and acknowledge that the success of SCR BH and the integrated mental health and substance use disorder system that it administers, depends upon the success and integrity of the entities and individuals that provide the services needed by the consumers of the system.

3.4.1 In full recognition of the independent status of the mental health provider agencies under this Agreement, each Party shall require that its mental health provider agency agrees to provide SCR BH with notice of the separation from service of its Director, Chief Executive Officer (CEO), Chief Financial Officer (CFO), Managing Officer, or any other such individual with the authority and responsibility for the overall control and operations of the mental health provider agency, as soon as practicable after the agency is aware of or determines that such separation is to occur. In the spirit of collaboration and mutual interest, the Counties, providers, and SCR BH will discuss prospective candidates and work together to ensure the success of the provider agencies and SCR BH.

4. DATA COLLECTION

4.1. The COUNTIES' providers are each individually responsible for meeting the DSHS/DBHR and SCR BH data collection and reporting requirements as identified by the DSHS/DBHR and SCR BH contracts, including but not limited to: program setup parameters, creation of the program workflow into the SCR BH Information System, testing the workflow for accuracy, entering and transmitting encounter and demographic level data on an accurate and timely basis.

4.1.1. All providers in the respective COUNTIES are responsible to ensure their information systems, and staff processes are sufficient to meet SCR BH contract requirements.

4.1.2. Reprogramming of all providers' internal information systems is the responsibility of the provider.

5. REOCCURRING MEETINGS

5.1. At a minimum, meetings will be held prior, if possible, to any DSHS/DBHR funding changes. Meeting attendees shall include, but will not be limited to: SCR BH Leadership, County Commissioners, and County Coordinators. Meetings shall be for the purpose of determining the mental health and substance use disorder service and treatment funding allocation of the Counties, and shall take into consideration each Party's local community needs, including the needs of SCR BH. Whenever possible, meetings will be initiated by SCR BH with notice given ten (10) days in advance and with an agenda provided.

5.2. A regular scheduled workgroup for the following purposes:

5.2.1. Information Systems;

5.2.2. Clinical/Quality System of Care/Contractual Updates; and

5.3. As needed, the Mental Health County Coordinator, County Commissioners or their designee, and SCR BH Leadership Meeting

Spokane County Regional Behavioral Health Organization

- 5.3.1. Financial/Contractual Updates; and
- 5.3.2. Future Planning.
- 5.4. Ad Hoc meetings as necessary.

6. ADDENDA AND AMENDMENTS

- 6.1. Amendments. The PARTIES recognize that amendments to this AGREEMENT may be necessary to clarify particular sections or to update and expand the AGREEMENT. Any PARTY may pursue an amendment, as necessary.
- 6.2. Process for amending this Agreement. Any amendment to this AGREEMENT must be mutually agreed upon by the PARTIES and executed in writing before becoming effective. Any amendment to the AGREEMENT will be executed in the same manner as provided by law for the execution of the AGREEMENT.
- 6.3. An annual evaluation of SCR BH will be performed for the purpose of reviewing the operations of the SCR BH for effectiveness and to provide input for SCR BH consideration. Evaluations will be shared with the Spokane Board of County Commissioners.
- 6.4. Additional agreements. Nothing in this agreement limits parties entering into interlocal agreements on additional issues not covered by, or in lieu of, the terms of this Agreement.

7. THIRD PARTY BENEFICIARIES

- 7.1. There are no third party beneficiaries to this AGREEMENT, and this AGREEMENT shall not be interpreted to create such rights.

8. DISPUTE RESOLUTION

- 8.1. The PARTIES mutually agree, as a condition precedent to commencing any suit or action to enforce any term of this AGREEMENT, to submit any dispute or controversy regarding the interpretation or implementation of any provision of this AGREEMENT to formal mediation. Such mediation shall be conducted by a mediator and pursuant to the process agreed between the PARTIES. In the event the PARTIES are unable to agree upon a choice of mediator, each PARTY shall select one (1) mediator, and the two (2) mediators thus selected shall jointly select a third. All actions undertaken by any such joint mediation body shall be by majority decision. All costs for mediation services shall be divided equally between the participating PARTIES. Each PARTY shall be responsible for the costs of their own legal representation. The PARTIES shall use the mediation process in good faith to attempt to come to agreement.

9. RELATIONSHIP TO EXISTING LAWS AND STATUTES

- 9.1. This AGREEMENT in no way modifies or supersedes existing state laws and/or statutes. In meeting the commitments encompassed in this AGREEMENT, all PARTIES will comply with the requirements of the Open Meetings Act, Public

Spokane County Regional Behavioral Health Organization

Records Act, and other applicable federal, state and/or local laws. By executing this AGREEMENT, the PARTIES do not purport to abrogate the decision-making responsibility vested in them by law.

10. EFFECTIVE DATE AND EXISTENCE OF MULTICOUNTY SCR BH

10.1. This AGREEMENT shall become effective April 1, 2016 upon the signature of the duly authorized representative of all Parties, indicating the approval of this AGREEMENT by the governing bodies of each PARTY hereto as indicated herein below, PROVIDED THAT the following occurs:

10.1.3. SCR BH has determined that all financial, clinical data, and any other required information is received and is acceptable. In addition, all necessary processes are to be in place, in order that SCR BH may operate a seven (7) county region of care.

10.1.4. **Failure of any PARTY to comply with either or both of these conditions will cause this AGREEMENT to be null and void as to that PARTY.**

11. TRANSITION

11.1. Upon the effective date of this AGREEMENT as described above in Section 10, the PARTIES shall cooperate and coordinate together to ensure that the transition from the currently existing Spokane County Regional Support Network to Spokane County Regional Behavioral Health is completed.

12. DURATION

12.1. This AGREEMENT shall automatically renew each year on the anniversary date of this AGREEMENT unless terminated pursuant to Section 14.

13. TERMINATION

13.1. Any PARTY may terminate its obligations under this AGREEMENT upon a minimum of one hundred twenty days (120) days' written notice to the other PARTIES. The Spokane County Board of County Commissioners may terminate the AGREEMENT relative to any one or more PARTIES hereto upon a minimum of one hundred twenty days (120) days' written notice to all PARTIES in the event that the Spokane County Board of County Commissioners determines that the PARTY against which the termination is intended to be effective has failed to perform under this AGREEMENT or under the Provider Services Contract then in force between SCR BH and the PARTY.

13.2. A condition precedent to termination of this AGREEMENT by any PARTY to this AGREEMENT shall be that the PARTY considering termination shall engage in good faith discussions with the other PARTIES to this AGREEMENT as may be applicable, in an effort to identify and reach resolution of any issues or of the PARTIES that are the motivation to consider termination. Termination of this

Spokane County Regional Behavioral Health Organization

AGREEMENT may only be done pursuant to paragraph 14.1 above if the good faith discussions described in this paragraph are unsuccessful in resolving the identified issues and/or concerns.

14. INDEMNIFICATION AND LIABILITY

- 14.1 Each PARTY shall protect, save harmless, indemnify and defend, at its own expense, each OTHER PARTY to this AGREEMENT, the OTHER PARTIES' elected and appointed officials, officers, employees and agents, from any loss or claim for damages of any nature whatsoever arising out of the indemnifying PARTY'S performance of this AGREEMENT, including claims by the OTHER PARTIES' employees or third parties, except for those damages caused solely by the negligence or willful misconduct of the OTHER PARTY(IES), its elected and appointed officials, officers, employees, or agents.
- 14.2 In the event of liability for damages of any nature whatsoever arising out of the performance of this AGREEMENT by more than one of the PARTIES, including claims by the PARTIES' own officers, officials, employees, agents, volunteers, or third parties, caused by or resulting from the concurrent negligence of more than one of the PARTIES, their officers, officials, employees and volunteers, each PARTY'S liability hereunder shall be only to the extent of that PARTY'S negligence.
- 14.3 No liability shall be attached to the PARTIES by reason of entering into this AGREEMENT except as expressly provided herein.

15. SEVERABILITY

- 15.1 If any provision of this AGREEMENT or its application to any person or circumstance is held invalid, the remainder of the provisions and/or the application of the provisions to other persons or circumstances shall not be affected.

