

## **Kittitas County Biennial Mental Health Plan 2009-2011**

### **Introduction**

Each biennium the Kittitas County Mental Health Advisory Board (KCMHAB) employs a procedure which compares the preceding biennial plan's projected outcomes with the new plan. The new plan may include goals that were not achieved in the previous plan or are viewed as goals that need to be carried on. Thus each plan provides historical documentation of what has or still needs to be achieved. To ensure that progress is being made, the current plan is reviewed every six months by the board. During this review board members make comments on the progress made and suggest new areas of concern that need to be addressed in the current or subsequent plans. This document also serves as an information source to individuals who may be interested in the board's activities.

The completed biennial plan is then submitted to the County Commissioners for their review and approval. The plan is used by the commissioners in its policy determination about governance of the Mental Health Program including but not limited to contracting and administration of providers and relations with Regional Support Network, Legislature and Department of Social and Health Services.

### **Vision and Mission**

The vision is to support and promote quality mental health services in Kittitas County and promote access. This includes access to best practices of treatment and prevention, restoration of the abilities lost to mental disorders, and opportunities to achieve through personal choice.

The mission is to assure the presence and continued improvement of quality mental health services within Kittitas County and available resources.

### **Purpose:**

Maintaining and /or improving the quality of life for persons with mental illness is accomplished by maximizing opportunities for treatment, education and prevention of mental illness as well as utilizing the resilience and recovery models. These actions increase awareness and reduce stigmatization. We verify that well qualified licensed center providers are available and utilized.

This document promotes restoration of mental health functioning of clients disabled by mental disorders and insures effective programs. Age appropriate, cultural and linguistic competent service is part of any provider programming. Identifying and having standards

and outcomes along with accountability is part of how we measure success. The board recognizes mental illness may lead to financial loss to the individual and the community. Managing the resources through sound managed care practice is part of the process of insuring on going availability of mental health services. Outcome though may be impacted by factors beyond the control of the providers. Through leadership and cooperation continuous quality improvement may be achieved. The reader is referred to appendix A for definition of key terms and acronyms used in this document.

1. Access: Services will be accessible to its consumers.

Finding: Need to increase access to services in the County.

Planned Action	Projected Outcome	Status
Determine the feasibility of increasing services to School Based Program or the Parke Creek group home.	A feasibility report to be submitted to the Program and Development Committee by February 2010.	

2. Services: Providers will provide high quality services and maintain high clinical standards to all with mental disorders who have a funding source.

- a. Finding: Access to mentally ill people in the judicial system is limited.

Planned Action	Projected Outcome	Status
Develop a partnership with the juvenile county system to increase access to this population to receive mental health services in the upper county.	Protocols developed to help identify and refer juveniles with mental disorders to mental health services to include the possibility of a therapeutic juvenile court by 10-1-09.	<ol style="list-style-type: none"> <li>1. Kittitas Division on 11-1-07 established a referral process between juvenile probation and follow up report to probation on status of referrals.</li> <li>2. Extended target date to 11-1-10 to determine if therapeutic court is feasible.</li> </ol>
Work with the judicial system organizations/committees to implement additional section of the county-approved Project	<ol style="list-style-type: none"> <li>1. Law and Justice Subcommittee to provide input to the program and development</li> </ol>	Reader is referred to the previous plan for history of this goal.

Outline.	committee as to which additional section, if any, should be implemented. 2. Program and Development committee determines which section to adopt and present to the Advisory Board for approval by 1-15-10.	
Horizon clubhouse will seek state certification.	Receive certification by 3-1-11.	
Kittitas Division will submit summary of findings of RSN audits or state clinical audits.	Report submitted to Advisory Board as they are received by Kittitas Division.	

b. Finding: State is looking at evidenced based treatments.

Planned Action	Projected Outcome	Status
CWCMH determines feasibility of developing internal outcomes for two of the EBP.	A report to be submitted to the Program and Development Committee by June, 15, 2010 with a recommendation on feasibility.	
Provider will evaluate outcomes of the Evidenced Based Practice (EBP) programs established, if there is a sufficient sample size.	Outcomes based on the evaluations and the results will be provided to the board by 7-1-10.	<ol style="list-style-type: none"> <li>1. As of 7-1-08 there is insufficient sample size to analyze for purpose of doing outcome study. National data continue to show significant outcome results.</li> <li>2. 6-1-09 No change in status.</li> </ol>

c. Finding: There is a population of co-occurring disorders (Mental Illness, Developmental Disability and Substance Dependency) that is underserved and community services are not integrated.

