

**NORTH SOUND REGIONAL SUPPORT NETWORK
ADVISORY BOARD MEETING**

**North Sound Regional Support Network
Conference Room
117 North First St., Suite 8
Mt. Vernon, WA 98273
September 18, 2001
1:00 PM**

Revised Agenda

1. Call to Order; Introductions, Chair – 5 minutes
2. Revisions to the Agenda, Chair – 5 minutes
3. Approval of August 2001 Minutes, Chair – 5 minutes
4. Comments from the Public – 10 minutes
5. Correspondence and Comments from the Chair – 5 minutes
6. Old Business
 - a. Executive Director's Report - Chuck Benjamin – 5 minutes
 - b. Committee Restructure – Chuck Albertson – 15 minutes
7. Items To Be Brought Forward To The Board of Directors – Marcia Gunning,
Contracts Compliance & Financial Services Manager
 - a. Consent Agenda
 - b. Action Items
 - c. Motions Yet To Be Approved, Chuck Benjamin, Executive Director – 5
minutes
8. New Business - 10 minutes
 - a. Statewide RSN Survey Results – Mary Good – 10 minutes
 - b. Skagit County Schools Program – Michelle Patience-Stall 20 minutes
9. Comments from County Advisory Board Representatives – 15 minutes
 - a. Island
 - b. San Juan
 - c. Skagit
 - d. Snohomish
 - e. Whatcom

10. Comments from Public – 5 minutes

11. Other Business

a. Request for Agenda Items

12. Adjournment

NOTE: The next Advisory Board meeting will be October 16, 2001, at the NSRSN Conference Room, 117 N. First Street, Suite 8, Mount Vernon.

MEMORANDUM

Revised

DATE: September 6, 2001
TO: NSRSN Advisory Board
FROM: Marcia Gunning
Contracts Compliance & Financial Services Manager
RE: September 20, 2001 NSRSN Board of Director's Agenda

Please find for your review and comment the following that will be discussed with the Board of Directors brought forth at the September 20, 2001 NSRSN Board Meeting.

CONSENT AGENDA

None

EMERGENCY ACTION ITEMS

To authorize contract NSRSN – Compass-IEP-CC-01, Amendment I between NSRSN and Compass Health which modifies implementation timeline and budget as follows:

Phase 1: Estimated begin date 9/1/01

Phase 2: Implementation and Startup 1/1/02

Phase 3: Operational – estimated begin date 3/1/02

And extends the contract through 8/31/02. Maximum consideration remains unchanged at \$315,000. Please refer to attached

ACTION ITEMS

To authorize the reclassification of Tribal Liaison/Office of Consumer Affairs Manager position to Range 18, and to authorize, effective October 1, 2001 Sharri Dempsey, current Tribal Liaison/Office of Consumer Affairs Manager pay to be Range 18, Step D.

Tribal Liaison/Office of Consumer Affairs Manager position had never been reviewed or assessed for appropriate placement in the NSRSN Salary Grid. Upon review, it is now recommended that this position be a Range 18. As Sharri Dempsey has been in this position since May 1999, it is recommended that her step within the salary range be Step D.

ITEMS NOT YET REVIEWED BY THE ADVISORY BOARD

To introduce contract #NSRSN-UBH-PSC-01 between North Sound Regional Support Network and United Behavioral Health Services, effective November 1, 2001 through October 31, 2002. Maximum consideration shall not exceed \$30,000.

The current contract with UBH for Medical Director Services sunsets October 31, 2001. This contract purchases the same services at the same rate \$135 per hour with the same maximum consideration as the prior year.

To introduce NSRSN ‘Framework for all NSRSN Activities’.

NSRSN’s proposed Framework for all NSRSN Activities is the work of a Framework and Principles Workgroup. This work group, consisting of various stakeholders including consumers, advocates, county and provider representatives, reviewed the NSRSN 3/99 Framework and Principles Document and recommend the attached modified Framework for all NSRSN Activities, which lays out the core values, principles and key elements of consumer care that will be the basis for all NSRSN activities and contracts.

To introduce the NSRSN’s “Standards of Care Manual “ (Eligibility and Clinical Care Standards).

NSRSN clinical staff facilitated a “Level of Care Manual” review work group. This work group consisted of NSRSN staff and consumer/advocate. They met with various stakeholders including providers and allied systems. The result is a revised clinical manual, the NSRSN Standards of Care Manual (Eligibility and Clinical Care Standards), formally known as Level of Care Manual. The “Standards of Care Manual” was approved by QMOC on August 15, 2001.

If you have any questions or concerns you would like to discuss prior to the meeting, please do not hesitate to contact me.

cc: NSRSN Board of Directors
Charles R. Benjamin
County Coordinators
NSRSN Management Team

North Sound Regional Support Network

NAME: ADVISORY BOARD

MEMBERS PRESENT: DAN BILSON, CHUCK ALBERTSON, JACK BILSBOROUGH, MARY GOOD, MARIE JUBIE, JOAN LUBBE, JOHN PATCHAMATLA, BETSY ROGERS, EILEEN ROSMAN, DEAN STUPKE, CHRIS WALSH

MEETING DATE: AUGUST 14, 2001

MEETING TIME: 1:00 P.M.

MEETING LOCATION: NSRSN

MEMBERS EXCUSED: LORELEI COY KAY DAY, JANET LUTZ-SMITH , JOSSELYN WINSLOW

MEMBERS ABSENT: DAVE ASHTON, DEAN STUPKE, CHRIS WALSH

KEY CONTACT: DAN BILSON

PREPARED BY: MELINDA BOULDIN

STAFF: CHUCK BENJAMIN, BECKIE BACON, MELINDA BOULDIN, SHARRI DEMPSEY, ANNE HOFFMAN, DOLORES HOLTCAMP GREG LONG

GUESTS: NANCY JONES, JANE RELIN

MINUTES

Discussion	Discussion Leader	Decision(s) Made, Action Taken, Assignments Given
The meeting was called to order at 1:00	Dan Bilson	
Mr. Albertson pointed out the need for a format change enabling the agenda to reflect the subcommittee restructure.	Dan Bilson	Melinda Bouldin will make appropriate changes to future agenda formats.
	Dan Bilson	Motion: It was moved, seconded, and carried to approve the July 2001 Advisory Board minutes as presented.
Sharri Dempsey shared an email (hard copies) outlining the structure of PCI which had been requested by an AB member at a previous meeting.	Dan Bilson	

Chair Bilson received a copy of Mr. Benjamin's **letter to MHD**, specifically Karl Brimmer expressing firmly but tactfully the lack of discussion and negotiation regarding concerns about the **proposed new MHD contract**. Chair Bilson feels Mr. Benjamin did a very good job of notifying MHD that their staff and administrative actions/attitudes are not in the best interest of a good MH service system. Chair Bilson announced **Mr. James Vest** of Everett has been **appointed to the NSRSN Advisory Board** by the Snohomish County Council. Mr. Vest was unable to this meeting. **Josselyn Winslow** offered to resign from the Advisory Board because of teaching commitments, but Chair Bilson discouraged her from this. Chair Bilson attended an early morning **meeting on August 14th at the Interfaith Clinic** set by Chuck Benjamin **to discuss service provision** for medicaid eligible clients. Chair Bilson stated he felt this meeting was long overdue. Jere LaFollette sent a copy of a \$10,000 for seed money **grant application for a consumer's business** of raising fruit and vegetables at the old Northern

Dan Bilson

State Hospital site. The Skagit County Government has pledged support for this project. Chuck Albertson urged soil testing before planting, due to previous use of this land. Chair Bilson announced **nominations for awards presentations at the NAMI convention** September 14 & 15 were requested from each county. They are **due August 31**.

