



**NORTH SOUND  
MENTAL HEALTH ADMINISTRATION**

**QUALITY MANAGEMENT OVERSIGHT COMMITTEE  
COMMITTEE MEETING PACKET**

**February 27, 2008**

## 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 AGENDA**

Date: February 27, 2008

Time: 12:30-2:30 PM

Location: NSMHA Conference Room

For Information Contact Meeting Facilitator Cindy Ainsley or Greg Long, NSMHA, 360-416-7013

<b>Topic</b>	<b>Objective</b>	<b>ACTION NEEDED</b>	<b>Discussion Leader</b>	<b>Handout available pre-mtg</b>	<b>Handout available at mtg</b>	<b>Pg.</b>	<b>Time</b>
<b>Introductions</b>	Welcome guests, presenters and new members		Chair				5 min
<b>Review and Approval of Agenda</b>	Ensure agenda is complete and accurate; determine if any adjustments to time estimates are needed.  Meeting will start and end on time.	Approve agenda	Chair	Agenda		<b>3</b>	5 min
<b>Review and Approval of Minutes of Previous Meeting</b>	Ensure minutes are complete and accurate	Approve minutes	Chair	Minutes		<b>5</b>	5 min
<b>Announcements and Updates</b>	Inform QMOC of news, events: PACT Audit ; EQRO Audit Schedule; Wraparound Grant(s); HCS/Care Coordination issues; E & T Study Group; others?	Inform/discuss	ALL				15 Min
<b>Comments from the Chair</b>		Inform	Chair				5 min
<b>System Design Update/Managing the Front Door</b>		Inform	GREG				10 min
<b>Seclusion and Restraint PIP update</b>	Inform	Discuss	CHARISSA				5 min
<b>Policy Sub Committee Report</b>	Inform/discuss	Approve	CINDY/GREG	1510; 1510.01; 1555; 1572		<b>8</b>	10 min
<b>ICRS Policy Committee Report</b>	Inform/discuss	Approve	Sandy	1721		24	5 min

<b>Semi-Annual CIRC Report</b>	Inform	Approve	KURT	CIRC Report		<b>26</b>	10 min
<b>Complaint &amp; Grievance Report</b>	Inform	Approve	DIANA	Ex N		30	10 min
<b>Open Forum for Discussion</b>	discuss		ALL				15 min
<b>Status Updates on performance Improvements</b>	discuss	Determine intervals for updates to QMOC	All				10 min
<b>Date and Agenda for Next Meeting</b>	Ensure meeting date, time and agenda are planned.		All				5 min
<b>*Review of Meeting</b>	Were objectives accomplished? How could this meeting be improved?		All				5 min

Next meeting March 26, 12:30-2:30

**Potential Future Agenda Items:**

DRAFT – not yet approved

**North Sound Mental Health Administration**  
**Quality Management Oversight Committee**

**NSMHA Conference Room**

**January 23<sup>rd</sup>, 2008**

**12:30 – 2:30**

**DRAFT MINUTES**

**Present:**

Gary Williams, Whatcom County  
Cindy Ainsley, NSMHA  
Anne Deacon, Snohomish County  
Mary Good, NSMHA Advisory Board  
Rebecca Clark, Skagit County  
Susan Ramaglia, NAMI  
Chuck Davis, North Sound Ombuds  
Dan Bilson, Whatcom Advisory Board

**Excused:**

June La Marr, the Tulalip Tribes  
Karen Kipling, VOA

**Not Present:**

Chuck Albertson, NSMHA Advisory Board  
Janet Lutz-Smith, Whatcom Advisory Board  
Nathalie Gauteron, bridgeways

**Others Present:**

Diana Striplin, NSMHA  
Shannon Solar, NSMHA  
Greg Long, NSMHA  
Sandy Whitcutt, NSMHA  
Terry McDonough, NSMHA

**1. Introductions, Review of Agenda, Previous Meeting Minutes**

The meeting was convened at 12:35 and introductions were made. Chair Williams noted that Joan Lubbe has resigned from QMOC. The minutes from the previous meeting were reviewed and Susan noted she should be included in the present list. A motion was made to approve the minutes with that correction, motion seconded, carried, all in favor.

**2. Announcements**

- Greg announced that NSMHA received a state pilot project grant for wraparound services in Whatcom and Skagit Counties in the amount of \$286,000. All are excited about this. Anne asked if it was known who else received awards in the state, Greg was not sure. Greg added NSMHA is applying for a federal grant for wraparound services as well. Chuck Davis noted he is in favor of wraparound services – they really work.
- Cindy noted that the Readmit Workgroup will meet again on February 21<sup>st</sup> noting this is particularly important for provider agencies.
- Chuck Davis noted Deborah Moskowitz has resigned as an Ombuds. Ombuds will be changing location within Skagit County and after this has happened they will be hiring to fill her position.
- Chair Williams noted Shannon has updated the QMOC orientation binders and noted he would like to have a meeting some time in the future to give a refresher/training on QMOC. Chair Williams noted activities in this group should reference the QM Plan.
- Chair Williams noted that the housing plan for the region was reviewed by Common Ground and was very well received. The plan was written by Tom Yost and delineates RSN and County roles on how to connect with other housing resources.
- Greg noted that in meeting with providers it is evident that too much time is spent in meetings, and a proposal has been made to reduce the number of committees and meetings. Greg added that a major change proposed is that we combine QMC and QMOC. The two meetings are fairly duplicative, but currently have different audiences, professional and the consumer/advocate. Greg noted QMOC would remain a Board committee and we would need a board member to continue to chair. Greg asked for feedback, Susan noted it did not seem it would be that different. Greg noted it would be a much busier room. Chuck noted he thinks it is a good idea to combine, but is concerned about losing the consumers and advocates. Chuck felt pretty positive about the providers QM programs. Anne noted the balance of providers and consumer/advocates needs to be examined for voting. Also, QMC is very detail oriented and may slow the meeting process down. Mary asked how we can

## **DRAFT – not yet approved**

get more consumers and advocates to attend as they are at times intimidated by professionals, Gary agreed. Greg noted that NSMHA will need to bring the proposal to a meeting of all providers by March. Chair Williams recommended putting the issue of combining the QMC/QMOC committees on to the February agenda so all can give feedback. Anne noted she would like to see a charter of who would be on the combined committee and as this would be a Board committee the Board would need a voice. Cindy noted NSMHA is also trying to time workgroups to coincide with already scheduled meetings. Greg added that another change proposed is stopping the Medical directors meeting, making the UM subcommittee quarterly, and making the training committee and ad hoc committee. Chair Williams noted that he uses ‘go to meeting’ software which saves him a lot of time driving and suggested NSMHA think about this. Chuck noted he uses this technology too and feel it works well.

### **3. RFQ Implementation**

Greg noted things are moving along. Providers will be paid 25% on a fee for service basis over the next three months. There have been some issues with getting providers familiar and interested in starting services with new providers and in Snohomish and Skagit County Compass Health agreed to freeze incoming referrals to alleviate this. Greg added that on February 15<sup>th</sup> NSMHA will stop gate keeping and it will be up to individual providers to promote themselves. Chuck noted he has been educating consumers a lot about Sunrise Services as many consumers are not aware they provide MH services. From data collected so far it seems there will be money left over in the Medicaid contract and the state-only contract so NSMHA will need to come up with a process on how to re-allocate the extra funds and open up the gates to let more non-Medicaid persons into the system, in a non-discriminatory, fair way. Chair Williams noted he hopes a future role of QMOC is to examine the quality of service and the outcomes of agencies in order how to determine how to reallocate funding. Greg noted NSMHA is working with Dale Jarvis on the complexities related to funding. Funding for residential facilities in particular is being examined. Greg noted the state housing plan is geared towards recovery and this is where NSMHA’s plan is as well. Chuck noted that often clients do not want to complain about services in residential settings as they fear reprisals.

### **4. Policy Subcommittee Report**

Cindy noted that the policy subcommittee and QMC approved policy 1522 (out of network referrals). A motion was made to accept policy 1522, motion seconded, carried, all in favor.

Cindy noted that policy 1532 was approved the policy and QMC did as well, making a couple of clarifications. Anne asked if there were guidelines for waiver on the last bullet of criteria and Terry commented there is not and each provider interprets this differently. NSMHA is not part of the front door but they look at the 6-month reauthorization. Greg noted that the Boarding Home licensing laws can not be changed as they are state rules, outside of MH. A motion was made to accept policy 1532. Motion seconded. Discussion: Greg noted problems for residential providers are around admitting more challenging-to-serve consumers and the policy does not specifically address this. Terry thanked Jonathan, Susan and Chuck for working on the policy. Motion carried, all in favor.

Policy 1566 (fidelity supported employment services) was reviewed. A motion was made to approve policy. Motion seconded. Discussion: Sandy noted that the SAMSHA scales will be attached to the policy and available on NSMHA’s website, <http://nsmha.org>. Motion carried, all in favor.