Planned Action	Projected Outcome	Status
Determine need for co-occurring (CD/MH) service within mental health and provide those services within mental health when additional funding obtained.	Group program established by June of 2010.	<ol style="list-style-type: none"> <li>1. Family Integrated Treatment (FIT), an EBP, is a co-occurring disorder program for adolescents and has been implemented.</li> <li>2. As of 6-1-08 No change.</li> <li>3. 5-6-09 FIT was renewed for another year.</li> </ol>
Continue to evaluate partnership with DD and CD providers to treat co-occurring disorders.	Meet with local providers and respective boards by June of 2010 around joint ventures to address this population and develop partnership plans where feasible.	<ol style="list-style-type: none"> <li>1. Target date has been extended to 1-1-09.</li> <li>2. 5-1-08 Alcohol Drug Dependency Services (ADDS) now has an on-call staff for after hours that can coordinate or work with mental health.</li> <li>3. 11-23-08 ADDS and CWCMMH reviewing a letter of agreement to allow Designated Mental Health Professionals (DMHP) to do Substance Abuse Detention (SAD) referrals to Detox.</li> <li>4. 6-1-09 No change in status.</li> </ol>
CWCMMH will provide information to community regarding co-occurring disorders i.e. mental disorder and pervasive developmental disorders (i.e. Autism, Asperger's or Rett's)	Information provided by 10-1-11.	

3. Underserved Populations: Insure services are available to underserved populations.

- a. Finding: No mental health representation on the Child Protective Team of DSHS.

Planned Action	Projected Outcome	Status
Seek membership on the Child Protective Team (CPT).	A CWCMH mental health representative is on the team by September of 2009 the first and third Thursday of the month.	<ol style="list-style-type: none"> <li>1. One clinical staff is assigned to CPT (original goal met) but recently an additional CPT was added and this team has no one assigned to cover it from mental health.</li> <li>2. 5-1-08 Brief Intermediate Team (BIT) team member been designated but due to conflicts in scheduling not been able to attend.</li> <li>3. No change in status.</li> </ol>

- b. Finding: Access to Care Standard (State) restricts some children with mental disorders from entering ongoing treatment.

Planned Action	Projected Outcome	Status
Advocate with Mental Health Division and the Center for Medicaid and Medicare Services (CMS) to broaden access standards to serve all children with diagnosable mental disorders.	State or CMS broadens access to care standard to allow more children to be served (7-30-10).	
Identify community resources for diagnosis (i.e. pervasive developmental disorders: Asperger's, Autism) that do not meet access to care standards and identify ways to provides services including behavioral interventions for	Provide a list of resources to the community agencies that work with these populations, establish means for other agency to coordinates with these resources (including sharing resources), Provide three (3) community educational	

these underserved populations.	presentations and the board support these resources when feasible (5-1-11).	
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4. Housing: Maintain housing opportunities within the county for those with mental disorders.

Finding: Low income housing is not always available to consumers with mental disorders.

Planned Action	Projected Outcome	Status
Work (i.e. advocate, coordinate) with housing agencies to ensure consumers with mental disorders are not discriminated against.	Maintain the mental health presence on the County 2163 (Homeless Committee) and 2060 (Affordable Housing committee) committee to insure that the mental health homeless population and low income mental health population is represented by 6-30-10.	8-1-09 CWCMMH has met twice with housing committee and working on establishing use of Protocol answering service for access point for homeless people to get housing after hour and weekends.
Provider maintains mental health housing ranking in the top three (3) of the county housing plan.	County housing plan lists mental health housing needs in its plan by 6-30-10.	

5. Community Education: Increase support from the community through alliances, participation in community activities, and maintenance of current community education activities.

Finding: General population is typically unaware of the impact that mental disorders have on individuals and their families or has misinformation regarding mental disorders.

Planned Action	Projected Outcome	Status
Board will work with community organizations to increase awareness of mental illness and mental health services via awareness campaigns.	One (1) campaign will be completed by 7-2010.	
Distribute brochures on a variety of mental health issues (including Asperger's) to business community as part of an	Business community receives material by February 2011.	

educational process.		
The Mental Health Advisory will explore the feasibility of the 1/10 <sup>th</sup> of 1% being implemented in the county.	Sub-committee will submit recommendation to the Mental Health Advisory Board by 6-30-11.	

Approved: 6-5-07; updated 12-4-07; updated 6-1-08; 11-24-08; 2-25-09 draft, 09-0-11 Draft 3-10-09, Draft 4-14-09 (for 09-11); Draft 5-12-09, Draft 6-16-09; Final (09-11bi annual) 6-25-09.

## Appendix A

### Mental Health Definitions and References: <http://www1.dshs.wa.gov/mentalhealth/definitions.shtml>

**Access to Care Standards** - Minimum eligibility requirements for Medicaid eligible persons to access mental health services through the publicly funded system.

**Acute:** Situation in which a child or adolescent is in need of immediate mental health services due to the acuity of their mental illness.

**At Risk Youth/Becca Bill:** Laws of 1995 Chapter 313 amended RCW 71.34 and other statutes covering child welfare, chemical dependency, and truancy. The bill's purpose was to preserve, strengthen and reconcile families experiencing problems with at-risk youths. The bill included court interventions for at-risk and truant youths and provisions for treatment.

**Brief Intervention:** Solution focused, outcomes oriented and time limited set of activities for the purpose of achieving goals identified in the consumer's individual treatment plan.