5.a QRT Quarterly Report

Ms. Bacon provided handouts outlining the QRT Quarterly report, 2nd quarter. After the verbal presentation of the report, Ms. Bacon called for questions. Chair Bilson inquired as to consequences for any findings they may have? Ms. Bacon stated that the facility is told they need to follow contract, and the response time for correction is 30 days. Chair Bilson inquired as to the consequences for continued unacceptability? Ms. Bacon stated that the QRTs continue to work with the provider, then turn the matter over to QMOC. Mr. Patchamatla inquired about percentages not adding up to 100%, Ms. Bacon explained that they do not report neutral answers. If the consumer has no opinion, or if the question does not apply to them, this is not reported. Mr. Albertson inquired as to whether or not this tool could be used to measure cultural issues? Ms. Bacon explained that there is a difference in Crisis Plans in some ethnic groups. Some cultures rely more on their church or family. Mr. Albertson expressed happiness that WRT are sensitive to cultural differences. Mr. Benjamin thanked Dolores Holtcamp and Beckie Bacon for their

Beckie Bacon

hard work and all their presentations. Chair Bilson indicated he remains uneasy about the reporting of Critical Incidents. Feels reports should come to the Advisory Board. Mr. Benjamin reminded the group that confidentiality rules prohibit sharing individual reports, but aggregate data will start being shared at QMOC. Dolores Holtcamp cited the CIRC committee will help with collaboration. Chair Bilson feels the information is useful and could help improve treatment.

Mr. Benjamin briefly that he had written a **letter to Karl Brimmer** indicating the **MHD contract was being signed under protest** and his reasoning why. The **RSN administrators and MHD officials are meeting jointly** on Thursday, August 16th. He is excited about the newest edition of the **NSRSN newsletter**, "Around the Sound". Thanked Sharri Dempsey and Judy Susia for their hard work. This issue really **highlights consumer oriented projects** with photos, quotes. Mr. Benjamin announced the planning of a **Recovery Model retreat** in conjunction with an upcoming meeting of the Board of Directors. The **LOC revision** is nearing completion; the new WAC and contract have caused new changes. The LOC will now be called "Clinical Eligibility and Care Standards". An **RFP has been let for IS services**. Although the RFP is independent of providers, the RSN is still working with providers in this area to get the best system possible. Outcomes need to be captured. A work group has been formed to look at national survey tools. We looking for continuity on a statewide and national level. **Contract negotiations** will begin soon with APN, VOA,

SeaMar, and the Tulalip Tribes. The September Board of Directors meeting has been moved from the 27th to the 20th. Mr. Benjamin reported he is pleased with the collaborative visits to consumers region-wide. These are informal, listening visits, not to step on the toes of QRT. He thanked Chuck Albertson, Jane Relin, and Rick Weidman for the recent visit to Rainbow in Bellingham. Both positives and negatives were brought forward by consumers. Many consumers praised the region's offerings, many of them were from other regions. There was overwhelming positive praise for Rainbow. The **Paper Reduction Committee** has been revived. Mr. Benjamin would like an AB person on the committee. Mr. Bilson called for volunteers.

6.b Sub Committee Reports

Finance Committee

Ms. Good reported that the committee recommend the budget remain at \$30,000 for 2001. Categories to be discussed later. Mr. Benjamin pointed out the cuts made to last year's budget were due to the fact that consumer oriented project funding was moved to the Board of Directors budget. Betsy Rogers pointed out that the Board had always responded positively when asked to support consumers. Expenditures through June 30, 2001 are \$9,020.19. Recommends the AB sponsor up to 15 non-AB consumers/advocated to the NAMI conference in September. These scholarships will be on a first come, first served basis. It was also pointed out that each county may be asked to fund additional scholarships. Ms. Jubie voiced concern about NAMI not supporting consumers. She feels the NAMI office in the Bailey Center in Everett is unwelcoming. Mr. Bilsborough pointed out that three support meetings are held monthly for consumers. He reassured the group that NAMI is merely using a small part of the building, and Compass does not fund any supplies. Mr. Benjamin presented Guiding Principles to the group which Ms. Good read.

Mary Good

Eileen Rosman volunteered to represent the AB on the Paper Reduction Committee.

Motion: It was moved, seconded, and carried to recommend the 2002 Advisory Board Budget remain at \$30,000. It was moved, seconded, and carried (with one nay vote) to approve scholarships for up to 15 non-Advisory Board members to the NAMI Convention. It was moved, seconded, and carried to match the \$250 donation made by the NSRSN to the "Building Bridges" program.

They were signed by all on the committee. She recommends they be adopted by all AB members and committees. The Finance Committee requests the Advisory Board match a \$250 NSRSN donation to the "Building Bridges" State Coalition for the Homeless project.

Children's Committee

Janet Lutz-Smith

No report.

In-service Committee

(vacant)

No report

Citizens Concerns

Dave Ashton

No report

Ethnic Minorities

John Patchamatla

Mr. Patchamatla inquired as to the status of the purchase of radio announcements? Ms. Dempsey explained that they were being built into a marketing plan to be part of the 2002 budget.

Executive Committee

Eileen Rosman

Ms. Rosman reported there had been no meeting.

Older Adults

No report

Activity Center

Chuck Albertson

Mr. Albertson reported that the Rainbow Center is conducting surveys to determine the strengths and needs of the consumers and of the center. They are beginning the plan to be self-sustaining.

Ombuds Liaison

Joan Lubbe

No meeting, but one scheduled for August 27, 2001

Site Visitations

Eileen Rosman

Ms. Rosman reported of the upcoming trip to Whatcom County; Visions, lunch, and Rainbow Center on August 29th.

Chuck Benjamin

7.a Consent Agenda

None

7.b Action Items

Approval is being sought for: Contract #NSRSN-SVC Education-CP 01 between NSRSN and Skagit Valley College in order to maintain the supported education program serving Island and Skagit counties, effective July 1, 2001

Maximum consideration shall not exceed \$15,000. Funding shall come from the NSRSN designated Fund Balance-Inpatient Savings-Consumer Projects.

Chuck Benjamin

Motion: It was moved, seconded, and approved to recommend the Board of Directors approve the motion as presented.

7.d Motions Yet To Be Approved

There were none.

