

**NORTH SOUND MENTAL HEALTH ADMINISTRATION
7.01 Plan UPDATE**

April 24, 2003 –March 31, 2005

Board of Directors Approval

Developed in compliance with Department of Social & Health Services requirements.

#	Goals/Objectives	#	NSMHA Cost	Activities	Measurements	Challenges	Target Date	Collaboration/Partnership
1	Optimum access to and inclusion in NSMHA contracted programs and/or culturally appropriate services for which AI/AN are eligible.	1.1	\$2,000	Collect, record, and provide access data: Identify census of AI/AN tribal communities and individuals receiving mental health services by NSMHA PHP contractors.	Production of statistics from the IS database regarding AI/AN served by NSMHA contractors. Include as required fields for aggregate data: <ul style="list-style-type: none"> • AI/AN field • County • Tribal Affiliation • Diagnostic codes • Referring/initiating Tribe • Number of PHP Provider Encounters • Primary/secondary diagnoses • Referring Tribes – Non-Indians • Use BIA/IHS codes • Data Dictionary to Tribes 	<ul style="list-style-type: none"> • NSMHA data now broken out by county. • IS Funding • Budget • HIPAA 	Ongoing	NSMHA MIS Mgr.
		1.2	Un-determined	Initiate process to include Traditional cultural healing code(s) in DSM IV.	Traditional/cultural healing becomes part of the process.		Ongoing	Tribes NSMHA
		1.3	Same as 1.1	Provide suitable reports of access data to Tribes for program planning and evaluation.	<ul style="list-style-type: none"> • Data reports provided to Tribes quarterly. • Reports include data from all fields in 1.1 above. • Tribal data is shared with designated Tribal leaders/employees. • Data is suitable for Tribal program evaluation and planning. • MAA Report & RSID data provided quarterly. 	HIPAA	Ongoing	Tribal Liaison NSMHA MIS Mgr.

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		1.4	\$1,000	<p>Improve access through Tribal representation on all standing NSMHA Boards and Committees, including:</p> <ul style="list-style-type: none"> • Board of Directors (BOD) • BOD Executive/Personnel Committee • Planning Committee • Strategic Planning Committee • Quality Management Oversight Committee • Tribal Committee 	<ul style="list-style-type: none"> • Tribes routinely represented on all listed NSMHA Boards and Committees. Currently represented: • Board of Directors: Nooksack & Tulalip • BOD Executive/Personnel Committee: None • Planning Committee: Nooksack • Strategic Planning Committee: None • QMOC: Nooksack • Tribal/NSMHA: Lummi, Nooksack, Samish, Sauk-Suiattle, Stillaguamish, Swinomish, Tulalip, Upper Skagit 	Tribal government involvement in NSMHA planning	Ongoing	Tribes
		1.5	\$1,000	Establish a Tribal Planning Committee as a subcommittee of the NSMHA Board of Directors.	Government to government relations		4-02	Tribes
		1.6	\$2,000	<ul style="list-style-type: none"> • Tribal Mental Health Depts. have the capacity to initiate certification for voluntary admissions to inpatient services. • The initiation of certification for and admission to inpatient services will be provided to those Tribal community members who are Medicaid eligible and receiving services at a Tribal mental health facility through the Tribe. • Establish agreed-on definitions of terms. • Develop agreed-on protocols. • NSMHA to partner with Tribes on State options available. • Identify APN contacts for Tribes. 	<p>Tribes will provide aggregate reports of inpatient initiation. This will include:</p> <ul style="list-style-type: none"> • Admission criteria consistent with Tribal evaluation criteria • The number of initiated referrals. • Response times to initiation. • Outcome of certification. • Current status. 	Establishing an agreed-on process, common understanding of terms, and a truly collaborative relationship between NSMHA and Tribal mental health authorities.	4-03 reviewed at 6 month intervals for workable solutions	NSMHA Executive Director and Tribal Liaison, in collaboration and partnership with the Tribes.

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		1.7	\$2,000	Develop methodology and procedures to share Tribal mental health and NSMHA data for collaborative studies.	This will include all other available state, county and the tribal community data. <ul style="list-style-type: none"> • Offer each tribe the opportunity to share in data collaborative studies. • Develop method. • Research and analysis data for NSMHA and tribal planning. • Provide resources and technical support. (See also measurements listed in 1.1.)	HIPAA Tribal data	Ongoing	MIS Manager Tribal Liaison
		1.8	\$500	Collaborate with Tribes by continuing to share state and federal policy materials and information about developments at government levels.	Tribal representatives at NSMHA/Tribal meetings receive information routed to NSMHA about such items as methodologies, legalities, grants, WAC changes, NSMHA policies, state and federal law and policy changes, and new developments.		Ongoing	Tribal Liaison
		1.9	\$3,000	<ul style="list-style-type: none"> • Create a forum for Tribes to meet Government to Government with County CDMHPs to develop procedures for CDMHP entry into Tribal communities to provide services. • Tribal leaders determine government to government interface regarding other Tribal divisions (courts, Tribal police, social services). 	<ul style="list-style-type: none"> • CDMHPs provide services to participating Tribes, in accordance with government to government agreements with individual Tribes. • Consultation & collaboration to develop agreements between Tribes and appropriate agencies. • MOU/MOA developed between Tribes and appropriate agencies. 	Necessary review/ approvals by attorneys, county and Tribal councils	On or before 12-2003	Tribal Liaison Tribes