16. EXERCISE OF RIGHTS OR REMEDIES

- 16.1 Failure of any PARTY to exercise any rights or remedies under this AGREEMENT shall not be a waiver of any obligation by said PARTY and shall not prevent said PARTY from pursuing that right at any future time.

17. RECORDS

- 17.1 EACH PARTY and SCRBH shall maintain adequate records to document obligations performed under this AGREEMENT. Subject to all applicable laws and regulations governing the records maintained in performance of this AGREEMENT, which laws and regulations include but are not limited to privacy, security, and confidentiality laws (both state and federal), each PARTY and the Washington State Auditor shall have the right to review the other PARTIES' and SCRBH's records with regard to the subject matter of this AGREEMENT, upon reasonable notice.

Spokane County Regional Behavioral Health Organization

18. ENTIRE AGREEMENT

18.1. This AGREEMENT constitutes the entire AGREEMENT between the PARTIES with respect to the administration of SCR BH.

19. GOVERNING LAW AND STIPULATION OF VENUE

19.1. This AGREEMENT shall be governed by the laws of the State of Washington. Any action hereunder must be brought in the Superior Court of Washington for Spokane County.

20. CONTINGENCY

20.1. The obligations of the PARTIES in this AGREEMENT are contingent on the continued authority for the existence and administration of a Behavioral Health Organization, as organized under this AGREEMENT. In the event that authority for the existence and administration of a BHO, as organized under this AGREEMENT is withdrawn, reduced or limited in any way after the effective date of this AGREEMENT, the PARTIES may terminate the AGREEMENT under Section 14 of this AGREEMENT, subject to renegotiation under those new limitations and conditions.

21. FILING

21.1. This AGREEMENT shall be filed with the Spokane County Auditor and placed on its web site or other electronically retrievable public source.

22. ADMINSTRATORS AND CONTACTS FOR AGREEMENT

22.1. The Administrators and contact persons for this AGREEMENT are:

Adams County: _____

Adams County: _____

Ferry County: _____

Lincoln County: _____

Okanogan County: _____

Pend Oreille County: _____

Spokane County: Christine Barada, Director CSHCD

Stevens County: _____

Spokane County Regional Behavioral Health Organization

IN WITNESS WHEREOF, the parties have signed this AGREEMENT, effective on the later date indicated below.

PASSED AND ADOPTED this _____ day of _____, 2015.

**BOARD OF COUNTY COMMISSIONERS
ADAMS COUNTY, WASHINGTON**

Roger Hartwig, Chair

Attest:

John Marshall, Vice-Chair

Patricia Phillips
Clerk of the Board

Jeffrey Stevens, Commissioner

Spokane County Regional Behavioral Health Organization

PASSED AND ADOPTED this _____ day of _____, 2015.

**BOARD OF COUNTY COMMISSIONERS
FERRY COUNTY, WASHINGTON**

Brad Miller, Chair

Attest:

Mike Blankenship, Vice-Chair

Amanda Rowton
Clerk of the Board

Nathan Davis, Commissioner

Spokane County Regional Behavioral Health Organization

PASSED AND ADOPTED this _____ day of _____, 2015.

**BOARD OF COUNTY COMMISSIONERS
LINCOLN COUNTY, WASHINGTON**

Scott M. Hutsell, Chair

Attest:

Marci Patterson
Clerk of the Board

Rob Coffman, Vice-Chair

Mark Stedman, Commissioner

Spokane County Regional Behavioral Health Organization

PASSED AND ADOPTED this _____ day of _____, 2015.

**BOARD OF COUNTY COMMISSIONERS
OKANOGAN COUNTY, WASHINGTON**

Jim Detro, Chair

Attest:

Lanie Johns
Clerk of the Board

Ray Campbell, Vice-Chair

Sheilah Kennedy, Commissioner

Spokane County Regional Behavioral Health Organization

PASSED AND ADOPTED this _____ day of _____, 2015.

**BOARD OF COUNTY COMMISSIONERS
PEND OREILLE COUNTY, WASHINGTON**

Steven Kiss, Chair

Attest:

Rhonda Cary
Clerk of the Board

Mike Manus, Vice-Chair

Karen Skoog, Commissioner

Spokane County Regional Behavioral Health Organization

PASSED AND ADOPTED this _____ day of _____, 2015.

**BOARD OF COUNTY COMMISSIONERS
SPOKANE COUNTY, WASHINGTON**

Shelly O'Quinn, Chair

Attest:

Ginna Vasquez
Clerk of the Board

Todd Mielke, Vice Chair

Al French, Commissioner

Spokane County Regional Behavioral Health Organization

PASSED AND ADOPTED this _____ day of _____, 2015.

**BOARD OF COUNTY COMMISSIONERS
STEVENS COUNTY, WASHINGTON**

Steve Parker, Chair

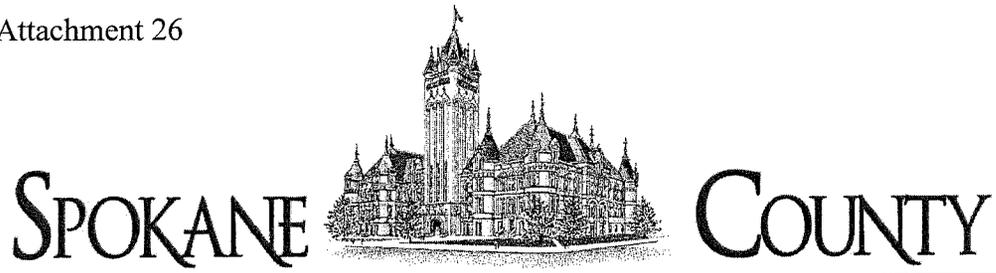
Attest:

Polly Coleman
Clerk of the Board

Don Dashiell, Vice Chair

Wes McCart, Commissioner

Attachment 26



COMMUNITY SERVICES, HOUSING, AND COMMUNITY DEVELOPMENT DEPARTMENT

REGIONAL SUPPORT NETWORK QUALITY MANAGEMENT PLAN

YEARS 2013-2015

October 1, 2013 through September 30, 2015

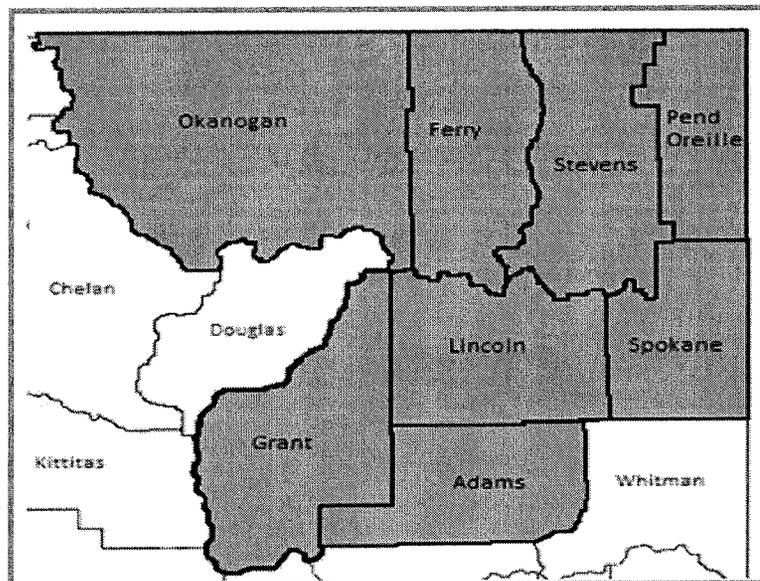


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SECTION I: ORGANIZATION

Purpose

The Spokane County Regional Support Network (SCRSN) Quality Management (QM) Plan is founded on the current approved SCRSN mission:

The Mission of the Spokane County Regional Support Network (SCRSN) is to assure that the range of SCRSN care resources and services are person-driven, build on strengths and opportunities, and are available and accessible to individuals and their families seeking to recover from mental illness so they may live safer, healthier, and more independent lives.