**Case control study:** Compares people with a disease or condition ('cases') to another group of people from the same population who don't have that disease or condition ('Controls'). A case control study can identify risks and trends, and suggest some possible causes for disease, or for particular outcomes. For example, a study could compare 4th graders with ADHD to a group of 4th graders without ADHD. (CEBC)

**Child Psychiatrist:** A person having a license as a physician and surgeon in this state, who has had graduate training in child psychiatry in a program approved by the American Medical Association or the American Osteopathic Association, and who is board eligible or board certified in child psychiatry.

**Children's Mental Health Specialist:**

- (a) A mental health professional who has completed a minimum of one hundred actual hours, not quarter or semester hours, of specialized training devoted to the study of child development and the treatment of children; and
- (b) A mental health professional who has the equivalent of one year of full-time experience in the treatment of children under the supervision of a children's mental health specialist.

**Children's Long-Term Inpatient Programs (CLIP) :** Long-term residential inpatient program for children and youths. There are five CLIP programs, including CSTC. The CLIP Administration is the clinical and administrative authority overseeing admissions to the CLIP programs.



**Child Study and Treatment Center (CSTC)** : The state psychiatric hospital for children and youths and one of the CLIP Programs.

**Commitment:** A determination by a judge or court commissioner, made after an involuntary commitment hearing, that the minor is in need of inpatient diagnosis, evaluation, or treatment or that the minor is in need of less restrictive alternative treatment and the minor is unwilling to consent to such care voluntarily.

**Community Mental Health Agency (CMHA)** - A licensed facility providing mental health services. Throughout this page, community mental health agencies will be called agencies.

**Consent:** Agreement to receive treatment following the act of informing the patient about the nature and character of proposed treatment, anticipated results of treatment and alternative forms of treatment.

**County Designated Mental Health Professional (CDMHP):** A mental health professional designated by one or more counties to perform the functions of a county-designated mental health professional described in RCW 71.34.

**Crisis Triage:** The continuum of activities and services that provide a coordinated, integrated and multi-disciplinary approach to the assessment and stabilization of persons who are experiencing behavioral health crisis and the linkage of these persons to other needed supportive services.

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

**Enrollee** - An individual who is a Medicaid recipient who has been enrolled in a mental health prepaid inpatient health plan.

**Evaluation and Treatment Facility:** A public or private facility or unit that is certified by the department to provide emergency, inpatient, residential, or outpatient mental health evaluation and treatment services for minors. A physically separate and separately operated portion of a state hospital may be designated as an evaluation and treatment facility for minors. A facility which is part of or operated by the department or federal agency does not require certification. No correctional institution or facility, juvenile court detention facility, or jail may be an evaluation and treatment facility within the meaning of RCW 71.34.

**Evaluation and Treatment Program:** The total system of services and facilities coordinated and approved by a county or combination of counties for the evaluation and treatment of minors under RCW 71.34. There are very few certified Inpatient Evaluation and Treatment facilities for children and youths.

**Evidenced Base Practice (EBP):** Decision-making process which integrates the best available research, clinician expertise, and client characteristics Clinical practices/theories that have meet rigorous testing so that they are replicable and show positive outcomes based on research, also referred to as Evidence Based Treatment (EBT) when referring to specific interventions based on rigorous methodology.

**Empirical research** – Research conducted 'in the field', where data are gathered firsthand and/or through observation. Case studies and surveys are examples of empirical research. (CEBC)

**External validity** – External validity is the extent to which the results of a study can Apply to people other than the ones that were in the study. This is a measure of how generalizable the results are to others outside of the study. (CEBC)

**Family Support:** Family support groups and advocacy to families in which there is a seriously disturbed child or adolescent or an adult with severe and persistent mental illness.

**Gravely Disabled Minor:** A minor who, as a result of a mental disorder, is in danger of serious physical harm resulting from a failure to provide for his or her essential human needs of health or safety, or manifests severe deterioration in routine functioning evidenced by repeated and escalating loss of cognitive or volitional control over his or her actions and is not receiving such care as is essential for his or her health or safety.

**Group Treatment:** Set of face-to-face activities provided by one or more staff under the supervision of a mental health professional to two or more consumers which are designed to help a consumer attain goals as described in the consumer's individual treatment plan.

**Individual Treatment:** A set of treatment activities designed to help a consumer attain goals as prescribed in the consumer's individual treatment plan.

**Individualized and Tailored Care (ITC):** A process utilized in individualized, strengths-based treatment. The process is also known as wraparound.

**Inpatient Treatment:** Twenty-four-hour-per-day mental health care provided within a general hospital, psychiatric hospital, or residential treatment facility certified by the department as an inpatient evaluation and treatment facility for minors.

**Least Restrictive Alternative (LRA) or Less Restrictive Setting :** Outpatient treatment provided to a minor who is not residing in a facility providing inpatient treatment as defined in RCW 71.34.

**Level of Functioning:** Determined by assessments that look at the child or adolescent's level of performance across life areas such as psychological, social, educational, daily living skills etc. Level of functioning is used in treatment planning and assessing change over time.