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2	Provide culturally appropriate treatment for all AI/AN consumers, and collaborative relationships between Tribes and PHPs in the treatment of AI/ANs.	2.1	\$2,000	Support, educate, and encourage NSMHA providers to incorporate Tribal resources when treating AI/AN.	<ul style="list-style-type: none"> NSMHA providers implement the "American Indian/Alaskan Native Mental Health Specialist" position (description attached) for AI/AN consumers. All providers are aware of and use the up-to-date Tribal Mental Health Brochure listing contacts at Tribal mental health departments, and all providers know to notify the Tribal mental health department when a member of that Tribe is treated. 	Budget.	Ongoing	Tribal Liaison Tribal Liaison
		2.2	\$1500	Assure that providers offer AI/AN consumers traditional cultural treatment options as part of the intake process, both verbally and via the Tribal Mental Health Brochure	<ul style="list-style-type: none"> All NSMHA providers routinely offer AI/AN clients referrals to Tribal traditional cultural treatment, using contacts listed in the Tribal Mental Health Brochure. 	Audit Budget	Ongoing	Audit of AI/AN files yearly
		2.3	\$2,000	<p>Develop and implement a plan with contracted NSMHA providers for incorporating traditional/cultural Tribal mental health services when treating AI/AN consumers. (See Surgeon General Report on services for AI/AN.)</p> <p>Develop educational programs for provider staff on working with Tribal healing resource programs and people and that identify outstanding issues and/or gaps on services identified by Tribes</p>	<ul style="list-style-type: none"> The Surgeon General's report on Best Practices for AI/AN Provider staff will notify Tribal mental health when a self-identified AI/AN consumer presents for treatment and will routinely collaborate with Tribal Mental Health providers when treating a member of that Tribe. (incorporates deleted bullet below). 	Budget Education	7-03	Tribal Liaison

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		2.4	\$1,000	Foster collaborations between Tribes and NSMHA providers, County Mental Health, CDMHP's, staff & case managers of AI/AN consumers, and other components of mental health that result in culturally appropriate treatment, Encourage linkages among Tribes, DSHS agencies and County Health Programs that promote seamless services and inclusive treatment access for AI/AN.	<ul style="list-style-type: none"> • Significant improvement in inclusive treatment access and seamlessness of services • Tribes have met with CDMHP's & NSMHA providers to arrange for: <ul style="list-style-type: none"> – A working procedure is in place to notify Tribes when a self-identified service population member presents for services. – AI/AN Mental Health Specialist is called in for consultation/therapy within 30 days of access appointment.. 	Tribal Initiative & Participation	Ongoing	Tribes, Tribal Liaison
3		3.1	\$8,000	Provide training opportunities for Tribal Mental Health Workers and the public.	<ul style="list-style-type: none"> • Workshops, trainings seminars, and conferences held each year. 	Budget	Ongoing	Tribal Liaison
		3.2	Same as 3.1	Workshop, training, seminar and conference need and subject matter are directed by Tribes who attend the NSMHA/Tribal meetings.	<ul style="list-style-type: none"> • Joint NSMHA/Tribal workshops, training, seminars and/or conferences address specific Tribal mental health issues. • Tribes direct Tribal-specific design and presentation of workshops, training, seminars, and/or conferences. • Tribal attendance at workshops, trainings, seminars, and conferences. 	Budget, Tribal participation	Ongoing	Tribal Liaison and Tribes
		3.3	\$3,000	Continue to hold monthly joint Tribal/NSMHA meetings to identify common issues and goals and to collaborate on addressing them.	<ul style="list-style-type: none"> • Continued collaboration on mental health issues of concern between Tribes and NSMHA. 		Ongoing	Tribal Liaison and Tribes