These resources and services value:

- *Safety and health*
- *Belief that achieving wellness is a reality, hope, and possibility*
- *The dignity of each individual to determine their own path*
- *Cultural diversity and sensitivity*
- *Promoting a purposeful, satisfying quality of life in one's own community*
- *Active partnerships with related services that also assist the individual*

The purpose of this plan is to outline the program by which SCRSN establishes, deploys, monitors, and improves services provided under agreements with the State of Washington Department of Social and Health Services (DSHS), in accord with Chapters 71.05 and 71.24 RCW and Chapter 388-865 WAC, and all other applicable regulations.

Structure

In October 2012, the North Central Counties of Adams, Ferry, Grant, Lincoln, Okanogan, Pend Oreille, and Stevens joined with Spokane County to form one multi-county RSN known as Spokane County Regional Support Network. What follows is a description of the current structure that reflects partial integration, with plans for full operational integration to occur over the next two years.

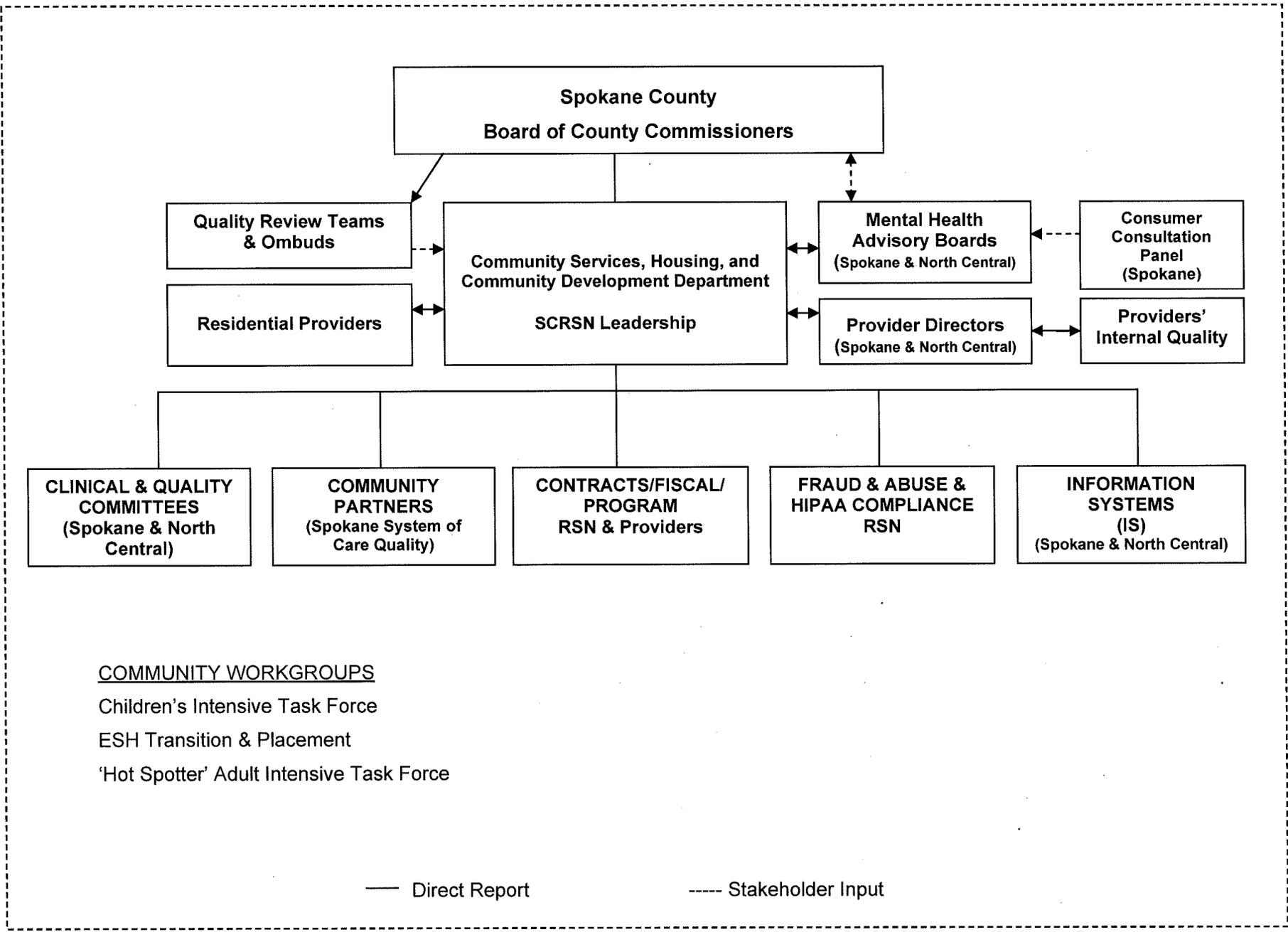
The SCRSN QM Plan is the responsibility of the Spokane County Community Services, Housing, and Community Development Department's (CSHCD) Mental Health Division leadership, which is composed of the Director and Assistant Director; and referred to in this document as SCRSN leadership. SCRSN leadership has final authority on all plans and activities associated with the QM Plan and oversee quality activities including monitoring, external reviews, audits, policies and procedures, and utilization management.

SCRSN leadership seeks feedback and participation from several stakeholder groups. These groups include, but are not limited to: the Quality Review Teams, Ombuds, residential providers, the Mental Health Advisory Board (MHAB), Consumer Consultation Panel (CCP), and the providers.

SCRSN leadership has created a quality management organizational structure to ensure adherence to the SCRSN mission. This structure is comprised of multiple committees of stakeholders within the system of care. Ad hoc work groups perform the tasks required of the various committees.

The following chart defines the QM Organizational Structure:

QUALITY MANAGEMENT ORGANIZATIONAL STRUCTURE



SECTION II: GROUP STRUCTURES

North Central Clinical and Quality Committee (NCCQ)
<p><u>Meeting Frequency:</u> Monthly</p> <p><u>Chair:</u> Integrated Care Coordinator for North Central Counties</p> <p><u>Obtain Direction from and Reports to:</u> SCRSN Leadership</p> <p><u>Committee Purpose and Responsibilities:</u></p> <ul style="list-style-type: none">• Develops and implements the operational directives to meet contractual and quality requirements for the system of care• Prepare and analyze coordination of quality activities• Define policies and procedures that guide required provider reports• Recommend process development and trainings for operational changes• Communicate and coordinate the adoption of DSHS and SCRSN data and process changes• Recommend needed changes to optimize the administration of the system of care• Addresses contractual funding and obligations• Addresses legislative issues
<p><u>Membership:</u></p> <ul style="list-style-type: none">• SCRSN leadership• SCRSN Planners, Information Systems (IS) staff, and SCRSN Integrated Care Coordinators• Provider representatives• Behavioral Healthcare Options (BHO) representatives• Finance staff as needed

Community Partners
<p><u>Meeting Frequency:</u> Monthly</p> <p><u>Chair:</u> SCRSN Integrated Care Coordinators</p> <p><u>Get direction from and reports to:</u> SCRSN Leadership</p> <p><u>Committee Purpose and Responsibilities:</u></p> <ul style="list-style-type: none">• Provides a forum for sharing new and existing resources and programs in the broader community, identifies unmet needs, and makes recommendations to facilitate transition towards a recovery model system of care• Provides evaluation of hospital diversion programs• Provide recommendations for closing gaps in service to reduce inpatient recidivism based on utilization reports• Assist SCRSN leadership in coordinating the implementation and evaluation of all new resources introduced to the community of care that multiple provider agencies are reliant upon• SCRSN mission management: evaluates the mission compatibility of current operations
<p><u>Membership:</u></p> <ul style="list-style-type: none">• SCRSN Leadership, Finance, and IS staff• SCRSN Integrated Care Coordinators• SCRSN Planners• SCRSN provider leadership• Representatives from individuals or families in treatment or recovery• MHAB representatives• Division of Children and Family Services (DCFS) leadership

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- Division of Developmental Disabilities (DDD) leadership
- Spokane County Juvenile Rehabilitation Administration (JRA)
- Spokane County Jail
- Department of Corrections (DOC) representative
- Providence Sacred Heart Medical Center (PSHMC) leadership
- BHO representative

Spokane County Quality Improvement Committee (QIC)