Policy 1568 (High intensity treatment – wraparound) was reviewed. Cindy noted it was approved by QMC after they made some changes. A motion was made to approve policy 1568. Motion seconded, carried, all in favor.

### **5. ICRS Policies**

Sandy noted policy 1706 (safeguarding of property) was approved by QMC after they made a small language change. A motion was made to approve the policy. Motion seconded. Discussion: Chair Williams commented that there was nothing in the policy about pets/animals, as they are considered property and the issue of what to do with pets when someone hospitalized arises. Sandy noted this was discussed at length. The policy subcommittee felt it was too specific and that the investigating officer should be the one to ask about this. Greg noted the language reflects what is in the WAC’s. Chair Williams noted that it is very difficult for consumers to lose their pets. Motion was carried, all in favor.

## **6. QM Workplan**

Terry presented the 2008-2009 QM Plan to the group and echoed Chair Williams' comments that QMOC's activities are tied to the QM Plan. Terry noted feedback from EQRO (external quality review organization) has been integrated into the new plan. Terry noted that he, Pam Benjamin (WCPC), Adam Horn (VOA), Kay Burbidge (LWC), Heather Fennel (Compass Health), and Chuck Davis met three times to revamp the plan as well. Terry described key parts of the plan to the group. A motion was made to approve the 2008-2009 QM Plan. Motion seconded. Discussion: Susan asked about if the customer service described differs from that provided by VOA, Terry assented as NSMHA provides this service as well. Greg commended those who worked on the document and noted it is a big improvement from last years plan. Chair Williams noted an amendment is needed to reflect that NSMHA contracts the jail services for Island and San Juan through the counties, not Compass Health. Motion was seconded, approved, all in favor.

## **7. Exhibit N Report**

Diana presented the Complaint, Grievance, Appeal, Denial and Fair Hearing (Exhibit N) Report covering data from April 1<sup>st</sup> – September 30, 2007. Diana noted MHD now focuses on the subset of grievances in particular. Diana noted that this region has more grievances than any region, Chuck Davis noted he would take this to mean we have the best QM process. Diana noted that we have worked with providers to view complaints as a good thing and an opportunity to improve the system. Diana noted Margaret Rojas will be working with consumers, advocates, community stakeholders, and providers to work on dignity and respect for consumers. Diana noted substantial progress has been made in breaking down barriers to provide eating disorder treatment. Examination of Flex Funds, a request from QMOC, was completed and reported on. Diana thanked Chuck for the good data collected from Ombuds. Susan asked if the diagnostic assessment was the rule out diagnosis. Diana stated if there is ongoing work, it is folded into the access objective. Chuck noted when Ombuds do appeals, they look at this information. A motion was made to forward the Exhibit N report to the Board of Directors. Motion carried, all in favor.

## **8. Consumer Representation Update**

*Deferred due to time restraints*

## **9. Updates on Fidelity Programs**

*Deferred due to time restraints*

## **10. Open Forum for Discussion**

*Deferred due to time restraints*

## **11. Date and Agenda for Next Meeting/Review of Meeting**

The meeting was convened at 2:30 p.m. The next meeting will be held on February 27<sup>th</sup>, 2008.

Effective Date: 6/25/2004  
Revised Date:  
Review Date:

## North Sound Mental Health Administration

Section 1500 – Clinical: Consent for Treatment

Authorizing Source:  
Cancels:  
See Also:  
Responsible Staff: Quality Manager

Approved by: Executive Director  
Signature:

Date:

### **POLICY #1509.00**

### **SUBJECT: CONSENT FOR TREATMENT**

#### **PURPOSE**

To inform consumers of the treatment options available and to document that the consumer has been given information as to the nature of the treatment he/she can expect from the provider, and that the consumer consents to participate in treatment.

#### **POLICY**

Voluntary North Sound Mental Health Administration (NSMHA) consumers (or legal representatives if applicable) sign Consent for Treatment form prior to the initial assessment for treatment. Children 12 years of age and under require consent by a legal representative.

#### **PROCEDURE**

At the time of scheduling the initial assessment appointment, the Access clinician notifies the consumer of the need for Consent for Treatment.

At the initial appointment, the assessment clinician explains the Consent for Treatment prior to beginning the assessment and obtains the consumer signature.

**Notes Regarding Primary Language:** If the consumer's primary language is a "Prevalent Language", the Consent for Treatment form will be presented in English and also translated to the appropriate language. Washington State Department of Social and Health Services (DSHS) has determined that Spanish is spoken by 5% or more the population served by NSMHA and is therefore considered a "DSHS Prevalent Language."

Materials may be provided in exclusively in English if the consumer's primary language is other than English, and the enrollee can understand English, and is willing to receive the materials in English. In this case, the enrollee's consent to receiving information and materials in English must be documented in the consumer record.

For consumers whose primary language is not translated, the requirement may be met by providing the information through audio or video recording in the enrollee's primary language, having an interpreter read the materials in the enrollee's primary language or providing materials in an alternative format that is acceptable to the enrollee. If one of these methods are used it must be documented in the consumer record.

The assessment shall not proceed until the appropriate consent signature has been obtained.

The assessment clinician signs with his/her degree and specialty if applicable, and includes the date of the meeting. The Consent form is filed in the consumer's chart.

#### **ATTACHMENTS**

None



Effective Date:  
Revised Date: 2/4/2008 DRAFT  
Review Date:

**North Sound Mental Health Administration**  
Section 1500 – Clinical: Intra-network Consumer Transfers and Coordination of Care

Authorizing Source: Per NSMHA  
Cancels:  
See Also:  
Responsible Staff: Quality Manager

Approved by: Executive Director  
Signature:

Date:

**POLICY #1510.00**

**SUBJECT: INTRA-NETWORK CONSUMER TRANSFERS AND COORDINATION OF CARE**

**PURPOSE**

To assure continuity and coordination of care for Medicaid and other North Sound Mental Health Administration (NSMHA)-eligible consumers between provider agencies.

**POLICY**

There are certain services within the NSMHA region that are offered by some providers, but not others. It is the policy of NSMHA to ensure that consumers, upon their request, are transferred to the provider(s) who has/have the capacity to meet their service needs. In some cases, it is appropriate for consumers to remain enrolled with a given provider for some of their services, augmented by specific services from another provider(s). The following procedure differentiates and describes the transfer and coordination processes.

Generally, consumers will transfer to another agency when the services requested are duplicative of the services they are currently receiving. If the services requested augment the current services, then coordination of care between agencies shall be considered unless the consumer requests transfer of all care.

Each agency in the North Sound Mental Health Administration region shall have a process in place for providing services as a secondary agency including: designating a contact person, setting assessment appointments, clinical management of care and data management.

**PROCEDURE**

**Transfers**

Prior to initiating a consumer transfer from one agency to another, the consumer or legal guardian shall be requested to sign a release of information allowing clinical documentation to be shared between the agencies involved. The transfer process cannot be fully facilitated by the clinician without a release of information. During the transfer process the consumer will have charts open in both agencies. The transferring agency retains overall responsibility for consumer care until completion of the transfer process. Completion occurs when the receiving agency indicates to the initial agency (1) that it accepts responsibility for overall consumer care (including medication management, if applicable) and (2) that the initial agency can close its consumer chart. When a consumer transfers from one NSMHA agency to another, the start and end dates of the outpatient authorization and residential approval, if applicable, remain the same.

If the plan is to transfer the client to a specific program that has limited capacity, such as Wraparound or Intensive Outpatient for Adults/Older Adults, then the transferring clinician must first contact the other agency to determine if space is available. If space is not available, the agency shall not transfer the

consumer unless he/she still requests the transfer for regular outpatient services at the other agency. If space is available, the transferring agency clinician shall complete the appropriate referral form to NSMHA for approval. If NSMHA approves the service, the transferring clinician shall follow the transfer process as described below.

The transferring agency primary clinician coordinates transfer of the consumer to the receiving agency by (a) assisting the consumer through coordination with Volunteers of America-Western Washington (VOA) ACCESS and the receiving agency's scheduler to transfer all applicable Management Information System (MIS) data and to schedule the initial assessment appointment at the new agency; (b) sending completed authorization for release of information; and (c) providing the following items to the receiving agency prior to the consumer's initial assessment appointment at the receiving agency:

1. Most recent assessment
2. Most recent Child and Adolescent/Level of Care Utilization System (CA/LOCUS) form
3. Global Appraisal of Individual Needs – Short Screener (GAIN-SS) form
4. Current treatment plan
5. Health and Medical Information form
6. Behavioral and Development form, if applicable
7. Progress notes covering the last 30 days of treatment with additional progress notes when clinically indicated
8. The last three prescriber notes, if applicable
9. Last psychiatric evaluation, if applicable
10. Last Treatment Plan (180-Day) Review, if applicable
11. Medication list (current and historical), if applicable

The ACCESS Clinician completes the ACCESS Call Record. The ACCESS Clinician contacts the scheduler at the receiving agency and follows standard procedures for obtaining an appointment and transferring the MIS information to the new agency. At this point the consumer will be open at both the transferring and receiving agencies.

