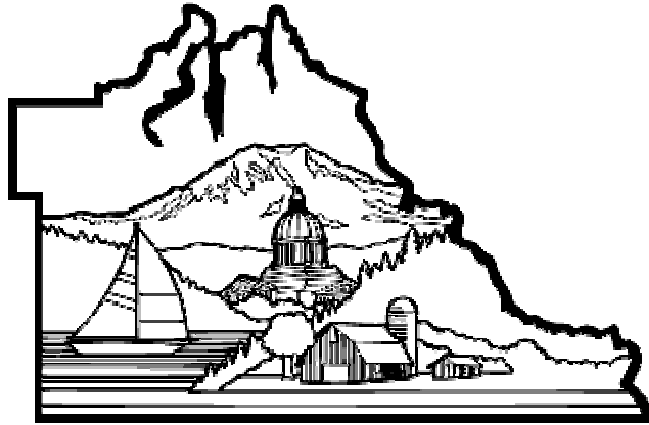


THURSTON/MASON REGIONAL SUPPORT NETWORK ADVISORY BOARD



THURSTON COUNTY
WASHINGTON
SINCE 1852

NEW MEMBER HANDBOOK

**Thurston County Public Health & Social Services
412 Lilly Road NE
Olympia, WA 98506**

**THURSTON/MASON
REGIONAL SUPPORT NETWORK ADVISORY BOARD
NEW MEMBER HANDBOOK**

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Welcome and Introduction

Welcome to the Thurston/Mason RSN Mental Health Advisory Board!

The Mission of the Thurston/Mason RSN Mental Health Advisory Board is:

To advocate for consumer-driven crisis intervention and treatment services for Thurston and Mason County residents most in need of publicly funded mental health care and to advise the Board of County Commissioners (BOCC) to fulfill this directive.

Services shall:

Promote a sense of well being within the natural environment of the consumer/client, offering services that maximize consumer/client choice and individualized tailored care, except as a safety issue as defined by RCW 71.05.

What is the Thurston/Mason RSN Mental Health Advisory Board?

Regional Support Networks (RSNs) and Prepaid Health Plans (PHPs) are required to have governance structures in compliance with 71.24 Section 300 RCW and WAC 388-865-0315. The Thurston/Mason RSN Mental Health Advisory Board is a citizen Advisory Board to Thurston and Mason Counties.

Consumers, past consumers and family members must comprise at least 51% of the Advisory Board, and the Board must be demographically representative of the RSN. Advisory Board Bylaws require a minimum of nine, maximum of fifteen Advisory Board members. A minimum of six members will be representative of Thurston County and three of Mason County with a maximum of 11 Thurston County Representatives and 4 seats reserved for Mason County residents. Each voting member is appointed to a three-year term by their respective Board of County Commissioners. Members may be re-appointed to a second three-year term. Elected officials include a Chairman and Vice-Chairman, which are elected in March of every year.

The Thurston/Mason RSN Mental Health Advisory Board used to meet the fourth Monday every month at 5:30 p.m. Currently, this has been staggered to be every other month. Meetings last approximately 1.5 hours. As a voting member, your attendance is required.

RSN staff and the Board Chairperson will prepare an agenda for each meeting. Agendas will consistently include standing committee reports (when applicable) and a designated time for community input.

As a member of this Board, you have certain responsibilities and duties. This handbook has been prepared to acquaint you with these responsibilities and to provide some background information to assist you in carrying them out.

RSN History

The Washington State Legislature passed the County-Based Mental Health Services Act, Laws of 1989, to create a single point of local responsibility for mental health services. This legislation created county-based Regional Support Networks (RSN) to design and administer mental health delivery systems to meet the unique needs of people with mental illness. Prior to 1993, the RSNs were responsible for outpatient care only.

The Washington State Mental Health Division (MHD) began delivering mental health services in 1993 under a 1915(b) waiver for outpatient mental health services. The capitated, managed

mental health system gave RSNs the ability to design an integrated system of mental health care and, as necessary, subcontract with a network of Community Mental Health Agencies (CMHAs) capable of providing quality service delivery. Establishing capitated managed care also gave the State the ability to control the rate of financial growth, placing the financial risk for the system with the RSNs. The mental health services covered under the waiver were the full range of community mental health rehabilitation services offered under the Medicaid State Plan through a fee-for-service (FFS) reimbursement system. The mental health services stress ongoing community support to provide the enrollee with tailored services that are responsive to their individualized needs.

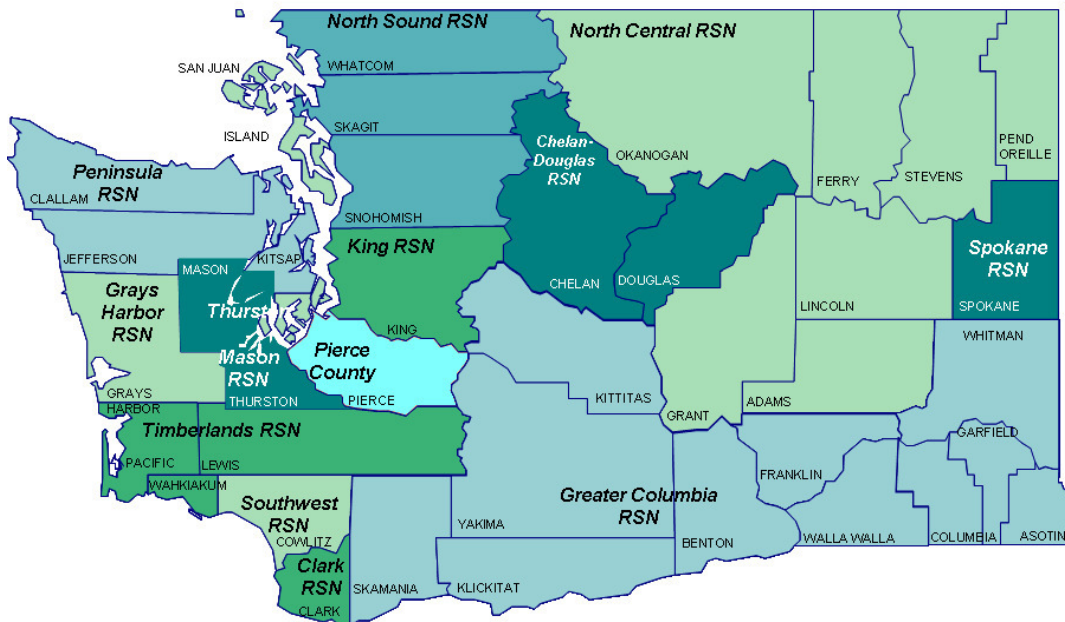
In 1997, an amendment to the existing waiver was approved. The amendment incorporated community psychiatric inpatient services for Medicaid eligible adults, older adults and children into DSHS capitated contracts with the RSNs.

Pursuant to the Community Mental Health Services Act (RCW 71.24), the RSNs administer all community mental health services funded by the State. Under the Involuntary Treatment Act (RCW 71.05), the RSNs are also responsible for evaluating and detaining people who are in need of involuntary treatment.

In addition to providing services for Medicaid enrollees, RSNs also provide services to non-Medicaid individuals using State-only funds. These services are prioritized for crisis services and include inpatient as well as outpatient care. State funded services are also provided in settings where Medicaid cannot be utilized, such as in jails and large institutional settings.

At this time there are thirteen RSNs statewide. Some RSNs are single-county governed and operated. Some RSNs cover multiple Counties. Pierce County is the only RSN that is currently operated by a private for-profit organization.

Washington State Regional Support Networks (RSNs) and Associated Counties



Effective January 1, 2010

Bylaws of the RSN Mental Health Advisory Board

A. AUTHORITY

1. The Thurston/Mason Mental Health Board is established in accordance with the provisions of Chapter 71.24 Revised Code of Washington as amended.

B. RESPONSIBILITIES

The Mental Health Advisory Board has the following powers and duties:

1. Review and evaluate the needs, facilities, services and special problems of Thurston and Mason Counties.
2. Advise the County Commissioners as to a program of community services that shall reflect the fullest and most feasible utilization of already existing services.
3. Establish priorities based on community needs and recommend the allocation of available county and state funds to meet those needs.
4. Receive and review all applications for financial support; make funding decisions according to the priorities and allocations approved by the County Commissioners.
5. After adoption of a program, review the financial and service components of the program to be assured that actual expenditures and programs remain consistent with agreements contained in the application as approved.
6. Develop and recommend to the County Commissioners the budget for Thurston/Mason Counties for mental health services.