Chuck Benjamin

Dan Bilson

a. Policy Waiver: Mr. Benjamin reported that reviewing the HCFA waiver has begun and called for help. **b.** Ombuds Liaison: meeting has been scheduled. **c.** Public Law 100-77 sub (3), page 13 Homeless: Bridges convention will help with outreach. **d.** PTSD Liaison/update: hopes to hear something at Board of Directors meeting. Mr. Benjamin stated that a meeting was held with Rhea Miller, Sharri Dempsey, and himself to look at recommendations. RSN will sponsor training for clinicians, APN needs to supply 12 clinicians for training, as well as SeaMar, Tulalip. Screening tools will be looked at to assess whether those in and out of E&Ts and hospital are PTSD or not. Trying to get clinician in by the end of 2001 to do large training. There is hope of a pilot project in 2002. There has been much interest in this area since Dr. Backlund's presentation. **e.** Executive Committee Liaison, with Bill Whitlock/audit: Executive Committee to coordinate with Bill Whitlock between meetings about financial issues.

f. Request RE: Sponsorship to NAMI State Conference: Previously discussed and acted on.

9.a Island County

no report

9.b San Juan County

no report

9.c Skagit County

no report

9.d Snohomish County

no report

9.e Whatcom County

Chuck Albertson reported receipt of a letter Joan Dudley handed out at their county meeting outlining \$185m loss for mental health services statewide, based on the census bureau not using adjusted figures taking into account homeless citizens. No explanation is given by the bureau for this reporting method.

Executive Committee to meet with Bill Whitlock.

Eileen Rosman

Dean Stupke

Mary Good

Marie Jubie

Chuck Albertson

Dan Bilson

None

Mr. Bilsborough announced an upcoming NAMI-sponsored picnic @ forest Park for consumers.

11.a Request for Agenda Items

Chuck Albertson wants the board to decide who is on committees, their structure, etc.

The meeting adjourned at 2:38.

NAMI Registration Forms

QRT Report

Aug. 29 Visitation flyer and sign up

PCI structure explanation

Strength Based Treatment

Best Practice

Case Management

Dan Bilson

Dan Bilson

**Melinda Bouldin to add
committee structure and
appointees to September agenda**

PROFESSIONAL SERVICES AGREEMENT
NORTH SOUND REGIONAL SUPPORT NETWORK
AND
UNITED BEHAVIORAL HEALTH
CONTRACT # NSRSN-PSC-UBH-01

THIS AGREEMENT is entered into between NORTH SOUND REGIONAL SUPPORT NETWORK/PREPAID HEALTH PLAN, 117 North 1st Street, Suite 8, Mount Vernon, Washington 98273 (“NSRSN”), and UNITED BEHAVIORAL HEALTH (“UBH” OR CONTRACTOR”), San Francisco, California.

THE PARTIES MUTUALLY AGREE AS FOLLOWS:

I. Terms and Conditions

- A. Term. This Agreement shall take effect November 1, 2001 and shall continue in full force and effect through October 31, 2002.
- B. Termination. This Agreement may be terminated in whole or in part by either party for any reason by giving THIRTY (30) calendar days written notice to the other party.
 - 1. Loss of Funding. In the event funding from any source is withdrawn, reduced or limited in any way after the effective date of this Agreement and prior to termination, NSRSN may terminate this Agreement by written notice effective upon Contractor’s receipt of written notice. The parties may re-negotiate under new funding limitations and conditions.

2. Breach. This Agreement may be terminated for any breach by either party. The terminating party shall give the breaching party five calendar days written notice to cure the breach. Failure to cure shall cause this agreement to terminate immediately at the end of the five- (5) day period.

C. Amendments. This Agreement may only be amended by written consent of both parties.

D. Compliance with Laws. Contractor shall comply with all applicable federal, state and local laws, rules and regulations in performing this Agreement, including, but not limited to, laws against discrimination and conflict of interest laws.

E. Relationship of Parties. Contractor agrees that Contractor shall perform the services under this Agreement as an independent contractor and not as an agent, employee or servant of NSRSN. The parties agree that Contractor is not entitled to any benefits or rights enjoyed by employees of NSRSN. Contractor specifically has the right to direct and control Contractor's own activities in providing the agreed upon services in accordance with the specifications set forth herein. NSRSN shall only have the right to ensure performance.

F. Indemnification. UBH shall defend, hold harmless and indemnify NSRSN and its member counties and employees against any and all claims, liabilities, damages or judgements asserted against, imposed upon, or incurred by NSRSN and its member counties and employees alleged to arise out of the negligent or wrongful acts of UBH or UBH's officers and employees, agents or volunteers.

NSRSN shall release UBH from all claims, liabilities, damages or judgements asserted against, imposed upon, or incurred by UBH that arises out of the wrongful acts of the NSRSN or the NSRSN employees.

G. Resolution of Disputes.

1. The parties wish to provide for prompt, efficient, final and binding resolution of disputes or controversies which may arise under this Agreement and therefore establish this dispute resolution procedure.

2. All claims, disputes and other matters in question between the parties arising out of, or relating to, this Agreement shall be resolved exclusively by the following dispute resolution procedure unless the parties mutually agree in writing otherwise:
 - a) The parties shall use their best efforts to resolve issues prior to giving written Notice of Dispute.
 - b) Within ten (10) working days of receipt of the written Notice of Dispute, the parties (or their designated representatives) shall meet, confer, and attempt to resolve the claim within the next five working days.
 - c) The terms of the resolution of all claims concluded in meetings shall be memorialized in writing and signed by each party.
 - d) Arbitration. If the claim is not resolved, the parties shall proceed to arbitration as follows:
 - (1) The parties shall each select one person as arbitrator. Those two arbitrators shall agree on the selection of a third arbitrator.
 - (2) The dispute shall be promptly resolved on the basis approved by any two of the three arbitrators.
 - (3) If there is a delay of more than ten (10) days in the naming of any arbitrator, either party can ask the presiding judge of Skagit County to name any remaining arbitrator(s).
 - (4) The prevailing party shall be entitled to recover from the other party all costs and expenses, including reasonable attorney fees. The arbitrators shall determine which party, if any, is the prevailing party.
 - (5) The parties agree that in the absence of fraud by one of the parties, the arbitrators' decision shall be binding, final and not appealable to any court of law.

- (6) Unless the parties agree in writing otherwise, each unresolved claim shall be considered at an arbitration session which shall occur in Skagit County no later than thirty (30) days after the close of the meeting described in paragraph b) above.
 3. The provisions of this section shall, with respect to any controversy or claim, survive the termination or expiration of this Agreement.
 4. Nothing contained in this Agreement shall be deemed to give the arbitrators the power to change any of the terms and conditions of this Agreement in any way.
 5. Any required advance expenses ordered by the arbitrator and connected with the arbitration proceedings will be paid equally by the parties subject to the later arbitrator's decision which may change the percentage of advance expenses to be paid by either party.
 6. If the underlying contract is for employment, any termination clause takes precedence over any other clause in the contract including the dispute resolution clause.
- H. Records and Reports. Contractor shall maintain books, records, documents and other evidence which sufficiently and properly reflect all direct and indirect costs expended in the performance of the services described herein. Contractor shall retain all books; records, documents and other material relevant to this Agreement for five years after its expiration and all payment for the contract have been made. The later of the two dates initiates the five-year time frame. All books, records, documents, reports and other data related to this contract shall be subject to inspection, review and/or audit by NSRSN personnel or other parties authorized by NSRSN, DSHS, the Office of the State Auditor, and authorized federal officials during regular business hours and upon demand.