The receiving agency must offer the consumer an initial assessment appointment within the standard ten business days (not to exceed 14 calendar days) from the date the referral is made and must follow all other procedures and requirements for new consumers except where otherwise noted. Since the consumer is in an open authorization period, the assessment does not need to establish eligibility per the state's Access to Care Standards.

If the consumer does not attend their assessment appointment at the receiving agency, the receiving clinician contacts the transferring clinician notifying them that the consumer did not show. Receiving clinician follows assessment "no show" protocol and closes the case if indicated. The transferring clinician attempts to follow up with the consumer and closes the case if indicated.

If the receiving clinician accepts the consumer into services, the receiving clinician contacts the transferring clinician noting that the receiving agency (a) has accepted responsibility for treatment, including medication management, if applicable, and (b) that the transferring agency may close its record. The primary clinician at the transferring agency sends closing documents to MIS for entry.

When prescriptive services are being transferred, the transferring agency will provide the consumer with a prescription for medications for up to 60 days unless this is not clinically indicated and the two agencies

have agreed to an alternative plan. The receiving agency will schedule a medication evaluation within 30 days unless otherwise indicated by the mutually agreed upon plan.

If the receiving clinician believes the transfer warrants further discussion, the receiving clinician first discusses the issues with the consumer and then contacts the receiving agency's clinical director. The receiving agency's clinical director contacts the transferring agency's clinical director. Agency clinical directors discuss and develop a plan for the best way to meet the consumer's need. A plan is developed within 30 days of consumer's assessment date at the receiving agency. The transferring agency retains responsibility for the consumer's care during this period of time. An agency's decision not to serve a consumer should occur only in rare instances.

Receiving and transferring clinicians follow through with agreed upon plan. If agreed upon plan for referral is community resources, one agency will be identified to case manage the referral. The case will not be closed until appropriate resources are in place, provided the consumer is willing to follow through with referrals.

**Coordination between agencies:**

Prior to initiating additional services at another agency, the consumer or legal guardian shall be requested to sign a release of information allowing clinical information to be shared between the agencies involved. Coordination of care between agencies cannot be facilitated by the clinician without a release of information. The primary agency clinician shall then contact the agency where the desired service is located (secondary agency).

If the secondary agency is unable to accommodate the request because the service is at capacity, the primary agency shall be directed to check back at a later date. Waiting lists shall not be utilized. If the secondary agency agrees to provide the requested service to the consumer, all agencies involved in providing services for a single consumer shall ensure there is a clear understanding of which agency is primary and what services each agency is providing. The primary agency maintains responsibility for the consumer's care including crisis management.

The primary agency clinician coordinates services by (a) calling the designated contact at the secondary agency to arrange an initial appointment for assessment and assuring all applicable MIS data is available, (b) sending completed authorization for release of information, and (c) providing the following items to the receiving agency prior to the consumer's assessment appointment at the other agency:

1. Most recent assessment
2. Most recent CA/LOCUS
3. GAIN-SS
4. Current treatment plan
5. Current consumer and clinician crisis plans
6. Health and Medical Information form
7. Behavioral and Development form, if applicable
8. Progress notes covering the last 30 days of treatment with additional progress notes when clinically indicated
9. The last three prescriber notes, if applicable
10. Last psychiatric evaluation, if applicable
11. Last Treatment Plan (180-Day) Review, if applicable
12. Medication list (current and historical), if applicable

If the secondary agency, upon completion of the assessment, confirms that they will provide the requested service(s), the secondary agency's clinician shall contact the primary agency to 1) notify the primary agency of the provision of the requested service and 2) identify who will be responsible for the consumer's care and be the ongoing point of contact at the secondary agency. The secondary agency will also need to set up an outpatient episode or special episode, but shall not set up the episode as the primary outpatient episode.

If the secondary agency, upon completion of the assessment, determines that they will not provide the requested service(s), the secondary agency's clinician discusses the issues with the consumer and contacts the secondary agency's clinical director. The secondary agency's clinical director contacts the primary agency's clinical director. Agency clinical directors discuss and develop a plan for the best way to meet the consumer's need. A plan is developed within 30 days of consumer's assessment date at the receiving agency. An agency's decision not to serve a consumer should occur only in rare instances.

All agencies involved in a consumer's care must maintain a complete clinical chart. The secondary agency may obtain copies of certain documents from the primary agency with a release of information, but shall complete their own versions of the following documentation:

1. Release of information between the primary agency and the secondary agency providing service
2. Initial assessment
3. Current treatment plan – the plan should be complete and identify any needs being addressed by other agencies in addition to those being addressed by clinician's own agency
4. Progress notes
5. Documentation of coordination of care such as phone calls, exchange of relevant clinical information, etc.
6. Treatment Plan (180-Day) Reviews

The secondary agency does not complete a new crisis plan, CA/LOCUS form, GAIN-SS form or Telesage. This information, along with other documents provided prior to assessment, shall be provided to the secondary agency by the primary agency.

The primary agency is also responsible for maintaining a current authorization as medically necessary. However, the secondary agency shall also be aware of the authorization end date and communicate with the primary agency regarding the necessity of continued services. If the primary agency ends an episode of care or does not request reauthorization of services, this information shall be communicated to the secondary agency prior to disposition. The consumer may request a transfer to the secondary agency or another agency.

In cases where transfer to the secondary agency is requested, the primary agency clinician shall contact the secondary agency clinician to arrange transfer of care. This transfer process shall not go through ACCESS as an intake assessment has already been completed. The secondary agency becomes the primary agency and shall close the current outpatient episode and open a new one as the primary agency. The transferring agency shall ensure that the receiving agency has all required documentation as indicated previously and the receiving agency shall complete (e.g. crisis plan, CA/LOCUS form, GAIN-SS form, Telesage) and update (e.g. treatment plan) forms as needed to maintain a complete clinical record. The primary clinician at the transferring agency sends closing documents to MIS for entry.

For those consumers for whom prescriptive services are being transferred or the two agencies do not agree on the necessity of transfer, follow the regular transfer procedure for these situations. Also, if the consumer wants to transfer to an agency other than the secondary agency, follow the regular transfer process.

If the consumer will no longer be receiving services from the secondary agency, the secondary agency shall notify the primary agency and use the appropriate disposition code. The disposition code used shall be one that will not be transmitted to NSMHA indicating the end of an episode of care.

## **ATTACHMENTS**

1510.01 – Guidelines for Transfer or Coordination of Care by Service

Effective Date:  
Revised Date:  
Review Date:

**North Sound Mental Health Administration**  
Section 1500 – Clinical: Freestanding Evaluation and Treatment Facilities

Authorizing Source: RCW 71.05, 71.24, 70.96 B and WAC 388-865, 246-337

Cancels:

See Also:

Responsible Staff: Quality Manager

Approved by: Executive Director  
Signature:

Date:

**POLICY #1555.00**

**SUBJECT: FREESTANDING EVALUATION AND TREATMENT FACILITIES**

**PURPOSE**

To define the region's commitment to provide this service. At a minimum, services include evaluation, stabilization and treatment provided by or under the direction of licensed psychiatrists, nurses and other mental health professionals, and discharge planning involving the individual, family, significant others so as to ensure continuity of mental health care.

This service is provided for individuals who pose an actual or imminent danger to self, others, or property due to mental illness, or who have experienced a marked decline in their ability to care for self due to the onset or exacerbation of a psychiatric disorder.

The severity of symptoms, intensity of treatment needs or lack of necessary supports for the individual does not allow him/her to be managed at a lesser level of care. This service does not include cost for room and board.

**POLICY**

The North Sound Mental Health Administration (NSMHA) contracts with Compass Health (contracted provider) to operate two freestanding Evaluation and Treatment facilities in our region. All services are in accordance with:

- A. RCW 71.05, RCW 71.24, RCW 70.96 B
- B. WAC 388-865, WAC 246-337

**PROCEDURE**

**A. ITA COORDINATION**

Compass Health shall provide support to the Mental Health Professionals, Designated County Mental Health Professionals, Designated Crisis Responders and the Prosecutor's Office in the form of consultation, testimony, records, and reports, where required, at ITA proceedings for specific patients. Compass Health shall also provide the Mental Health Professionals, DMHPs/DCRs, the Prosecutors office and, where appropriate, the Court, with prior notice of release of detained persons. Compass Health specifically understands that all information and records in connection with performance of services pursuant to the Adult Involuntary Treatment Act, RCW 71.05, and the Community Mental Health Act, RCW 71.24, and RCW 70.96 B are strictly confidential and may only be released in accordance with the exceptions provided by state and federal law.