C. MEMBERSHIP

1. Body: Each Advisory Board shall be composed of not less than nine (9) and not more than fifteen (15) members.
2. Representation: Members shall be representative of the community; shall include at least three Mason County residents representing Mason County; and should include representation of women, minorities, and consumers.
3. Tenure: Members of the Board shall serve three year terms and until their successor is appointed and qualified. Members may succeed themselves not more than once, for a total of six years. Final authority for term limit exemptions will rest with the County Commissioners.
4. Appointment: Members of the Thurston/Mason RSN Mental Health Advisory Board are appointed by the County Commissioners. The Commissioners for Mason and Thurston Counties represent their respective counties. When notified by the Social Services Department, Thurston/Mason County Commissioners will announce openings on the Board through press releases. Persons wishing to serve as a member of the Thurston/Mason RSN Mental Health Advisory Board will send a letter of interest to the Social Services Department for Advisory Board and staff review. Recommendations for appointment will be forwarded to the appropriate County Commissioners. Final authority for such appointments will rest with the County Commissioners.
5. Qualifications: Members shall be appointed on the basis of their ability to give guidance and direction to the legal, fiscal and program aspects of the respective program activities within Thurston and Mason Counties. No persons either receiving funds by contract or employed by an organization in receipt of funds subject to the advice of the respective Board may be appointed to that Board.
6. Compensation: Members of the Thurston/Mason RSN Mental Health Advisory Board may not be compensated for the performance of their duties as members of a Board, but may be paid subsistence and mileage. Requests for and rates of such reimbursement shall be governed by current County policy.
7. Removal: Any Board member may be removed from his or her appointment by the County Commissioners for good cause. The Board may recommend the removal of a member to the

Commissioners by a majority vote of the Board at any regular or special meeting of the Board. Notice of the proposed removal recommendation must be sent to the member in writing one week prior to the date of the meeting at which such a removal recommendation is to be voted upon. Such notice must state the cause of the proposed recommendation.

8. Leave of Absence: A member may request a leave of absence for up to one year if the member is temporarily unable to attend Board meetings and/or participate in Board activities. The request, in writing, must state the length of leave, and it must be submitted to the Advisory Board. The Advisory Board's recommended action will be forwarded to the respective County Commissioner Board. No more than two members will be granted leave of absence at a given time.

D. PROCEDURES

1. A quorum shall consist of fifty percent plus one of the active members of the Board and a quorum shall be required to transact business at any regular or special meeting.
2. Regular meetings shall be held once each month, a minimum of nine months per year. Place and time of such meetings will be established by the Board and the public so informed.
3. Special meetings may be called at the request of the Chairperson, or at the request of at least half of the Board's membership.
4. The annual meeting shall be the regular meeting for the month of March, at which time shall be held the election of officers for the ensuing year.
5. Open Meetings: Any regular or special meeting of the Board or of any committee is an Open Meeting under the terms of the Washington State Open Meeting Law.
6. More than three consecutive unexcused absences from meetings shall cause the Board to recommend to the Commissioners that a member be removed from the Board.
7. Unexpired terms: The County Commissioners shall be notified of persons who resign. Such vacancies shall be filled by the County Commissioners for the remainder of the term. If appointee serves more than 18 months, it shall be considered a full term for the purposes of tenure.
8. Specification of officers, committees, and procedures is left to the discretion of each program Board. Such terms to be written and approved by quorum vote.
9. Roberts Rules of Order shall be in effect in all cases not covered by the bylaws or governed by special procedures adopted by the Board.

Board Member Responsibilities

The Thurston/Mason RSN Advisory Board is an advisory board whose role is to advise the Public Health & Social Services Division and Board of County Commissioners (BOCC) on matters relating to mental health services in Thurston and Mason counties. Each member is expected to represent all citizens of the two counties in their recommendations and advice.

You have a responsibility to help make the group process work. Knowing your role and where you fit in the Board's framework is important to ensuring that the Board is effective.

The responsibilities of each Board member are as follows:

1. Participate in public meetings to solicit input from Thurston and Mason County citizens, service providers and consumers of mental health services regarding needs and priorities for services.
2. Review and comment on applications for funding. Recommendations will be forwarded to RSN staff and the BOCC regarding applications' relationship to the values and priorities for services that are set by the Advisory Board.
3. Review and comment on the department plan for services.
4. Participate in Board meetings regularly. Notify staff in advance if unable to attend. More than three consecutive unexcused absences from meetings shall cause the Board to recommend to the Commissioners that a member be removed from the Board.
5. Be familiar with the minutes of Board meetings and of your committee assignments.
6. Be familiar with the Board's mission, goals, and objectives.
7. Expect that all committee meetings are reported on at Board meetings.
8. Inquire if there is something you do not understand or want more information about.
9. Avoid the substance or appearance of conflict of interest.

Per RCW and WAC guidelines, Advisory Boards are to have the following role:

1. Review and comment on established State and/or Federal services goals/strategies for the development and implementation of publicly funded mental health services under RCW 71.24 through the Thurston/Mason Regional Support Network. The Advisory Board shall review and set policies to be presented to the Thurston County Commissioners regarding services and Board values and priorities.
2. Forward comments to the RSN governance body (BOCC) and elected officials responsible for the mental health program.
3. Develop and implement an outcome-based biennial plan in accordance with department (MHD) guidelines.
4. Periodically review the biennial plan and ensure resources are applied in support of its goals and outcomes.
5. Committees can be formed as needed, either on a standing or an ad hoc basis. Additional meetings may be required for committees and during special planning times.

Involvement of Government Agencies

The following describes the flow of County organizations as it relates to this Advisory Board.

THURSTON / MASON COUNTY GOVERNMENT

Thurston and Mason Counties have an elected three-member Board of County Commissioners (BOCC). They represent particular geographic districts of the County and are elected for four year terms. The Mason County BOCC has delegated its authority regarding mental health services, other than making appointments to the Advisory Board, to the Thurston County BOCC. The Thurston BOCC meets to conduct business every Tuesday at the Thurston County Courthouse.

When the RSN Mental Health Advisory Board has recommendations for the Board of Commissioners, staff prepare and submit an agenda item summary of issues for the Board's consideration. Staff and Advisory Board members who are able to, attend the Commissioners' meeting to present the agenda item.

The Thurston/Mason RSN Mental Health Advisory Board has statutory responsibilities for planning and monitoring. These responsibilities relate to advising the Thurston County Commissioners concerning services in Thurston and Mason Counties and the allocation of funds to provide these services.

The Thurston County Commissioners have authority to approve or change the Advisory Board's recommended actions. As the contracting body for Thurston/Mason RSN, the Thurston County Commissioners have administrative responsibilities for the contracted services. These administrative responsibilities are carried out by the Thurston/Mason RSN within the Social Services Division.

THURSTON COUNTY PUBLIC HEALTH AND SOCIAL SERVICES DEPARTMENT

The Public Health and Social Services Department is organized into three major program divisions: Environmental Health, Personal Health and Social Services. Programmatic planning, budget, contract development, monitoring and evaluation activities are carried out by each division at the program level. Within the Public Health and Social Services Department, the Social Services Division carries out the above-described activities for mental health, drug abuse/alcoholism and developmental disabilities in Thurston and Mason counties.

The Administrative Support Services Division carries out the department's administrative responsibilities for fiscal management. For the three programs within the Social Services Department, it is responsible for billing the State, paying subcontractors and monitoring and reporting subcontractor and program expenditures and revenues against the annual budget.

THURSTON/MASON COUNTY SOCIAL SERVICES DIVISION

Social Services Mission Statement:

The mission of the Social Services Division is to operate in a manner that promotes, through coordination, planning, development, implementation and monitoring, the most administratively efficient and service effective use of the resources it is allocated for the population of Thurston and Mason Counties in the service areas of Mental Health, Developmental Disabilities and Substance Abuse.

Services will be developed to assist the individual to acquire the highest level of independent functioning possible. Constraints for optimum service development include legal, policy and fiscal limitations, as well as constraints of time, knowledge and provider availability. An array of accessible, affordable and appropriate services will be promoted. Services should be developed to address, to the maximum extent, actual client need. Staffing and administrative organization will be developed in such a manner as to best carry out the responsibilities of the Department. Service and system development is to be done in a public process through established community Advisory Boards.

Goals - The Social Services Division assumes responsibilities for these services by:

- Maintaining citizen Advisory Board involvement in service planning and program funding decisions
- Assuring efficient management and appropriate and affordable services provided by community agencies
- Maintaining working relationships with State and County funding source representatives
- Researching, developing and planning social services to maximize the capability to best meet the needs of the identified client population
- Analyzing and monitoring social services subcontractors to assure contract objectives are fully addressed
- Involvement in community coordination of pertinent services
- Ensuring Social Services Division staff have the opportunity to pursue further training and education in service areas

Acknowledgment of Responsibilities

In order for the Citizens' Advisory Board to effectively fulfill its advisory role to the County Commissioners, it is important that each member is fully informed and knowledgeable regarding the diverse issues that come before the Board. Sharing responsibilities is essential to getting the job done, as no one person can do everything. As a member of the Thurston/Mason RSN Mental Health Advisory Board, I expect staff to provide objective analysis, options, and recommendations. Assisted by staff, I will use my best judgment in making decisions and providing recommendations to the County Commissioners.

