



# North Sound Mental Health Administration

Regional Support Network for Island, San Juan, Skagit, Snohomish, and Whatcom Counties

117 North First Street, Suite 8 • Mount Vernon, WA 98273 • 360.416.7013  
800.684.3555 • Fax 360.416.7017 • TTY 360.419.9008 • Email [nrsn@nrsn.org](mailto:nrsn@nrsn.org) • Web Site <http://nsmha.org>

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## North Sound Mental Health Administration's PACT Implementation Plan

The North Sound Mental Health Administration (NSMHA) plans on contracting for one PACT in the Region, most probably in Snohomish or Whatcom Counties. NSMHA plans on putting this contract out for competitive bid in November 2006. The RFQ will require that the successful bidder meet all of the Washington State PACT Standards. The RFP is attached.

- 1. Describe how many PACT teams the RSN is planning to establish and the geographical area or areas in which the PACT Team(s) will operate. If you plan to establish more than one team, explain your rationale and the number of consumers that will be served by each team.***

The plan for the North Sound Region is to establish one 80-100 slot PACT. The plan is to contract this program through a competitive bidding process to the successful CMHA bidder, most likely one in Snohomish or Whatcom Counties. These two counties have the largest overall populations as well as the largest populations of adults with serious and persistent mental illnesses. NSMHA will require a minimum average utilization of 95 PACT slots when the program is fully enrolled.

- 2. Identify the provider/s selected to provide PACT services and briefly describe their qualifications for providing these services. If the provider/s has not been selected, describe the process for selecting the provider/s.***

The NSMHA plans on a competitive bidding process to determine the provider and county where this PACT will be located. The RFQ will require that the successful bidder meet all of the Washington State PACT Standards. The RFQ will be issued in early November; it will be due in mid-December; selection will be by a panel which will include consumers and advocates and will take place in early January; any contract negotiations will be handled in late January and early February; and NSMHA Board of Directors will approve the contract in early February.

- 3. The State's staffing model is attached in the draft Washington Standards for PACT Teams and is based on the National PACT Standards. The inclusion of a Psychiatric Nurse Practitioner or Clinical Specialist in Psychiatric-Mental Health Nursing in lieu of a psychiatrist is the only adaptation to the staffing in the National Standards. Identify your proposed staffing model including disciplines, position titles, qualifications, number of positions, and full time equivalents. If your staffing model varies from the State's model, identify the rationale for the proposed variation.***

NSMHA's plan is to require the successful bidder to follow Washington State's staffing model. The only additional requirement that consumers and advocates on our Regional Planning Committee recommended

is that there be a minimum of two peer counselors on the PACT staff. NSMHA can submit the staffing plan after the successful bidder is selected in January. NSMHA will notify the Mental Health Division if the successful bidder's staffing proposal varies from the Washington State Standards.

**4. Describe the RSN's plan for recruitment and selection of PACT staff.**

NSMHA will oversee the successful bidder's recruitment and selection of PACT staff. NSMHA's intention is for the successful bidder to have the entire PACT staff hired by April 1, 2007. NSMHA will require that members of the PACT Advisory Committee including consumers and advocates be on the interviewing team for the PACT staff.

**5. Describe the RSN's PACT start-up and training activities. Describe in detail the expected training needs of PACT team staff, including specific staff competencies and practice guidelines needed to implement the PACT model. Specify which training elements the RSN would like to receive from the state PACT training contract versus what will be provided through local RSN and provider training activities.**

NSMHA will collaborate with the successful bidder in designing and implementing a training package for their PACT staff. This will need to be tailored to the needs of the selected CMHA bidder and the PACT staff they recruit. It is not possible to give many specifics of the training needed until the provider has been selected.

NSMHA would like the State to provide the PACT Teams across the State training from nationally recognized experts operating successful PACT teams across the country. NSMHA would hope that this training would consist of several days of intensive training followed up with monthly trainings to assure that the PACT staffs fully adopt the PACT philosophy and model. Training on assuring and monitoring for fidelity compliance would assure a higher level of fidelity as well as better monitoring by NSMHA and other RSNs. NSMHA suggests that the State fund and conduct this fidelity training.