## B. LOCATION OF SERVICES

Services are provided at:

1. Snohomish County owned facility located at 10710 Mukilteo Speedway, Mukilteo, Washington.
2. NSMHA leased facility located at 2310 North Sound Drive, Sedro Woolley, Washington.

## C. LEGAL RELATIONS

The site and the Evaluation and Treatment Facility located in Mukilteo Washington, is owned by Snohomish County. The site and Evaluation and Treatment Facility located in Sedro Woolley, Washington (the “North Sound Evaluation and Treatment Facility”), is leased by NSMHA.

## D. EVALUATION AND TREATMENT SERVICES – MUKILTEO AND SEDRO WOOLLEY (NORTH SOUND) ETFS

Compass Health provides the necessary personnel and services.

### 1. *Goal*

To provide a 15 bed program at the Mukilteo Evaluation and Treatment facility and a 16 bed evaluation and treatment program at the Sedro-Woolley Evaluation and Treatment Facility to mentally ill adults under 72-hour involuntary detention and/or 14-day commitment in accordance with the Washington State Involuntary Treatment Act, RCW 71.05. The Evaluation and Treatment Facilities may provide Evaluation and Treatment services to mentally ill adults on a voluntary admissions basis on a case to case basis in coordination and approved by NSMHA care coordinators. This type of admission should be rare and should be part of the consumer’s crisis plan.

### 2. *Recipient Eligibility*

The Evaluation and Treatment program shall serve adult mentally ill residents primarily from the North Sound Region.

- a) Admission Criteria: Individuals must meet admission criteria per NSMHA policy including medical clearance and required diagnostic tests to be eligible for admission.
- b) Ineligible for admission:
  - 1) Sexual predators being detained pursuant to RCW 71.09 or high risk sex offenders classified by the local law enforcement agencies will not be served by the Evaluation and Treatment Facilities.. Per State Law, RCW 71.09, individuals who have been committed or have been convicted of any sex offense shall register with the County Sheriff for the county of the individual’s residence. The level of risk is assigned by local law enforcement agencies when an individual is required to register following conviction of a sexual offense. Level III individuals are the highest risk and shall be excluded from the Evaluation and Treatment Facilities. Level II individuals shall be considered on a case-by-case basis prior to admission. The DMHP/DCR, in consultation with the Evaluation and Treatment staff, shall make the determination regarding Level II individuals as to the level of danger and appropriateness for admission.
  - 2) Any mentally ill individual with any pending (not dismissed or otherwise disposed) felony charge shall be excluded from admission.

- 3) Any DMHP/DCR within the NSMHA Service Area, in consultation with the E&T staff and in adherence with established admission criteria, will review pending detentions for medical care needs, safety, and security to insure appropriate admissions. This shall be done in collaboration with Evaluation and Treatment staff who may require basic medical clearance and or consultation with a physician prior to accepting an admission. If medical care, safety, or security needs cannot be met by the Evaluation and Treatment Facility per the Evaluation and Treatment facility's licensed independent practitioner, the individual will be detained at an appropriate facility elsewhere.
- 4) Aside from the limitations above, the Evaluation and Treatment Facilities will have a no decline policy for any referrals from any Designated Mental Health Professional/Designated Crisis Responder within NSMHA Service Area provided the individual being referred meets the criteria for population to be served under this section.

### 3. ***Program Components***

Services shall be in accordance with WAC 388-865, and 248-25 and RCWs 71.05, 71.24, and 70.96 B (involuntary treatment)

- a) Individuals will be detained initially for a 72-hour Evaluation and Treatment period by a DMHP/DCR and, if indicated, will be committed by a Superior Court Judge or Commissioner for a 14-day period, including any subsequent period pending 90-day judicial proceedings. Individuals shall also be detained pursuant to RCW 71.05 on a non-emergency basis when ordered by superior court. Other admissions will occur when patients are revoked from a Less Restrictive Court Order or Conditional Release under RCW 71.05.340 and WAC 388-865.
- b) Voluntary admissions may occur in accordance with the client-specific provider plan coordinated/approved by NSMHA care coordinators.
- c) Pre-Admission Screening: All individuals referred for admission will be screened according to NSMHA policy. All referrals will be documented in a referral log including name, date, referral source, and disposition. Declined referrals will be noted with rationale. If the decline is due to medical care, safety or security and the name of the E & T licensed independent practitioner who declined the referral. Aggregated data will be reported to NSMHA quarterly.
- d) Evaluation. Each admitted individual shall be provided with an intake assessment by the Evaluation and Treatment staff in accordance with WAC requirements. Evaluation and treatment components shall include physical examination, psychosocial assessment, and mental status examination. Treatment services shall include:
  - 1) An individual treatment and discharge plan as required by WAC 388-865 and 246-337.
    - i. For individuals currently enrolled in outpatient services: the therapist, case manager, or other appropriate professional will be contacted upon admission and involved in the development of the discharge plan. If outpatient services are being provided by NSMHA providers, the Evaluation and Treatment facility will



- ensure that discharge planning occurs in accordance with NSMHA contract standards and policies.
    - ii. For un-enrolled individuals eligible for NSMHA outpatient services: The Evaluation and Treatment facility will contact Access to schedule an Intake appointment in accordance with NSMHA contract standards and policies.
- 2) A structured, daily program of activities and services.
  - i. Mental health treatment, including individual, group, and family therapy to be available at a minimum of five hours per day.
  - ii. Related ancillary services and activities, to include socialization and recreational activities and exercise.
- e) Medications, medication evaluation and monitoring, and medical education.
- f) Mental health related laboratory services, as required.
- g) Routine medical service within the limits of medical resources available on the involuntary unit to include nursing assessments as needed and defined in NSMHA policy. Individual requiring medical treatment in excess of this will be transferred to an appropriate hospital for treatment.
- h) Services to address the needs of those mentally ill individuals with special needs, such as the hearing impaired, minority, developmentally disabled, head injured, elderly, and those with alcohol and substance abuse problems.
- i) The capability of detaining persons dangerous to themselves and others with use of seclusion rooms and following WAC procedures.
- j) The right to the least restrictive alternative to maintain health and safety when detaining persons dangerous to themselves or others as established in NSMHA policies regarding care during seclusion and restraints and in accordance with WAC requirements.
- k) Individuals shall be discharged from the Evaluation and Treatment Facility with appropriate transportation arrangements provided.
- l) Any individual who is allowed to convert to a voluntary status during the involuntary admission shall legally consent to and follow all conditions applied to involuntary individuals.
- m) Individuals converting to voluntary status shall have the right to request discharge at any time and if discharged will have transportation arrangements provided.
- n) Court Evaluation and Testimony. Court may be held within the Evaluation and Treatment Facility. When Superior Court judicial proceedings occur at the Evaluation and Treatment Facility, these proceeding shall have priority over all other uses of the conference/hearing room in the Evaluation and Treatment Facility. Compass Health shall, for Court Evaluation and Testimony:
  - 1) Provide legal documents pertaining to the involuntary detention of person at the Evaluation and Treatment Facility, as required by the NSMHA counties' Superior Court systems.
  - 2) As requested, provide records and court testimony at probable cause hearings or trials by other professional staff employed at the Evaluation and Treatment Facility. These records and testimony shall be provided, as

needed pertaining to the individual's behavior during detention at the Evaluation and Treatment Facility.

- o) Provide support to the DMHPs/DCRs, County Prosecutor's office, and State Attorney General's office in the form of consultation, live and telephonic testimony, records, and reports, where required, at ITA proceedings for specific individuals. Compass Health specifically understands that all information and records in connection with performance of services are strictly confidential and may only be released in accordance with the exceptions provided by state law. When necessary for judicial proceedings, Compass Health shall promptly supply a certified copy of all medical and psychological records and make available, if necessary, a records custodian capable of testifying in order to introduce medical and psychological records per RCW 5.45.020 and the civil rules of Washington State Superior Court.
- p) Accompany and provide care of patients during court proceedings away from facility.
- q) Arrange for transportation.
- r) MUKILTEO FACILITY: Evaluation and expert witness testimony for court purposes by a licensed physician, psychiatrist, or licensed psychologist will be arranged and provided by the Snohomish County Human Services Department/Involuntary Treatment Office. Treating physician records and testimony shall be provided where necessary per RCW 71.05, 71.34, and 70.96 B.

Initial screening and evaluation (and court testimony as needed) for court hearings will be done by the Snohomish County Designated Mental Health Professional staff. Coordination of probable cause hearings will occur through the Snohomish County Involuntary Treatment Office. A court hearing room is located in the ETF where court hearings and non-jury trials shall occur.

- s) SEDRO WOOLLEY (NORTH SOUND) FACILITY: Evaluation and expert witness testimony for court purposes a licensed physician, psychiatrist or licensed psychologist will be arranged shall be arranged for and provided by Compass Health DMHPs/DCRs. the Treating physician records and testimony shall be provided where necessary. A court hearing room is located in the Evaluation and Treatment facility where court hearings and non-jury trials may occur.