Meeting Frequency: Monthly or As Needed

Chair: Assistant Director

Obtain Direction from and Reports to: SCRSN Leadership

Committee Purpose and Responsibilities:

- Develops and implements the operational directives to meet contractual and quality requirements for the system of care
- Recommend and review provider contract performance goals and objectives
- Prepare and analyze coordination of quality activities
- Define policies and procedures that guide required provider reports
- Participate in preparation of an annual report on quality activities
- Recommend process development and trainings for operational changes
- Communicate and coordinate the adoption of DSHS and SCRSN data and process changes
- Review data trends for inpatient, outpatient, residential, and incarceration in collaboration with the Quality Clinical Committee
- Recommend needed changes to optimize the administration of the system of care

Membership:

- SCRSN planners, IS staff, and Integrated Care Coordinators
- SCRSN Leadership, Finance, and IS staff
- Provider representatives
- BHO representatives

Fraud and Abuse and Compliance Ad Hoc Committee

Meeting Frequency: Quarterly

Chair: Assistant Director

Obtain direction from and Reports to: CSHCD Director

Committee Responsibilities:

- Implement and update Fraud and Abuse Compliance Plan and HIPAA requirements
- Train new staff at hire and provide annual in-service training for all staff
- Documentation of all issues and resolutions regarding fraud and abuse and HIPAA
- Communicate and educate, in collaboration with QIC and ad hoc committees as appropriate

Membership:

- Finance Manager
- Staff Assistant
- Senior Accountant
- Data and Quality Systems Manager
- Program Managers as Needed

Spokane County Regional Behavioral Health Organization
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Information Systems Data Compliance Committee (North Central and Spokane)

Meeting Frequency: Each committee meets monthly, and as needed

Chair: SCRSN Data and Quality Systems Manager

Obtain Direction from and Reports to: Assistant Director

Committee Responsibilities:

- Ensure data compliance, consistency, timeliness, and accuracy
- Maintain SCRSN Management Information System (MIS)
- Data quality reporting and communications

Membership:

- SCRSN IS staff
- Provider IS staff
- SCRSN Leadership
- BHO representatives
- Provider leadership & clinical staff
- Other SCRSN staff (as applicable)

Mental Health Advisory Boards (MHAB)

MEETING FREQUENCY: Spokane County-Monthly, North Central County-Quarterly

Obtain Direction from and Reports to: SCRSN and the BOCC

Committee Responsibilities:

- Review and provide input and feedback to SCRSN leadership on plans, budgets, policies, and community needs

Membership by appointment of the BOCC:

- Individuals from Spokane County and North Central Counties who are in services or have family members in services
- Representatives of tribes and Recognized American Indian Organizations (RAIO) within SCRSN counties
- Members of law enforcement
- Other interested individuals representing community interests

Consumer Consultation Panel (CCP)

MEETING FREQUENCY: Monthly

Chair: Designated Chair from Membership

Obtain Direction from and Reports to: MHAB and other interested parties and individuals

Committee Responsibilities:

- Provides information and feedback to the MHAB regarding treatment
- Provides peer assistance to individuals in treatment with community resource information

Membership:

- SCRSN representative

Spokane County Regional Behavioral Health Organization
QUALITY MANAGEMENT PLAN

- CCP committee members
- Ombudsman
- Others as applicable or invited

SCRSN Staff Meeting

Meeting Frequency: Monthly

Chair: Assistant Director delegates rotating chair to members of the SCRSN staff

Obtain direction from and Reports to: CSHCD Director

Committee Responsibilities:

- Share informational items from the membership that require input or discussion
- Provide updates from the desk of the Assistant Director that are informative or require input and discussion
- Review status of current projects & initiatives i.e. Request for Proposals, System Redesign, Multi-County Coordination initiatives etc.

Membership:

- SCRSN Leadership
- SCRSN Integrated Care Coordinators
- Mental Health Planners
- Regional Coordination Specialist
- Substance Abuse Division Manager
- Finance Manager
- Data and Quality Systems Manager
- Supportive Living Program (SLP) Manager

Behavioral Health Organization (BHO) Planning Committee

Meeting Frequency: Bi-Monthly

Chair: Assistant Director

Obtain direction from and Reports to: CSHCD Director

Committee Responsibilities:

- Obtain education and education on the BHO model and transformation outcomes
- Discuss planning and organizing for successful transition to an integrated BHO
- Determine action steps, timeline, and accountability
- Receive and report out on assigned duties and projects

Membership:

- SCRSN Leadership
- SCRSN Integrated Care Coordinators
- Mental Health Planners
- Regional Coordination Specialist
- Substance Abuse Division Manager
- Finance Manager
- Data and Quality Systems Manager
- SCRSN Authorized Service Organization (ASO) Manager
- Staff Assistant(s) as Needed

SECTION III: COMMUNITY WORKGROUPS

These community based groups meet based on client need:

Eastern State Hospital Transition and Placement Committee

MEETING FREQUENCY: Upon Referral

Chair: BHO Representative

Obtain Direction from and Reports to: Integrated Care Coordinator

Committee Responsibilities:

- Determines placement in the community that will support the discharge plan
- Coordinate the successful transition from state hospital care to least restrictive placement in the community

Membership:

- SCRSN Integrated Care Coordinator
- BHO representative (SCRSNs Administrative Service Organization)
- Eastern State Hospital (ESH) Discharge Planners
- Provider Evaluation and Treatment staff
- Spokane County SLP
- DSHS Home and Community Services
- Contracted Adult Rehabilitation Treatment Facility (ARTF)
- All Adult Serving SCRSN providers

Spokane & North Central Counties Children's Intensive Resources Task Forces

MEETING FREQUENCY: Upon Referral

Chair: SCRSN Integrated Care Coordinators

Obtain Direction from and Reports to: Assistant Director

Committee Responsibilities:

- Expert consultation for least restrictive community resource recommendations to assist high needs children and youth, as well as discharges from the state Children's Long Term Inpatient Program (CLIP) that occurred against medical advice (AMA)
- Available to meet weekly in response to referrals, facilitated by the SCRSN
- Review authority for voluntary CLIP approval

Membership:

- SCRSN Integrated Care Coordinators
- DCFS representative
- DDD representative
- SCRSN child serving agencies
- Spokane CLIP provider
- Child/youth and parent or caregiver
- Natural supports to the youth and family
- Allied systems (as appropriate)
- Juvenile Justice
- Spokane Public Schools
- Parent partner

Spokane County Regional Behavioral Health Organization
QUALITY MANAGEMENT PLAN

'Hot Spotter' Adult Intensive Resources Task Force

MEETING FREQUENCY: Upon Referral (Emergency Medical Technicians, Spokane Fire Department)

Chair: Empire Health Foundation

Committee Responsibilities:

- Expert consultation for individuals with high utilization of emergency services to achieve stabilization in their community without the need for frequent emergency response

Membership:

- SCRSN crisis response provider
- SCRSN Integrated Care Coordinator
- Area hospital emergency medicine physicians
- Law enforcement
- Individual's mental health care provider (as applicable)

SECTION IV: 2014-2015 QUALITY IMPROVEMENT ACTIVITIES

ACH (Accountable Community of Health) & BHT (Better Health Together)

Description: Formerly the Regional Health Alliance, the Spokane Multi-County Region ACH is operated by Empire Health Foundation as BHT. The BHT recognizes and leverages innovation and collaboration already occurring in local communities by bringing public and private entities together to work on shared health goals. Through these diverse multi-sector partnerships, ACHs will be an integral part of the Healthier Washington Initiative.

Desired Outcome: 1) Establish collaborative decision-making on a regional basis to improve health and health systems, focusing on social determinants of health, clinical-community linkages, and whole person care; 2) Bring together all sectors that contribute to health to develop shared priorities and strategies for population health, including improved delivery systems, coordinated initiatives, and value based payment models.

Measurement: Drive physical and behavioral health care integration by informing financing and delivery system adjustments, starting with Medicaid.

Accountability: SCRSN Director

Timeline: Monthly meetings are ongoing

Actuary Rates Committee

Description: SCRSN will participate on a statewide DBHR committee to review and understand the new mental health rates released by the Mercy Actuary Cost Study.