NSMHA would like to contract with the national PACT trainer(s) the State utilizes (apparently this will be Deborah Allness and her colleagues) to work specifically with the PACT team within our region for training, consultation and coaching.

If the State would like the PACT programs to incorporate evidence based practices such as Integrate Dual Disorder Treatment, Illness Management, Family Psycho-education and Supported Employment models, it would create greater consistency if the State would bring in trainers on these evidence-based practices. NSMHA will consider purchasing training on evidence-based practices incorporated into the PACT model. Since the development of 100 new supportive living slots will be challenge for all of the PACT teams, training on how other new programs have met this challenge would be beneficial.

**6. Describe the RSN's plan for providing local technical assistance for PACT start-up (e.g., addressing infrastructure, organizational needs). Describe the anticipated technical assistance needs as provided by the state for PACT start-up for both the RSN and the contracted provider/s.**

NSMHA will provide consultation and support regarding the local resources and supports. NSMHA will consult with the successful bidder on at least a bi-weekly from the time of selection through June of 2007. This would include oversight of the staff selection process and support in working with housing authorities, housing developers, community hospitals, jails, employment services, etc. Our goal would be for the PACT

team to develop positive working relationships with all of these community resources and for these local organizations to learn the capabilities of this new program. NSMHA and its member county human services departments will provide technical assistance and supports in developing subsidized housing for this program.

NSMHA would like clear and rapid access to technical assistance from the Mental Health Division for the PACT as it develops. Since the PACT teams require heavy medical prescriber and RSN staffing, the suggestion that the State support this recruitment might be helpful. Technical support around the development of housing might also be useful. Also, consultation on the use of evidence-based practices within the PACT would be useful to all RSNs.

**7. *The State's criteria for implementation of a local Stakeholder Advisory Group is attached in the draft Washington Standards and is based on the National PACT Standards. Describe the RSN's plan for implementation of a local stakeholder advisory group, including plans for educating consumers and family members on PACT and for including consumer and family member involvement in the development and ongoing evaluation of the PACT team/s.***

NSMHA will have consumers and family members involved in the selection of the PACT provider. The successful PACT CMHA bidder will be contractually required to develop a stakeholder advisory group that meets the Washington State PACT Program Standards. NSMHA will require meeting the State PACT Standards includes meeting the Advisory Group membership composition standards and the specified activity standards. The Advisory Group will be required to be initiated by March 15, 2007 and meet on a monthly basis. NSMHA will have at least one staff person on the Advisory Group as well as an Ombuds. The provider will be required to keep a written summary of the proceedings and recommendations of this group. The provider will be required to respond to all recommendations of this group. NSMHA will audit for compliance with these requirements in its administrative audits.

**8. *The State's admission criteria are attached in the draft Washington Standards for PACT Teams and based on the National PACT Standards. Identify the number of individuals to be served in the area where the PACT Team/s will be providing services that meet the admission criteria. Specifically estimate how many individuals that meet the full admission criteria are:***

Firstly, NSMHA believes there is great demand for PACT level of community support services. When NSMHA reduced residential beds to comply with the IMD rule, 98 high intensity treatment slots were opened. These slots filled very rapidly and there is constant and excess demand for them. See Attachment A for an analysis of community hospital inpatient utilization.

**a) *Current residents in the state hospital. Identify the number of residents and provide their median and average length in residence.***

NSMHA's best current emphasis is that 28 current people at Western State Hospital (WSH) from the North Sound region would meet the admissions criteria and benefit from PACT right now. The average length of stay for these individual is 15.2 months and the median length of stay is 11 months. NSMHA's census at WSH is climbing rapidly. NSMHA hopes that the PACT will be a major new placement resource for people from WSH, as well as a resource that diverts people from going to WSH.