As part of my commitment as a Board member, I agree to the following:

- Commit to 2-7 hours per month of active participation in RSN Advisory Board activities (meetings, outreach, preparation).
- Prepare for Board meetings by studying the meeting agenda and supplemental materials before every meeting. If I have a question or want more information regarding an issue, I will contact RSN staff or other Board members to obtain this information.
- My only contact with contracted service providers regarding contract service provision will be during Advisory Board-sponsored meetings.
- Attend all Board meetings, as I understand that my attendance is crucial to Board activity. If unable to attend a particular meeting, I will notify staff. I understand that three unexcused absences is cause for removal from the Board.
- I will be an active participant in at least one standing committee of the RSN Mental Health Advisory Board.

Listed below is my address and phone number(s):

Name (please print)	Home Phone #	Work Phone #
Street Address	City, Zip	
Mailing Address (if different from above)	City, Zip	

I have read and understand the Advisory Board Bylaws and Board Handbook materials and acknowledge my responsibilities and role as an Advisory Board Member.

Advisory Board Member Signature	Date
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Advisory Board Standing Committees

The following standing committees exist for the Thurston/Mason RSN Mental Health Advisory Board:

RSN SERVICES & ADMINISTRATION COMMITTEE

Purpose:

Provide executive functions and coordination for the Board. The committee, consisting of the different committee and Board chairs, works directly with RSN staff to set the agenda for the Board meeting, as well as to discuss issues and possible direction for the RSN.

Duties:

- Review and comment on reports and documents related to the RSN implementation of the plan and budget for the Medicaid prepaid health plan and other community mental health services
- Review and comment on reports related to the monitoring of RSN contracts, monitoring/evaluation of contracted services and consumer/client concerns related to contracted services
- Review and comment on plans or reports related to RSN-sponsored training and/or community education/information activities; and
- Recruit and screen Advisory Board applicants; submit recommendations to the Board.

ADVOCACY COMMITTEE

Purpose:

Review legislative issues regarding mental health and educate Legislators regarding these issues. The committee shall work with the Thurston County Board of County Commissioners regarding any educative or lobbying efforts taken as the Advisory Board. The committee shall facilitate community education to promote recovery and resiliency.

Duties:

- Plan and execute an annual community mental health forum, promoting recovery and resiliency
- Advocate and educate the Legislature on mental health issues

Advisory Board Ad-Hoc Committees

The following ad-hoc committees exist for the Thurston/Mason RSN Mental Health Advisory Board and can be called upon to meet should they be needed.

FINANCE COMMITTEE

Purpose:

To provide assistance and overview of the RSN budget and contracts

Duties:

- Understand funding issues and financial performance of the RSN
- Provide input into the annual RFP or amendment development and review process
- Provide contract planning support to the RSN Administrator
- Review Mental Health Block Grant proposals, RSN budget and contracts

QUALITY IMPROVEMENT COMMITTEE

Purpose:

To create, collaboratively with consumers and providers, a common understanding of quality and apply it to our regional mental health system

Duties:

- Define quality of service, what data is required and how to hold the system accountable in order to develop and approve a QM Plan
- Define, establish and review measurable system indicators of QA
- Routinely review measures and make recommendations to the full Board regarding outliers, additional measure, etc.

Current Advisory Board Membership

Current Advisory Board Members

Updated May 2011

Board Member Name	Term Appointment	Term Expiration
Kathryn Harris Shelton, WA	March 2009	March 2012
Collene Hawes Olympia, WA	March 2009	March 2012
Sue LaMont Elma, WA	December 2008	December 2011
Lloyd Peterson Olympia, WA	June 2009	June 2012
Gurinder Sodhi Olympia, WA	March 2008	March 2014
Nancy Young Olympia, WA	November 1998	November 2013

Current Advisory Board Committee Members

Updated May 2011

Board Chairperson: Collene Hawes	Board Vice-Chair: Sue LaMont
Advocacy Committee Chairpersons: Collene Hawes Members: Nancy Young	Services and Administration (S&A) Committee Chairperson: Collene Hawes Members: All Members
Board of County Commissioners Cathy Wolfe, Liaison to RSN Advisory Board Sandra Romero Karen Valenzuela	RSN Staff to Advisory Board Mark Freedman, Social Services Division Director Linda Smythe, TMRSN Manager Larry Horne, TMRSN Quality Manager Lois Kim, RSN Staff

Current Service Providers

Updated May 2011

OUTPATIENT SERVICE PROVIDERS:

Outpatient services are provided through Certified (Licensed) Mental Health Agencies (CMHAs).

Behavioral Health Resources (BHR)

Thurston – Adult and Children

3857 Martin Way East

Olympia, WA 98506

Telephone: 360-704-7170

Toll-Free: 800-825-4820

Mason – Adult and Children

110 West “K” Street

Shelton, WA 98584

Telephone: 360-704-7170

Toll-Free: 800-825-4820

Brief Treatment and Medication

4422 6th Avenue

Olympia, WA 98506

Providence St. Peter Hospital

Older Adults Only

413 Lilly Road NE

Olympia, WA 98506

Telephone: 360-493-7060

SeaMar Behavioral Health

Thurston County (Primarily for clients who are also followed by a primary physician at SeaMar. SeaMar also specializes in services to the Hispanic population)

409 Custer Way, Suite D

Tumwater, WA 98501

Telephone: 360-704-7590

Catholic Community Services

Children’s Wraparound Initiative (Wraparound Program Only–No other outpatient services provided)

148 NW Rogers Street

Olympia, WA 98502

Tel: 360-878-8248

INPATIENT/CRISIS SERVICE PROVIDERS:

TMRSN provides psychiatric inpatient care through:

- Local Community Hospitals (primarily Providence St. Peters Hospital for Voluntary admissions)
- The Evaluation and Treatment Facility (E&T) which is owned by Thurston County, but operated by BHR. The E&T provides: Crisis Services, Triage, Crisis Stabilization, Evaluation and Treatment services, Involuntary Commitment Evaluations (DMHPs) and Crisis Response. Also located at the facility is the Court for Involuntary Treatment.

Evaluation and Treatment (E&T) Facility – Operated by BHR

3436 Mary Elder Road NE

Olympia, WA 98506

Telephone: 360-528-2590

Crisis Resolution Services – for DMHPs and Crisis Response

Telephone: 360-754-1338 / 800-270-0041

Current Service Benefit Package

TMRSN contracts with DSHS primarily through three different contracts.

1. PIPH (Prepaid Inpatient Health Plan): Medicaid
2. State (State Mental Health Contract): Non-Medicaid individuals or non-Medicaid covered services
3. MHBG (Mental Health Block Grant): Non-Medicaid

The following are the allowed service benefits per the contracts noted above:

Brief Intervention Treatment: Solution-focused and outcomes-oriented cognitive and behavioral interventions intended to ameliorate symptoms, resolve situational disturbances which are not amenable to resolution in a crisis service model of care and which do not require long term-treatment, to return the individual to previous higher levels of general functioning. Individuals must be able to select and identify a focus for care that is consistent with time-limited, solution-focused or cognitive-behavioral model of treatment. Functional problems and/or needs identified in the Medicaid Enrollee's Individual Service Plan must include a specific timeframe for completion of each identified goal. This service does not include ongoing care, maintenance/monitoring of the Enrollee's current level of functioning and assistance with self care or life skills training. Enrollees may move from Brief Intervention Treatment to longer term Individual Services at any time during the course of care. This service is provided by or under the supervision of a Mental Health Professional.

Crisis Services: Evaluation and treatment of mental health crisis to all Medicaid-enrolled individuals experiencing a crisis. A mental health crisis is defined as a turning point in the course of anything decisive or critical, a time, a stage, or an event or a time of great danger or trouble, whose outcome decides whether possible bad consequences will follow. Crisis services shall be available on a 24-hour basis. Crisis services are intended to stabilize the person in crisis, prevent further deterioration and provide immediate treatment and intervention in a location best suited to meet the needs of the individual and in the least restrictive environment available. Crisis services may be provided prior to completion of an intake evaluation. Services are provided by or under the supervision of a Mental Health Professional.

