



**NORTH SOUND
MENTAL HEALTH ADMINISTRATION**

**QUALITY MANAGEMENT OVERSIGHT COMMITTEE
COMMITTEE MEETING PACKET**

October 15, 2003

QMOC GUIDING PRINCIPLES

The QMOC charge is to guide the quality assurance and quality improvement activities of mental health services within the NSMHA region. In assessing the necessary data and making appropriate recommendations, the QMOC members agree to the following:

- ◆ Help create an atmosphere that is SAFE.
- ◆ Maintain an atmosphere that is OPEN.
- ◆ Demonstrate RESPECT and speak with RESPECT toward each other at all times.
- ◆ Practice CANDOR and PATIENCE.
- ◆ Accept a minimum level of TRUST so we can build on that as we progress.
- ◆ Be SENSITIVE to each other's role and perspectives.
- ◆ Promote the TEAM approach toward quality assurance.
- ◆ Maintain an OPEN DECISION-MAKING PROCESS.
- ◆ Actively PARTICIPATE at meetings.
- ◆ Be ACCOUNTABLE for your words and actions.
- ◆ Keep all stakeholders INFORMED.

Adopted: 10-27-99
Revised: 01-17-01

**North Sound Mental Health Administration
Quality Management Oversight Committee
NSMHA Conference Room
October 15, 2003
12:30 – 2:30**

AGENDA

			Page #
1.	Open the meeting & comments from the Chair		
2.	Approval of August 2003 Minutes <small>Action Item</small>	Chair Byrne	3
3.	Reports		
	A. Quality Management Department Report <small>FYI and Discussion</small>	Ms. Klamp	7
	B. Volunteers of America Audit <small>FYI and Discussion</small>	Ms. Klamp	8
	C. QMC Report <small>FYI and Discussion</small>	Mr. Long	9
	D. Quality Review Team Quarterly Report <small>Action Item</small>	Ms. Bacon	12
	E. WCPC Crisis Review Update <small>FYI and Discussion</small>	Mr. Benjamin	13
	F. MHD Quality Strategy and NSMHA QM Plan Strategy <small>FYI and Discussion</small>	Ms. Klamp and Mr. McDonough	14
	G. UM Charter <small>FYI and Discussion</small>	Mr. McDonough	15
4.	Other Business		
	A. Meeting Evaluation Results	Chair Byrne	
5.	Adjourn		

**North Sound Mental Health Administration
Quality Management Oversight Committee
NSMHA Conference Room
August 20, 2003
12:30 – 2:30**

MINUTES

Present:

Andy Byrne, QMOC Chair, Board of Directors
Melissa DeCino, QRT
Sharri Dempsey, Tribal Liaison/OCA Manager
Mary Good, Advisory Board Member
Wendy Klamp, Lead Quality Specialist
Terry McDonough, Quality Specialist
Karen Kipling, VOA
Bob LeBeau, APN rep.
Joan Dudley, Lake Whatcom Residential Treatment Center
Marcia Gunning Contracts Compliance/Fiscal Services Manager
Gary Williams, County Coordinator
Chuck Davis, Ombuds

Not Present:

Claudia D'Allegri, Sea Mar
Karen Townsend NSMHA QS
Michael S. White, IS Specialist
Joe Johnson, NSMHA Board
Joan Lubbe, Advisory Board
Vacant-Advisory Board Member
Vacant-Advisory Board Member

Others Present:

Annette Calder
Shari Downing
Betsy Davis
Jane Relin
Greg Long

1. Open the meeting & comments from the Chair

Chair Byrne opened the meeting at 12:38 pm and welcomed those present. He distributed an article from the Bellingham Herald about the joint venture to provide long-term housing for homeless mentally ill people with drug addictions and criminal records. This is co funded by Whatcom Counseling and Psychiatric Clinic and the Opportunity Council.

Chair Byrne thanked WCPC for their hard work on this project. See Attachment A for more information. Chair Byrne announced an agenda change for the meeting. The Episodes of Care will be moving up on the agenda as Mr. Williams was bumped at the last meeting and has a prior commitment this afternoon. Mr. Long will be presenting today for Mr. Benjamin.