II. Compensation

- A. Consideration: Cost reimbursement shall be made only if NSRSN has a fully executed contract on file.

NSRSN shall pay to Contractor \$135 per hour For Medical Director Consultation Services. Maximum consideration shall not exceed \$30,000 for the duration of this Agreement, as described in Exhibit A.

- B. **Payment Procedures.** Contractor shall submit an invoice by the tenth (10th) of the month after the month in which services were provided. Invoice shall document actual hours worked daily. Preapproved travel shall be reimbursed only when a Travel Expense Voucher has been submitted along with Invoice for the time period of the submitted invoice. Failure to submit an invoice by the tenth (10th) may delay payment for one (1) month.

No invoices will be accepted thirty (30) days after the service. Contractor shall submit a final billing for this Agreement no later than fifteen (30) days after the contract expiration date.

Invoices for services completed but contractually authorized in a retroactive manner must be submitted within fifteen (15) days after the execution of the appropriate contract.

Until notified otherwise, Contractor shall submit all requests for reimbursement to:

North Sound Regional Support Network
Attn.: Finance Manager
419 S. First Street, Suite 200
Mount Vernon, WA 98273-3806

- B. **Reimbursed Expenses.** Contractor shall be reimbursed for mileage when using personal car on NSRSN business at the standard NSRSN reimbursement rate which shall conform to the currently published mileage rate for business travel deductions set by the Internal Revenue Service for all business related travel. Mileage usage documentation shall be attached to the monthly invoice when applicable. The reimbursement request shall be itemized on the monthly invoice.

III. Service Expectations

- A. Contractor shall remain a Board certified MD in psychiatry and have a Washington State Medical license during the term of this Agreement.

- B. Contractor shall provide services as set forth in Exhibit A attached.
- C. Contractor shall abide by the requirements of Section 1128A(b) of the Act prohibiting Contractors and other providers from making payments directly or indirectly to physicians or other providers as an inducement to reduce or limit services provided to recipients.

IV. **Miscellaneous**

- A. Assignments. Neither party may assign its rights or delegate its performance hereunder to any person or entity without the prior written consent of the other party.
- B. Entire Agreement. This Agreement constitutes the entire agreement with respect to the subject matter hereof and there are no other agreements, written or oral, relating to the subject matter hereof.
- C. Headings. Paragraph headings are for convenience and reference only and shall have no effect upon the construction or interpretation of any party of this Agreement.
 - C. Severability. If any provision of this Agreement is found by a court to be invalid, unenforceable or contrary to applicable law, the remainder of this Agreement or the application of such provision to persons or circumstances other than those to which it is held invalid, unenforceable or contrary to applicable law, shall not be affected and shall continue in full force and effect.
 - D. Notices. All notices pertaining to this agreement shall be written and delivered, by certified U.S. mail or by hand delivery to the addresses shown below. Notices shall be deemed served upon receipt, or three days after postmark if mailed. Notices transmitted by facsimile which are followed immediately by mailing shall be deemed received on the date of the facsimile transmission.
 - E. Venue. This Agreement shall be construed, both as to validity and performance, and enforced, subject to Paragraph I.H, in accordance with the laws of the State of Washington. The venue of any action brought hereunder shall be Skagit County.

EXHIBIT A
NORTH SOUND REGIONAL SUPPORT NETWORK
MEDICAL DIRECTOR CONSULTATION SERVICES

PURPOSE:

To provide timely medical consultation services for the NSRSN including clinical and contracting staff communications, doctor to doctor communications, medical necessity review and recommendations, service denial review, grievance issues, medication review, medical practice guidelines, and staff in-service trainings.

DUTIES AND RESPONSIBILITIES:

1. Provide medical consultation to NSRSN clinical staff and contracting clinical staff as requested by NSRSN;
2. Consult directly with other physicians as required to represent the NSRSN in clinical disputes, and provide liaison with NSRSN Service Area physicians and agencies as requested;
3. Facilitate medical director's meeting between NSRSN and NSRSN provider agencies on a regularly scheduled basis. These meetings shall discuss policy and procedural issues, clinical standards and best practices, provide feedback and consultation to the NSRSN and to the providers on said issues, and be a forum for debating important clinical and policy issues as the field of psychiatry and managed care evolves;
4. Provide consultation to NSRSN Quality Assurance/Quality Improvement Department and to the Quality Management Oversight Committee (QMOC). Attend QMOC meetings, as scheduled;

5. Establish criteria and procedure for Medical Director review of Critical Incidents, and consult with NSRSN staff regarding Critical Incident Reviews and Urgent Reviews;
6. Establish criteria and procedure for Medical Director review of clinical cases;
7. Provide Professional Testimony as requested by NSRSN in judicial proceedings and clinical consultations in NSRSN grievance proceedings;
8. Provide consultation to the NSRSN Executive Director and staff, regarding such issues as clinical standards, policies, procedures and best practices;

9. Assist the NSRSN with reviewing and assessing the NSRSN Level of Care Manual and clinical questions regarding medical necessity, inpatient admissions, length of stay questions and determinations, service type, duration, service limitations, exceptional needs cases, quality assurance and outcomes, etc., and make recommendations;
10. Provide in-service training for staff on managed care and general clinical issues in order for staff to understand direct service versus care management in a managed care world and to remain current on managed care issues,
11. Provide brief phone consultations within one hour of initial request made via phone/fax by NSRSN staff with extended conversations, if necessary, the same day. Phone consultations shall be available 24 hours per day, 7 days per week.
12. Conduct clinical reviews of contracted provider clinical records as requested.

AVAILABILITY:

312 Hours for the duration of Contract

- 26 hours per month average
- 6 hours per week average

Monday through Friday 8 a.m. to 5:00 p.m., except phone consultations which shall be provided on an as need basis 24 hours per day, 7 days per week.

MINIMUM QUALIFICATIONS:

1. Board certified MD in psychiatry
2. Current Washington State Medical License

KNOWLEDGE SKILLS AND ABILITIES:

1. Working knowledge of adult and child mental health clinical issues
2. Working knowledge of State of Washington Publicly Funded Mental Health System
3. Familiarity of the of North Sound Regional Support Network.

FRAMEWORK FOR ALL NSRSN ACTIVITIES

June 13, 2001

The NSRSN proposes the following core values and principles and key elements of consumer care. This framework will be the basis for all NSRSN activities and contracts. It is also intended that all NSRSN activities and sub-contracted services shall be in compliance with applicable RCW, WAC, MHD contract(s) and NSRSN contracts. These assumptions are based on a consumer driven mental health services Recovery Model focusing on strength-based concepts and the provision of responsive, effective, and improved services throughout the region.