Day Support: An intensive rehabilitative program which provides a range of integrated and varied life skills training (e.g., health, hygiene, nutritional issues, money management, maintaining living arrangement, symptom management) for Medicaid Enrollees to promote improved functioning or a restoration to a previous higher level of functioning. The program is designed to assist the individual in the acquisition of skills, retention of current functioning or improvement in the current level of functioning, appropriate socialization and adaptive coping skills. Eligible individuals must demonstrate restricted functioning as evidenced by an inability to provide for their instrumental activities of daily living. This modality may be provided as an adjunctive treatment or as a primary intervention. The staff to consumer ratio is no more than 1:20 and is provided by or under the supervision of a Mental Health Professional in a location easily accessible to the client (e.g., community mental health agencies, clubhouses, community centers). This service is available 5 hours per day, 5 days per week.

Family Treatment: Psychological counseling provided for the direct benefit of a Medicaid-enrolled individual. Service is provided with family members and/or other relevant persons in attendance as active participants. Treatment shall be appropriate to the culture of the client and his/her family and should reinforce the family structure, improve communication and awareness, enforce and reintegrate the family structure within the community, and reduce the family crisis/upheaval. The treatment will provide family-centered interventions to identify and address family dynamics and build competencies to strengthen family functioning in relationship to the consumer. Family

treatment may take place without the consumer present in the room but service must be for the benefit of attaining the goals identified for the individual in his/her Individual Service Plan. This service is provided by or under the supervision of a Mental Health Professional.

Freestanding Evaluation and Treatment: Services provided in freestanding inpatient residential (non-hospital/non-IMD) facilities licensed by the Department of Health and certified by HRSA to provide medically necessary evaluation and treatment to the Medicaid-enrolled individual who would otherwise meet hospital admission criteria. These are not-for-profit organizations. At a minimum, services include evaluation, stabilization and treatment provided by or under the direction of licensed psychiatrists, nurses and other Mental Health Professionals, and discharge planning involving the individual, family, significant others so as to ensure continuity of mental health care. Nursing care includes but is not limited to performing routine blood draws, monitoring vital signs, providing injections, administering medications, observing behaviors and presentation of symptoms of mental illness. Treatment modalities may include individual and family therapy, milieu therapy, psycho-educational groups and pharmacology. The individual is discharged as soon as a less-restrictive plan for treatment can be safely implemented.

This service is provided for individuals who pose an actual or imminent danger to self, others, or property due to a mental illness, or who have experienced a marked decline in their ability to care for self due to the onset or exacerbation of a psychiatric disorder. The severity of symptoms, intensity of treatment needs or lack of necessary supports for the individual does not allow him/her to be managed at a lesser level of care. This service does not include cost for room and board. HRSA must authorize exceptions for involuntary length of stay beyond a fourteen (14) day commitment.

Group Treatment Services: Services provided to Medicaid-enrolled individuals designed to assist in the attainment of goals described in the Individual Service Plan. Goals of Group Treatment may include developing self care and/or life skills; enhancing interpersonal skills; mitigating the symptoms of mental illness, and lessening the results of traumatic experiences; learning from the perspective and experiences of others; and counseling/psychotherapy to establish and /or maintain stability in living, work or educational environment. Individuals eligible for Group Treatment must demonstrate an ability to benefit from experiences shared by others, demonstrate the ability to participate in a group dynamic process in a manner that is respectful of others' right to confidential treatment and must be able to integrate feedback from other group members. This service is provided by or under the supervision of a Mental Health Professional to two or more Medicaid-enrolled individuals at the same time. Staff to consumer ratio is no more than 1:12. Maximum group size is 24.

High Intensity Treatment: Intensive levels of service otherwise furnished under this State plan amendment that is provided to Medicaid-enrolled individuals who require a multi-disciplinary treatment team in the community that is available upon demand based on the individuals' needs. Twenty-four hours per day, seven days per week, access is required if necessary. Goals for High Intensity Treatment include the reinforcement of safety, the promotion of stability and independence of the individual in the community, and the restoration to a higher level of functioning. These services are designed to rehabilitate individuals who are experiencing severe symptoms in the community and thereby avoid more restrictive levels of care such as psychiatric inpatient hospitalization or residential placement.

The team consists of the individual, Mental Health Care Providers, under the supervision of a Mental Health Professional, and other relevant persons as determined by the individual (e.g., family, guardian, friends, neighbor). Other community agency members may include probation/parole officers*, teacher, minister, physician, chemical dependency counselor*, etc. Team members work together to provide intensive coordinated and integrated treatment as described in the Individual Service Plan. The team's intensity varies among individuals and for each individual across time. The

assessment of symptoms and functioning shall be continuously addressed by the team based on the needs of the individual allowing for the prompt assessment for needed modifications to the Individual Service Plan or crisis plan. Team members provide immediate feedback to the individual and to other team members. The staff to consumer ratio for this service is no more than 1:15.

Individual Treatment Services: A set of treatment services designed to help a Medicaid-enrolled individual attain goals as prescribed in his/her Individual Service Plan. These services shall be congruent with the age, strengths, and cultural framework of the individual and shall be conducted with the individual, his or her family, or others at the individual's behest who play a direct role in assisting the individual to establish and/or maintain stability in his/her daily life. These services may include developing the individual's self care/life skills; monitoring the individual's functioning; counseling and psychotherapy. Services shall be offered at the location preferred by the Medicaid-enrolled individual. This service is provided by or under the supervision of a Mental Health Professional.

Intake Evaluation: An evaluation that is culturally and age relevant initiated prior to the provision of any other mental health services, except crisis services, stabilization services and free-standing evaluation and treatment. The intake evaluation must be initiated within ten (10) working days of the request for services, establish the medical necessity for treatment and be completed within 30 working days. Routine services may begin before the completion of the intake once medical necessity is established. This service is provided by a Mental Health Professional.

Medication Management: The prescribing and/or administering and reviewing of medications and their side effects. This service shall be rendered face-to-face by a person licensed to perform such services. This service may be provided in consultation with collateral, primary therapists, and/or case managers, but includes only minimal psychotherapy.

Medication Monitoring: Face-to-face, one-on-one cueing, observing, and encouraging a Medicaid-enrolled individual to take medications as prescribed. Also includes reporting back to persons licensed to perform medication management services for the direct benefit of the Medicaid-enrolled individual. This activity may take place at any location and for as long as it is clinically necessary. This service is designed to facilitate medication compliance and positive outcomes. Enrollees with low medication compliance history or persons newly on medication are most likely to receive this service. This service is provided by or under the supervision of a Mental Health Professional. Time spent with the Enrollee is the only direct service billable component of this modality.

Mental Health Clubhouse: is a service specifically contracted by the PIHP to provide a consumer directed program to Medicaid Enrollees where they receive multiple services. These services may be in the form of support groups, related meetings, consumer training, peer support, etc. Consumers may drop in on a daily basis and participate as they are able. Mental Health Clubhouses are not an alternative for day support services. Clubhouses must be certified by the Mental Health Division beginning in 2008. The Mental House Clubhouse must operate at least ten (10) hours a week outside normal business hours Monday through Friday, or anytime on Saturday or Sunday based on the needs of clubhouse members. An exception to the distance standards is granted for clubhouse services. Services include the following:

- Opportunities to work within the clubhouse. Such work contributes to the operation and enhancement of the clubhouse community.
- Opportunities to participate in administration, public relations, advocacy and evaluation of clubhouse effectiveness.
- Assistance with employment opportunities, housing, transportation, education and benefits planning.

- Operate at least ten hours a week after 5:30pm Monday through Friday, or anytime on Saturday or Sunday, and
- Opportunities for socialization activities.

Mental Health Services provided in Residential Settings: A specialized form of rehabilitation service (non hospital/non IMD) that offers a sub-acute psychiatric management environment. Medicaid-enrolled individuals receiving this service present with severe impairment in psychosocial functioning or have apparent mental illness symptoms with an unclear etiology due to their mental illness. Treatment for these individuals cannot be safely provided in a less restrictive environment and they do not meet hospital admission criteria. Individuals in this service require a different level of service than High Intensity Treatment. The Mental Health Care Provider is sited at the residential location (e.g., boarding homes, supported housing, cluster housing, SRO apartments) for extended hours to provide direct mental health care to a Medicaid Enrollee. Therapeutic interventions both in individual and group format may include medication management and monitoring, stabilization, and cognitive and behavioral interventions designed with the intent to stabilize the individual and return him/her to more independent and less restrictive treatment. The treatment is not for the purpose of providing custodial care or respite for the family, nor is it for the sole purpose of increasing social activity or used as a substitute for other community-based resources. This service is billable on a daily rate. In order to bill the daily rate for associated costs for these services, a minimum of eight (8) hours of service must be provided. This service does not include the costs for room and board, custodial care, and medical services, and differs for other services in the terms of location and duration.