#### 4. ***Personnel***

Compass Health will staff the Evaluation and Treatment Facilities in the number, quality and professional backgrounds, and licensure needed to assure compliance with state law.

Compass Health shall designate a person to be the professional person in charge of the Evaluation and Treatment Facility for the following purposes and responsibilities:

- a) All decisions concerning medical or psychiatric treatment for persons in the Evaluation and Treatment Facility
- b) Prescriber with responsibility for treatment.
- c) Explanation of rights to refuse medical treatment 24 hours prior to hearings.

- d) Compliance with rights notifications to persons admitted to the Evaluation and Treatment Facility and ensuring rights afforded under statute and law to persons admitted to the Evaluation and Treatment Facility
- e) All transfers and/or referrals to appropriate facilities for alcohol or medical treatment after admission to the Evaluation and Treatment Facility
- f) Temporary releases under RCW 71.05. When transported off site, patients are to be in the custody and care of an Evaluation and Treatment Facility staff and/or other mental health agency staff at all times. This includes residential facility screening visits by patients who are ready for discharge and are considering placement at such facilities, or for medical appointments. At no time shall patients be given temporary passes from the facility.
- g) To complete requirements that less restrictive alternatives be considered and to provide research of less restrictive alternatives to involuntary hospitalization and discharge planning.
- h) Determining and coordinating with the Designated Mental Health Professional/Designated Crisis Responder, conditional releases and/or releases to less restrictive alternative to inpatient treatment.
- i) Unconditional releases, including transportation and other assistance to released persons.
- j) Notification under RCW 71.05.

5. ***Mukilteo Evaluation and Treatment Facility***

Snohomish County Designated Mental Health Professional will be responsible for the following:

- a) Screening decisions concerning whether a person should be excluded from the facility as a Level III sex offender, a mentally ill offender, or in need of medical treatment at another facility prior to admission at the ETF.
- b) Decisions on initial detention, provisional acceptance, and admission at the ETF.
- c) Decisions on commencement of 14-day petitions under RCW 71.05 with concurrence of Compass Health.
- d) Decisions on commencement of 90-day petitions under RCW 71.05 with the concurrence of Compass Health

6. ***Sedro Woolley (North Sound) Evaluation and Treatment Facility***

The Compass Health Designated Mental Health Professional/Designated Crisis Responder will be responsible for the following:

- a) Screening decisions concerning whether a person should be excluded from the facility as a Level III sex offender, a mentally ill offender, or in need of medical treatment at another facility prior to admission at the Evaluation and Treatment Facility.
- b) Decisions on initial detention, provisional acceptance, and admission at the Evaluation and Treatment Facility
- c) Decisions on commencement of 14-day petitions under RCW 71.05 with concurrence of Compass Health
- d) Decisions on commencement of 90-day petitions under RCW 71.05 with the concurrence of Compass Health..

7. An employee trained in cardiopulmonary resuscitation and emergency first-aid will be present at all times.
8. Compass Health shall establish training of Evaluation and Treatment Facility staff, including temporary or on-call staff. Training shall include a planned documented orientation for each new employee and an ongoing program of in-service training for all clinical staff designed to maintain and update competencies needed to perform assigned duties.
9. Orientation and in-service education plans shall be maintained and attendance documented in each employee's personnel record.
10. Training for all staff shall meet WAC 388-865 and 246-337 requirements. At a minimum, all staff will receive mandatory training in the following:
  - a) Managing Assaultive Behavior and use of seclusion and restraints per WAC and medical/ethical standards.
  - b) Nursing assessment review requirements for all licensed nurses.
  - c) Individual civil rights and ITA due process procedures.
  - d) Confidentiality of records/information.
  - e) Notification requirements.

**E. OTHER REQUIREMENTS**

- A. Certification and Licensure: Compass Health is responsible for establishing certification or licensure. The Evaluation and Treatment Facility shall be certified as an Evaluation and Treatment Facility (Involuntary Component) by DSHS/MHD and any other state required Evaluation and Treatment Facility certification or licensure. Compass Health shall comply with and meet all state and local health, fire and safety codes and regulations.

Certification as an Evaluation and Treatment Facility by DSHS, Mental Health Division, requires compliance with certain Department of Health facility licensure standards; however, this facility is not required to be licensed under the current Department of Health WACs regarding private establishments. Compass Health is responsible for complying with applicable facility standards for ETF certification. Compass Health may at its discretion, elect to obtain licensure as an Adult Residential Rehabilitation Center (ARRC) or other facility if it deems it necessary or advantageous for insurance, third-party reimbursement, or other such purposes or to meet other obligations of this Agreement. Compass Health shall be responsible for all costs of such licensure. If the state develops licensure requirements for Evaluation and Treatment Facility or state licensure becomes applicable to this facility, Compass Health agrees to obtain such licensure.

- B. Clinical Records: Shall be in accordance with WAC requirements and NSMHA policy.
- C. Information System: Compass Health shall implement and maintain a system of fiscal, individual and program data collection and shall provide DSHS and NSMHA with such information and in such form as may be required by these agencies.

1. Data shall include bed utilization, length of stay, and individual demographic data.
2. Compass Health shall cooperate with and provide information required for NSMHA individual tracking system.

- D. Notification Requirements: Compass Health shall be responsible for complying with all notification requirements of RCW 71.05 and with developing procedures to trigger adequate notification to identified persons and law enforcement and proper records disclosure.
- E. Community Linkages: Compass Health shall establish and maintain ongoing working relationships with all elements of the NSMHA involuntary/voluntary mental health treatment systems for the purpose of facilitating the admission and discharge of individuals participating with these systems in problem solving and systems development activities. In addition, Compass Health shall be involved in the following Snohomish County Community efforts:
  - 1. Participation on the Evaluation and Treatment Advisory Committee, established by Snohomish County Mental Health Division.
  - 2. Collaboration with local law enforcement, Mukilteo Police Department, Snohomish County Sheriff's, and local Fire Department.
- F. Length of Stay: Compass Health shall develop and implement policies and procedures to affect the timely discharge of these individuals.
- G. Service Agreements: Compass Health shall maintain service agreements with DSHS, hospitals, DDD, law enforcement, outpatient mental health providers, and other community supports. Such agreement shall be updated on an annual basis.
- H. Monitoring and Evaluation: All programs shall meet the criteria as set forth in this amendment, as well as meet the criteria of WAC 388-865 and 246-337. Compass Health shall cooperate with NSMHA and Snohomish County in monitoring and evaluation activities deemed appropriate by NSMHA and Snohomish County.
- I. Critical Incidents: Compass Health will report all critical incidents in accordance with the NSMHA Critical Incident policy.
- J. Disruptions in Service: Compass Health will notify NSMHA of any potential disruption in service

F. **REPORTING**

- A. Compass Health shall send the following data on a daily basis by e-mail to NSMHA:
  - 1. Number of admissions
  - 2. Number of discharges
  - 3. Midnight census (median)
  - 4. Seclusion and restraint data
- B. Compass Health will maintain a database to track and monitor use of seclusion and restraint in a format approved by NSMHA.

**ATTACHMENTS**

None

Effective Date:  
Revised Date: 2/4/2008 DRAFT  
Review Date:

## North Sound Mental Health Administration

Section 1500 – Clinical: Inpatient Continuity of Care

Authorizing Source: MHD-NSMHA Contract 2007-2009; NSMHA-Provider Contracts 2007-2009; WAC 388-550-2600; NSMHA

Cancels:

See Also:

Responsible Staff: Quality Manager

Approved by: Executive Director

Signature:

Date:

### **POLICY #1572.00**

### **SUBJECT: INPATIENT CONTINUITY OF CARE**

#### **PURPOSE**

To ensure that North Sound Mental Health Administration's (NSMHA) contracted Community Mental Health Agencies (CMHAs) provide seamless access and coordination of care between medically necessary inpatient and outpatient mental health services for Medicaid and other NSMHA-eligible consumers regardless of setting. For the purpose of this policy, an inpatient unit refers to both community hospital inpatient units and freestanding evaluation and treatment facilities (E&Ts).

#### **POLICY**

NSMHA's contracted providers will ensure that continuity of care is provided by working closely and collaboratively with the consumer, inpatient facilities, families, and available natural and community supports. This is particularly necessary when an individual is so acutely mentally ill that they require the intensity of treatment and supervision of an inpatient facility. Closely coordinated care between inpatient and outpatient mental health providers is more effective care, which leads to better outcomes for the consumer, fewer re-hospitalizations, and more cost-effective treatment.

#### **PROCEDURE**

##### **Inpatient Service Coordination by Outpatient Clinicians**

(\*Consumers may enter inpatient psychiatric units through several avenues. This procedure is meant to describe the steps for an outpatient clinician involved in seeking the psychiatric hospitalization).