**Likelihood of Serious Harm :** Either: (a) A substantial risk that physical harm will be inflicted by an individual upon his or her own person, as evidenced by threats or attempts to commit suicide or inflict physical harm on oneself; (b) a substantial risk that physical harm will be inflicted by an individual upon another, as evidenced by behavior which has caused such harm or which places another person or persons in reasonable fear of sustaining such harm; or (c) a substantial risk that physical harm will be inflicted by an individual upon the property of others, as evidenced by behavior which has caused substantial loss or damage to the property of others.

**Medical Necessity or Medically Necessary -** 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 or 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 can not address the individual's unmet need.

**Medication Management:** The prescribing and/or administering and reviewing of medications and their side effects.

**Medication Monitoring :** Cueing, observing, and encouraging consumers to ensure that medications are taken as prescribed and reporting back to persons licensed to perform medication management services for the benefit of the consumer.

**Mental Disorder:** Any organic, mental, or emotional impairment that has substantial adverse effects on an individual's cognitive or volitional functions. The presence of alcohol abuse, drug abuse, juvenile criminal history, antisocial behavior, or mental retardation alone is insufficient to justify a finding of "mental disorder" within the meaning of this section.

**Mental Health Care Provider (MHCP) -** The individual with primary responsibility for implementing an individualized plan for mental health rehabilitation services.

**Mental Health Division (MHD) -** The Division within the state Department of Social and Health Services (DSHS) with responsibility for public mental health services.

**Mental Health Professional -** An individual who meets the standards defined in Washington State law. The standards are based on how much education the person has and how much experience the person has in mental health. Most mental health professionals have a Master's Degree and at least two years experience in mental health. There are some exceptions which are defined in the law. Psychiatrists, psychologists, psychiatric nurses and social workers are all mental health professionals.

**Meta-analysis:** A statistical technique which summarizes the results of several studies into a single estimate of their combined result. It is a key element of many systematic reviews. (CEBC)

**Minor:** Any person under the age of eighteen years. Under RCW 71.34, a minor is a person 13 years of age up to his or her 18th birthday.

**Ombuds Service -** A person who can help you when you need to file a grievance or fair hearing.

**Outpatient Service -** Mental health services provided in the community.

**Parent:**

- a. A biological or adoptive parent who has legal custody of the child, including either parent if custody is shared under a joint custody agreement; or
- b. A person or agency judicially appointed as legal guardian or custodian of the child.

**Parent Support:** A type of support parents or caregivers who are raising or have raised children with complex mental health needs provides to another. The support is based on the personal experiences of the supporting parent.

**Psycho education :** A core set of characteristics of effective psycho education programs that teach and explore the provision of emotional support, education, reducing stressors, resources during periods of crisis, and problem-solving skills to consumers and their family members.

**Professional Person in Charge or Professional Person :** A physician or other mental health professional empowered by an evaluation and treatment facility with authority to make admission and discharge decisions on behalf of that facility.

**Psychiatric Nurse :** A registered nurse who has a bachelor's degree from an accredited college or university, and who has had, in addition, at least two years' experience in the direct treatment of mentally ill

or emotionally disturbed persons, such experience gained under the supervision of a mental health professional. "Psychiatric nurse" shall also mean any other registered nurse who has three years of such experience.

**Psychiatrist:** A person having a license as a physician in this state who has completed residency training in psychiatry in a program approved by the American Medical Association or the American Osteopathic Association, and is board eligible or board certified in psychiatry.

**Psychologist:** A person licensed by a state examining board. This person must pass an oral or written exam or both as prescribed by the examining board. In addition, this person must have a doctoral degree from a regionally accredited institution obtained from an integrated program of graduate study in psychology. This person must also have had at least two years of supervised experience of which at least one must have been after the doctoral degree was granted. RCW 18.83.070

**Randomized controlled trials (RCTs)** – In a randomized controlled trial, participants are randomly assigned to receive either an intervention or control treatment (often usual care services). This allows the effect of the intervention can be studied in groups of people who are: (1) the same at the outset and (2) treated the same way, except for the intervention(s) being studied. Any differences seen in the groups at the end can be attributed to the difference in treatment alone, and not to bias or chance. (CEBC)

**Rapid Evidence Assessment (REA)** – It is a tool for getting available research Evidence as comprehensively as possible, within the constraints of a given timetable. It differs from a full systematic review because it focuses on published research only and uses fewer criteria on which to evaluate the rigor and quality of research. These types of assessments can be completed in six months or less. (adapted from GSR)

**Reliability** – The extent to which the same result will be achieved when repeating the same measure or study again. For example, someone completing the same assessment tool twice within a short period of time should get roughly the same result if the tool is reliable. (CEBC)

#### **Systematic review A**

summary of the literature that uses explicit methods to perform a thorough literature search and critical appraisal of individual studies and that uses appropriate statistical techniques to combine these valid studies. Systematic reviews are not all equal, and quality issues are important. (Adapted from Bandolier)

**Validity** – The degree to which a result is likely to be true and free of bias. There are two types of validity: (CEBC)

**Recovery** - Mental health recovery is a journey of healing and transformation enabling a person with a mental health problem to live a meaningful life in a community of his or her choice while striving to achieve his or her full potential.

