

A stylized map of the North Sound region, showing the coastline and several islands. The map is rendered in a light gray tone. The text is overlaid on the map.

**NORTH SOUND
MENTAL HEALTH ADMINISTRATION**

**QUALITY MANAGEMENT OVERSIGHT COMMITTEE
MEETING PACKET**

October 27, 2010

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: October 27, 2010 **Time:** 1:00 – 3:00 PM

Location: NSMHA Conference Room

For information Contact Meeting Facilitator: Greg Long, NSMHA, 360-416-7013

Topic	Objective	ACTION NEEDED	Discussion Leader	Handout available pre-mtg	Handout available at mtg	Tab	Time
Introduction	Welcome guests; presenters and new members		Chair				3 min
Review and Approval of Agenda	Ensure agenda is complete and accurate; determine if any adjustments to time estimates are needed. November & December Meetings	Approve Agenda	Chair	Agenda		1	3 min
Review and Approval of Minutes of Previous Meeting	Ensure agenda is complete and accurate; determine if any adjustments to time estimates are needed. Meeting will start and end on time.	Approve Minutes – July & September	Chair	Minutes		2	5min
Announcements and Updates	Inform QMOC of news, events; Binder Updates, if any;	Inform/discuss	ALL			3	3 min
Evaluation forms from last meeting, if any	Discuss feedback, if any		Chair				5 min
Comments from the Chair			Chair				5 min
Advisory Board Report	Summary of last Advisory Board Meeting		Marie Jubie				5 min
Funding Reductions	Discuss actions to respond to funding reductions		Charissa Westergard			4	10 min
EQRO Follow-up	Debriefing from EQRO Audit this month	Discussion	Charissa Westergard			5	10 min
Regional Performance Measure Targets	Review of proposed regional performance measure targets	Approval of proposed targets and discussion of steps to achieve them	Diana Striplin or Charissa Westergard			6	10 min
Direct Referrals by outpatient staff to psychiatric units	Review expected processes for outpatient staff to refer people for inpatient psychiatric care	Review of steps and encourage strong efforts at diversion when possible and appropriate	Charissa Westergard			7	10 min
Allen Mars Reviews	Inform/discuss		Tom Yost			8	10 min

PACT Review	Inform/discuss	Overview of progress and issues in PACT's	Laura Davis			9	10 min
WSH Review	Inform/discuss	Overview of WSH census, processes, and issues	Laura Davis			10	10 min
Policy Sub Committee Report	Inform/discuss	<u>None this month</u>					
ICRS Policy Committee Report	Inform/discuss	Approval of policy			1707 & 1719	11	15 min
Date and Time for Next Meeting	Ensure meeting date, time and agenda are planned.	Decide on date and time for meeting given that regular date is day before Thanksgiving. December Meeting may also be problematic.	Charissa				5 min
*Review of Meeting	Were objectives accomplished? How could this meeting be improved? Eval forms						5 min

Next meeting: November 24, 2010

**Potential Future Agenda Items:
UR Responses**

**North Sound Mental Health Administration (NSMHA)
Quality Management Oversight Committee (QMOC)
NSMHA Conference Room
September 22, 2010
1:00 – 3:00 pm
MEETING SUMMARY**

PRESENT: *Greg Long*, NSMHA; *Rebecca Clark*, Skagit County Coordinator; *Pam Benjamin*, Whatcom Counseling and Psychiatric Clinic; *Joan Lubbe*, Skagit/NSMHA Advisory Board; *Marie Jubie*, Snohomish/NSMHA Advisory Board; *Dan Bilson*, NAMI Whatcom; *Susan Ramaglia*, Skagit County Advisory Board/NAMI Skagit; *Otis Gulley*, Snohomish/NSMHA Advisory Board; *David Small*, Sea Mar; *Richard Sprague*, Interfaith; *Chuck Davis*, Ombuds/Quality Review Term; *Stacey Alles*, Compass Health and *Rebecca Pate*, recording

EXCUSED: *Pat Morris*, VOA; *Cindy Ainsley*, Bridgeways; *Kay Burbidge*, LWC; *Susan Schoeld*, Snohomish County; *Jackie Henderson*, Island County; *Fred Plappert*, Snohomish/NSMHA Advisory Board and *Anne Deacon*, Whatcom County Coordinator/Chair