Desired Outcome: The impact of the new mental health rates will be understood and negotiated as needed.

Measurement: New rates are implementable

Accountability: SCRSN Assistant Director

Timeline: July 2015

Spokane County Regional Behavioral Health Organization
QUALITY MANAGEMENT PLAN

BHO Organizational Structure and Key Staff Expansion
Description: Obtain expert consultation to guide the strategic plan for Spokane County's Divisions of Substance Abuse and Mental Health to successfully transform to an integrated Behavioral Health Organization (BHO). Create new organizational structure. Develop job descriptions for key positions, recruit, and hire.
Desired Outcome: SCRSN will successfully transform to BHO with the necessary supports and services
Measurement: BHO Award letter from DBHR
Accountability: SCRSN Leadership
Timeline: Initiated: November 2013; Completion: October 2015

BHS (Behavioral Health Systems) Data Store Project
Description: Participate in Division of Behavioral Health and Recovery (DBHR) led project to transform the data systems for collecting and managing integrated behavioral health services from a fee for service to managed care model.
Desired Outcome: To develop an integrated behavioral health data collection, storage, and reporting system in cooperation with DBHR.
Measurement: To be determined by DBHR
Accountability: SCRSN IS
Timeline: Project Initiated: August 1, 2014; Expected completion date: March 31, 2016

Certified Peer Counselors Expanded Workforce
Description: Further champion the adoption of Certified Peer Counselors as a valued addition to the provider team. This will be accomplished by providing expert local and regional training that facilitates the adoption of Peer Counselors as a service modality by addressing operational barriers amongst providers that do not offer peer services. Fund additional workforce to support peer expansion.
Desired Outcome: Peer support services will be available at every contracted agency to every individual in service as defined by their service plan.
Measurement: SCRSN clinical program monitoring
Accountability: SCRSN Leadership
Timeline: September 30, 2015 99% complete 3/1/2015

Clinical Monitoring for Recovery Oriented Treatment
Description: Implementation of a new Quality Improvement Tool for monitoring 'Golden Thread' documentation in the clinical record that has high inter-rater reliability and is endorsed by providers and clinical monitors. Treatment plans that are developed in collaboration with the individual, address the reason for seeking treatment as defined by the individual, and are informed by the individual's strengths and experiences. This will be accomplished by SCRSN leadership and Integrated Care Coordinators who will obtain expert consultation on person-centered recovery oriented documentation that reflects the Golden Thread methodology for linking progress notes to

Spokane County Regional Behavioral Health Organization

QUALITY MANAGEMENT PLAN

treatment plans. SCRSN Integrated Care Coordinators revise the SCRSN Clinical Monitoring Tool to reflect these principles. Consultant to lead training to SCRSN providers in a “train-the-trainer” modality and provider trainers lead training at all agencies. SCRSN Care Coordinators provide voluntary technical assistance for compliance with monitoring tool to most agencies. Monitoring with new tool will begin in April 2015. Performance contracts for January 1, 2015 – September 30, 2015 is required with seventy percent (70%) compliance.

Desired Outcome: Providers will have 99% compliance with Clinical Monitoring Tool by December 31, 2015.

Measurement: Clinical record review scores obtained by Quality Improvement Tool for Golden Thread

Accountability: SCRSN Leadership, Integrated Care Coordinators, and SCRSN IS Staff

Timeline: Initiated: October 2013; Completion: July 2015

Evidence Based Practices (EBP) Expansion

Description: Assist DBHR to determine the strategy, timelines, and cost for implementation of EBPs by all Medicaid agencies that serve children and youth. Gather SCRSN baseline information at the provider level on the current use of EBPs for the child and youth Medicaid population. Determine which EBPs are done to fidelity (as designed by the developer of the practice).

Desired Outcome: Implementation of House Bill 2536-‘Concerning the Use of Evidence-Based Practices for the Delivery of Services to Children and Juveniles.’

Measurement: As determined by DBHR.

Accountability: SCRSN Integrated Care Coordinator.

Timeline: Ongoing progress is being made

Expansion of System of Care Evidence Based Practices

Description: Expand Evidence Based Practices (EBP) within the SCRSN’s system of care to include: a) Expansion of the EBP ‘Homebuilders’ to meet the growing need for community-based crisis diversion of children and youth; b) Expansion of Child Psychotherapy (EBP) practice for children (ask Mary B) c) Expansion Cognitive Behavior Therapy (CBT) training for children, young adults, and adults with mood disorders and trauma focused needs via provider attendance at DBHR funded training; d) Expansion of Parent-Child Interactive Therapy (PCIT) provided in the community to address complex behavioral challenges for children ages up to seven (7) years and their families. Fund additional workforce to support EBP expansion.

Desired Outcome: Respond to HB 2536 that mandated an increase in EBP practices in the mental health system

Measurement: Provider report out to Community Partners

Accountability: Integrated Care Coordinator

Timeline: January 1, 2015-ongoing

Facilitation of Regional Training

Description: Facilitate a regional training schedule for providers that promote system of care priorities as determined by SCRSN and provider leadership and available resources.

QUALITY MANAGEMENT PLAN

Desired Outcome: Trainings offered to SCRSN providers will be relevant to EBPs, adult and children's redesign, and peer support services. The goal is to expand knowledge, expertise, and to enrich the quality of services for the system of care.
Measurement: Evaluations of training presentations indicate a high level of satisfaction with the outcome objectives for the training.
Accountability: SCRSN Leadership and all SCRSN committees.
Timeline: Ongoing. A six session learning collaborative for Person Centered Planning for recovery oriented care training was provided to 120 clinical representatives from every contracted agency (January-June 2014). And other workshops and classes for the entire community – these classes are ongoing. Will be completed December 2015

ICD-10 & DSM 5 Workgroup
Description: DBHR sponsored workgroup to provide implementation requirements for reporting ICD-10 (International Classification of Diseases and Related Health Problems Diagnosis) compliant diagnoses. Meets monthly.
Desired Outcome: Successful IS processing and reporting to RSN and State
Measurement:
Accountability: DBHR, RSN Leadership, Clinical and IS representatives, Chief Psychiatrist, and Medical Director for Frontier Behavioral Health (FBH)
Timeline: Completion Date: October 1, 2015 – ongoing for SUD ICD-10

Level of Care Tool Revision
Description: Evaluate the need for revision of SCRSN's current Level of Care (LOC) tool and make prudent recommendations for revision and the impact of any revision on workforce, providers and system of care.
Desired Outcome: Determine appropriate LOC tool for SCRSN
Measurement: Changes in LOC tool will be supported by the SCRSN workforce and priorities, providers and system of care.
Accountability: SCRSN Integrated Care Coordinators
Timeline: April 16, 2015 Completed and implemented October 1, 2015

Mental Health Provider Contractually Required Reports
Description: SCRSN staff will review monthly reports, identify trends, and make recommendations at the QIC and NCCQ meetings. Report data will be used to guide leadership decisions that address service gaps, individuals in need of services, and other trends and patterns.
Desired Outcome: Report data will guide leadership decisions for optimizing the system of care.
Measurement: Service denial, monthly compliance reports, performance goals, business submission, Federal Block Grant requirements, financial reports, and other reports as designated by Scope of Work (SOW) contracts.
Accountability: QIC and NCCQ Committees.
Timeline: Ongoing activity on a quarterly basis.

Spokane County Regional Behavioral Health Organization
QUALITY MANAGEMENT PLAN

Optimization of CLIP Participation
Description: Optimize the utilization of the CLIP resource by meeting compliance with state contractual requirements (through local community processes), ensure that all CLIP admissions are for least restrictive care, maximize community diversion resources, and provide effective case management of all CLIP admissions.
Desired Outcome: SCRSN will maintain full compliance with state contract requirements for CLIP participation. Admissions to CLIP will reflect a diligent process that rules out all least restrictive community-based alternatives.
Measurement: State CLIP Monthly Admission and Discharge Report and the SCRSN CLIP Utilization Report.
Accountability: NCCQ, Community Partners Committee, and Children's Intensive Resources Task Force.
Timeline: SCRSN CLIP Utilization Report is reviewed monthly by Community Partners and the NCCQ. Spokane and North Central Children's Intensive Task Forces conduct an annual performance evaluation to identify opportunities for process improvement.