**Regional Support Network (RSN)** - County or group of counties responsible for local public mental health services.

**Responsible Other:** The minor, the minor's parent or estate, or any other person legally responsible for support of the minor.

**Secretary:** The Secretary of the Department of Social and Health Services or secretary's designee.

**Start of Initial Detention:** The time of arrival of the minor at the first evaluation and treatment facility offering inpatient treatment if the minor is being involuntarily detained at the time. With regard to voluntary patients, "start of initial detention" means the time at which the minor gives notice of intent to leave under the provisions of this chapter.

**Urgent Care:** 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.

**RSN Definitions:**  
**Source: GCBH Contract**

1.2. **Administrative Cost** means costs for the general operation of the public mental health system. These activities can not be identified with a specific direct or direct services support function.

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

1.4. **Appeal** means a request for review of an action as “action” is defined above.

1.5. **Available Resources** means funds appropriated for the purpose of providing community MH programs, federal funds, except those provided according to Title XIX of the Social Security Act, and state funds appropriated under chapter (1290) or chapter 71.05 RCW by the legislature during any biennium for the purpose of providing residential services, resource management services, community support services, and other MH services. This does not include funds appropriated for the purpose of operating and administering the state psychiatric hospitals, except as negotiated according to RCW 71.24.300(1) (d).

1.6. **Capitation Payment** means a payment the Department of Social and Health Services (DSHS) makes periodically to a PIHP on behalf of each recipient enrolled under a contract for the provision of medical services under the State Medicaid Plan. MHD makes the payment regardless of whether the particular recipient receives the services during the period covered by the payment.

1.7. **Central Contract Services (“CCS”)** means the Department of Social and Health Services (DSHS) office of Central Contract Services.

1.8. **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.

1.9. **Children’s Long Term Inpatient Programs (“CLIP”)** means the state appointed authority for policy and clinical decision-making regarding admission to and discharge from state-funded beds in the Children’s Long Term Inpatient Programs (Child Study and Treatment Center, Pearl Street Center, McGraw Center, Tamarack Center)

1.10. **Community Mental Health Agency (“CHMA”)** means Community Mental Health Agency that are subcontracted by the RSN and licensed to provide mental health services covered under this Agreement.

1.11. **Community Support Services** means services authorized, planned, and coordinated through resource management services including, at a minimum, assessment, diagnosis, emergency crisis intervention available twenty-four hours, seven days a week, prescreening determinations for mentally ill persons being considered for placement in nursing homes as required by federal law, screening for patients being considered for admission to residential services, diagnosis and treatment for acutely mentally ill and severely emotionally disturbed children discovered under screening through the federal Title XIX early and periodic screening, diagnosis, and treatment program, investigation, legal, and other nonresidential services under chapter [71.05](#) RCW, case management services, psychiatric treatment including medication supervision, counseling, psychotherapy, assuring transfer of relevant patient information between service providers, recovery services, and other services determined by regional support networks.

1.12. **Consumer** 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 guardians are involved in the treatment plan, the definition of consumer includes parents or legal guardians.

1.13. **Contractor** means the Contractor, its employees, agents and subcontractors

1.14. **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.

1.15. **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.

1.16. **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.

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

1.18. **Enrollee** means a Medicaid recipient who is currently enrolled in a PIHP.

1.19. **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.

- 1.20. **Fair Hearing** means a hearing before the Washington State Office of Administrative Hearings.
- 1.21. **Family** means those the consumer defines as family or those appointed/assigned (e.g. parents, foster parents, guardians, siblings, caregivers, and significant others).
- 1.22. **Grievance** means the overall system that includes processes for grievance and appeals handled at the RSN level and access to the State fair hearing process.
- 1.23. **Medicaid Funds** means funds provided by CMS Authority under the Title XIX program.
- 1.24. **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.
- 1.25. **Mental Health Care Provider ("MHCP")** means the individual with primary responsibility for implementing an individualized service plan for mental health rehabilitation services.
- 1.26. **Mental Health Division ("MHD")** means the Mental Health Division of the Washington State Department of Social and Health Services ("DSHS"). DSHS has designated the Mental Health Division 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.
- 1.27. **Mental Health Professional** means;
- 1.27.1. A psychiatrist, psychologist, psychiatric nurse or social worker as defined in chapters 71.05 and 71.34 RCW;
- 1.27.2. A person with a masters 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;

1.27.3. A person who meets the waiver criteria of RCW 71.24.260, which was granted prior to 1986.

1.27.4. A person who had an approved waiver to perform the duties of a mental health profession that was requested by the regional support network and granted by the mental health division prior to July 1, 2001; or

1.27.5. 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.

1.28. **Large Rural Area** means areas with population density less than 20 people per square mile.

1.29. **Operating Reserve** means funds designated from mental health revenue sources that are set aside into an operating reserve account by official action of the RSN/PIHP governing body. Operating reserve funds may only be set aside to maintain adequate cash flow for the provision of mental health services.