ABSENT: *Mike Manley*, Sunrise Services; and *Kathy McNaughton*, Catholic Community Services

OTHERS PRESENT: *Heather Fennell*, Compass Health; *Charles Albertson*, Whatcom County; *Kurt Aemmer*, NSMHA; *Charissa Westergard*, NSMHA; *Laura Davis*, NSMHA; *Dawn Jubl*, Ombuds Intern; *Michael Huxford*, Sea Mar

TOPIC	DISCUSSION	ACTION
<p>1. Introductions, Review of Agenda, Previous Meeting Summary</p>	<p>Rebecca C. convened the meeting at 1:05 and welcomed guests to the meeting. Introductions were made.</p> <p>Chuck D. introduced Dawn their intern from the college who is working for them.</p> <p>Michael Huxford, a new psychologist and site manager for Sea Mar Behavioral Health Clinic in Bellevue and Lynnwood, introduced himself.</p> <p>Chuck made a motion to approve the August minutes as amended, seconded and motion carried.</p> <p>Marie requested a place be made for the Advisory Board report.</p>	<p>August minutes approved as amended Insert place on agenda for report</p>
<p>2. Announcements and Updates</p>	<p>Stacey mentioned a conflict might exist between the WAC, RCW and the State Waiver regarding children and adult access to care standards. Greg said the State directed NSMHA that Medicaid eligible people should be considered to be eligible up till their 21st birthday. He stated this is a major issue to have consistency between all these documents. He said we should not get into trouble by being more liberal in allowing people into the system. Stacey said her concern regards the actuarial study. Greg</p>	

	<p>requested Stacey email information to him so he can notify the State the WAC's and RCW's are not consistent.</p> <p>Greg mentioned an email from National Council of Behavioral Health about measuring of quality management. It was very impressive. The Denver Community Mental Health Center has a pretty sophisticated recovery oriented quality measurement system where they look at four different ways of measuring recovery across a mental health system. The PowerPoint is basically what was done online. He encouraged all to review the information.</p> <p>They have the following quality measures are in place:</p> <ul style="list-style-type: none"> • A level of care system • Tied the level of care system to how they are ensuring people get the appropriate intensity of care • Providers rating consumers on progress towards recovery • Consumers rating their progress towards recovery • Consumers rating clinical staff 	
<p>3. Evaluation Forms from Last Meeting</p>	<p>Rebecca said one evaluation was received from the last meeting and reviewed the results.</p>	
<p>4. Comments from the Chair – Rebecca Clark</p>	<p>Rebecca stated she had no comments.</p>	
<p>5. Advisory Board Report</p>	<p>Marie provided a report.</p>	
<p>6. Update on QMOC Meeting Practices</p>	<p>Greg said some minor amendments were mentioned at the last meeting and the previous #5 is gone. Consumers brought up the concern that if issues were not resolved here and go to Management Council there was not consumer representation on Management Council. This was discussed and the Chair of the Advisory Board will become members of the Management Council.</p> <p>The new issue to consider is whether QMOC wants to go to alternate meetings of one in-house and one utilizing phones. Greg said this came about due to budget cuts and NSMHA is looking at ways to reduce/make more effective the meetings being conducted. Greg said what he would propose would be conducting QMOC meetings via phone every other month. He said this would be like a “go to” meeting for the phone meetings. Discussion followed.</p> <p>Chuck made a motion to approve the alternate meetings of in-house and “go to” meetings every other month format, seconded and discussion followed. Greg mentioned this would be done on an experimental basis to begin with to</p>	<p>Motion initially</p>