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4	Increase in census of enrolled Tribal members employed by NSMHA-contracted PHP providers by county.	4.1	None to NSMHA	NSMHA providers include Tribal employment on mailing lists/publicity for job announcements.	<ul style="list-style-type: none"> • Tribal employment offices routinely receive job announcements from providers. • Tribes are included in PHP provider recruitment; i.e., employment opportunity announcements. • Tribes are included in recruitment for training opportunities and internships. • Tribes provide mailing lists of individuals from their Tribes to be notified when training and internships are available. 		Ongoing	• Tribal Liaison, Tribes
5	Broad knowledge and understanding of the concepts in the Centennial Accord and of 7.01 planning throughout Region III, especially among all NSMHA stakeholders, including NSMHA staff, contractors, Governing Board, and Advisory Board members.	5.1	\$1,000	Educate and train NSMHA stakeholders.	<ul style="list-style-type: none"> • Influence of the Centennial Accord and 7.01 Plan are apparent in stakeholder planning and activities. 	Budget	Ongoing	Tribal Liaison, Tribes
		5.2	\$1,000	Incorporate awareness and oversight of special needs of AI/AN consumers into the NSMHA process of governance, to include Board of Directors, Board of Directors Executive/Personnel Committee, Planning Committee, Strategic Planning Committee, and the Quality Management Oversight Committee.	<ul style="list-style-type: none"> • Outstanding issues and/or gaps in services identified by Tribes appear on Board and Committee agendas and are addressed routinely. • Tribes are appropriately represented on NSMHA Boards and Committees. 	Data to support Tribal assertion of services needed. Tribes well represented only at NSMHA/Tribal meeting.	Ongoing	Tribal Liaison, Tribes
		5.3	\$500	Incorporate North Sound Region 7.01 Plan in all NSMHA contracts.	<ul style="list-style-type: none"> • Execute contract revisions that include 7.01 Plan. 		Ongoing	Contracts/Fiscal Manager

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		5.4	None at NSMHA level	Incorporate provisions of 7.01 Plan in NSMHA and Provider Policy & Procedure Manuals, and all other planning and procedure documents.	<ul style="list-style-type: none"> Review NSMHA and contractor Policy & Procedure Manuals along with all planning and procedure documents. 		Ongoing	Tribal Liaison
		5.5	\$500	Joint case review when PHP is providing non-traditional/spiritual services to AI/AN	<ul style="list-style-type: none"> Audits reveal that provider Policy & Procedure Manuals contain these procedures and clinical records show compliance. 		Ongoing	Contracts/ Fiscal Manager
6	Mental Health Community awareness and understanding of outstanding issues and/or gaps in services identified by Tribes.	6.1	\$1,000	<ul style="list-style-type: none"> Develop satisfaction survey for Native American consumers, to include all aspects of treatment. 	<ul style="list-style-type: none"> Elements of plan incorporated into NSMHA planning, to include Strategic Planning. Comprehensive Final Plan that is funded, supported by data, endorsed by Tribal Councils and NSMHA Board of Directors, for addressing outstanding issues and gaps published and distributed to all Tribal Councils, MH Departments, Providers, and NSMHA Board of Directors. 	<ul style="list-style-type: none"> Budget Availability of grant material 	Ongoing	Tribal Liaison/Tribes RSN Executive Director Tribal Liaison
		6.2	\$500	<ul style="list-style-type: none"> Collect data to support Tribal statements of need. Seek a grant to pay for a plan to identify issues and gaps in services. Submit to Tribes. Provide information to Tribes during Tribal/NSMHA monthly meeting. 	<ul style="list-style-type: none"> Elements of plan incorporated into NSMHA planning, to include Strategic Planning. Comprehensive Final Plan to address outstanding issues and gaps that is funded, supported by data, endorsed by Tribal Councils and NSMHA Board of Directors, published and distributed to all Tribal Councils, MH Departments, Providers, and NSMHA Board of Directors. 	<ul style="list-style-type: none"> Availability of grant material. Tribal grant application. 	Ongoing	Tribal Liaison., Tribes, NSMHA Executive Director

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7	Maintain 7.01 Plan as a living, focused, working document, with optimal Tribal participation and involvement in every aspect of the process	7.1	\$500	<ul style="list-style-type: none"> • Hold quarterly meetings with Tribal appointed leaders to update 7.01 Plan. • All eight Region III Tribes assign staff and regularly attend monthly NSMHA/Tribal meetings. (From Item 8.1) • All eight Region III Tribes participate in 7.01 process. (From Item 8.2) 	<ul style="list-style-type: none"> • Quarterly opportunity for Tribes to update 7.01 Plan. • Collaborative, concerted focus on common needs and goals identified through process. • Monthly attendance at NSMHA/Tribal meetings by representatives of all eight Region III Tribes. (From Item 8.1) • All 8 North Sound Tribes provide representatives at the NSMHA/Tribal 7.01 planning meetings. (From Item 8.1) 		Ongoing	NSMHA Executive Director, Tribal Liaison and Tribes
8	Recognize the Government-to-Government relationship between Tribes and RSN Board of Directors (County Officials/Designees)	8.1	\$500	Foster meetings between Tribes and County Officials/Designees to negotiate 7.01 Plan Goals & Objectives.	Government-to-Government negotiations in effect.	Budget	Ongoing	RSN Executive Director
	Tribal Liaison salary		\$32,172.00					
	Benefits		11,195.00					

Direct and Indirect Cost \$ 77,867.00
Tribal Conference - 20,000.00
Net Cost 57,867.00