1.30. **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.

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

1.32. **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

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

1.34. **Regional Support Network ("RSN")** means a county authority or group of county authorities or other entity recognized by the secretary in contract in a defined region.

1.35. **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.

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

1.37. **Risk Reserve** Funds designated from mental health revenue sources that are set aside into a risk reserve account by official action



of the RSN's governing body. Risk reserve funds may only be set aside for use in the event costs of providing service exceed the revenue the RSN receives.

1.38. **Routine Care** means a setting where evaluation and mental health services are provided to consumers on a regular basis. These services are intended to stabilize, sustain, and facilitate consumer recovery within his or her living situation and they do not meet the definition of urgent or emergent care.

1.39. **Routine Services** means non-emergent and non-urgent services are offered within fourteen (14) calendar days to individuals authorized to receive services as defined in the access to care standards. Routine services are designed to alleviate symptoms, to stabilize, sustain and facilitate progress toward mental health.

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

1.41. **Service Areas** means the geographic area covered by this Agreement for which the Contractor is responsible.

1.42. **Severely Emotional Disturbed Child** means a child who has been determined by the regional support network to be experiencing a mental disorder as defined in chapter 71.34 RCW, including those mental disorders that result in a behavioral or conduct disorder, that is clearly interfering with the child's functioning in family or school or with peers and who meets at least one of the following criteria: (a) Has undergone inpatient treatment or placement outside of the home related to a mental disorder within the last two years; (b) Has undergone involuntary treatment under chapter 71.34 RCW within the last two years; (c) Is currently served by at least one of the following child-serving systems: Juvenile justice, child-protective/welfare, special education, or developmental disabilities; (d) Is at risk of escalating maladjustment due to:

- (i) Chronic family dysfunction involving a mentally ill or inadequate caretaker;
- (ii) Changes in custodial adults;
- (iii) Going to, residing in, or returning from any placement outside of the home, for example, psychiatric hospital, short-term inpatient, residential treatment, group or foster home, or a correctional facility;
- (iv) Subject to repeated physical abuse or neglect;
- (v) Drug or alcohol abuse; or,

(vi) Homelessness.

1.43. **Subcontract** means a separate contract between the RSN and an individual or entity ("Subcontractor") to perform all or a portion of the duties and obligations which the RSN is obligated to perform pursuant to this Agreement.

- 1.44. **Unobligated Mental Health Fund Balance** Funds designated from mental health revenue sources that have not been spent in the fiscal period they were received. These funds have not been set aside into a specific reserve account by official action of the RSN's governing body, but they may be identified by the RSN for a specific use.
- 1.45. **Urban Area** means areas that have a population density of at least 500 people square mile.
- 1.46. **Washington Administrative Code ("WAC")** means the Washington Administrative Code. All references to WAC chapters or sections shall include any successor, amended, or replacement regulation.

## Acronyms

<http://www1.dshs.wa.gov/acronym.shtml>

A		
AA	<a href="#">Alcoholics Anonymous</a>	
ACS	<a href="#">Access to Care Standards</a>	
ADD	<a href="#">Attention Deficit Disorder</a>	
ADHD	<a href="#">Attention Deficit Hyperactive Disorder</a>	
ADSA	<a href="#">Aging &amp; Disabilities Services Administration</a>	
AED	<a href="#">Automatic External Defibrillator</a>	
AFDC	<a href="#">Aid to Families with Dependent Children</a>	
ALOS	Average Length of Stay	Refers to the average length of stay per inpatient hospital visit. Figure is typically calculated for both commercial and Medicare patient populations.
ARY	<a href="#">At Risk Youth</a>	
B		<a href="#">Return</a>
BBA	<a href="#">Balanced Budget Act</a>	
C		<a href="#">Return</a>
CA	<a href="#">Children's Administration (DSHS)</a>	
CDMHP	<a href="#">County Designated Mental Health Professional</a>	Changed name to Designated Mental Health Professional (DMHP) in 2006
CHADD	<a href="#">Children with Attention Deficit Disorder</a>	
CHARS	<a href="#">Comprehensive Hospital Abstract Reporting System</a>	