CORE VALUES AND PRINCIPLES – KEY ELEMENTS OF CONSUMER CARE

A. Eligibility / Access

- Eligible Consumers shall have timely access to medically necessary Mental Health Services and supports.
- NSRSN requires a no decline policy that assures the provision of medically necessary mental health services to eligible consumers.
- There shall be a single entry point by which services are most easily accessed. Such entry point shall be provided on a 24 hour, 365-day basis throughout the region (including regional crisis line).
- All parts of the mental health system will assist consumers in obtaining access to appropriate services.
- Consumer access to specific mental health support or treatment services shall not be dependent on consumer willingness to participate in other (concurrent) treatment options. *Exception: Shelter Plus Care*

B. Consumer Services / Consumer Rights

- Consumer services shall, at all times, be provided with dignity, respect, courtesy, and fairness.
- Consumer participation, voice, and satisfaction with services shall be a valued goal.
- Consumer's individual and cultural differences shall be honored through culturally competent service provision.
- Continuity of care shall be provided with seamless access.
- Consumer confidentiality shall be respected and preserved.
- Consumers shall be provided with maximum alternatives and choice in matters of their care.
- There shall be an integrated inpatient/outpatient system.
- Homeless consumers shall be provided with mental health services.
- The NSRSN supports the Mental Health Division Consumer Rights at the provider level
- Active provider outreach and engagement for enrolled or unserved consumers are required.
- Mental Health crisis workers shall have access to current crisis plans and individual treatment plans at all times. The NSRSN supports a meaningful information system for all mental health professionals that provides ready access to information regarding the specific consumer's crisis plans and individualized treatment plans.
 - There shall be comprehensive complaint and grievance service made available (and tracked) at all levels of the system.

C. Strength Based Services

- Consumers' skills, capabilities, strengths, and assets will be recognized and utilized in the individual service plan. Services provided in partnership between consumer, provider and other systems.
- Families, communities, and natural supports will be valued and utilized in serving the needs of consumers.
- It is in the best interest for consumers to live as independently as possible in communities and settings of their choice. Consumers' mental health improves when they participate in and increasingly assume responsibility for their own care.
- A range of residential services and housing supports shall be provided, emphasizing least restrictive, stable living options that are age, culturally, and linguistically appropriate. "Housing" is defined in WAC 388.
- Consumers shall be assisted with engaging in meaningful daily activities. This could include volunteerism and active participation in their community and proactive assistance in educational and employment services.

D. Mental health systems and services improve when consumers participate in planning and quality assurance at all levels.

- People with mental illness are best served by people who care about them.

E. The NSRSN and its providers are committed to safety of:

- Public
- Consumer
- Staff

F. Collaboration

- NSRSN and its contractors will work in collaboration with other systems to meet the needs of the whole person.
- Services shall proactively follow mental health consumers, regardless of setting (wherever they are) in the mental health or physical health system.
- Mentally ill consumers in the justice system shall have access to mental health services.

G. Education

- The importance of community education programs about mental health issues is a core value.
- NSRSN and its providers will educate the public about the scope of available services, service locations, crisis response services, client rights and responsibilities.
- The NSRSN and its providers shall actively promote public education regarding mental health and stigma reduction.

H. Consumers, family members, NSRSN and its contractors shall advocate for consumer rights, funding for services, and quality

- Both NSRSN and its Member Counties provide technical assistance to all parties in the Region.

CONTRACT

NORTH SOUND REGIONAL SUPPORT NETWORK
AND
Compass Health

NSRSN-Compass-IEP-CCC-01
Amendment 1

THIS AGREEMENT is entered into between NORTH SOUND REGIONAL SUPPORT NETWORK/PREPAID HEALTH PLAN, (NSRSN) Mount Vernon, Washington, and COMPASS HEALTH (CONTRACTOR”), Everett, Washington.

THE PARTIES MUTUALLY AGREE AS FOLLOWS:

Terms and Conditions

- A. Term. This Agreement shall take effect June 1, 2001 and shall continue in full force and effect through August 31, 2002.
- B. Termination. This Agreement may be terminated in whole or in part by either party for any reason by giving THIRTY-(30) calendar days written notice to the other party.
- C. Loss of Funding. In the event funding from any source is withdrawn, reduced or limited in any way after the effective date of this Agreement and prior to termination, NSRSN may terminate this Agreement by written notice effective upon Contractor’s receipt of written notice. The parties may re-negotiate under new funding limitations and conditions.
- D. Breach. This Agreement may be terminated for any breach by either party. The terminating party shall give the breaching party five-calendar days written notice to cure the breach. Failure to cure shall cause this agreement to terminate immediately at the end of the five- (5) day period.
- E. Amendments. This Agreement may only be amended by written consent of both parties.

F. Compliance with Laws. Contractor shall comply with all applicable federal, state and local laws, rules and regulations in performing this Agreement, including, but not limited to, laws against discrimination and conflict of interest laws.

G. Relationship of Parties. Contractor agrees that Contractor shall perform the services under this Agreement as an independent contractor and not as an agent, employee or servant of NSRSN. The parties agree that Contractor is not entitled to any benefits or rights enjoyed by employees of NSRSN. Contractor specifically has the right to direct and control Contractor's own activities in providing the agreed upon services in accordance with the specifications set forth herein. NSRSN shall only have the right to ensure performance.

H. Indemnification. CONTRACTOR shall defend, hold harmless and indemnify NSRSN and its member counties and employees against any and all claims, liabilities, damages or judgments asserted against, imposed upon, or incurred by NSRSN and its member counties and employees alleged to arise out of the negligent or wrongful acts of CONTRACTOR or CONTRACTOR's officers and employees, agents or volunteers. NSRSN shall release CONTRACTOR from all claims, liabilities, damages or judgments asserted against, imposed upon, or incurred by CONTRACTOR that arises out of the wrongful acts of the NSRSN or the NSRSN employees.

I. Insurance. Contractor shall obtain and maintain continuously for the term of this Agreement Commercial General Liability Insurance (including Professional Liability, Employer's Liability, and/or Worker's Compensation Insurance, where applicable) to indemnify NSRSN for the activities and services of this Agreement. The minimum limit of such coverage shall be one million dollars (\$1,000,000) per occurrence.

Contractor shall provide NSRSN with a fully executed Certificate of Insurance showing all required coverage's and naming NSRSN, its member counties, officers and employees as "additional insured's" under Contractor's policy which insurance shall not be reduced nor canceled without thirty (30) calendar days prior written notice to NSRSN. Approval and compliance with the above-stated insurance requirements is a condition precedent to execution of this Agreement.

If any coverage's are on a claims made form, the retroactive date shall be prior to or coincident with the beginning date of this Agreement, and the policy shall state that coverage is claims made and state the retroactive date. Contractor shall execute a form of guarantee acceptable to NSRSN to assure financial responsibility for liability for services performed for a period of three (3) years following the completion of this Agreement (for example, that claims made form coverage shall be maintained by Contractor for a minimum of three (3) years following the termination of this Agreement and Contractor shall annually provide NSRSN with a fully executed Certificate of Insurance as proof of renewal).