**b) High users of state hospital or psychiatric inpatient services. Identify the number of individuals with more than 4 short term inpatient episodes over the past year and provide the median and average number of short term inpatient days over the past year.**

There are 54 consumers who have been hospitalized four or more times in the North Sound Region in the last year. 23 of these consumers were in Snohomish County. There are 28 consumers who have been hospitalized 5 or more times within the last year in the North Sound Region. 7 of those are in Snohomish County, 8 of those are in Whatcom County and surprisingly 11 of those are in Skagit County. The average length of stay in community hospitals is 11.1 days and the median length of stay is 8 days in community hospitals. See Attachment A for more details on community hospital usage by this population.

**c) Individuals with co-occurring mental health and substance abuse disorders of significant duration.**

There are 1,753 consumers that have been diagnosed indicating a substance abuse disorder and have received services in the North Sound region in the past year. Snohomish County accounts for 1,061 of these consumers with counts of 401, 150, 76 and 21 for Whatcom, Skagit, Island and San Juan counties respectively. However, only a fraction, perhaps 10%, of these people will need PACT services and meet the Washington State PACT Standards.

**d) At high a risk or a recent history (within the past six months) of criminal justice involvement (e.g., arrest and incarceration).**

NSMHA estimates that there are currently 25-35 people in our jail system that would benefit from PACT services. Snohomish County Jail Services staff estimates there are currently 16 people in the jail or jail services program in just the Snohomish County that would benefit from involvement in PACT. In addition, referrals would be accepted for individuals with serious and persistent mental illnesses from the Department of Corrections.

**e) Residing in substandard housing, homeless, or at imminent risk of becoming homeless.**

NSMHA estimates that there are 858 people with mental illnesses who are living in substandard housing, homeless, or at imminent risk of becoming homeless. This is based on the 2006 point in time head counts that the counties now conduct yearly. The PATH homeless outreach programs operating in Snohomish and Whatcom Counties engage estimate that they will enroll 185 individuals with serious mental illnesses who are homeless.

**9. Estimate the number of individuals expected to be served by the RSN's PACT team that will be minority or have limited English proficiency. Describe the RSN's plan to provide accessibility of culturally relevant services for minority and limited English proficiency persons to individuals receiving PACT services.**

14.5% of the North Sound Region is non-Caucasian. The largest limited English proficiency group who would use PACT is Hispanic people. Hispanic people comprise 5.4% of the Region's population (52,044 people). Predicting other limited English proficiency groups is difficult for the next largest group is Asian/Pacific Islanders at 5.7% of the Region's population (54,999 people), but there is no single language that is the predominant spoken language. Filipinos are the largest group within the Asian population at 1.1% (10, 629 people) and Korean at .9% (8595) is the second largest group. It is also possible that Russian, Ukrainian, Eastern European, and Middle Eastern languages might be spoken by people needing this program. (The demographic data is from the 2000 census.)

Since people of color tend and non-English speaking people tend to use the public mental health system less than the general population despite specialized programs and additional outreach efforts, NSMHA estimates

that between five and ten limited English proficiency people might use this program. Since Residential Licensing of Aging and Adult Services in the North Sound Region has raised concerns about serving limited English proficiency people in boarding homes, this might lead to more limited English proficiency people with mental illnesses being referred to PACT.

NSMHA will require the successful bidder to propose a cultural competent plan in their RFQ and follow this plan to serve individuals with limited English. Since the most common language spoken in our Region is Spanish, the provider will be strongly encouraged to consider hiring several staff bi-lingual in Spanish.

***10. Describe the RSN's plans for authorizing admissions for PACT services in accordance with the State's admission criteria. Describe the process that will be used to establish priority amongst eligible candidates.***

Authorizations will be handled by NSMHA Authorization staff. Authorizations will occur prior to admission to the program and will involve review of the diagnostic and functional criteria in the Washington State Standards. An authorization form similar to the ECS authorization form will be developed. It will be completed by WSH hospital liaisons, community hospital liaisons, provider staff, and anyone else requesting that a person be admitted to PACT.