Peer Support: Services provided by peer counselors to Medicaid-enrolled individuals under the consultation, facilitation or supervision of a Mental Health Professional who understands rehabilitation and recovery. This service provides scheduled activities that promote socialization, recovery, self-advocacy, development of natural supports, and maintenance of community living skills. Consumers actively participate in decision-making and the operation of the programmatic supports.

Self-help support groups, telephone support lines, drop-in centers, and sharing the peer counselor's own life experiences related to mental illness will build alliances that enhance the consumer's ability to function in the community. These services may occur at locations where consumers are known to gather (e.g., churches, parks, community centers, etc). Drop-in centers are required to maintain a log documenting identification of the consumer including Medicaid eligibility.

Services provided by peer counselors to the consumer are noted in the consumer's Individualized Service Plan which delineates specific goals that are flexible, tailored to the consumer and attempt to utilize community and natural supports. Monthly progress notes document consumer progress relative to goals identified in the Individualized Service Plan, and indicates where treatment goals have not yet been achieved. Peer counselors are responsible for the implementation of peer support services. Peer counselors may serve on High Intensity Treatment Teams. Peer support is available to each Enrollee for no more than four (4) hours per day. The ratio for this service is no more than 1:20.

Psychological Assessment: All psychometric services provided for evaluating, diagnostic, or therapeutic purposes by or under the supervision of a licensed psychologist. Psychological assessments shall: be culturally relevant; provide information relevant to a consumer's continuation in appropriate treatment; and assist in treatment planning within a licensed mental health agency.

Rehabilitation Case Management: A range of activities by the outpatient Community Mental Health Agency's liaison conducted in or with a facility for the direct benefit of a Medicaid-enrolled individual in the public mental health system. To be eligible, the individual must be in need of case management

in order to ensure timely and appropriate treatment and care coordination. Activities include assessment for discharge or admission to community mental health care, integrated mental health treatment planning, resource identification and linkage to mental health rehabilitative services, and collaborative development of individualized services that promote continuity of mental health care. These specialized mental health coordination activities are intended to promote discharge, maximize the benefits of the placement, minimize the risk of unplanned re-admission and to increase the community tenure for the individual. Services are provided by or under the supervision of a Mental Health Professional.

Special Population Evaluation: Evaluation by a child, geriatric, disabled, or ethnic minority specialist that considers age and cultural variables specific to the individual being evaluated and other culturally and age competent evaluation methods. This evaluation shall provide information relevant to a consumer's continuation in appropriate treatment and assist in treatment planning. This evaluation occurs after intake. Consultation from a non-staff specialist (employed by another CMHA or contracted by the CMHA) may also be obtained, if needed, subsequent to this evaluation and shall be considered an integral, billable component of this service.

Stabilization Services: Services provided to Medicaid-enrolled individuals who are experiencing a mental health crisis. These services are to be provided in the person's own home, or another home-like setting, or a setting which provides safety for the individual and the Mental Health Professional. Stabilization services shall include short-term (less than two weeks per episode) face-to-face assistance with life skills training, and understanding of medication effects. This service includes: a) follow up to crisis services; and b) other individuals determined by a mental health professional to need additional stabilization services. Stabilization services may be provided prior to an intake evaluation for mental health services.

Supported Employment: A service for Medicaid Enrollees who are currently not receiving federally-funded vocational services such as those provided through the Division of Vocational Rehabilitation. Services shall include:

- An assessment of work history, skills, training, education, and personal career goals.
- Information about how employment will affect income and benefits the consumer is receiving because of their disability.
- Preparation skills such as resume development and interview skills.
- Involvement with consumers served in creating and revising individualized job and career development plans that include;
 - (a) Consumer strengths
 - (b) Consumer abilities
 - (c) Consumer preferences
 - (d) Consumer's desired outcomes.
- Assistance in locating employment opportunities that is consistent with the consumer's strengths, abilities, preferences and desired outcomes.
- Integrated supported employment, including outreach/job coaching and support in a normalized or integrated work site, if required.
- Services are provided by or under the supervision of a Mental Health Professional.

Therapeutic Psychoeducation: Informational and experiential services designed to aid Medicaid-enrolled individuals, their family members (e.g., spouse, parents, siblings) and other individuals identified by the individual as a primary natural support, in the management of psychiatric conditions, increase knowledge of mental illnesses and understanding the importance of their individual plans of care. These services are exclusively for the benefit of the Medicaid-enrolled

individual and are included in the Individual Service Plan.

The primary goal is to restore lost functioning and promote reintegration and recovery through knowledge of one's disease, the symptoms, precautions related to decompensation, understanding of the "triggers" of crisis, crisis planning, community resources, successful interrelations, medication action and interaction, etc. Training and shared information may include brain chemistry and functioning; latest research on mental illness causes and treatments; diagnostics; medication education and management; symptom management; behavior management; stress management; crisis management; improving daily living skills; independent living skills; problem-solving skills, etc. Services are provided at locations convenient to the consumer, by or under the supervision of a Mental Health Professional. Classroom style teaching, family treatment, and individual treatment are not billable components of this service.

Carve-Out Services

The following is a list of Specialized Service programs and providers. The majority of these services are funded separately from “Core” Outpatient Services.

Specialized Service	Description
Children’s Crisis and High Intensity Specialists	<p>The Children’s Crisis and High Intensity Specialists provide crisis response and adjunctive high-intensity outpatient service for children/youth experiencing acute or severe emotional and mental health symptoms that cannot be managed with traditional outpatient mental health services alone or in a timely manner. Services are provided to children, families and others involved in the support of the child, and include crisis response, crisis intervention, same day appointments, high-intensity supports, and follow-up care for crises, and includes coordination and linkage with outpatient and/or cross-system supports as part of the service continuum. Services are based on an intensive treatment and crisis response model and may be provided in: client’s home, outpatient children’s program, school, Thurston County Evaluation and Treatment Center, hospital emergency rooms, or in the community. The primary target population for these services is TMRSN-enrolled/eligible children/youth who are experiencing a serious and/or acute mental health episode. These services are designed to enhance, but do not substitute for routine outpatient services for TMRSN-enrolled clients or DMHP evaluation services for children age thirteen and older.</p>
Children’ EBP Pilot Programs	<p>Funding is provided to continue to develop and oversee a strategic community process, consistent with the “Partnerships for Success Model” and to oversee the ongoing implementation and culturally competent fidelity management in the three EBP models: Multisystemic Therapy (MST) in Thurston County; Trauma-focused Cognitive Behavioral Therapy in the Skokomish Tribe (TFCBT); and Positive Parenting Program (Triple P).</p> <p>These EBPs address specific community needs and the achievement of mental health outcomes for children, youth, and their families and require the ongoing commitment and coordination among the County, Providers, and community partners.</p>
Children’s Mental Health Crisis Specialist: Joint Position	<p>The Children’s Mental Health Crisis Specialist is jointly funded by the Department of Social and Health Services, Children’s Administration (CA) and Thurston County, Thurston/Mason Regional Support Network (TMRSN), a County agency. The purpose of this position is to enhance cross system collaboration and to assure early linkage/intervention for acute or severely emotionally disturbed children. The Contractor is responsible for a variety of clinical services and liaison functions including: triage, assessments, next day appointments, crisis case management, home/community outreach, medication referrals, referral/linkage to other local resources, consultation, and cross system coordination/problem solving.</p>
Children’s Wraparound Initiative Program	<p>This program, run by Catholic Community Services, provides high-fidelity wraparound services through the Thurston Wraparound Initiative (TWI), which is modeled after the principles of the national wraparound model. TWI services target families with children who are at high risk for justice involvement due to complex problem behaviors and/or mental illness. Children/youth ages 5-20 years who are currently involved in the mental health or chemical dependency system <u>and</u> who have been juvenile justice involved or are at risk for justice system involvement are eligible for the service. TWI formal supports are typically provided to families for a maximum duration of 12-18 months.</p> <p>TWI is not a treatment program; rather it is a community-based family planning process that shows promise in reducing the number of children placed in more restrictive settings (e.g. therapeutic foster care, residential treatment center) due to improvements in behavior and functioning. TWI is voluntary, however the approach is highly participatory as the family or caregiver of the child must be committed to engage in team development, goal setting and implementing the strategies or services identified by the team.</p>