1. The consumer for whom inpatient psychiatric hospitalization is being sought by the outpatient clinician shall have a face-to-face evaluation by that clinician within 24 hours prior to the request for admission. The clinician shall be a Mental Health Professional (MHP) or supervised by a MHP.
2. If, following the evaluation, the clinician determines the consumer requires inpatient psychiatric hospitalization, the clinician shall contact a psychiatric hospital and secure a bed.
3. Once a bed has been identified, but prior to admission, the assessing clinician must call Volunteers of America Western Washington (VOA) at 800-707-4656 for certification and authorization of the admission.
4. The clinician shall provide required demographic and clinical information and be prepared to discuss whether less restrictive options might meet the consumer's needs.
5. If VOA determines the consumer meets medical necessity criteria, the hospitalization episode will be certified and arrangements for admission can be made (e.g. transportation).
6. If the clinician has assessed the consumer as needing an inpatient level of care, but the consumer is refusing psychiatric hospitalization, the clinician shall request evaluation by a DMHP/DCR for any consumer age 13 or older.

##### **Outpatient Service Requirements Related to Inpatient Utilization**

1. When notified of an enrolled consumer's inpatient admission, CMHA staff shall contact the inpatient unit within three working days for all enrolled consumer admissions. For eligible consumers who are not enrolled in services, VOA shall be responsible for contact with the inpatient unit.

2. CMHA staff shall provide to the inpatient unit information regarding an enrolled consumer's treatment history at admission or once notified of admission. Minimally, the most recent psychiatric evaluation or intake assessment, last two prescriber notes, medication sheet, last two months of progress notes, advance directive (if applicable) and/or other information as requested shall be sent to the inpatient unit. All available information related to payment resources and coverage must also be provided. VOA shall have this responsibility for eligible consumers who are not currently enrolled in services.
3. CMHA staff must participate in treatment and discharge planning with the inpatient treatment team for enrolled consumers. The primary care clinician/team will be responsible for notifying team members, if any, (including other formal systems) of hospitalization and will engage team in discharge planning process. VOA shall have the responsibility for treatment and discharge planning for eligible consumers who are not currently enrolled in services.
4. For enrolled consumers who have been hospitalized, there must be documented good faith CMHA prescriber-initiated requests with inpatient staff/psychiatrist for consultation regarding medication changes while the consumer is in the hospital. If the CMHA prescriber is unavailable, other qualified clinical staff can facilitate fax or voicemail communication between the inpatient and outpatient prescribers.
5. For enrolled consumers, CMHA staff shall, once notified of admission, attempt to have at least one direct contact (conference call, face to face or phone contact) with the consumer or legal guardian and hospital staff prior to discharge. If unable to make direct contact, document attempts and reason contact did not occur. VOA shall have this responsibility for eligible consumers who are not currently enrolled in services.
6. If the consumer is not already enrolled in services, VOA shall coordinate with the inpatient provider to designate a contracted network CMHA prior to discharge for consumers and their families seeking community support services. In the event that the consumer is a Tribal Member or receiving mental health services from a Tribal or Urban Indian Health Program and the consumer or their legal representative consents, efforts must be made to notify the Tribal Authority or Recognized American Indian Organization (RAIO) to assist in discharge planning and transition for the consumer. If the consumer chooses to be served only by the Tribal Mental Health Service, referral to a contracted network CMHA is not required.
7. Non-crisis services must be offered to consumers within seven calendar days of discharge from an inpatient unit.
8. CMHA staff shall advocate for an adequate (enough to last until the outpatient prescriber appointment) supply of medication to be supplied and dispensed in a manner that assures safety. A follow-up psychiatric appointment is established within 7 working days of discharge, or as needed to assure continuity of medications and care.
9. For consumers on Less Restrictive Alternatives (LRAs), the CMHA shall offer covered mental health services to assist in compliance with LRA requirements.
10. The CMHA shall respond to requests for participation, implementation, and monitoring of consumers on Conditional Releases (CR) consistent with RCW 71.05.340 and shall provide covered mental health services for consumers on CRs.
11. The CMHA shall use best efforts to offer covered mental health services for follow-up and after-care as needed when they are aware a consumer has been treated in an emergency room. These services shall be offered in order to maintain the stability gained by the provision of emergency room services.
12. The CMHA will ensure that authorized community psychiatric inpatient services are continued through an enrolled consumer's discharge should a community hospital become insolvent. NSMHA shall retain this responsibility for eligible consumers not enrolled in services.

## **ATTACHMENTS**

None

Effective Date:  
Revised Date:  
Review Date:

## North Sound Mental Health Administration

### Section 1700 – ICRS: Medical Status Criteria for Crisis and ITA Assessment

Authorizing Source: Per NSMHA  
Cancels:  
See Also:  
Responsible Party: Deputy Director

Approved by: Executive Director  
Signature:

Date:

### **POLICY #1721.00**

### **SUBJECT: MEDICAL STATUS CRITERIA FOR CRISIS AND ITA ASSESSMENT**

#### **PURPOSE**

To provide a consistent and basic medical status prior to screening for crisis and involuntary assessment at emergency departments or community hospitals. Such criteria are essential to assure medical stability of the client for the assessment process.

#### **POLICY**

Individuals must be medically stable to assure accurate psychological and chemical dependency assessments. Exceptions can be made on a case by case basis, when in the professional judgment of the ED physician, ARNP, or PAC, specific diagnostic/medical clearance procedures are not warranted or are not in the best interest of the individual. Exceptions and rationale should be communicated to the Triage Clinician.

#### **PROCEDURES**

1. Patients will be seen by a physician, ARNP, or PAC prior to contacting the Triage Clinician at the Care Crisis Line. The patient's presenting problem must be addressed by the ED professional.
2. All potential referrals to the crisis and ITA services must have had a full documented body systems examination by an MD, ARNP, or PAC, to include wounds or trauma, cardiac and respiratory status, evidence of acute nutritional/hydration issues, acute etiologies ruled out and complaints of pain addressed.
3. The following vitals parameters must be met prior to evaluation for Crisis and ITA services.
  - a. Pulse no greater than 120 and no lower than 50
  - b. Systolic BP no greater than 200
  - c. Diastolic BP no less than 50, no greater than 110
  - d. Temp no greater than 100.5 degrees F.
4. The following foundational lab work on all referrals for potential evaluation, unless clinically not warranted:
  - a. Chem 7
  - b. CBC with differential, if febrile.
  - c. Urine sample to screen for toxicity and Urine Analysis.



5. The following labs and levels are required for the following individuals with the following specific conditions:
  - a. Known diabetics:
    - i. Blood glucose less than 200
  - b. ETOH intoxication
    - i. Blood alcohol less than .08%.
    - ii. If the request is for investigation under 70.96 B AND the Blood Alcohol Level is in excess of .08% AND other medical clearance issues have been addressed AND the individual has a known pattern of qualifying behaviors that suggest drug/alcohol dependency, THEN the individual may be seen by the DCR for evaluation as per NSMHA Policy #5763.
  - c. Known to be taking Lithium.
    - i. Lithium level
  - d. Female ETOH &/or Opiate Withdrawal as a condition requiring pregnancy tests
6. Chest x-ray:
  - a. If cough in a homeless individual or person with obvious poor health care
7. Neuro-screen in individuals presenting with psychosis and no mental health or drug use history.
8. A constellation of confusion, agitation, incoherence, and elevated vital signs should be assumed to be delirium until proved otherwise. This would include delirium secondary to substance withdrawal.
9. Brief Mental status exam

**North Sound Mental Health Administration**

**Critical Incident Review Committee**

**Semi-Annual Report**

**Third & Fourth Quarter 2007**

# NSMHA Semi-Annual Critical Incident Report

July - December, 2007

PURPOSE: To inform NSMHA Executive Board and Executive Director, county coordinators, CIRC, QMC, QMOC, and other stakeholders in the region interested in critical incident data and activities on a semi-annual basis.