Admission priority will be on the following basis:

1. People with severe and persistent mental illnesses who are high utilizers of Western State Hospital
2. People with severe and persistent mental illnesses who are high utilizers of Community Hospitals
3. People with severe and persistent mental illnesses who are high utilizers of the criminal justice system
4. People with severe and persistent mental illnesses having difficult living in the community and at risk for long-term hospitalization who have a co-occurring disorder
5. People with severe and persistent mental illnesses having difficult living in the community and at risk for long-term hospitalization
6. People with severe and persistent mental illnesses having difficult living in the community. Priority will be given to the following people:
  - a. People who have difficulty meeting their basic survival needs or are homeless or at imminent risk of homelessness.
  - b. People who are residing in an inpatient or supervised community setting, but are assessed to be able to live in a more independent living situation if intensive services are provided, or would require residential or institutional care if they did not receive PACT level of care.
  - c. People who have difficulty utilizing traditional office-based outpatient services.

NSMHA will re-authorize people for the program on at least a yearly basis. NSMHA will also require authorization prior to termination from the program.

***11. Describe how the RSN will provide services to consumers served by PACT teams that are supportive of recovery.***

- a. ***Address how individuals and their families will be involved in the development, implementation and evaluation of individual plans that are supportive of recovery.***

NSMHA has already presented PACT to our Planning Committee which has consumers and advocates. The RFP will require the bidders to address how individuals and their families will be involved in the

development, implementation and evaluation of individual plans that are supportive of recovery. The consumers and advocates have already recommended that the PACT staffing pattern include two peer counselors to advocate for the consumer and recovery point philosophy. Consumer and advocates will be on the RFP Bidder Selection Committee. All of these factors should set the stage for a recovery focus in the treatment plans.

The successful CMHA bidder will be expected to follow their plan for involving the individual admitted to PACT, their family and significant others in the development, implementation, and evaluation of their treatment plans. NSMHA will strongly encourage the PACT provider to offer WRAP for the individuals in their program.

***b. Specify plans for any evidence based (e.g. Illness Management and Recovery) or promising practices that will be incorporated into the RSN's PACT services to support recovery goals***

NSMHA supports the adoption and use of evidence-based practices in this program. NSMHA is asking in its RFP what evidence-based practice the bidders plan on utilizing. Additional points will be given in rating the bidders in utilizing evidence-based practices.

NSMHA will strongly encourage the adoption of as many of the SAMSHA evidence-based practices as possible. These include Illness Management, Integrated Dual Diagnostic Disorder Treatment, Supported Employment and Family Psycho-Education. In addition and as previously stated, NSMHA will encourage the use of WRAP planning process for all individuals in PACT.

***12. Describe the RSN's plan for educating service providers, allied systems, and law enforcement on how to refer individuals to PACT services as well as how to access services for consumers enrolled on the PACT teams.***

NSMHA and its selected PACT provider will notify all allied systems about the provider's selection and the implementation plan for the PACT program by March 15, 2006 in writing and at our many cross-system coordination meetings. NSMHA has already discussed the PACT program with all of our community hospitals at our quarterly meetings. PACT has also been discussed with the Regional DVR supervisors and Regional Home and Community Services providers. NSMHA and its selected PACT provider will conduct community meetings to make allied systems aware of this program.

***13. Describe the RSN's plans for providing or coordinating housing for the individuals to be served by the PACT teams. Specify the number of local transitional and long term housing units that have been specifically identified for PACT participants as well as the RSN's plan to develop, acquire and/or partner with local housing providers for new housing resources for PACT consumers.***

The NSMHA will require bidders on the PACT RFQ to specify in detail their plans for housing PACT participants in the community. The quality of the housing program plan will be a key factor in the selection of the PACT provider. Priority will be given to individual apartment living. NSMHA cannot specific the details of the transitional and long term housing arrangements until a specific geographic location and provider are chosen. There are several CMHAs with considerable housing experience who operate their own housing programs and coordinate with housing authorities and other housing officials. There are three housing authorities within the region who have been highly supportive of arranging subsidized housing for people with mental illnesses.

NSMHA and Snohomish County Human Services have met with the Everett Housing Authority and received a tentative commitment of a significant number of Section 8 certificates. These could be either project-based certificates or tenant-based certificates if the program is placed in Everett. As soon as a successful PACT provider is selected, intensive planning will begin on the housing development by both the PACT provider and NSMHA.