The required insurance coverage shall be written by an admitted insurer in the State of Washington with a current A.M. Best rating of at least A VI.

All coverage's shall be normal to the practice of the insurance industry.

J. Resolution of Disputes.

1. The parties wish to provide for prompt, efficient, final and binding resolution of disputes or controversies, which may arise under this Agreement and therefore establish this dispute resolution procedure.
2. All claims, disputes and other matters in question between the parties arising out of, or relating to, this Agreement shall be resolved exclusively by the following dispute resolution procedure unless the parties mutually agree in writing otherwise:
 - a) The parties shall use their best efforts to resolve issues prior to giving written Notice of Dispute.
 - b) Within ten (10) working days of receipt of the written Notice of Dispute, the parties (or their designated representatives) shall meet, confer, and attempt to resolve the claim within the next five working days.
 - c) The terms of the resolution of all claims concluded in meetings shall be memorialized in writing and signed by each party.
 - d) Arbitration. If the claim is not resolved, the parties shall proceed to arbitration as follows:
 - (1) The parties shall each select one person as arbitrator. Those two arbitrators shall agree on the selection of a third arbitrator.
 - (2) The dispute shall be promptly resolved on the basis approved by any two of the three arbitrators.

- (3) If there is a delay of more than ten (10) days in the naming of any arbitrator, either party can ask the presiding judge of Skagit County to name any remaining arbitrator(s).
- (4) The prevailing party shall be entitled to recover from the other party all costs and expenses, including reasonable attorney fees. The arbitrators shall determine which party, if any, is the prevailing party.
- (5) The parties agree that in the absence of fraud by one of the parties, the arbitrators' decision shall be binding, final and not appeal able to any court of law.
- (6) Unless the parties agree in writing otherwise, each unresolved claim shall be considered at an arbitration session which shall occur in Skagit County no later than thirty (30) days after the close of the meeting described in paragraph b) above.

3. The provisions of this section shall, with respect to any controversy or claim, survive the termination or expiration of this Agreement.

4. Nothing contained in this Agreement shall be deemed to give the arbitrators the power to change any of the terms and conditions of this Agreement in any way.

5. Any required advance expenses ordered by the arbitrator and connected with the arbitration proceedings will be paid equally by the parties subject to the later arbitrator's decision which may change the percentage of advance expenses to be paid by either party.

6. If the underlying contract is for employment, any termination clause takes precedence over any other clause in the contract including the dispute resolution clause.

K. Records and Reports. Contractor shall maintain books, records, documents and other evidence, which sufficiently and properly reflect all direct and indirect costs expended in the performance of the services described herein. Contractor shall retain all books; records, documents and other material relevant to this Agreement for five years after its expiration and all payment for the contract have been made. The later of the two dates initiates the five-year time frame. All books, records, documents, reports and other data related to this contract shall be subject to inspection, review and/or audit by

NSRSN personnel or other parties authorized by NSRSN, DSHS, the Office of the State Auditor, and authorized federal officials during regular business hours and upon demand.

Service Expectations

As prescribed in Exhibit A – North Sound Regional Support Network Children’s Crisis Treatment Center.

Compensation

A. Consideration: Contractor shall be paid monthly, according to Exhibit B - Phase I, II and III Budgets, only if NSRSN has a fully executed contract on file.

- Phase I – Four (4) monthly payments of \$61,000
- Phase II – two (2) monthly payments of \$35,500

B. Source of Funds: Hospital Inpatient Emergency Funding

C. Maximum Consideration: \$315,003

D. Payment Procedures. Contractor shall submit a detailed invoice by the tenth (10th) of the month after the month in which services were provided. Failure to submit an invoice by the tenth (10th) may delay payment for one (1) month.

No invoices will be accepted forty-five (45) days after the service is completed or thirty (30) days after the contract period, whichever is the earliest.

Invoices for services completed but contractually authorized in a retroactive manner must be submitted within forty-five (45) days after the execution of the appropriate contract.

Until notified otherwise, Contractor shall submit all requests for reimbursement to:

North Sound Regional Support Network
Attn.: Finance Manager
117 North First Street, Suite 8
Mount Vernon, WA 98273-3806

Miscellaneous

- A. Assignments. Neither party may assign its rights or delegate its performance hereunder to any person or entity without the prior written consent of the other party.
- B. Entire Agreement. This Agreement constitutes the entire agreement with respect to the subject matter hereof and there are no other agreements, written or oral, relating to the subject matter hereof.
- C. Headings. Paragraphs headings are for convenience and reference only and shall have no effect upon the construction or interpretation of any party of this Agreement.
- D. Sever ability. If any provision of this Agreement is found by a court to be invalid, unenforceable or contrary to applicable law, the remainder of this Agreement or the application of such provision to persons or circumstances other than those to which it is held invalid, unenforceable or contrary to applicable law, shall not be affected and shall continue in full force and effect.
- E. Notices. All notices pertaining to this agreement shall be written and delivered, by certified U.S. mail or by hand delivery to the addresses shown below. Notices shall be deemed served upon receipt, or three days after postmark if mailed. Notices transmitted by facsimile which are followed immediately by mailing shall be deemed received on the date of the facsimile transmission.
- F. Venue. This Agreement shall be construed, both as to validity and performance, and enforced, subject to Paragraph I.H, in accordance with the laws of the State of Washington. The venue of any action brought hereunder shall be Skagit County.
- G. Power to Execute. Both parties warrant they have the power and authorization to execute this Agreement and any other documents executed pursuant to this Agreement.

IN WITNESS WHEREOF, the Parties have executed this Agreement on the dates set forth below.

North Sound Regional Support Network

Compass Health

EXHIBIT A
North Sound Regional Support Network
CHILDREN'S CRISIS TREATMENT CENTER

Purpose

To develop, implement and operate a 10-12 bed short-term staffed crisis treatment residential facility at 4526 Federal Avenue, Everett, Washington in order to:

1. Augment continuum of community-based mental health services to children and youth within the NSRSN service area,
2. Provide a safe and staff-secure setting to rapidly stabilize children in crisis who might otherwise be hospitalized.
3. Provide a staffed residential facility that focuses on working with children in crisis, their families and natural supports to resolve current crises and to develop individualized skills, plans and resources to avoid future crises and placement into more restrictive settings,
4. Prevent the unnecessary, unplanned psychiatric hospitalizations when a professional staffed non-medical facility will provide for safe and appropriate care.
5. Provide community based individualized training to child's family and natural supports that teaches techniques for the child and their family to assist in transitioning child back home and within the community, as well as ongoing skills to maintain child in home.
6. Reduce the growing number of children being sent to psychiatric hospitals that are having behavioral and relationship conflicts.
7. Shorten the length of psychiatric hospital treatment by transitioning children from a psychiatric hospital to the Children's Crisis Center when this level of care is appropriate to the child's individualized needs.