Specialized Service	Description
CHOICE – Free Clinic	TMRSN funds the administrative functions necessary to support the services provided by the Free Mental Health Access Program (free mental health clinic). The program is operated by a group of volunteer psychologist and Mental Health Professionals who offer individual and group therapy one day a week. The program also provides information and referrals about other programs available in the community for individuals with limited or no resources for mental health or medical services. These services are provided through CHOICE Regional Health Network.
CHOICE – Medication Assistance Program	TMRSN provides funding for individuals who qualify to receive assistance for Medication. These are often individuals released from the hospital or jail whose benefits have not started up and need an order for medication filled. These are also individuals who are not yet enrolled or may not qualify to be enrolled in outpatient services.
Consumer Driven Mental Health Clubhouse	The Clubhouse provides a comprehensive set of peer and community supports, advocacy, education, referral, prevocational and supportive employment services for consumers of mental health services in Thurston and Mason Counties. In addition, the Clubhouse supports
Crisis Information and Referral Services: Crisis Clinic - 211	<p>This program shall provide current information on mental health and human services resources to residents of Thurston and Mason County twenty-four (24) hours a day, seven (7) days a week.</p> <p>The program shall maintain a comprehensive and accurate computerized information bank consisting of a minimum of eight hundred (800) community resources servicing residents of Thurston and Mason Counties.</p>
Family Alliance for Mental Health	The Alliance is a parent network that was developed to empower parents/caregivers of children and youth that struggle with social, emotional, behavioral challenges and mental illness. As a network, they assist and support one another through connecting with families that face similar challenges and experiences. The alliance is a network that shares resources and information and offers training opportunities and activities to youth and parents that help them take steps and move forward to find a better tomorrow. The Alliance was developed by a parent with mental illness.
Mentally Ill Juvenile Offender Program (MIJOP)	The Mentally Ill Juvenile Offender program will provide assessment, referral, early intervention, and family linkage to facilitate services for juveniles who reside in Thurston or Mason County Juvenile Rehabilitative facility.
Mentally Ill Offender Program	The Mentally Ill Offender Program (MIO) will provide assessment, referral discharge planning and early intervention to mentally ill offenders. A Mentally Ill Offender Project Coordinator will provide services on-site at the Thurston County Jail, Olympia City Jail and Mason County Jail. Services will facilitate application for Financial benefits with the local CSO.
NAMI – Education and Support Groups	TMRSN provides funding to National Alliance on Mental Illness (NAMI) to support community education, mental health advocacy for consumers and family members and support groups to provide information to consumers and the public regarding mental health. NAMI Thurston Mason is a local group of volunteers, mainly family members of individuals with mental illnesses, which undertakes a variety of activities to improve the quality of life and mental health treatment for individuals with mental illness in Thurston and Mason counties.
Older Adult Day Support Services	Older Adult Day Treatment Services is an adult day program for disabled older adults striving to live as independently as possible in their own homes, with family members, or with caregivers. The service is designed to enhance the physical, mental, cognitive and social well being of seniors with chronic, mental health issues and progressive diseases such as Alzheimer’s or other dementing illnesses. The primary goal for each TMRSN client served under this contract is to support continued mental health stabilization, to provide socialization and peer support and to promote social integration in the community living setting of the client’s choice. The service also helps impaired seniors by offering support and respite to their caregivers.

Specialized Service	Description
<p align="center">PACT – Program for Assertive Community Treatment</p>	<p>WA-PACT teams are intended as an appropriate treatment approach for individuals with a current diagnosis of a severe and persistent mental illness who are experiencing severe symptoms and have significant impairments. These individuals must also have demonstrated a combination of continuous high service needs and functional impairments, and have not shown to benefit significantly from other outpatient programs currently available. Individuals referred to the WA-PACT will be assessed for these indicators in accordance with the Published <i>Washington State PACT Program Standards</i></p> <p>WA-PACT is a team-based, evidence-based mental health service delivery model that incorporates the values of Recovery and Resiliency. PACT is also a client-centered, recovery-oriented mental health service delivery model that utilizes a multi-disciplinary team approach providing services to individuals with severe and persistent mental illnesses and co-occurring disorders. The funds for WA-PACT teams are expressly intended to achieve reductions during fiscal year (FY) 2008 and thereafter in the number of beds at the State Hospitals used by the RSNs.</p>
<p align="center">PATH – Homeless Outreach</p>	<p>The Projects for Assistance in Transition from Homelessness (PATH) is a federally funded outreach program for individuals who are mentally ill, who may also be co-occurring, and are either homeless or are at imminent risk of becoming homeless. Outreach workers assist individuals with linking to other services including getting enrolled into services for mental health treatment, chemical dependency treatment, and opportunities for housing. Work for this program is carried out by the Mental Health Clubhouse.</p>
<p align="center">Residential Services</p>	<p>Residential services are defined as a range of residences and supports that may involve a facility, a distinct part thereof, or services which support community living for acutely or chronically mentally ill adults, or seriously disturbed adults at risk of becoming acutely or chronically mentally ill. (<i>definition from RCW 71.24.025(22)</i>) Supervised and supported living services may include services provided in residential beds within a facility, or licensed a boarding home or adult family home. This may also include services in a supported housing model as an element of a package of outpatient services, such as PACT.</p>

Definitions

Access to Care Standards are a set of standards published by the Mental Health Division that defines the eligibility requirements for initial authorization of outpatient services for Medicaid and Non-Medicaid adults, older adults, and children. The guidelines define the minimum eligibility criteria that can be applied, and are not intended to be applied as continuing stay criteria. The Standards provide guidelines on the goals and periods of authorization, a list of covered diagnoses, identifying functional impairments within life domains, supports and environment, and a minimum modality set for treatment services identified at two levels - brief intervention and community support. The most current Access to Care Standards is dated January 01, 2006.

Accountable Responsibility of contractor for achieving defined outcomes, goals and contract obligations.

Action in the context of PIHP services means:

- the denial or limited authorization of a requested service, including the type or level of service.
- the reduction, suspension, or termination of a previously authorized service.
- the denial, in whole or in part, of payment for a service.
- the failure to provide services in a timely manner, as defined by the state.
- the failure of a PIHP to act within the timeframes provided in section 42 CFR 408(b).

Administrative Cost means costs for the administration of this Agreement for the general operation of the public mental health system. These activities cannot be identified with a specific direct services or direct services support function as defined in the BARS supplemental instructions.

Advance Directive is a written instruction, such as a living shall or durable power of attorney for health care, recognized under State law (whether statutory or as recognized by the courts of the State), relating to the provision of health care (including mental health care) when the individual is incapacitated.

Annual Revenue means all revenue received by the Contractor pursuant to the Agreement for July of any year through June of the next year.

Appeal means a request for review of an action as "action" is defined above.

Capitation Payment means a payment the Department of Social and Health Services (DSHS) makes monthly to a PIHP on behalf of each recipient enrolled under a Contract for the provision of mental health services under the State Medicaid Plan. The Health and Recovery Service Administration (HRSA) makes the payment regardless of whether the particular recipient receives the services during the period covered by the payment.

CFR means the Code of Federal Regulations. All references in this Agreement to CFR chapters or sections shall include any successor, amended, or replacement regulation.

Children's Long Term Inpatient Programs ("CLIP") means the state appointed authority for policy and clinical decision-making regarding admission to and discharge from Children's Long Term Inpatient Programs.

Child Study and Treatment Center ("CSTC") means the Department of Social and Health Services, Health and Recovery Service Administration (HRSA) child psychiatric hospital.

Clinical Management Team is a team of clinical professionals that includes the Evaluation and Treatment Facility Medical Director, Program Manager and a Psychiatric Registered Nurse.

Community Mental Health Agency ("CMHA") means a Community Mental Health Agency that is licensed by the State of Washington to provide mental health services and Subcontracted to provide services covered under this Agreement.

Client means a person who has applied for, is eligible for or who has received mental health services. For a child under the age of thirteen, or for a child age thirteen or older whose parents or legal representatives are involved in the treatment plan, the definition of Client includes parents or legal representatives.

Contractor means the Contractor, its employees, agents and Subcontractors.

Cost Effective means that the benefits and harms relative to costs represent an economically efficient use of resources. Cost effective does not necessarily mean lowest price.

Critical Treatment Junctures Crisis: evaluation/assessment, treatment planning, treatment review/renewal, crisis planning, and placement in residential or restrictive settings and discharge planning, or any period of decompensation or behavioral escalation.

Cultural Competence means a set of congruent behaviors, attitudes, and policies that come together in a system or agency and enable that system or agency to work effectively in cross-cultural situations. A culturally competent system of care acknowledges and incorporates at all levels the importance of language and culture, assessment of cross-cultural relations, knowledge and acceptance of dynamics of cultural differences, expansion of cultural knowledge and adaptation of services to meet culturally unique needs.

Day for purposes of this Agreement means calendar days unless otherwise indicated in the Agreement.

Deliverable means items that are required for submission to TMRSN to satisfy the work requirements of this Agreement and that are due by a particular date or on a regularly occurring schedule.

Denial means the decision by a PIHP, or their formal designee, not to authorize a covered Medicaid mental health services that have been requested by a provider on behalf of an eligible Medicaid Client.