**14. Describe the RSN's plans and models which will be used to provide the following essential services to PACT team recipients:**

**a. Employment services**

The specifics of how all of these services will be implemented cannot be fully determined until a PACT provider is selected. NSMHA will require the PACT team to have an employment specialist and for the team to be the major supports for employment, including on the job supports. NSMHA will strongly encourage the PACT provider to have an expectation that all PACT consumers have meaningful daily activities at least five days a week. Priority would be given to employment, but other meaningful activities until people are able to work would include volunteer work, school or participation at a clubhouse.

NSMHA will encourage the PACT provider to consider using the Supported Employment model endorsed by SAMSHA. Several providers in the North Sound Region already operate employment programs and almost all CMHAs are DVR vendors.

**b. Co-occurring disorders services**

The North Sound Region's PACT will meet all of the Washington State PACT Standards for dual diagnosis substance abuse services. This will include the provision of a stage-based treatment model that is non-confrontational, considers interactions of mental illness and substance abuse and has client-determined goals. NSMHA will strongly encourage the PACT provider to adopt the SAMSHA Integrated Dual Disorder Program which is considered an evidence-based practice. The Washington State PACT standards have many similar elements to this program.

**c. Coordination of medical care**

A registered nurse will be expected to conduct a physical assessment and present it at the first team meeting as the individual enters the PACT Program. NSMHA will require that medical services be arranged for all consumers coming into the program and that they have a general physical exam if they have not had one in the last 180 days. All contacts with medical providers will be documented in the clinical chart.

**d. Education, support, and consultation to consumers' families and/or social support**

NSMHA will expect the PACT provider to work closely with families and other social supports of people who are in PACT. NSMHA will encourage the adoption of SAMSHA Family Psycho-education evidence-based practice. NSMHA views working with the family and friends of PACT participants as a key component in supporting the recovery of PACT participants.

## **Budget & Timeline**

The State intends to provide \$1.3 million per year for a full PACT team (e.g. serving 80-100 consumers) and \$650,000 for a half PACT team (e.g. serving 42-50 consumers).

1. ***Provide a draft proposed budget for the PACT Team/s in accordance with the funding that has been designated for your RSN. Specify the source and amount of any funds and resources to be used from other sources as well as the use of the specific use of these other resources. Break the budget out by the following:***

These budgets can only be considered tentative for no PACT provider has been selected. NSMHA will have the providers propose a start-up and annual budget in their proposals. NSMHA will negotiate these proposed budgets with the selected provider during the contract negotiating period.

- a. ***3 months start up budget***

See Attachment B for the Development, Start up, and Annual Budgets

- b. ***Annual budget***

See Attachment B for the Development, Start up, and Annual Budgets

2. ***Provide an implementation timeline including initial development through full implementation (e.g. teams operating at full capacity.)***

### **PACT Time Line**

<b>Activity</b>	<b>Date Activity Completed</b>
Develop RFP	October 2006
Release RFP	November 3, 2006
Bidders Conference	November 13, 2006
RFPs submitted to NSMHA	December 8, 2006
RFP Selection Committee Reviews Proposals	December 15, 2006
Selection Committee Meets with Bidders	January 4, 2007
NSMHA Announce preliminary Successful Bidder	January 11, 2007
NSMHA Develop and Negotiate Contract	January-February 2007
NSMHA Board of Directors Approves Contract	February 11, 2007
PACT Team Manager hired	March 1, 2006
PACT Program Development and Staff Recruitment	March 15, 2007
PACT Program Staff hired and begin training	April 1, 2007
First six PACT consumers admitted	April 30, 2007
PACT Program is full ( <i>Adding six consumers per month</i> )	July 30, 2008

It is NSMHA's intention to admit clients as rapidly as possible, but no more than six new consumers will be admitted per month. Thus, if the first admissions occur in April 2007, it will take 15 months for the program to meet the 90 participant level. NSMHA will contract for the minimal average census for the program to 90 consumers after the initial start-up phase.