Children's Crisis Treatment Center Components

The following is a detailed description of the minimum Children's Crisis Treatment Center components:

Age Group: *7-14 years of age, both male and female*

Number of Beds: 10-12 beds (5 to 6 beds per unit) with a minimum of two single bedrooms (1 per unit). In addition the Children's Crisis Treatment Center shall provide a minimum of one "Quiet Room" for this two-unit facility.

Licensing and Certification Group Home License for two 5-6 bed facilities by October 1, 2001.

Requirements: DSHS Division of Children and Family Services Behavioral Rehabilitative Services (BRS) Contractor by September 1, 2001.

Current DSHS Mental Health Division Community Support Services Licensure and Certification to provide brief intervention, case management and psychiatric and medical services.

Length of Stay: 14 Days Maximum. Under no circumstances shall a child/youth be placed at or remain at the Children's Crisis Treatment Center due to lack of appropriate community placement. Mandatory discharge at end of 14 days shall occur, with the following exceptions:

1. Child/youth has a guaranteed CLIP bed placement, which is expected to be available within 30 days, and the child/youth continues to present with acute symptoms/behaviors, which would preclude placement in a less restrictive setting in the interim.
 - *No more than two beds may be used for pre-CLIP placements without a formal NSRSN review and prior approval.*

2. A temporary and unanticipated family crisis occurs just prior to the end of the 14-day stay, e.g. illness, hospitalization or death of a family member, which destabilizes the child/youth home environment and would jeopardize his/her transition home at that moment in time.
3. The child/youth continues to be at imminent risk of hospitalization if discharged. It is expected that community resources will be accessed to allow child/youth to move to a less restrictive setting as quickly as possible.
4. Child may return to the Children's Crisis Treatment Center after he/she has been in a stable permanent placement for no less than 30 days. Variance may occur if After Care Treatment Plan requires 24-72 hour return visit within first 30 days of discharge.

***Length of Stay
Exception Review
Team:***

The Children's Crisis Treatment Center shall implement a Length of Stay Exception Review Team. This Team shall consist of two (2) NSRSN representatives, two (2) Compass Health representatives and one (1) Children's Administration representative. The Team shall be called to review and approve (disapprove) extending a child/youth beyond the maximum 14-day stay at the Children's Crisis Treatment Center, or to exceed the two (2) pre-clip bed maximum. The Team will be called at least 24 hours in advance of the exception request. The Review Team meetings shall be held during regular business hours (Monday through Friday, 9:00 a.m. – 5:00 p.m., excluding legal holidays).

***Minimum Staffing
Ratio:***

Once the Children's Crisis Treatment Center is operational, there shall be a minimum of two qualified staff on each unit at all times with a ratio of two staff to five or six children/youth. One supervisor and one intake/discharge planner will be available at all times.

- I. **Children's Crisis** *Children's Crisis Services Manager/Program Director shall be a Child Mental*
- J. **Care Center Staff** *Health Specialist and have previous successful experience in operating a*
- K. **Minimum Children/Adolescent Residential Treatment Facility and Programs.** *Refer to*
- L. **Qualifications:** *Attachment I, Children's Crisis Services Manager Job Description*

Supervisor-Children's Crisis Facility/ Program/Supervisor shall be a Child Mental Health Specialist as well as experience and training in children/adolescent substance abuse issues. Current Washington State Chemical Dependency Certification is preferred. Refer to Attachment II, Supervisor-Children's Crisis Facility Job Description.

Children's Crisis Facility Intake/discharge Planner shall be a Child Mental Health Specialist. Refer to Attachment III, Children's Crisis Facility Intake/Discharge Planner Job Description.

Children's Crisis Facility Staff shall be knowledgeable and experienced in child psychiatric group care.

***Admissions
Criteria:***

Screening and gatekeeping functions shall be performed by the Contractor's Children's Crisis Team. The following criteria will be utilized when admitting children/youth to the Children's Crisis Treatment Center:

1. Child/youth must be 7-14 years of age. Older and/or younger children/youth may be admitted by exception, based on developmental level and current facility milieu,
2. Child/youth resides in the North Sound Region,
3. Child/youth meets criteria for acutely mentally ill or severely emotionally disturbed (WAC 388-865 and RCW 71.24)
4. Child/youth must be in a mental health crisis that, without intervention, places the child/youth at risk for;
 - Psychiatric hospitalization
 - Disruption of current placement
 - Placement in more restrictive setting

5. If the child/youth demonstrates suicidal ideation or behavior, the Children's Crisis Team or Emergency Services Worker has assessed this risk as non-acute and manageable within the Children's Crisis Treatment Center Program capabilities.
6. The child/youth's parent/guardian consents to the Children's Crisis Treatment Center placement.
7. For children/youth 13 years of age or older, the child must consent to Children's Crisis Treatment Center placement.

**Exclusionary
Criteria:**

As part of the Contractor's screening and gatekeeping functions performed by the Contractor's Children's Crisis Team. The following criteria will be utilized to deny admission to the Children's Crisis Treatment Center:

1. Child/youth presents with immediate and substantial risk of harm to self or others and, due to either strong intent or marked impulsivity, there is reason to believe that the child/youth will need a locked facility to remain safe.
2. Child/youth's behaviors are so impulsive that there is reason to believe that they would successfully run from an unlocked facility. *The intent of this criterion is to only exclude those children/youth who can be identified up front as being so impulsive that it can be predicted confidently that they cannot be maintained without a locked facility.*
3. There is reason to believe, given the child/youth's presenting behaviors, that he/she is likely to require seclusion and/or restraints during the course of treatment.
4. Given the child/youth's presenting problems, he/she is expected to need acute and frequent medication adjustments requiring 24-hour nursing and physician availability.
5. Child/youth has a significant and unstable primary health care issue which is beyond the scope of mental health expertise or which requires physical intervention beyond the scope of the Children's Crisis Treatment Center facility.

6. Child/youth is 13 years of age or older and refuses to be placed in the Children's Crisis Treatment Center.
7. Child/youth exhibits acute signs of intoxication from drugs or alcohol needing medical detoxification.
8. Child/youth does not have a DSM-IV Axis I diagnosis.
9. Child/youth more appropriately belongs in another restrictive setting (eg. Juvenile detention, CRC, hospital, RTF or foster home) but a bed is unavailable.

Program Services: The Children's Crisis Treatment Center shall provide services that encourage and facilitate family participation and treatment teams. Specific services shall include:

- emergency respite,
- crisis intervention counseling,
- an educational component for each child/youth,
- a recreational component that will include activities such as arts and crafts, photography, games, gross motor activities (swimming, softball, basketball, etc)
- de-escalation,
- critical incident debriefing,
- planned admissions,
- child and family assessments,
- family and natural supports training/education,
- after care planning,
- family and community re-integration services

NSRSN Enrolled The Children's Crisis Care Center staff shall work collaboratively with the Child's

Children: Community Mental Health Case Manager and assist in facilitating case management services. When a child/youth is admitted who has a clinician in his/her community, contractor shall provide all services to that child in consultation with that clinician. Children's Crisis Care Center staff shall facilitate weekly face-to-face meetings and telephone contact 2x per week with the community clinician. A team approach shall be utilized for all treatment. The child/youth's team shall consist of at a minimum Children's Crisis Care Center staff, family member(s), community clinician, others as appropriate.