It is also a denial if an intake is not provided upon request by a Medicaid Client.

Designated Mental Health Professional means a mental health professional designated by the appropriate Regional Support Network to perform the duties of the Involuntary Treatment Acts. RCW 71.05.020(6) and RCW 71.34.020(4)

Disaster Outreach persons contacted in their place of residence or in non-traditional settings for the purpose of: 1) assessing their mental health, or social functioning following a disaster 2) or increasing their utilization of human services and resources. There are two basic approaches to outreach: 1) mobile (going to person to person); 2) community settings (e.g. temporary shelters, disaster assistance sites, disaster information forums). Regardless of the approach, the outreach process has five important components:

- Locating persons in need of disaster relief services;
- Assessing their needs;
- Engaging or linking persons to an appropriate level of support or disaster relief services;
- Providing follow-up mental health services when clinically indicated.
- Disaster outreach can be performed by trained volunteers, peers and/or persons hired under a federal Crisis Counseling Grant. These persons should be trained in disaster crisis outreach which is different than traditional mental health crisis intervention.

Discharge Planning is the process of developing a care regimen for a mental health client leaving inpatient care, including appropriate residential treatment/housing supports and community support services prior to the client leaving inpatient care.

Division of Behavioral Health and Recovery (“DBHR”) means the Division of Behavioral Health and Recovery of the Washington State Department of Social and Health Services (“DSHS”). DSHS has designed DBHR as the state mental health authority to administer the state and Medicaid funded mental health programs authorized by RCW chapters 71.05, 71.24, and 71.34. Formerly the Mental Health Division (“MHD”).

Early Periodic Screening Diagnosis and Treatment (“EPSDT”) means the Early Periodic Screening Diagnosis and Treatment program under Title XIX of the Social Security Act as amended for children who have not reached their 21st birthday.

Elective Inpatient Admission is a clinically appropriate voluntary preplanned admission occurring prior to the need for an emergent admission.

Emergent Care means services provided for a person, that, if not provided, would likely result in the need for crisis intervention or hospital evaluation due to concerns of potential danger to self, others, or grave disability according to RCW 71.05.

Emergent Inpatient Admission is a voluntary admission to inpatient psychiatric care when an individual meets the criteria of the Involuntary Treatment Act (RCW 71.05 or RCW 71.34) agree to care, or who have eligible diagnosis, and whose health and bodily functions are in serious and imminent jeopardy due to medication or chemical reactions.

Emerging Best Practice or Promising Practice means a practice that presents, based on preliminary information, potential for becoming a research-based or consensus-based practice.

Enrollee means a Medicaid recipient who is enrolled in a Pre-paid Inpatient Health Plan.

Evidence Based Practice means a program or practice that has had multiple site random controlled trials across heterogeneous populations demonstrating that the program or practice is effective for the population.

Fair Hearing is a hearing before the Washington State Office of Administrative Hearings.

Family means:

- For adult Clients, family means those the Client defines as family or those appointed/assigned (e.g., guardians, siblings, caregivers, and significant others) to the Client.
- For children, family means a child's biological parents, adoptive parents, foster parents, guardian, legal custodian authorized pursuant to Title 26 RCW, a relative with whom a child has been placed by the department of social and health services, or a tribe.

Grievance means an expression of dissatisfaction about any matter other than an action. Possible subjects for Grievances include, but are not limited to, the quality of care or services provided, and aspects of interpersonal relationships such as rudeness of a provider or employee, or failure to respect the Client's rights (42 CFR 438.400(b)).

Health and Recovery Services Administration (HRSA) means the Health and Recovery Services Administration of the Washington State Department of Social and Health Services. DSHS has designated HRSA as the state mental health authority to administer the state and Medicaid funded mental health programs authorized by RCW chapters 71.05, 71.24, and 71.34.

"High Risk":

- Persons who are not Medicaid eligible but are determined to meet the criteria for "state priority populations" as defined in RCW 71.05, 71.24, 71.34 or any successors,
- Who meet the Federal Poverty Level, with special attention to children, older adults and minorities shall be served based on available state only funding.
- The level of need, risk for inpatient and jail (due to M.I.) and severity of illness shall determine the order of precedence for utilizing available resources for serving those without Medicaid.
- Those with the highest priority shall be at imminent risk of psychiatric hospitalization or jail due to their disorder or just released
- Those individuals who are on a "spenddown", who can achieve Medicaid Client status within the first month of their spend down period, shall be served based on available resources through State Only funding to assist the individual prior to achieving their spenddown level.

Indirect Costs: Costs incurred for activities other than those that qualify as direct costs. Indirect costs include, but are not limited to: activities, staff, tools, depreciation and equipment, transportation, education or training related to financial, facilities, or data management, quality management, resource management (except for direct costs incurred pursuant to RCW 71.24.025), and RSN/PHP or subcontractor administration. Indirect costs do not include capital items or unexpended reserves.

Inpatient Services Coordinator (ISC) A mental health professional (WAC 388-865-0150) employed by or contracted with TMRSN to certify inpatient hospital care, respite care for children, partial hospitalization, and/or acute diversion services. A children's mental health specialist shall be employed by or contracted by the TMRSN to certify inpatient hospital care, acute diversion and respite services for children under 18 years of age.

Involuntary Admission is an admission that occurs for initial detention and/or involuntary commitment in accord and with RCW 71.34 or RCW 71.05.

Large Rural Area means areas with a population density of less than 20 people per square miles.

Medicaid Funds means funds provided by CMS Authority under Title XIX of the Social Security Act.

Medical Necessity or Medically Necessary means a requested service which is reasonably calculated to prevent, diagnose, correct, cure, alleviate or prevent the worsening of conditions in the recipient that endanger life, or cause suffering or pain, or result in illness or infirmity, or threaten to cause or aggravate a handicap, or cause physical deformity or malfunction, and there is no other equally effective, more conservative or substantially less costly course of treatment available or suitable for the person requesting service. "Course of

treatment” may include mere observation or, where appropriate no treatment at all.

Additionally, the individual must be determined to have a mental illness covered by Washington State for public mental health services. The individual’s impairment(s) and corresponding need(s) must be the result of a mental illness. The intervention is deemed to be reasonably necessary to improve, stabilize or prevent deterioration of functioning resulting from the presence of a mental illness. The individual is expected to benefit from the intervention. Any other formal or informal system or support cannot address the individual’s unmet need.

Mental Health Care Provider (“MHCP”) means the individual with primary responsibility for implementing an individualized service plan for mental health rehabilitation services.

Mental Health Professional means:

- A psychiatrist, psychologist, psychiatric nurse or social worker as defined in chapters 71.05 and 71.34 RCW.
- A person with a master’s degree or further advanced degree in counseling or one of the social sciences from an accredited college or university. Such person shall have, in addition, at least two years of experience in direct treatment of persons with mental illness or emotional disturbance, such experience gained under the supervision of a mental health professional.
- A person who meets the waiver criteria of RCW 71.24.260, which was granted prior to 1986.
- A person who had an approved waiver to perform the duties of a mental health professional that was requested by the regional support network and granted by the mental health division prior to July 1, 2001; or
- A person who has been granted a time-limited exception of the minimum requirements of a mental health professional by the Mental Health Division consistent with WAC 388-865-0265.

Network Provider means a Community Mental Health Agency, Professional Service, or other identified service such as a Clubhouse that is contracted directly with Thurston Mason RSN for the delivery, or support of delivery, of mental health services in the Provider Network.

Parity: The equivalent number of minority service recipients receiving medically necessary integrated community support mental health services per this contract s the majority culture.

Patient Days of Care includes all voluntary patients and involuntarily committed patients under Chapter 71.05 RCW, regardless of where in the State Hospital they reside. Patients who are committed to the State Hospital under 10.77 RCW are not included in the Patient Days of Care. Patients who are committed under Chapter Ch. 375, Laws of 2007 (ESSB 5533), Section 5 (misdemeanor procedure) by municipal or district courts after failed competency restoration and dismissal of misdemeanor charges are not counted in the Patient Days of Care until a petition for 90 days of civil commitment under Chapter 71.05 RCW has been filed in court. Patients who are committed under Chapter Ch. 375, Laws of 2007 (ESSB 5533), Section 4 (felony procedure) by a superior court after failed competency restoration and dismissal of felony charges are not counted in the Patient Days of Care until the patient is civilly committed under Chapter 71.05 RCW.

Protocols: TMRSN approved service provision polices and procedures that meet the requirements of our Contract, the State integrated Contract and the Manual.

Provider Network means all Thurston Mason RSN contracted Network Providers within the Thurston Mason service area.

ProviderOne means the Department’s Medicaid Management Information Payment Processing System.