2. Approval of June 2003 Minutes

Motion to approve as written, seconded, all in favor, **motion carried.**

3. Reports

A. Quality Management Department Report

Ms. Klamp distributed two Quality Management Department Reports as there was not a July meeting and went over the crisis review with the group. See Attachment B for more information. Wendy thanked the staff involved for their hard work during the last two months. Wendy was thanked for her report.

B. Review of Administrative Audits

Ms. Klamp informed the group that during Marcia's absence NSMHA continued to do administrative audits. The APN Audit was in September 2002, and she is working with Bob LeBeau and Jere LaFollette to finalize one remaining policy on how to engage resistive and hard to engage clients. Wendy also gave updates on the audits for Catholic Community Services, Lake Whatcom Residential Treatment Center, Whatcom Counseling and Psychiatric Clinic, and Sea Mar. A question and answer period followed. See attachment B for further information. Wendy was thanked for her report.

C Episodes of Care and E&T Reviews

Mr. Williams presented the Inpatient Episodes of Care Review to the committee and distributed the report. See Attachment C for additional information. Mr. Williams discussed two separate review processes with the committee. The first one is a episode of outpatient care with information on 30-days prior to the episode and 30-days after hospital care.

The second review was of the E&T. This was the first time the NSMHA visited the E&Ts. What the NSMHA found was that the E&T had good policies and procedures in place. The NSMHA did find opportunity for a suicide assessment form, and also on follow up contact of consumers on suicide risk in aftercare. Revisits will be scheduled for late September or early October.

Gary thanked Terry McDonough for all of his work. He stated Terry McDonough and Linda Benoit have been designated by the NSMHA to do Utilization Management and this is an excellent opportunity to work collaboratively with APN to improve the inpatient process. They will be sharing information from this report at the inpatient meeting next week. Group discussion followed. Chair Byrne thanked Gary for his report.

D. WCPC Corrective Action

Mr. Long informed the committee on WCPC's audit and corrective action plan. During the implementation of a corrective action plan, another high visibility critical incident occurred in Whatcom County. MHD has put WCPC on a one-year probation of crisis services and asked NSMHA to monitor their progress in crisis services. NSMHA has sanctioned WCPC \$20,000 and will use the money to hire an independent consultant to work with WCPC on their crisis services. NSMHA sent out a Request Of Qualifications (ROQ) last week and responses are due by August 28, 2003. NSMHA wants to have a candidate selected by the September 11, 2003 NSMHA Board of

Directors meeting and hopes to have a contract approved at that meeting. All of WCPC's ICRS sheets are being reviewed by NSMHA staff. NSMHA has asked for a contingency plan, and APN has submitted one. Compass North would take over crisis services if WCPC is no longer licensed to provide crisis services.

Jane Relin of WCPC asked if the crisis license was pulled, would crisis respite fall under that license? Greg stated that we would look into this issue and committee discussion followed. Wendy acknowledged all of the hard work, diligence, and commitment that WCPC has put into this situation. Wendy also noted that WCPC is doing everything in their power to correct the situation. Gary stated that this is not just a Whatcom County issue and careful monitoring of our system should be looked into in other counties as well.

Mr. Williams made a motion that QMOC supports the corrective action plan identified by NSMHA to monitor WCPC in its crisis service performance, and implementation of the \$20,000 sanction be used to contract with a independent consultant to asses the management services of crisis services at WCPC. Ms. Kipling seconded the motion and it **passed unanimously**.

E. Integrated Report

Mr. McDonough presented the Quality Management Department Integrated Report for the 3rd Biennial Quarter 2002-2003 to the committee. Terry addressed the committee about the corrective action plans throughout the Region prior to the WCPC sanction. Terry pointed out the accomplishments of the NSMHA, and the re-licensing of the Coordinated Quality Improvement Program (CQIP), from the Department of Health. Terry also discussed the review of the public mental health system and subsequent Integrated Quality Management Process that has taken place in our Region. See Attachment E for details.

Terry reminded the committee that this is an action item and asked the committee to vote on whether to send this report to the NSMHA Board of Directors, committee discussion followed. Ms. Dudley then made a motion and Mr. LeBeau seconded. **Motion passed unanimously.** Chair Byrne thanked Terry for his report.