<b>CHINS</b>	<a href="#">Child In Need of Services</a>	Process for the Becca Bill
<b>CIT</b>	<a href="#">Crisis Intervention Team or Training</a>	
<b>CLIP</b>	<a href="#">Children's Long-term Inpatient Programs</a>	
<b>CM</b>	Case Manager	
<b>CMS</b>	<a href="#">Center for Medicare/Medicaid Services</a>	
<b>COBRA</b>	<a href="#">Consolidated Omnibus Budget Reconciliation Act</a>	also known as OBRA
<b>COD</b>	<a href="#">Co-occurring Disorders</a>	
<b>COS</b>	Consumer Outcomes Survey	
<b>CPT</b>	<a href="#">Current Procedural Terminology</a>	
<b>CPS</b>	<a href="#">Child Protective Service</a>	
<b>CRC</b>	<a href="#">Crisis Residential Center</a>	
<b>CST</b>	<a href="#">Competency to Stand Trial</a>	RCW 10.77.090
<b>CSTC</b>	<a href="#">Child Study and Treatment Center</a>	
<b>CWS</b>	<a href="#">Child Welfare Services</a>	
<b>D</b>		<a href="#">Return</a>
<b>DASA</b>	<a href="#">Division of Alcohol and Substance Abuse</a>	
<b>DCCW</b>	Data Consistency & Completeness Workgroup	
<b>DDD</b>	<a href="#">Division of Developmental Disabilities</a>	
<b>DETOX</b>	<a href="#">Detoxification</a>	
<b>DIG</b>	<a href="#">Data Infrastructure Grant</a>	
<b>DMHP</b>	<a href="#">Designated Mental Health Professional</a>	
<b>DMIO</b>	<a href="#">Dangerously Mentally Ill Offender</a>	RCW 71.24.450
<b>DOC</b>	<a href="#">Department of Corrections</a>	
<b>DSHS</b>	<a href="#">Department of Social and Health Services</a>	
<b>DSM-IV</b>	<a href="#">Diagnostic and Statistical Manual</a>	(4th edition)
<b>DVR</b>	<a href="#">Division of Vocational Rehabilitation</a>	
<b>E</b>		<a href="#">Return</a>
<b>E&amp;T</b>	<a href="#">Evaluation and Treatment facility</a>	
<b>EBP</b>	<a href="#">Evidence Based Practices</a>	
<b>EPSDT</b>	<a href="#">Early Periodic Screening, Diagnosis &amp; Treatment</a>	
<b>EQRO</b>	<a href="#">External Quality Review Organization</a>	
<b>ESD</b>	<a href="#">Educational Service District</a>	
<b>ESH</b>	<a href="#">Eastern State Hospital</a>	
<b>F</b>		<a href="#">Return</a>
<b>FAE</b>	<a href="#">Fetal Alcohol Effects</a>	
<b>FAS</b>	<a href="#">Fetal Alcohol Syndrome</a>	

<b>FBG</b>	<a href="#">Federal Block Grant</a>	
<b>FRS</b>	<a href="#">Family Reconciliation Services</a>	
<b>G</b>		<a href="#">Return</a>
<b>GAF</b>	Global Assessment of Functioning	A level of functioning assessment scale for adults 18 years of age or over, published in the Diagnostic and Statistical Manual for Psychiatric Disorders (DSM). The GAF is one of the indicators used to establish medical necessity for outpatient tier services.
<b>H</b>		<a href="#">Return</a>
<b>HCPCS</b>	<a href="#">Healthcare Common Procedure Coding System</a>	
<b>HMO</b>	<a href="#">Health Maintenance Organization</a>	
<b>HIPAA</b>	<a href="#">Health Insurance Portability and Accountability Act</a>	
<b>HRSA</b>	<a href="#">Health and Rehabilitation Services Administration</a>	
<b>HWD</b>	<a href="#">Healthcare for Workers with Disabilities</a>	
<b>I</b>		<a href="#">Return</a>
<b>IDEA</b>	<a href="#">Individuals with Disabilities Education Act</a>	
<b>IDG</b>	<a href="#">Implementation &amp; Design Group</a>	
<b>IEP</b>	<a href="#">Individualized Education Plan</a>	
<b>IHP</b>	<a href="#">Individual Habilitation Plan</a>	
<b>IMD</b>	<a href="#">Institution for Mental Diseases</a>	
<b>ISDEC</b>	<a href="#">Information Systems &amp; Data Evaluation Committee</a>	
<b>ISSD</b>	<a href="#">Information Systems Services Division</a>	Controls the DSHS Main Site
<b>IST</b>	<a href="#">Interagency Staffing Team</a>	IST is targeted at the county level
<b>ITA</b>	<a href="#">Involuntary Treatment Act</a>	
<b>IT</b>	Information Technology	
<b>ITC</b>	<a href="#">Individualized and Tailored Care</a>	ITC is targeted at the state level
<b>J</b>		<a href="#">Return</a>
<b>JRA</b>	<a href="#">Juvenile Rehabilitation Administration</a>	
<b>JLARC</b>	<a href="#">Joint Legislative Audit &amp; Review Committee</a>	
<b>K</b>		<a href="#">Return</a>
<b>L</b>		<a href="#">Return</a>
<b>LRA</b>	<a href="#">Least Restrictive Alternative</a>	Or less restrictive alternative, Outpatient treatment provided to a minor who is not residing in a facility providing inpatient treatment as defined in RCW 71.34.
<b>M</b>		<a href="#">Return</a>
<b>MCO</b>	<a href="#">Managed Care Organization</a>	A health plan that seeks to manage care. Generally, this involves contracting with health care providers to deliver