Quality Assurance means a focus on compliance to minimum requirements (e.g. rules, regulations, and Contract terms) as well as reasonably expected levels of performance, quality, and practice.

Quality Improvement means a focus on activities to improve performance above minimum standards/reasonably expected levels of performance, quality, and practice.

Quality Strategy means an overarching system and/or process whereby quality assurance and quality improvement activities are incorporated and infused into all aspects of an organization’s or system’s operations

Ready for Discharge: A psychiatrist has determined the Client is clinically ready for discharge from the state hospital, that necessary assessments have been completed and the required financial application for placement has been completed and determination made.

Recovery means the process in which people are able to live, work, learn, and participate fully in their communities.

Reduction means the decision by a PIHP to decrease a previously authorized covered Medicaid mental health service described in the Level of Care Guidelines. The decision by a Community Mental Health Agency to decrease or change a covered service in the Individualized Service Plan is not a reduction.

Regional Support Network (“RSN”) means a county authority or group of county authorities or other entity recognized by the secretary to administer mental health services in a defined region.

Resilience means the personal and community qualities that enable individuals to rebound from adversity, trauma, tragedy, threats, or other stresses, and to live productive lives.

RCW means the Revised Code of Washington. All references to RCW chapters or sections shall include any successor, amended, or replacement statute.

Routine Services means services that are designed to alleviate symptoms, to stabilize, sustain and facilitate progress toward mental health. These services do not meet the definition of urgent or emergent care.

Rural Area means areas with a population density of at least 20 and less than 500 people per square mile.

Service Area means the geographic area covered by this Agreement for which the Contractor is responsible.

Subcontract means a separate Contract between the Contractor and an individual or entity (“Subcontractor”) to perform all or a portion of the duties and obligations which the Contractor is obligated to perform pursuant to this Agreement.

Suspension means the decision by a PIHP, or their formal designee, to temporarily stop previously authorized covered Medicaid mental health services described in their Level of Care Guidelines. The decision by a Community Mental Health Agency to temporarily stop or change a covered service in the Individualized Service Plan is not a suspension.

Termination means the decision by a PIHP, or their formal designee, to stop previously authorized covered Medicaid mental health services described in their Level of Care Guidelines. The decision by a Community Mental Health Agency to stop or change a covered service in the Individualized Service Plan is not a termination.

Urban Area means areas that have a population density of at least 500 people per square mile.

Urgent Care means a service to be provided to persons approaching a mental health crisis. If services are not received within 24 hours of the request, the person’s situation is likely to deteriorate to the point that emergent care is necessary

WAC means the Washington Administrative Code. All references to WAC chapters or sections shall include any successor, amended, or replacement regulation.

Acronyms

AAA	Area Agency on Aging	DMS-IV	Diagnostic Criteria
AAFS	Adult Aging Field Services	DOC	Department of Corrections
AARC	Adult Residential Rehabilitation Facility	DOH	Department of Health
ACHS	Association of County Human Services of WA	DSHS	Department of Social & Health Services
ADATSA	Alcohol & Drug Abuse Treatment Support Act	DVR	Division of Vocational Rehabilitation
ADSA	Aging and Disability Services Administration	E&T	Evaluation and Treatment Facility
AFH	Adult Family Home	EBP	Evidence Based Practice
AIS	Agenda Item Summary	ECS	Expanded Community Services
AMI	Alliance for the Mentally Ill	EMAC	Ethnic Minorities Advisory Committee
APS	Adult Protective Services	EPSDT	Early & Periodic Screening, Diagnosis & Testing
BARS	Budget, Accounting and Reporting System	EQRO	External Quality Review Organization
BBA	Balanced Budget Act	ERS	Ecology Rating Scale
BHR	Behavioral Health Resources	ESD	Educational Service District
BOCC	Board of County Commissioners	FBG	Federal Block Grant
CA	Children's Administration	FFCMH	Federation of Families for Children's Mental Health
CAP	Corrective Action Plan	FFP	Federal Financial Participation
CCCT	Children's Community Consensus Team	FFS	Fee for Service
CCF	Congregate Care Facility	FRS	Family Reconciliation Services
CCS	Catholic Community Services	FTE	Full Time Equivalent
CFR	Code of Federal Regulations	FY	Fiscal Year
CHIP	Children's Health Insurance Plan	GAF	Global Assessment of Functioning Scale
CLIP	Children's Long-Term Inpatient Program	GAU	General Assistance Unemployable (now Disability Lifeline)
CM	Case Manager/Management	GAX	General Assistance (assumed)
CMHA	Community Mental Health Agency	GIA	Grant In Aid (State Funding)
CMHP	Community Mental Health Provider	GT&C	General Terms and Conditions
CMI	Chronically Mentally Ill	HCFA	Health Care Finance Administration
CMLS	Case Manager Locator System	HCS	Home and Community Services
CMS	Centers for Medicare & Medicaid Services	HIPAA	Health Insurance Portability & Accountability Act
CODP	Consumer Operated Demonstration Project	HRSA	Health and Recovery Services Administration
CPS	Child Protective Agency	IRRMA	Inpatient Reserve Risk Management Agreement
CRS	Crisis Resolution Services	IP	Inpatient
CSS	Community Support Services	ISC	Inpatient Service Coordinator
CSTC	Child Study and Treatment Center	ISDEC	Information Systems Data Evaluation Committee
CSTU	Crisis Stabilization and Transition Unit (E&T)	ITA	Involuntary Treatment Act
DASA	Division of Alcohol and Substance Abuse	ITCP	Individualized and Tailored Care Plan
DBHR	Division of Behavioral Health & Recovery	JRA	Juvenile Rehabilitation Agency
DCFS	Department of Children and Family Services	JLARC	Joint Legislation Administrative Review Committee
DDD	Division of Developmental Disabilities	LEIE	List of Excluded Individuals and Entities

DD	Developmentally Disabled	LEP	Limited English Proficient
DMHP	Designated Mental Health Professionals	LOC	Level of Care
DMIO	Dangerous Mentally Ill Offender	LOS	Length of Service
LRA	Least Restrictive Alternative	QRT	Quality Review Team
M&M	Medicare & Medicaid	RCW	Revised Code of Washington
MAA	Medical Assistance Administration	RFP	Request for Proposal
MHAB	Mental Health Advisory Board	RFQ	Request for Qualifications
MHBG	Mental Health Block Grant	RM	Resource Management
MHCP	Mental Health Care Provider	RMSUT	Resource Management Services Utilization Team
MHP	Mental Health Professional	RSN	Regional Support Network
MHSIP	Mental Health Statistics Improvement Project	SAMHSA	Substance Abuse and Mental Health Services Administration
MICA	Mentally Ill Chemically Addicted	SCHIP	State Children's Health Insurance Plan
MIJOP	Mentally Ill Juvenile Offender Project	SED	Seriously Emotionally Disturbed
MIO	Mentally Ill Offender Project	SILP	Semi Independent Living Program
MIS	Management Information System	SMM	State Medicaid Manual
MOE	Maintenance of Effort	SPMI	Severe and Persistently Mentally Ill
MOS	Mobile Outreach Services	SSA	Social Security Act
MPA	Medicaid Purchasing Administration	SSH	Standard Service Hours
MSE	Mental Status Exam	SSI	Supplemental Security Income
NAMI	National Alliance for the Mentally Ill	SSN	Social Security Number
NIMH	National Institutes for Mental Health	SysOP	Systems Operator Committee
NMHA	National Mental Health Association	TANF	Temporary Assistance to Needy Families
OC	Operations Committee	TBI	Traumatic Brain Injury
OP	Outpatient	TMRSN	Thurston Mason Regional Support Network
PATH	Program for Assistance in Transition from Homelessness	TX	Treatment
PCP	Primary Care Provider	TXIX	Title 19 or T19
PHI	Personal Health Information	UM	Utilization Management
PIHP	Prepaid Inpatient Health Plan	UPL	Upper Payment Lid
PIP	Process/Performance Improvement Project	USC	United States Code
PSPH	Providence St. Peter Hospital	WAC	Washington Administrative Code
QA	Quality Assurance	WA-PACT	Washington Program for Assertive Community Treatment
QAPI	Quality Assurance and Performance Improvement	WPAS	Washington Protective Advocacy Service
QI	Quality Improvement	WSAC	Washington State Association of Counties
QIC	Quality Improvement Committee	WSCH	Washington State Coalition for the Homeless
QIP	Quality Improvement Program	WSH	Western State Hospital
QIT	Quality Improvement Team	APU	Adult Psychiatric Unit
QM	Quality Management	CFS	Center for Forensic Services
QMB	Qualified Medicaid Beneficiary	GMU	Geriatric Medical Unit
QMOC	Quality Management and Oversight Committee	PALS	Program for Adaptive Living Skills