F. QMOC Restructure

Chair Byrne gave a report on the restructuring of QMOC. Chair Byrne thanked Mary Good, Sharri Dempsey, Chuck Benjamin and Wendy Klamp for helping form the recommendations. Committee recommendations were handed out. Chair Byrne stated that no changes were recommended to the overall role of QMOC, however the subcommittee did recommend changes to the membership. There will be less NSMHA staff and more consumer, advocate and County Coordinator participation to keep the membership at 19. See attachment E further information. Chair Byrne also discussed the QMOC charter. New members of QMOC will receive training and NSMHA will provide reimbursement for travel to QMOC meetings. The restructure will be presented to the Board of Directors on September 11, 2003 and will implement

changes on January 1, 2004. Ms. Dempsey made a motion to pass new charter as written. Ms. Good seconded. 10 yeas, 0 against, and 1 abstention. **Motion passed.**

4. Other Business

Ms. Dudley requested that QMOC packets be copied on double sided paper whenever possible. Shari Downing committed to do prepare meeting packets double sided to reduce paper.

Ms. Dempsey reminded the committee of the NSMHA Mental Health Craft Fair that will be held on September 20, 2003. It will be from 10:00 a.m. until 4:00 p.m. Anyone who would like to come and help out is welcome.

Chair Byrne asked the committee to please fill out the meeting evaluations and turn them in on their way out.

6. Adjourn

Chair Byrne adjourned the meeting at 2:35 p.m.

Respectfully submitted,

Shari Downing

Please Note:

The attachments referenced herein are part of the official record and attached to the file copy. Please contact the NSMHA at 1-800-684-3555 extension 243 if you have any questions, comments or concerns.

NSMHA COMMITTEE DISCUSSION FORM

AGENDA ITEM: Quality Management Department Report

PRESENTER: Wendy Klamp, NSMHA Lead Quality Specialist

COMMITTEE ACTION: Action Item () FYI & Discussion (x) FYI only ()

SIGNIFICANT POINTS OR EXECUTIVE SUMMARY:

- ✓ Summaries of August and September activities of the Quality Management Department and Quality Specialist staff will be provided at the meeting.

CONCLUSIONS/RECOMMENDATIONS:

- ✓ A summary of Quality Management Department activities will be given to the QMOC on a monthly basis

TIMELINES:

- ✓ Ongoing

HANDOUTS:

- ✓ The reports will be distributed at the meeting.

NSMHA COMMITTEE DISCUSSION FORM

AGENDA ITEM: Volunteers of America Administrative Audit Report

PRESENTER: Wendy Klamp

COMMITTEE ACTION: Action Item () FYI & Discussion (x) FYI only ()

SIGNIFICANT POINTS OR EXECUTIVE SUMMARY:

- The Audit was conducted at the Volunteers of America Everett office on September 4 and 5, 2003
- NSMHA Audit staff included Wendy Klamp, Lead Quality Specialist; Bill Whitlock, Fiscal Compliance; Beckie Bacon, Quality Review Team; and Terry McDonough, Quality Specialist.
- Several significant organizational and structural strengths of the Volunteers of America were noted. Among these were;
 - The open, responsive and improvement-oriented culture
 - The high quality of management and staff performance
 - The overarching commitment to consumers evident
 - Accreditation by the American Association of Suicidology, and the incorporation of multiple audit results into the quality management process
 - Organization and completeness of personnel files
 - Complaint, grievance and fair hearing compliance
 - Excellent Disaster plan and cross-system collaboration
 - Holistic and inclusive cultural competence and sensitivity
 - Cooperation with NSMHA Ombuds and QRT staff
- Overall, no Findings were noted by any NSMHA Audit Team members. Two recommendations were suggested to the Volunteers of America staff, one related to the documentation of follow-up documentation to staff training and one regarding inter-office communications.

CONCLUSIONS/RECOMMENDATIONS:

- Volunteer of America is to be complimented and commended for their excellent Administrative Audit result

TIMELINES: N/A

ATTACHMENTS: None

NSMHA COMMITTEE DISCUSSION FORM

AGENDA ITEM: QMC Report

PRESENTER: Greg Long

COMMITTEE ACTION: Action Item () FYI & Discussion (x) FYI only ()

SIGNIFICANT POINTS OR EXECUTIVE SUMMARY:

The Quality Management Committee (QMC) was developed as recommendation from the System Review process of this spring to better coordinate quality management and clinical activities across the region and across all contracted community mental health provider agencies.