Performance Based Provider Contract Goals
Description: Transformation of provider contracts from cost reimbursement based to performance based. Targeted regionalized performance goals reflect the priority opportunities for Spokane and North Central Counties' public mental health improvements: 1) Reductions in State and Community Hospital Admissions; 2) Optimized Service Capacity; 3) Person Centered Recovery; and 4) Accurate and Timely Data Submission. Providers that exceed goals are incentivized up to one percent (1%) of their nine month service contract.
Desired Outcome: This activity prepares providers for operating under a managed care contract and incentivizes the optimal utilization of mental health resources.
Measurement: Raintree Data and Annual Clinical Monitoring
Accountability: Contracted Mental Health Providers
Timeline: Initiate: January 1, 2015 Evaluate: November 30, 2015 Continue in Oct. 2015 contracts

Raintree Data Submission
Description: Providers will attain compliance with the minimum requirements for data encountering reporting defined in their SOW contracts with the RSN. This is accomplished by defined expectations and training of provider leadership and IS staff and monthly review for compliance by QIC. Providers that do not meet or exceed the target compliance rate will be individually conferenced to confirm data accuracy and, either correct erroneous data or discuss an improvement plan to achieve a minimum of ninety-nine (99%) compliance.
Desired Outcome: Providers will have a one-hundred percent (100%) submission rate for all contracted data elements and encounter submissions.
Measurement: Raintree data submission reports and provider monthly business submission reports are monitored monthly and noncompliant findings are discussed individually with agency directors.
Accountability: Assistant Director.

Spokane County Regional Behavioral Health Organization
QUALITY MANAGEMENT PLAN

Timeline: Monitoring for compliance occurs monthly.

SCRSN Clinical Dashboards

Description: Develop a tool for displaying clinical outcomes for SCRSN funded services that can be used to inform community stakeholders and for legislative advocacy.

Desired Outcome: Tool will be user friendly to maintain and to understand. Tool will capture the desired outcomes for the SCRSN system of care.

Measurement: Reported data is confirmed for accuracy. Public understands the outcome metrics.

Accountability: SCRSN Communications Manager

Timeline: December 31, 2015 Not yet started

SCRSN Expansion to Chelan-Douglas

Description: Coordinate the full integration of the operations of Chelan-Douglas counties. Determine the level of integration for the system of care for Spokane and Chelan-Douglas Counties. Integration will address the provision of clinical services: crisis services, medication management, Evaluation & Treatment (E&T) facilities, and Tribes 701 Plan. Integration will address the provision of quality management and support services to include Regional Performance Goals, Telehealth, Quality Review Team, Ombuds Services, IS Integration, and standardization of all policies and procedures for regulatory compliance and quality assurance.

Desired Outcome: SCRSN will seamlessly integrate the operations of the two new county providers to ensure there is efficiency and cost effectiveness and the unique needs of rural and urban mental health providers and individuals are met.

Measurement: Consensus of County Commissioners, County Coordinators, QIC, NCCQ, and SCRSN Leadership.

Accountability: SCRSN and Chelan Douglas Regional Support Network (CDRSN).

Timeline: December 31, 2015. Decision not to do May 2015

SCRSN Website Refreshment

Description: Refresh and revise the Spokane County Community Services website for Substance Abuse and Mental Health Divisions to provide meeting information, monthly provider activity reports, policies and procedures, SCRSN annual and quality management plans, performance indicator reports, periodic requests for information or proposal, updates to provider agency listing, updates on BHO status, and other similar informational activities or events.

SCRSN management and staff review the Spokane County mental health web site annually or as needed for general content or format changes.

Desired Outcome: Refreshed and easily navigated website for public and provider reference.

Measurement: Positive feedback from providers and public and increased viewing counts.

Accountability: SCRSN Communications Manager.

Timeline: December 31, 2015. Will be done by Feb 1, 2016

Spokane County Regional Behavioral Health Organization
QUALITY MANAGEMENT PLAN

State Performance Measures Implementation Workgroup
Description: Participate in DBHR-led statewide workgroup to review, evaluate, and implement DBHR & Health Care Authority (HCA) new performance measures: 52 across the system of care.
Desired Outcome: Workgroup will distill and make final recommendations on performance measures for implementation.
Measurement: Recommended performance measures will have identified data source(s), intervals, and data application, data integrity and credibility.
Accountability: SCRSN Assistant Director will serve as SCRSN representative to the workgroup
Timeline: Implement Workgroup: March 2015 Completion: April 2016

State Substance Abuse Residential, Inpatient, and Recovery Support
Description: Determine rates and contract planning for substance abuse residential, inpatient, and recovery support programs in preparation for BHO.
Desired Outcome: Planning will define the requirements for contracting: how contracting will proceed, the cost(s), and guide which agencies will receive contracts
Measurement: Sustainable rates, understood contract criteria, and the clinical monitoring plan will be determined.
Accountability: SCRSN Leadership and Substance Abuse Program Manager
Timeline: Initiate: November 15, 2015 Plan In Place: April 2016.

Transitioning Youth- Lifepoint
Description: Implement a program ('Lifepoint') for youth aging out (17-20 years) of children's services that are experiencing significant mental health issues. The focus of the program is to provide a therapeutic environment that offers vocational and educational assistance with achieving independent housing, and making resource connections in the community once independent living is achieved.
Desired Outcome: Expansion of the system of care to address the unique needs of transitioning youth to achieve the supports and resources necessary to successfully achieve independent housing.
Measurement: Performance expectations defined by provider contracts (Exhibit G)
Accountability: Excelsior Leadership and SCRSN Integrated Care Coordinator
Timeline: Initiated: January 1, 2015 Evaluation: September 30, 2015

Wrap Around with Intensive Services (WISe) Implementation
Description: Planned implementation of WISe for children with complex behavioral health issues that require a higher level of treatment and support. SCRSN is initiating a pilot to prepare for 'going live' with RSN regional implementation of WISe. Two providers are simultaneously participating in a small pilot to serve ten families each (20 total) to evaluate barriers and outcomes.
Desired Outcome: Improved community based services to reduce the need for unnecessary hospitalization and out of home placement for children and youth.
Measurement: Raintree Data and Observation and Report.

Accountability: Provider leadership from the Institute for Family Development (IFD) and FBH, as well as SCRSN Integrated Care Coordinator.

Timeline: Initiate Provider Pilot in April 2015 – Increase in 2016 if funding

SECTION V: ONGOING QUALITY ACTIVITIES

Monitoring Activities

- SCRSN is required to monitor all contracted providers annually, at a minimum.
- Monitoring results are shared with the providers and directors of each agency, and SCRSN leadership. A high level report is presented to the MHAB, NCCQ, and QIC. Systems issues identified through monitoring may be shared with appropriate committees. Part of these reports may include any trends, system concerns, or other needed improvements that were identified during the monitoring.
- The purpose of monitoring the clinical chart record is to evaluate the compliance with WAC, the quality of care, person-centered recovery, encounter validation, children's system of care priorities, and to identify quality outcomes for comparative analysis.
- In 2015, SCRSN will change the way in which agencies are monitored based on chart review. A new Quality Improvement Tool will be designed that is based on the "Golden Thread," children's redesign principals, and the WAC. This will be overseen by the QIC and NCCQ. Provider monitoring will be led by the Integrated Care Coordinators.

Standard Monitoring Teams:

- IS & Disaster Recovery – IS Staff
- Financial, Fraud and Abuse Compliance, and Records Retention – Fiscal Staff
- Clinical Record Monitoring & Encounter Data Verification – CSHCD Clinicians and Integrated Care Coordinators
- Administrative Monitoring (Facilities, Staff Credentials, Policy and Procedure, & Human Resources) – SCRSN Planners

Policy and Procedures (P&P) Activities

- SCRSN is required to have P&Ps in place to ensure adherence to applicable CFRs, RCWs, and WACs; in addition to state, Prepaid Inpatient Health Plan (PIHP), and all grant-related contracts. CSHCD leadership has oversight and authorization of all policies and procedures for the department. Where indicated, provider input will be solicited for new or revised procedures.
- The two types of SCRSN policies are external policies and internal/external policies.
- Policies can be initiated by any of the quality committees or SCRSN staff.
- SCRSN provides trainings for all major new or revised P&Ps and a "train the trainer" teaching model is used for minor revisions. A disc of all SCRSN P&Ps is distributed annually to the contracted providers. The NCCQ and QIC determines the method of training and the required resources for external trainings.