***3. The funding to be provided for PACT is intended to be for new teams and services and not to supplant existing services. Identify the current programs providing PACT or high intensity treatment services in the region and the number of individuals currently served by these programs. Provide a statement attesting to the fact that funds received from the state for the development of new PACT teams will not be used to supplant other PACT or high intensity treatment programs currently operating in the RSN.***

No providers are currently providing PACT level of services. At present, Compass Health is providing 7 Expanded Community Treatment slots and Lake Whatcom Treatment Center is providing 8 Expanded Community Treatment Slots. Currently, Bridgeways is providing 46 slots of High Intensity Treatment; Compass Health in Skagit and Island Counties is providing 42 slots of High Intensity Treatment; Whatcom Counseling and Treatment Center is providing 7 slots of High Intensity Treatment.

NSMHA and its contracted providers agree that funds received from Washington State Mental Health Division for the development of this new PACT teams will not be used to supplant other PACT or high intensity treatment programs currently operating in the North Sound Region. NSMHA will place a similar attestation in its provider contracts.

## ATTACHMENT A

## NSMHA Prospective PACT Team Participant's Analysis

County of residence	Average Medicaid Months for Disabled Adults 18 and up between 4/1/2005 and 5/31/2006	Total Consumers Served*	Total Consumers Served* (not counting crisis only)	Bipolar	Psychotic / Delusional	Schizophrenia	Inpatient 2 or more times*	Inpatient 4 or more times*	Inpatient 5 or more times*	Average Inpatient Length of Stay	Median Length of Stay	Consumers served having a Co-Occurring Disorder diagnosis
Island	805	898	620	160	107	40	27	2	1	12.5	9	76
San Juan	119	200	147	21	20	9	8	-	-	10.3	8	21
Skagit	2,130	2,033	1,584	303	284	138	71	15	11	9.5	7	150
Snohomish	**7,127	9,467	6,945	1,465	1,420	713	206	23	7	11.1	8	1,061
Whatcom	3,682	3,352	2,734	618	690	385	87	12	8	12.0	10	401
Unknown	401	45	43	4	-	1	-	-	-	12.5	9	1
Outside Region	-	595	285	100	95	45	18	2	1	12.5	9	43
<b>Grand Total</b>	<b>16,665</b>	<b>16,590</b>	<b>12,358</b>	<b>1,775</b>	<b>1,639</b>	<b>999</b>	<b>417</b>	<b>54</b>	<b>28</b>	<b>11.1</b>	<b>8</b>	<b>1,753</b>

\* Between 4/1/2005 and 5/31/2006

\*\*2,400 has been subtracted from actual number due to WMIP participats, the number of WMIP is likley to increase in coming months.

Diagnosis indicates received an outpatient or inpatient service during year with indicated diagnosis

Count of Total Consumers includes unduplicated count of all consumers receiving an outpatient service between 4/1/2005 and 5/31/2006

## Attachment B

### Draft Preliminary Budget

	Start Up Funding	April - June 06	7/1/2007 to 6/30/2008	Total Budget
<b>Revenues</b>	\$ 100,000	325,000	\$ 1,300,000	\$ 1,725,000
<b>Expenses</b>			\$	
Salaries & Wages	\$ 5,000	\$ 110,000	725,000	840,000
Personnel Benefits	1,400	35,000	200,000	236,400
Office & Operating Supplies	500	8,500	40,000	49,000
Professional Services - Consultation	1,000 15,000	12,000 20,000	15,000 15,000	28,000 50,000
Communications	250	2,000	31,000	33,250
Travel	200	2,500	25,000	27,700
Operating Rentals	1,000	3,414	38,000	42,414
Insurance	300	2,000	14,000	16,300
Utilities	350	2,000	19,000	21,350
Repair & Maintenance		500	16,000	16,500
Machinery & Equipment	25,000	35,000	25,000	85,000
Assistance To Individuals - (Flex Funds)		1,036	20,000	21,036
Miscellaneous Expense		3,435	16,000	19,435
Training	35,000	25,000	20,540	80,540
Shared Expenses				-
Capital	15,000	45,000	10,000	70,000
RSN Administration		17,615	70,460	88,075
<b>Totals</b>	<b>\$100,000</b>	<b>\$325,000</b>	<b>\$1,300,000</b>	<b>\$1,725,000</b>