The QMC started meeting in July and four meetings were held in the initial two months. Meetings are now being held once a month. The QMC has representation from all providers. Wendy Klamp of NSMHA chairs the QMC and does not vote on issues at this level. If this committee cannot resolve an issue within a few months, the issue will be referred to the Management Council and then to QMOC.

Accomplishments so far include the approval of a QMC charter, formation of a regional Utilization Management Sub-Committee and the sharing of results of peer reviews of clinical charts. All agencies passed their clinical reviews with scores over 90.

CONCLUSIONS/RECOMMENDATIONS:

The QMC has a solid beginning and is operating efficiently. Group members are respecting and coming to appreciate the differing roles and responsibilities. You will be seeing the results of this committees work in the coming months. You also may be reviewing a few disputed issues.

TIMELINES:

N/A

ATTACHMENTS:

QMC Membership Roster

Regional Quality Management Committee Roster

Organization	Name	Phone	Fax	E-Mail
NSMHA Facilitator:	Wendy Klamp Lead Quality Specialist	360-416- 7013 ext. 227	360-416- 7017	wendykl@nrsrn.org
	Greg Long Deputy Director	360-416- 7013 ext 231	360-416- 7017	gregl@nrsrn.org
	Terry McDonough Adult Specialist	425-388- 7313	425-388- 7216	tmcdonough@co.snohomish.wa.us
	Linda Benoit Children Specialist	360-738- 2504 ext 30688	360-738- 2490	lbenoit@co.whatcom.wa.us
	Michael White IS/IT	360-416- 7013 ext 235	360-416- 7017	michawh@nrsrn.org
<i>APN Providers</i>				
bridgeways	Marilyn Baker	425-513- 8213	425-513- 0534	mbaker@bridgeways.org
	Alternate is Roy Sykes	425-513- 8213	425-513- 0534	rsykes@bridgeways.org
	Vicki Hoffman Executive Director	425-513- 8213	425-513- 0534	vhofmann@bridgeways.org
	Alternate is Donna Konicki	425-513- 8213	425-513- 0534	dkonicki@bridgeways.org
Catholic Community Services	Kathy McNaughton Clinical Director	360-676- 2164	360-676- 2144	kathym@ccsww.org
	Alternate is Eric Love	360-676- 2164	360-676- 2144	erici@ccsww.org
	Cec Meadows	360-676- 2187	360-676- 2144	cecm@ccsww.org
	Alternate is Janet Simpson	360-416- 7546	360-416- 7541	janets@ccsww.org
Compass Health	Carole Kosturn Clinical Director	425-349- 8363	425-349- 8383	Carole.kosturn@compassh.org
	Alternate is Theresa Lourde	425-349- 8369	425-349- 8383	Theresa.lourde@compassh.org
	Tom Sebastian Associate Clinical Director	360-419- 3523	360-419- 3520	Tom.Sebastian@compassh.org
	Mary Cline	425-349- 7261	425-349- 8383	Mary.cline@compassh.org
	Alternate is Betsy Davis			
	Stacey Alles	360-419- 3555	360-419- 3505	Stacey.alles@compassh.org
	Alternate is Heather Fennell			

Lake Whatcom Treatment Center	Michael Watson Alternate is Tawna Thomas	360-676-7530 ext 3310 360-676-6000 ext4317	360-676-6001 360-676-6006	Michael.watson6@att.net Tawna.Thomas@lwrtc.org
	Kay McEniry Alternate is Joan Dudley	360-676-6000 ext 4318 360-676-6000 ext 4311	360-676-6001 360-676-6001	Kay.mceniry@lwrtc.org Joan.Dudley@lwrtc.org
Whatcom Counseling & Psychiatric Clinic	Norma Ramirez Alternate is Gary Ramey	360-676-2220 360-676-2220	360-676-7750 360-676-7750	Norma.Ramirez@whatcomcounseling.org
	Pamala Benjamin Alternate is Jana McGlinn	360-676-2220	360-676-7750	Pam.Benjamin@whatcomcounseling.org Jana.McGlenn@whatcomcounseling.org
Fiscal	Dean Wight	425-349-8422	425-349-8411	Dean.wight@compassh.org
Sea Mar	Julia Ortiz Alternate is Russ Hardeson	360-734-5458 360-428-8912		Jortiz24@hotmail.com
	QM Name			
Snohomish County	Preston Hess	425-388-7217		Preston.hess@co.snohomish.wa.us
<i>Tribes</i>	Clinical Name			
	QM Name			
VOA	Linda Carlson	425-609-2210		lcarlson@voaww.org
	Karen Kipling	425-609-2210		kkipling@voaww.org
Sound Data	Ken Richardson Data Analyst Alternate is Marsha Murray	360-303-6874		Ken.Richardson@sounddata.org
Staff Support	Annette Calder	360-416-7013 ext 230	360-416-7017	annettec@nsrsn.org