Monitoring and Evaluation of Current Regional Performance Goals

Description: Identified ongoing measurement and evaluation of the three prioritized regional performance goals determined through a consensus of providers and individuals in service.

Spokane County Regional Behavioral Health Organization
QUALITY MANAGEMENT PLAN

Desired Outcome: Regional performance goals reflect the priority opportunities for Spokane and North Central Counties' public mental health improvements.

Measurement: Provider interviews, rank ordering surveys, and committee leadership minutes.

Accountability: Quality Committees.

Timeline: Ongoing.

Monitoring and Evaluation of Core State Performance Goals

Description: Contracted providers will comply with the performance measurement of three (3) state designated core performance goals for outpatient services:

- A routine outpatient service must be offered to Medicaid client within seven (7) working days of discharge from community psychiatric inpatient hospitals and Evaluation and Treatment facilities.
- Time from request for service to routine service shall not exceed twenty-eight (28) days.
- Time from a service request to an intake service shall not exceed fourteen (14) days for outpatients.

Desired Outcome: Standardization of the time interval for availability of specific services for all individuals with Medicaid.

Measurement: Based on a calculation for a percentage of Medicaid clients who receive a specified service within the target time interval from request, divided by the total number of Medicaid clients who request and were authorized for the specified service.

Accountability: QIC and NCCQ.

Timeline: Ongoing.

External Review/Audit Activities

- SCRSN is reviewed by State and Federal agencies, or their designee.
- Upon notification of an upcoming external review, the Assistant Director designates a staff member or a team to prepare for the review. It is the responsibility of the team lead to oversee preparation for the review, report review results to the appropriate committee and develop any needed corrective action or response from the review for CSHCD leadership approval.

Utilization Management

- SCRSN is required to oversee Utilization Management for inpatient, outpatient, and residential services for all contracted treatment providers for all funding sources.
- SCRSN reviews data provided to ensure there is appropriate utilization of resources and timely access to those resources. Timely collaboration is made with treatment providers to ensure appropriate utilization.
- BHO performs utilization management for inpatient and Medicaid Personal Care as contracted ASO.

Grievance Management

- Share reported grievances from the provider level: the Ombuds and those reported directly to

QUALITY MANAGEMENT PLAN

the SCRSN with the Providers and Stakeholders at the QIC. Data reported from a tracking log will include: a system report of the category and type of grievance and the resolution to evaluate trends and performance improvement opportunities. – Training to SUD done Oct 1, 2015

Annual Report

- A comprehensive report that is disseminated on the SCRSN website and via PowerPoint presentations that is descriptive of SCRSN goals, objectives, contracted providers, and individuals in services.
- Serves as a tool for informing the state and the public of SCRSN activities and outcomes.
- Provides a dashboard for reviewing the SCRSNs accomplishments, strengths, and goals.
- Report is reviewed annually with input from the QIC, NCCQ, provider directors, SCRSN staff, and the MHAB.
- Final report is disseminated by the end of May each calendar year.

Attachment 27

SPOKANE  COUNTY

COMMUNITY SERVICES, HOUSING, AND COMMUNITY DEVELOPMENT DEPARTMENT
CHRISTINE BARADA, DIRECTOR

Tribal and RAI0 Coordination Plan for Spokane County Regional Support Network
2014 - 2015

The following are the responses per the State SMHC Contract 1169-36670:

Question: 14.4.1 The plan must include a procedure for crisis responders and Designated Mental Health Professionals (DHMP) (non-Tribal) to access Tribal lands to provide requested services, including crisis response, and Involuntary Treatment Act (ITA) evaluations.

Response: Most North Central providers meet tribal members at local hospitals, jails, or counseling centers that are not on tribal land and are assisted by tribal authorities with transporting the individual. If it is requested that an ITA be done on tribal land, the provider will contact local tribal authorities and the tribal behavioral health department for permission and collaboration. NEW Alliance Counseling Services has an agreement with the Spokane Tribe that allows Steven's County Mental Health Professional's to assess individuals on tribal land by request.

Question: 14.4.1.1 Any notifications and authority needed to provide services including a plan for evening, holiday, and weekend access to Tribal lands, if different than business hours.

Response: Crisis Responders and DMHPs will not go onto Tribal lands during business hours, evenings, holidays, or weekends without a request from the Tribe and with collaboration with the Tribe and their affected Tribal member that may need our services. Unless there is a formal agreement, North Central providers attempt to work with the tribal behavioral health department and law enforcement agencies if requested to offer services to individuals.

Question: 14.4.1.2 A process for notification of Tribal authorities when crisis services are provided on Tribal land, especially on weekends, holidays, and after business hours. This must identify the essential elements included in this notification, who is notified, and timeframe for the notification.

Response: The process for notification is based on each incident and is done entirely in collaboration and at the request of the Tribe. Typically, crisis services are performed off of tribal land, with NEW Alliance Counseling Services being the exception of who will go on tribal land. Providers collaborate with tribal law enforcement and tribal behavioral health departments to coordinate crisis services and locations.

Question: 14.4.1.3 A description of how Crisis Responders will coordinate with Tribal Mental Health providers and/or others identified in the plan, including a description of how service coordination and debriefing with Tribal mental health providers will occur after crisis services have occurred.

Response: Crisis Responders will be in touch with the Tribal Mental Health Providers or others based on a request from the Tribe to the Crisis Responders for assistance on Tribal land. Providers make every effort to coordinate with tribal behavioral health departments to collaborate on behalf of the individual needing services.



Spokane County Regional Behavioral Health Organization

Question: 14.4.1.3.1 This must include the process for determining when a DMHP is requested and a timeframe for consulting with Tribal mental health providers regarding the determination to detain or not for involuntary commitment.

Response: Providers make every effort to coordinate with tribal behavioral health departments to collaborate on behalf of the individual needing services. Okanagan has a policy to debrief with local tribal behavioral health on the following business day. All other providers attempt to make contact as soon as possible.

Question: 14.4.2 ITA Evaluation Services

DMHPs will respond to the Tribe upon request from the Tribe.

Response: If a person on Tribal land calls a DMHP, then the DMHP will contact the Tribe for advice, permission to come on the land, collaboration and coordination, and to gain pertinent information that the Tribal Mental Health department may already have or can gather. If it is so decided that a DMHP will be allowed on Tribal land for the said incident, then the DMHPs will inform and coordinate a time that they reasonably believe they can be there. Until they arrive, the Tribal Behavioral Health Department will assist with the person or person's family to help stabilize until the DMHP can arrive.

Question: 14.4.2.1 The plan shall include procedures for coordination and implementation of the ITA evaluation on Tribal lands, including whether or not DMHPs may conduct the ITA evaluation on Tribal lands.

Response: Okanagan behavioral health has a procedure where the individual is transported off of tribal land to a facility where they can see the person. NEW Alliance Counseling Services has an agreement with the Spokane Tribe that allows them to perform assessments on tribal land. The other providers will coordinate with tribal law enforcement and the tribal behavioral health department to see the individual.

Question: 14.4.2.2 If ITA evaluations cannot be conducted on Tribal land, the plan shall specify how and by whom individuals will be transported to non-Tribal lands for ITA evaluations and detentions.

Response: If the DMHP cannot provide an ITA, and is not approved to come on Tribal land for some reason, then the Tribal Mental Health provider will be asked to arrange for the person to be transported to the nearest location, such as a hospital, where the DMHP can assess for ITA. Providers indicate that the most prevalent practice is for tribal law enforcement to transport the individual to local hospitals or behavioral health centers that are not on tribal land. Family members and natural supports also transport the individual off of tribal land for evaluations.