		health care services on a capitated (per-member per-month) basis. For specific types of managed care organizations, see also health maintenance organization and independent practice association.
<b>MDT</b>	<a href="#">Multidisciplinary Team</a>	
<b>MHBG</b>	<a href="#">Mental Health Block Grant</a>	Awarded to MHD in 2005
<b>MHCP</b>	<a href="#">Mental Health Care Provider</a>	The individual with primary responsibility for implementing an individualized plan for mental health rehabilitation services.
<b>MHD</b>	<a href="#">Mental Health Division</a>	
<b>MHP</b>	<a href="#">Mental Health Professional</a>	
<b>MHPAC</b>	<a href="#">Mental Health Planning &amp; Advisory Council</a>	
<b>MHSIP</b>	<a href="#">Mental Health Statistics Improvement Program</a>	
<b>MI</b>	<a href="#">Mentally Ill</a>	
<b>MMIS</b>	<a href="#">Medicaid Management Information System</a>	
<b>N</b>		<a href="#">Return</a>
<b>NAMI</b>	<a href="#">National Alliance for the Mentally Ill</a>	
<b>NASMHPD</b>	<a href="#">National Association of State Mental Health Program Directors</a>	
<b>NIMH</b>	<a href="#">National Institute of Mental Health</a>	
<b>NRI</b>	<a href="#">NASMHPD Research Institute</a>	
<b>O</b>		<a href="#">Return</a>
<b>OBRA</b>	<a href="#">Omnibus Budget Reconciliation Act</a>	also known as COBRA
<b>OCA</b>	<a href="#">Office of Consumer Affairs</a>	1-800-446-0259
<b>OCD</b>	<a href="#">Obsessive Compulsive Disorder</a>	
<b>OCR</b>	<a href="#">Office of Civil Rights</a>	As it applies to healthcare
<b>ODD</b>	<a href="#">Oppositional Defiant Disorder</a>	
<b>OSPI</b>	<a href="#">Office of Superintendent of Public Instruction</a>	
<b>P</b>		<a href="#">Return</a>
<b>PACT</b>	<a href="#">PROGRAM of ASSERTIVE COMMUNITY TREATMENT</a>	Part of the System Transformation Initiative
<b>PASSAR</b>	<a href="#">Pre-Admission Screening &amp; Resident Review</a>	DSHS Form 14-300 (Rev. 2/2006)
<b>PATH</b>	<a href="#">Programs to Aid in the Transition from Homelessness</a>	
<b>PAVE</b>	<a href="#">Parents Are Vital in Education</a>	
<b>PCG</b>	<a href="#">Public Consultation Group</a>	
<b>PDD</b>	<a href="#">Pervasive Developmental Disorder</a>	

<b>PEER</b>	<a href="#">MHD PEER Support Program</a> (click for more information)	
<b>PI</b>	<a href="#">Performance Indicator</a>	
<b>PIHP</b>	<a href="#">Prepaid Inpatient Health Plan</a>	Managed by Washington State's Regional Support Network
<b>PTSD</b>	<a href="#">Post Traumatic Stress Disorder</a>	
<b>Q</b>		<a href="#">Return</a>
<b>QA</b>	<a href="#">Quality Assurance</a>	
<b>QI</b>	<a href="#">Quality Improvement</a>	
<b>QCDC</b>	<a href="#">Qualified Chemical Dependency Counselor</a>	
<b>QRT</b>	<a href="#">Quality Review Team</a>	WAC 388 -865 -0282
<b>R</b>		<a href="#">Return</a>
<b>RCW</b>	<a href="#">Revised Codes of Washington</a>	
<b>RDA</b>	<a href="#">Research &amp; Data Analysis Division</a>	
<b>RSN</b>	<a href="#">Regional Support Network</a>	
<b>RTF</b>	<a href="#">Residential Treatment Facility</a>	
<b>Rx</b>	Prescription	
<b>S</b>		<a href="#">Return</a>
<b>SAFE WA</b>	<a href="#">Statewide Action for Family Empowerment of Washington</a>	
<b>SAMHSA</b>	<a href="#">Substance Abuse &amp; Mental Health Services Administration</a>	
<b>SBD</b>	<a href="#">Serious Behavioral Disturbance</a>	
<b>SCC</b>	<a href="#">Special Commitment Center</a>	
<b>SED</b>	<a href="#">Serious Emotional Disorder</a>	
<b>SMI</b>	<a href="#">Serious Mental Illness</a>	
<b>SSDI</b>	<a href="#">Social Security Disability Insurance</a>	
<b>SSI</b>	<a href="#">Supplemental Security Income</a>	
<b>STI</b>	<a href="#">System Transformation Initiative</a>	
<b>T</b>		<a href="#">Return</a>
<b>TACID</b>	<a href="#">Tacoma Area Coalition for Individuals with Disabilities</a>	
<b>Tx</b>	Treatment	
<b>U</b>		
<b>V</b>		
<b>W</b>		<a href="#">Return</a>

<b>WAC</b>	<a href="#">Washington Administrative Code</a>	
<b>WIMIRT</b>	<a href="#">Washington Institute for Mental Illness Research &amp; Training</a>	
<b>WPAS</b>	<a href="#">Washington Protection and Advocacy Services</a>	
<b>WSH</b>	<a href="#">Western State Hospital</a>	