NSMHA COMMITTEE DISCUSSION FORM

AGENDA ITEM: QRT Quarterly Report for 2nd Quarter

PRESENTER: Beckie Bacon

COMMITTEE ACTION: Action Item () FYI & Discussion (x) FYI only ()

SIGNIFICANT POINTS OR EXECUTIVE SUMMARY:

- Completion of Poem & Story Literary Contest
- List of Duties and Activities Performed

CONCLUSIONS/RECOMMENDATIONS:

None

ATTACHMENTS:

Quarterly Report for Calendar Period April-June 2003 will be distributed at the meeting

NSMHA COMMITTEE DISCUSSION FORM

AGENDA ITEM: WCPC Emergency/Crisis Services Update

PRESENTER: Charles R. Benjamin

COMMITTEE ACTION: Action Item () FYI & Discussion (x) FYI only ()

SIGNIFICANT POINTS OR EXECUTIVE SUMMARY:

As reported previously, Whatcom Counseling & Psychiatric Clinic's Crisis Response System is under close monitoring as follows:

1. Mental Health Division (MHD) has placed this program on probation for one year.
2. NSMHA has:
 - a. Requested a Corrective Action Plan to ensure 24/7 Emergency Services.
 - i. Part of plan requires WCPC and NSMHA to conduct daily reviews of crisis system "event sheets."
 - b. Issued a \$20,000 sanction to APN/WCPC.
 - c. Sanction funds to be used to contract with an independent consultant to assess the management and functioning of the Emergency Services Program.

CONCLUSIONS/RECOMMENDATIONS:

NSMHA has hired an independent consultant.

A contingency plan from APN has been received, reviewed and is being revised with input from MHD and NSMHA.

An update on the monitoring of the "event sheets" is indicating improvement.

NSMHA will report back to QMOC once we receive a report.

These efforts need to be integrated with the NSMHA's review/survey of the Crisis System throughout the North Sound.

TIMELINES:

N/A

ATTACHMENTS:

N/A

NSMHA COMMITTEE DISCUSSION FORM

AGENDA ITEM: MHD Quality Strategy and NSMHA QM Plan Strategy

PRESENTERS: Wendy Klamp and Terry McDonough

COMMITTEE ACTION: Action Item () FYI & Discussion (x) FYI only ()

SIGNIFICANT POINTS OR EXECUTIVE SUMMARY:

- The MHD Quality Strategy is being implemented throughout the State by Regional Support Networks.
- The Quality Strategy is meant to “continuously and consistently monitor the appropriateness and quality of the consumer care delivery system in Prepaid Health Plans providing mental health care to eligible consumers in Washington State.”
- The 17 specific objectives of the MHD Quality Strategy are presented in a grid that will be included in this report (See Attachment)
- The MHD Quality Strategy will have implications for the Quality Management planning process in the North Sound Region.

CONCLUSIONS/RECOMMENDATIONS:

In order to implement the MHD Quality Strategy into the NSMHA’s Quality Management planning process, NSMHA staff recommends;

- That a sub-committee be organized to begin incorporating MHD Quality Strategies into the NSMHA Quality Management Plan
- That the sub-committee be open and inclusive of staff, consumers and advocates throughout the North Sound Region
- That the sub-committee be organized at the NSMHA level
- That offers of inclusion in the sub-committee be extended to members of QMOC as well as the Regional Quality Management Committee
- That the Quality Management Plan produced by the sub-committee be presented to both QMOC and the Regional QMC for input and final approval.