Children Not Enrolled With NSRSN: When a child/youth is admitted who is not involved in ongoing treatment in his/her community, Children's Crisis Treatment Center staff will work collaboratively with the NSRSN Integrated Crisis System, the child's community crisis team staff and assist in facilitating case management services and arranging ongoing services. Services shall be coordinated with that community clinician, family members and others as appropriate.

Counseling Services: The Children's Crisis Treatment Center's staff will work collaboratively with the Child's Community Counselor/Therapist and facilitates weekly counseling sessions for each child/youth in residence. When a child/youth is admitted who does not have a community counselor/therapist, Contractor will provide these services and facilitate and arrange for ongoing services after discharge within the child's/youths community.

Psychiatric Medical Services: Contractor psychiatric staff will be assigned to the Children's Crisis Treatment Center and will provide weekly face-to-face services to residents and consultation to staff. These services will be designed to coordinate with the existing community prescriber, when there is one, to determine whether those services should be provided by the community provider or by the Children's Crisis Care Center's psychiatrist in consultation with the community prescriber. When the child/youth does not have a community prescriber, the Children's Crisis Treatment Center psychiatric will provide the appropriate services. Psychiatric consultation shall be provided to the Children's Crisis Treatment Center staff a minimum of twice per week.

After Care Planning: The Children's Crisis Care Center Intake/Discharge Planner will be responsible

for working with family members, treatment providers, schools and other community support systems to ensure collaborative individualized discharge/after care planning treatment approach for each child. This collaborative treatment approach shall help ensure that ongoing treatment providers will have the best information possible about treatment of each child and family and resources and supports designed to help avoid crisis situations in the future.

Multi-Disciplinary Teams: At time of admission, Contractor’s Intake/Charge Planner shall begin working with Children’s Crisis Treatment Center staff and all other relevant treatment team members in the child’s community in order to provide the best possible treatment during the child’s stay at the Children’s Care Center AND to ensure a smooth transition back to the community that will provide stable services and minimize dependence on crisis services. A minimum of one (1) multi-disciplinary Team Meeting shall occur during the child/youth stay at the Children’s Crisis Treatment Center.

Transportation: Transportation shall be provided for residents of the Children’s Crisis Treatment Center as needed. This shall be accomplished by working with existing case managers and community providers when appropriate. For children/youth without a case manager or whose case manager cannot provide transportation, Contractor will utilize taxi service and assign an aide to accompany the child/youth.

Children’s Crisis Treatment Center Implementation Timeline

The following Table outlines the Children’s Crisis Treatment Center’s estimated Implementation Timeline into three phases. Each Phase’s actual begin and completion dates may be modified as necessary to ensure the Children’s Crisis Treatment Center is ready for occupancy no later than March 1, 2002.

Description	Estimated Begin Date	Estimated Completion Date
PHASE I - Planning and Design <ul style="list-style-type: none"> • Renovate facility 	9/1/01	12/31/01

<ul style="list-style-type: none"> • Plan program and begin to recruit staff • Consult and work with licensing officials, health inspectors, Fire Marshall, etc to ensure renovations meet all licensing requirements 		
<p>PHASE II – Implementation and Start-Up</p> <ul style="list-style-type: none"> • Finalize all plans, policies and procedures • Obtain all contracts and licenses • Hire and train Children’s Crisis Treatment Center staff 	1/01/02	2/28/02
<p>PHASE III – Operational</p> <ul style="list-style-type: none"> • Children’s Crisis Treatment Center will begin admitting children/youth and providing services 	3/01/02	

Reporting

1. Contractor shall provide a written progress report to the North Sound Regional Support Network (NSRSN) within 30 days of completion of Phase I and Phase II.
2. Contractor shall submit copies of required licenses and BRS contract within 10 working days of obtaining them.
3. Contractor shall provide a service report to the NSRSN 90 days from begin date of admitting children/youth and providing services and a final report summarizing activities and outcomes of operational zing the Children’s Crisis Treatment Center by September 15, 2002.

EXHIBIT B
NORTH SOUND REGIONAL SUPPORT NETWORK
CHILDREN'S CRISIS TREATMENT CENTER
PLANNING AND DESIGN BUDGET

PHASE I
UNITS A & B

SEPTEMBER 1, 2001 THRU DECEMBER 31, 2001

Expenditures:

Revenues:

Description	NSRSN Funding	APN Funding	Misc. Funding	In-Kind Contribution	Total Revenues
Salaries/Wages and Benefit		16,000		8,000	24,000
Supplies		1,000			1,000
Minor Equipment/Tools					
Professional Services	244,000				244,000
Communications/Telephone		2,906		1,000	3,906
Transportation					
Advertising					
Rentals					

Insurance					
Public Utilities					
Repairs/Maintenance				4,000	4,000
Machinery & Equipment					
Administration					
Other, please specify:					
TOTAL REVENUES	\$244,000	\$19,906	\$	\$13,000	\$276,906

EXHIBIT B
NORTH SOUND REGIONAL SUPPORT NETWORK
CHILDREN'S CRISIS TREATMENT CENTER
IMPLEMENTATION AND START-UP BUDGET

PHASE II
UNITS A & B
 January 1, 2002 thru February 28, 2002

Expenditures:

Revenues:

Description	NSRSN Funding	Misc Donations	APN Funding	Total Revenues
Salaries/Wages and Benefit	68,862		2,400	71,262
Supplies			10,000	10,000
Minor Equipment/Tools				
Professional Services				
Communications/Telephone	2,138		1,862	4,000
Transportation				
Advertising				
Rentals		6,000	2,000	8,000
Insurance				

Public Utilities			2,000	2,000
Repairs/Maintenance				
Machinery & Equipment			17,450	17,450
Administration			13,906	13,906
Other, please specify:				
TOTAL REVENUES	\$ 71,000	\$ 6,000	\$ 49,618	\$126,618

**EXHIBIT B
NORTH SOUND REGIONAL SUPPORT NETWORK
CHILDREN'S CRISIS TREATMENT CENTER
ANNUAL OPERATING BUDGET**

PHASE III

**UNITS A & B
March 1, 1, 2002 thru August 31, 2002**

Expenditures:

Revenues:

Description	DCFS Funding	APN Funding	Donations	Total Revenues
Salaries/Wages and Benefits	229,852	159,730		389,582
Supplies	8,784	25,516		34,000
Minor Equipment/Tools	4,410	3,066		7,476
Professional Services				
Communications/Telephone	3,540	2,460		6,000
Transportation	3,834	2,666		6,500
Advertising				
Rentals	3,540	2,460	18,000	24,000

Insurance	294	206		500
Public Utilities	3,540	2,460		6,000
Repairs/Maintenance	9,558	6,642		16,200
Machinery & Equipment	10,296	7,154		17,450
Administration	41,648	32,168		73,816
Other	354	246		600
TOTAL REVENUES	\$319,650	\$244,474	\$18,000	\$582,124