## INTRODUCTION

This NSMHA Semi-Annual Critical Incident Report is the first to reflect the revised CI categories required by MHD in the new contract language that went into effect July 1, 2007. It is expected that the revision of CI categories/sub-categories will continue to have the following implications on this and subsequent reports:

- An increase of MHD reportable subcategories from 9 to 18
- A decrease of NSMHA reportable (non-MHD reportable categories) from 15 to 2. The 2 NSMHA reportable subcategories have been maintained for internal, clinical quality improvement efforts despite their reporting not being required by MHD
- An apparent MHD shift toward “legalistic” and away from “clinical-focused” sub-categories has changed the usefulness of the historical data in the analysis of clinical quality
- As a quality improvement entity, NSMHA will revert to gathering baseline data for the next few years
- An increase in the rate of MHD reportable CI
- A decrease in the frequency of total reported CI

## HIGHLIGHTS OF CI DATA FROM JULY THROUGH DECEMBER, 2007

- The total number of reported critical incidents dropped from 29 in the 3<sup>rd</sup> quarter to 18 in the 4<sup>th</sup> quarter, a 38% reduction (Chart 1)
- There was a reduction in total reported critical incidents in each of the North Sound Counties from the 3<sup>rd</sup> quarter to the 4<sup>th</sup> quarter except San Juan County, which recorded no incidents in either quarter, and Whatcom County which reported 6 incidents in each quarter (Chart 1)
- The number of deaths by unusual circumstances decreased from 2 in the 3<sup>rd</sup> quarter to 1 in the 4<sup>th</sup> quarter in both Whatcom and Snohomish Counties. None of the other counties reported any of this type of deaths in the 3<sup>rd</sup> or 4<sup>th</sup> quarters (Chart 2)
- Aside from San Juan County which reported no (0) suicide attempts in either quarter, the remaining 4 counties reported significant reductions in suicide attempts from the 3<sup>rd</sup> to the 4<sup>th</sup> quarter. Reported suicide attempts in the North Sound Region dropped from 18 to 5, a 72% decrease (Chart 3)

- The only category of reported critical incidents that showed an increase of more than 1 incident from the 3<sup>rd</sup> quarter to the 4<sup>th</sup> was the number of alleged rapes (victim) in Snohomish County where 1 was reported in the 3<sup>rd</sup> quarter, and 3 in the 4<sup>th</sup> quarter (Chart 4)
- No more than 1 critical incident were reported by any of the 5 counties, in any quarters, in any of the following categories:
  - a. Homicide (perpetrator)
  - b. Homicide (victim)
  - c. Assault of a client by staff
  - d. Alleged rape (perpetrator)
  - e. Alleged sexual assault (victim)
  - f. Non-fatal injury resulting in arrest (perpetrator)
- There were no (0) critical incidents reported in the following categories:
  - a. Attempted homicide (perpetrator)
  - b. Attempted homicide (victim)
  - c. Medicaid fraud
  - d. Financial exploitation (client)
  - e. Financial exploitation (provider)
  - f. Assault of staff by client resulting in hospitalization
  - g. Alleged sexual assault (perpetrator)
  - h. Non-fatal injury resulting in arrest (victim)
  - i. Arson
  - j. E&T elopement

#### CONCLUSIONS FROM ANALYSIS HISTORIC DATA

- Gains have been held in the quality improvement efforts to prevent elopements from E&Ts
- The recent joint effort by NSMHA and Providers to clinically evaluate and take steps to reduce the level of patient risk appears to have been successful in view of the sharp 4<sup>th</sup> quarter drop in reported suicide attempts

#### ONGOING CRITICAL INCIDENT QUALITY MANAGEMENT RECOMMENDATIONS AND REVIEW ACTIVITIES

- The CIRC screened sixty-three (63) reported incidents. Seventeen (17) of the reported incidents were determined to not meet the formal definition of a critical incident, so forty-six (46) were reviewed in committee
- The CIRC continues to further investigate incidents and the circumstances surrounding their occurrence to ensure compliance with policies and processes affecting the quality of consumer care, health and safety
- The CIRC highlights and pursues specific incidents that provide examples of region-wide need or challenges in consumer care that may be impacted by provider directed system changes or policy development
- The CIRC and critical incident review process continue to work in tandem and cooperation with other NSMHA quality assurance and improvement activities including denial review requests, utilization review, formal audits and selected projects aimed at improved consumer outcomes and decreased risk to consumers
- The CIRC continues to be active in spearheading new ways to utilize Critical Incident Data to best facilitate quality improvement activities for the benefit of consumers in the NSMHA region
- The CIRC continues to follow specific incidents of concern that affect consumers

Attachments:

1. Bar Chart Showing the Total Number of Reported Critical Incidents
2. Bar Chart Showing the Number of Reported Deaths by Unusual Circumstances
3. Bar Chart Showing the Number of Reported Suicide Attempts
4. Bar Chart Showing the Number of Reported Incidents of Rape (Victim)

# NORTH SOUND MENTAL HEALTH ADMINISTRATION COMPLAINT, GRIEVANCE, APPEAL, DENIAL, AND FAIR HEARING SUMMARY

OCTOBER 1, 2007 THROUGH DECEMBER 31, 2007

## INTRODUCTION

- The NSMHA will continue to report grievance, fair hearing, appeal, and denial data in accordance with the Mental Health Division's reporting templates and requirements. The NSMHA will also continue to provide information about complaint data in a separate format as complaints account for the majority of complaint, grievance, and fair hearing information used for quality management activities.
- The Mental Health Division has begun requiring grievance, fair hearing, appeal, and denial reporting on a quarterly rather than biannual basis. The NSMHA will report this data to MHD on a quarterly basis.
- The NSMHA will also collect complaint data on a biannual basis. The NSMHA has collected and maintained overall complaint, grievance, and fair hearing data since 1999 and denial and appeal data since 2004.
- *The NSMHA continues to promote a "no-blame" atmosphere in which to view complaint data – that information about complaints creates opportunities for improvement and that consumers' voicing concerns or ideas for improvement is one form of consumer voice in a recovery-based system.*
- For this reporting period of October through December 2007 the NSMHA will report grievances, fair hearings, appeals, and denials. The NSMHA continues to report and unduplicate this information through multiple reporting sources (Ombuds services, providers, designees, and the NSMHA).

## GRIEVANCE, DENIAL, APPEAL, and FAIR HEARING DATA

- There were four (4) grievance cases and eleven grievance occurrences reported for October through December 2007. All reported cases and occurrences were for adults and all were for Medicaid consumers. All grievances were processed within required timelines.
- There were 57 denials for October through December 2007. Eighteen denials were for adults and 39 for children/youth. All denials were for outpatient services. There were no appeals reported. (*See Attachments A (1) PIHP Medicaid Grievances, Fair Hearings, and Actions, and (2) RSN State Funded Grievances and Fair Hearings, and Attachment B Notice of Action Appeals Report.*)

## QUALITY MANAGEMENT PROCESSES

- One grievance resulted in a corrective action process with a provider. The corrective action involves the hours of operation and scope of services at one of the contracted drop in centers.
- The NSMHA Internal Quality Management Committee (IQMC) will review this summary, make recommendations for further study and review or quality improvement, and present these recommendations to the Quality Management Committee (QMC) and Quality Management and Oversight Committee (QMOC).
- NSMHA providers and designees continue to use complaint and grievance information in their internal quality management processes and provide a biannual summary of this information to the NSMHA. NSMHA providers and designees also continue to provide a summary about how complaint and grievance information is integrated into provider/designee Quality Management Plans.
- The North Sound regional Ombuds services provide a biannual summary of their data and recommendations for quality improvement.
- There were no new recommendations for quality improvement or further study and review generated through the quality management committee process during the last reporting cycle. Ongoing Quality Management recommendations or activities include:
  - ✓ Further study and review of **Dignity and Respect, Consumer Rights, and systems tensions and frustrations**
  - ✓ Evaluation of best practices related to **eating disorders**, clarification of RSN responsibility for eating disorders, and identification and development of continuum of care for eating disorders within the network and/or out of the network.

- ✓ Development of a process to review Clinical Practice Guidelines for **Adult Attention Deficit Hyperactivity Disorder (ADHD)** to see that they address client concerns.
- ✓ Development of a regional **database for Complaints, Grievances, and Fair Hearings**
- ✓ Continued work towards **broad and consistent reporting of complaints and grievances** across multiple reporting sources
- ✓ Review of the current status of the **trauma project** in the region.
- ✓ Consolidation of efforts towards review of **inpatient capacity, inpatient reduction, and diversion**
- ✓ Further study and review of **medication management services**, including access and triage to medication management services, medication management capacity, and discharge from medication management services
- ✓ Further study and review of the processes used to gather information and records during the **access process** from the initial call to access through the assessment process.
- Complaint, grievance and appeal data has been one factor in quality improvement efforts towards:
  - ✓ Increasing **Flex Funds**
  - ✓ Providing **trauma based services**
  - ✓ Assuring staff is trained on **Dignity and Respect** and **Consumer Rights**
  - ✓ Clarifying policies and procedures regarding the **outpatient discharge process**
  - ✓ The development of a **medication management transfer policy** to ensure seamless transition to primary care physicians
  - ✓ The development of region wide **diagnostic practice standards**

#### **FUTURE PLANS**

- The NSMHA continues to work towards broad and consistent reporting of complaints and grievances across multiple reporting sources and will continue to work towards increased reliability in reporting. Creating a database to collect complaint and grievance information may assist with the increased reliability of the reporting process.
- The NSMHA Internal Quality Management Committee (IQMC) will review the current summary, make recommendations for further study and review or quality improvement, and present these recommendations to the QMC and OMOC.
- In addition to reviewing the aggregate data in these reports to identify any trends, individual complaints, grievances, or appeals with system implications, or patterns or clusters of complaints, grievances, or appeals with system implications will be reviewed and used to generate quality improvement activities or identify areas for further study and review. The NSMHA will continue to work closely with Ombuds services to address any emerging patterns or clusters of complaints or grievances and incorporate this information into quality management processes.
- The NSMHA and providers will continue to collaborate to use information about complaints, grievances, appeals, denials, and fair hearings as opportunities for quality improvement.
- The NSMHA will also continue to work with the Mental Health Division to clarify changes in the reporting format and changes in the contract regarding the grievance system. The NSMHA will update the Complaint, Grievance, Appeal, and Fair Hearing Policies to reflect these changes.