Question: 14.4.2.3 If DMHP evaluations cannot be conducted on Tribal land, the plan shall specify how and by whom individuals will be transported off of Tribal Land to the licensed Evaluation and Treatment (E&T) facility.

Response: Each Tribe may make arrangements based on the situation, the location where the person is at the time, and the Tribal Mental Health department makes these determinations if they are involved. If the tribal member in need of assistance refuses the Tribal Behavioral Health Department, then the provider should contact a DMHP and collaborate on the incident and how best to handle it. The prevailing practice is for Tribal law enforcement to transport the individual off of tribal land to a pre-determined location. From that point, county law enforcement or ambulance services will transport to the inpatient facility.

Spokane County Regional Behavioral Health Organization

Question: 14.4.2.4 The plan shall specify where individuals will be held and under what authority, if no E&T beds are available.

Response: When no E&T beds are available, then the single bed certification process is in effect. The Providence Sacred Heart Medical Center also accepts individuals and has a 12-hour waiting list. There may be times that a bed at Eastern State Hospital is more appropriate and the person may be placed there. Otherwise, an available bed across the state will be obtained. Providers work with local hospitals and the tribal behavioral health department to assist with planning and possible less restrictive alternatives.

Question: 14.4.3 Voluntary Hospital Authorization

Question: 14.4.2.1 The plan will include specifics as to how the RSN would like Tribal Mental Health providers to request voluntary psychiatric hospitalization authorizations for Medicaid-eligible consumers.

Response: Pend Oreille Counseling Center has a verbal agreement with the Kalispel Tribe for evaluation and coordination. All providers will assist in locating a bed and coordinating placement.

Question: 14.4.2.2 The RSN shall provide information to the Tribes on how to request voluntary authorization, appeals, and expedited appeals. The plans shall reiterate that only a psychiatrist or a doctoral-level psychologist may issue a denial, and that denials may only be issued by the RSN and not the crisis provider.

Response: Spokane County Regional Support Network has a meeting set up with the Colville Tribe on February 4, 2015, and is in the process of securing meetings with the Spokane and Kalispel Tribes.

Question: 14.4.4 Inpatient Discharge Planning

The plan shall address a process for identifying the Tribal mental health departments as the liaison for inpatient coordination of care when the consumer is an identified Tribal member and has not expressed a preference regarding involvement by the Tribe in their care. This includes all liaison activities required in section 12.2.10.

Response: North Central providers are willing to work with all tribes and hospital personnel to provide tribal contract information. The best approach is for the mental health Tribal departments to educate their community that the provider system on Tribal lands is there for their use. The RSN and its RSN providers agree that it is best if the person goes to the Tribal mental health department and that they are the liaison, and is better for the person, the RSN, and the Tribe.

LIST OF ACTIVITIES

Activity: Invite Tribes and RAIO representatives to be a Mental Health Board Member and Substance Abuse Board Member

Outcome: Native Project has a representative on the Mental Health Advisory Board that meets in Spokane. Beginning one year ago, the Spokane Tribe has a representative that is on the Mental Health Advisory Board that meets in Davenport and represents the North Central Counties. For two years, the Kalispel Tribe has had a staff member on the Substance Abuse Advisory Board. The Colville and Kalispel Tribes have been invited and have both stated they would like to join the board when they have ample staffing. We are in the process of combining the Mental Health and Substance Abuse Advisory Boards.

Spokane County Regional Behavioral Health Organization

Activity: Learn more about the Tribal Programs

Outcome: In July 2015, the Spokane County Regional Support Network's (SCRSN) six clinical staff toured the Kalispel CAMAS Center and met with the Kalispel Behavioral Health Staff to see their facilities and better understand their programs. This was an exchange, as the Kalispel Behavioral Health staff met with the RSN prior in Spokane to understand what the RSN does. The Spokane Tribe mental health staff have met with NEW Alliance Counseling and the RSN to identify issues regarding ITA detainment and tribal involvement. The Tribe reported that this process worked well. The Colville Tribe will meet with RSN staff on February 4, 2015 to further collaborate.

Activity: Spokane RSN contracts with Tribes

Outcome: The SCRSN has a contract with the Spokane Tribe and the Kalispel Tribe. The Tribes decide how they will use the funding, and last year the funding was increased. Much of the funding is utilized for staff training. Native Project has had a long standing contract with the SCRSN and Substance Abuse for co-occurring treatment for youth. The Mental Health Contract was increased 14% this year. In addition, several new staff were added throughout the year. The Colville Tribe indicates that although they have chosen not to contract with the SCRSN for funds, they are willing in the next funding cycle.

Activity: Suicide panel discussion February 26, 2015 with the Tribes

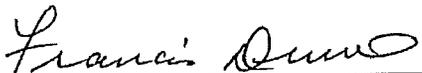
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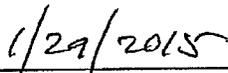
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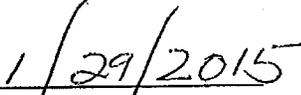
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Tribal Behavioral Health Department Administrator
Executive Director


Date


RSN Administrator


Date

Spokane County Regional Behavioral Health Organization

Attachment 28



Colville Tribe

COMMUNITY SERVICES, HOUSING, AND COMMUNITY DEVELOPMENT DEPARTMENT
CHRISTINE BARADA, DIRECTOR

January 29, 2015

Alison Ball
Administrative Service Director
The Confederated Tribes of the Colville Reservation
PO Box 150
Nespelem, WA 99155

Dear Ms. Ball:

Please review the attached document entitled "Tribal and RAIO Coordination Plan for Spokane County Regional Support Network 2014-2015." As you are aware, we are required in our contract with the Department of Behavioral Health and Rehabilitation (DBHR) to develop a list of activities that we have done or are planning. This year a new requirement includes delivering crisis and Involuntary Treatment Act (ITA) services for Tribes.

We have consulted with our Regional Support Network providers and have done the best we can to respond to the ITA section, but you may have other thoughts and may revise, delete, or add where you see fit. The required submission date was January 31, 2015, but because we are late, you and the state will receive this at the same time.

Please review and return to me signed or with revisions, and I'll update and send you a new final. We apologize for not being timelier and would appreciate your input. Thank you.

Sincerely,


Suzie McDaniel
Assistant Director

SM/jn

Enclosure

cc: Christine Barada





COMMUNITY SERVICES, HOUSING, AND COMMUNITY DEVELOPMENT DEPARTMENT
CHRISTINE BARADA, DIRECTOR

**Tribal and RAIO Coordination Plan for Spokane County Regional Support Network
2014 - 2015**

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Spokane County Regional Behavioral Health Organization

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Tribal Behavioral Health Department Administrator

Date

RSN Administrator

Date



COMMUNITY SERVICES, HOUSING, AND COMMUNITY DEVELOPMENT DEPARTMENT
CHRISTINE BARADA, DIRECTOR

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2014 - 2015**

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Spokane County Regional Behavioral Health Organization

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Spokane County Regional Behavioral Health Organization

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LIST OF ACTIVITIES

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Spokane County Regional Behavioral Health Organization

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Tribal Behavioral Health Department Administrator

Date

RSN Administrator

Date

Spokane County Regional Behavioral Health Organization

Attachment 30

NATIVE Project



COMMUNITY SERVICES, HOUSING, AND COMMUNITY DEVELOPMENT DEPARTMENT
CHRISTINE BARADA, DIRECTOR

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2014 - 2015**

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Spokane County Regional Behavioral Health Organization

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Spokane County Regional Behavioral Health Organization

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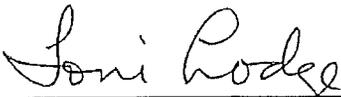
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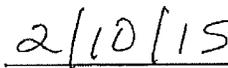
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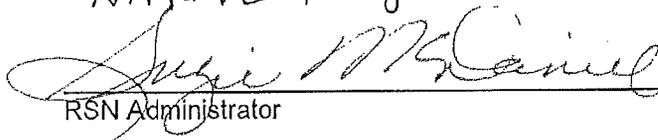


Tribal Behavioral Health Department Administrator

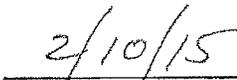
NATIVE Project



Date



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