TIMELINES:

N/A

ATTACHMENTS:

MHD Quality Strategy grid (17 points) will be handed out at the meeting

NSMHA COMMITTEE DISCUSSION FORM

AGENDA ITEM: Regional Utilization Management Plan Charter

PRESENTER: Terry McDonough

COMMITTEE ACTION: Action Item () FYI & Discussion (x) FYI only ()

SIGNIFICANT POINTS OR EXECUTIVE SUMMARY:

- The Regional Quality Management Committee has formed a subgroup charged with developing a Utilization Management Plan for the Region.
- This subgroup is the Regional Utilization Management Sub-Committee
- A core group of Sub-Committee staff wrote a Charter that describes the purpose, objectives and intended goals of the Utilization Management Sub-Committee.
- The Charter was presented to and accepted by the Regional Quality Management Committee at its September 25, 2003 meeting
- The Charter is being presented to QMOC today for QMOC's review and comments.

CONCLUSIONS/RECOMMENDATIONS:

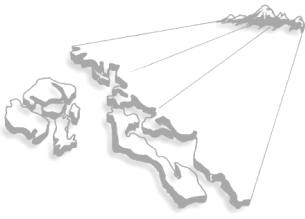
- The Regional Quality Management Committee recommends that the Utilization Management Sub-Committee Charter be approved and forwarded by QMOC to the NSMHA Board of Directors for implementation.

TIMELINES:

- The Utilization Management Sub-Committee Charter will be presented to QMOC at the October 15, 2003 QMOC meeting

ATTACHMENTS:

- Copies of the NSMHA Regional Utilization Management Sub-Committee Charter will be distributed at the October 15, 2003 QMOC meeting



North Sound Mental Health Administration

Regional Support Network for Island, San Juan, Skagit, Snohomish &
Whatcom Counties
117 N. 1st Street, Suite 8 ? Mount Vernon, WA 98273-2858
360.416.7013 ? 800.684.3555 ? Fax 360.416.7017 ? TTY 360.419.9008 ?
<http://nsrsn.org>

NSMHA Utilization Management Sub-Committee Charter

Charge to the Group

1. Develop a regional Utilization Management Plan that meets MHD contractual requirements and focuses on optimizing utilization, access, quality, and cost to provide the highest quality services to the most people possible at the lowest cost possible.
2. The Regional UM Committee will review NSMHA's UM activities and coordinate with providers' utilization management plans and activities.
3. The Regional UM Committee is a sub-committee of the Regional Quality Management Committee and is bound to the NSMHA Quality Management Principles.

Primary Objectives

1. Develop and monitor a Regional Utilization Management Plan every 2 years which allows for providers to develop utilization plans and processes which coordinate with the Regional Utilization Management Plan.
2. Review implementation of Utilization Management Plans at all levels
3. Analyze and review UM data and reports for trends on a regular basis
4. Report UM trends to the Quality Management Committee on at least a quarterly basis
5. Focus on specific utilization management projects prioritized by the Quality Management Committee.
6. Initial priority Utilization Management Areas are:
 - a. Inpatient Services
 - b. Crisis Services
 - c. Performance Indicators
 - d. General outpatient utilization patterns pertaining to system capacity and utilization.

Membership

Membership of the NSMHA UM Sub-Committee should be no more than 15 people and include the following skill sets:

UM Designated Staff by NSMHA and providers	IS/Data system Specialists
Inpatient Utilization Management	Outpatient Service Managers
Crisis Service Management	Residential Management

Members should be designated by Regional Quality Management Committee, but do not have to be members or alternates of that group to participate.

Responsibility for Committee Support:

1. NSMHA staff will chair the meetings
2. Minutes will be taken by NSMHA support staff

Results/Outcomes Expected:

To have in place an effective and functioning UM process that meets or exceeds all MHD, WAC and CMS requirements.

Expected Project Completion Date:

Ongoing

Reporting Relationships:

This sub-committee will submit reports to the Regional Quality Management Committee. Reports from the Regional Quality Management Committee will go to the Regional Management Council, Quality Management Oversight Committee and the NSMHA Board of Directors

Workgroups:

To be established as needed to deal with specific issues. Workgroups should have a written charter, expected work products, and be time limited.

Timelines:

First meeting will be in October of 2003

Meeting Schedule

Monthly. Meeting times to be determined by the NSMHA Utilization Management Sub-Committee