**RSN Name** NSMHA

**Contact Name:** Diana Striplin

**Reporting Period:** October 2007 through December 2007  
(Month and Year)

**Contact Phone #:** 360 416-7013

**Total Unduplicated Number of Adult Cases** 0

**Total Unduplicated Number of Children Cases** 0

<b>Occurrence</b>				
	<b>CMHA Grievances</b>	<b>RSN Grievances</b>	<b>Fair Hearings</b>	<b>Outstanding</b>
<b>Adult (21 Yrs. and over)</b>				
Access	0	0	0	0
Dignity and Respect	0	0	0	0
Quality/ Appropriateness	0	0	0	0
Phone calls not returned	0	0	0	0
Service -- Intensity, Not Available, Coordination	0	0	0	0
Consumer Rights	0	0	0	0
Physicians & Medications	0	0	0	0
Financial & Admin Svs	0	0	0	0
Residential	0	0	0	0
Housing	0	0	0	0
Transportation	0	0	0	0
Emergency Services	0	0	0	0
Violation of Confidentiality	0	0	0	0
Participation in Treatment	0	0	0	0
Other	0	0	0	0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

<b>Occurrence</b>				
	<b>CMHA Grievances</b>	<b>RSN Grievances</b>	<b>Fair Hearings</b>	<b>Outstanding</b>
<b>Children (0-20 Yrs.)</b>				
Access	0	0	0	0
Dignity and Respect	0	0	0	0
Quality/ Appropriateness	0	0	0	0
Phone calls not returned	0	0	0	0
Service -- Intensity, Not Available, Coordination	0	0	0	0
Consumer Rights	0	0	0	0
Physicians & Medications	0	0	0	0
Financial & Admin Svs	0	0	0	0
Residential	0	0	0	0
Housing	0	0	0	0
Transportation	0	0	0	0
Emergency Services	0	0	0	0
Violation of Confidentiality	0	0	0	0
Participation in Treatment	0	0	0	0
Other	0	0	0	0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

<b>Resolutions</b>				
	<b>CMHA Grievances</b>	<b>RSN Grievances</b>	<b>Fair Hearings</b>	<b>Outstanding from Last Period</b>
<b>Adult (21 Yrs. and over)</b>				
Info/Referral	0	0	0	0
Referral to QRT	0	0	0	0
Conciliation/Mediation	0	0	0	0
Arbitration	0	0	0	0
Fair Hearing	0	0	0	0
Other	0	0	0	0
Not Pursued	0	0	0	0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

<b>Resolutions</b>				
	<b>CMHA Grievances</b>	<b>RSN Grievances</b>	<b>Fair Hearing</b>	<b>Outstanding from Last Period</b>
<b>Children (0-20 Yrs.)</b>				
Info/Referral	0	0	0	0
Referral to QRT	0	0	0	0
Conciliation/Mediation	0	0	0	0
Arbitration	0	0	0	0
Fair Hearing	0	0	0	0
Other	0	0	0	0
Not Pursued	0	0	0	0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>



05-07 Report - PIHP - Medicaid Services Only

ATTACHMENT A

**PIHP Name** NSMHA **Contact Name:** Diana Striplin **Reporting Period:** October 2007 through December 2007  
**Contact Phone No.** 360 416-7013 **(Month and Year)**

**Total Unduplicated Number of Adult Cases** 4

**Total Unduplicated Children Cases** 0

<b>Occurrence</b>					
	<b>CMHA Grievances</b>	<b>PIHP Grievances</b>	<b>Fair Hearings</b>	<b>Outstanding</b>	<b>Denials</b>
<b>Adult (21 Yrs. and over)</b>					
Access to Outpatient	1	0	0	0	18
Dignity and Respect	1	0	0	0	
Quality/ Appropriateness	1	0	0	0	
Phone calls not returned	0	0	0	0	
Service -- Intensity, Not Available, Coordination	1	1	0	1	
Consumer Rights	1	0	0	0	
Physicians & Medications	1	0	0	0	
Financial & Admin Svs	1	0	0	0	
Transportation	0	0	0	0	0
Emergency Services	1	0	0	0	0
Access to Inpatient	0	0	0	0	0
Violation of Confidentiality	0	0	0	0	
Participation in Treatment	0	0	0	0	
Other	1	1	0	1	0
<b>Total</b>	<b>9</b>	<b>2</b>	<b>0</b>	<b>2</b>	<b>18</b>

<b>Occurrence</b>					
	<b>CMHA Grievances</b>	<b>PIHP Grievances</b>	<b>Fair Hearing</b>	<b>Outstanding</b>	<b>Denials</b>
<b>Children (0-20 Yrs.)</b>					
Access to Outpatient	0	0	0	0	39
Dignity and Respect	0	0	0	0	
Quality/ Appropriateness	0	0	0	0	
Phone calls not returned	0	0	0	0	
Service -- Intensity, Not Available, Coordination	0	0	0	0	
Consumer Rights	0	0	0	0	
Physicians & Medications	0	0	0	0	
Financial & Admin Svs	0	0	0	0	
Transportation	0	0	0	0	0
Emergency Services	0	0	0	0	0
Access to Inpatient	0	0	0	0	0
Violation of Confidentiality	0	0	0	0	
Participation in Treatment	0	0	0	0	
Other	0				0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>39</b>

<b>Resolutions</b>				
	<b>CMHA Grievances</b>	<b>PIHP Grievances</b>	<b>Fair Hearings</b>	<b>Outstanding from Last Period</b>
<b>Adult (21 Yrs. and over)</b>				
Info/Referral	4	0	0	0
Referral to QRT	0	0	0	0
Conciliation/Mediation	5	0	0	9
Arbitration	0	0	0	4
Fair Hearing	0	0	0	0
Other	0	0	0	0
Not Pursued	0	0	0	0
<b>Total</b>	<b>9</b>	<b>0</b>	<b>0</b>	<b>13</b>

<b>Resolutions</b>				
	<b>CMHA Grievances</b>	<b>PIHP Grievances</b>	<b>Fair Hearing</b>	<b>Outstanding from Last Period</b>
<b>Children (0-20 Yrs.)</b>				
Info/Referral	0	0	0	0
Referral to QRT	0	0	0	0
Conciliation/Mediation	0	0	0	0
Arbitration	0	0	0	0
Fair Hearing	0	0	0	0
Other	0	0	0	0
Not Pursued	0	0	0	0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

PIHP Notice of Action Appeals Report 05-07

ATTACHMENT B

PIHP NSMHA

Report Period October 2007 through December 2007

Expedited Appeals	ADULTS		Resolutions		
	Resolution within 3 working days	Wholly in favor of Enrollee	Partially in favor of Enrollee	Appeal Denied	
Referred to Standard Appeals	0				
Denials	0				
Reduction	0				
Suspensions	0				
Terminations	0				
<b>Total</b>	<b>0</b>				

Expedited Appeals	CHILDREN		Resolutions		
	Resolution within 3 working days	Wholly in favor of Enrollee	Partially in favor of Enrollee	Appeal Denied	
Referred to Standard Appeals	0				
Denials	0				
Reduction	0				
Suspensions	0				
Terminations	0				
<b>Total</b>	<b>0</b>				

Standard Appeals			Resolutions		
	Resolution within 45 days	Wholly in favor of Enrollee	Partially in favor of Enrollee	Appeal Denied	
Denials	0				
Reduction	0				
Suspensions	0				
Terminations	0				
<b>Total</b>	<b>0</b>				

Standard Appeals			Resolutions		
	Resolution within 45 days	Wholly in favor of Enrollee	Partially in favor of Enrollee	Appeal Denied	
Denials	0				
Reduction	0				
Suspensions	0				
Terminations	0				
<b>Total</b>	<b>0</b>				

Standard Appeals			Resolutions		
	Resolution within 59 days	Wholly in favor of Enrollee	Partially in favor of Enrollee	Appeal Denied	
Denials	0				
Reduction	0				
Suspensions	0				
Terminations	0				
<b>Total</b>	<b>0</b>				

Standard Appeals			Resolutions		
	Resolution within 59 days	Wholly in favor of Enrollee	Partially in favor of Enrollee	Appeal Denied	
Denials	0				
Reduction	0				
Suspensions	0				
Terminations	0				
<b>Total</b>	<b>0</b>				