	<p>see how it works. The vote was called and motion failed due to one objection. After further discussion and clarification another vote was taken and motion carried.</p>	<p>failed Motion carried</p>
<p>7. Second Opinion Process</p>	<p>Kurt said this process is working smoothly and thanked all for coming through and making this work so well. He said in the last year and a half, there were only three second opinion requests that were not done within the required 30 day timeframe. Kurt reviewed the report, included in member packet.</p>	
<p>8. Out-of-Network</p>	<p>Laura said NSMHA looked into this to see what is provided within the region and why individuals needed to go out-of-network. It was discovered only seven (7) were being seen out-of-network and this was due to unique needs. She said in reviewing information it was discovered agencies are doing a good job of documentation and these individuals are being seen and tended to accordingly by providers. She reviewed questions she uses when conducting surveys included in member information. She said when records are reviewed NSMHA wants to be able to see why an individual needs out-of-network services and sometimes this is not always clear. She said if agencies have consumers receiving out-of-network services she needs to be updated, at least, every six months. Discussion followed.</p> <p>Greg mentioned the discussion summary included in packet contains recommendations made and a motion is needed on these recommendations.</p> <p>Chuck D. made a motion to approve recommendations, Susan R. seconded and discussion followed. Stacey questioned #3 and stated every so often a second opinion is due to a grievance and documentation has to be carefully noted in the record. She wanted to make sure as staff is notified they have clear instruction on how to note this within the record. Greg said it could be noted “NSMHA has directed the second opinion be done due to grievance resolution”. Chuck amended motion to say “the second opinion is the result of a grievance and NSMHA directed”, seconded and motion carried.</p> <p>Greg said NSMHA would review the out-of-network policy and re-word if needed.</p>	<p>Motion carried</p>
<p>9. Performance Improvement Project (PIP) Update</p>	<p>Charissa stated the State requires two PIPs – one clinical and one non-clinical. She reviewed the PIP regarding “Delivery of Non-crisis Outpatient Appointment after a Psychiatric Hospitalization”. She said a workgroup met three or four times to discuss barriers and other issues. She said one clear issue for people not getting into the initial outpatient follow up appointment within the seven</p>	

	<p>(7) calendar days was usually people not enrolled in services or connected with NSMHA provider at discharge. She said it was believed the reason for people not being enrolled was because they did not know what services were available or they did not want to seek services because of the stigma associated with mental illness. She said the summary provided information but elaborated. Discussion followed.</p> <p>Charissa said she needs a motion to recommend implementation of this intervention. Susan R. made a motion, Chuck seconded and motion carried.</p> <p>Charissa said some other interventions were developed and could possibly be completed through some Federal Block Grant (FBG) dollars. She is asking if anyone has any concerns on the potential additional interventions before moving forward. Discussion followed. Richard asked if an individual could have their initial intake while still in the hospital. Charissa said this has been discussed at NSMHA and if they are enrolled this is not an issue. If the person is not enrolled, that is not payable and is still being worked on at NSMHA. Further discussion followed.</p>	<p>Motion carried</p>
<p>10. Policy Sub Committee Report – Greg</p>	<p>Greg said Angela is not present but Policy 1550.00 – Early Periodic Screening Diagnosis and Treatment (EPSDT). Greg said some of the changes are a reflection of contract language changes and NSMHA/providers are not happy with all of these changes. Discussion followed.</p> <p>Dan asked what parts NSMHA/providers were not happy with and Greg said the part in red under Procedure, section A on page two regarding contacting within 10 days or all EPSDT referrals. Further discussion followed.</p> <p>The issue of maintaining documentation for how long was mentioned and discussion followed. Greg said this is a contract requirement; therefore, the policy could state “documentation will be maintained for the duration of the contract term”. Dan made a motion to approve the policy with the additional language regarding maintenance of records, seconded and motion carried.</p> <p>Charissa discussed Policy 1551.00 and distributed a handout for review. Discussion followed.</p> <p>Language will be changed back to “contain crisis planning for all individuals Level 4 and up”. Discussion followed. Chuck made a motion to approve with amended language, Pam seconded and motion carried.</p>	<p>Motion carried</p> <p>Motion carried</p>

11. ICRS Policy Sub Committee Report – Greg	None at this time.	
12. NSMHA/Provider Policy Coordination	<p>Greg said this information is late getting out because Mr. Marburger was out of the office until recently. It was previously discussed that NSMHA copy US Military and expect providers comply with our policies but write implementation guidelines. Greg mentioned that in the past APN attempted to write guidelines for all agencies but they struggled with meeting all the requirements of the WACs. He said it was mentioned before that NSMHA continue to write policies and agencies write implementation procedures for the policies versus another policy. He stated there has always been some confusion regarding “comply with” or “consistent with” descriptor in NSMHA policies. Discussion followed.</p> <p>Greg acknowledged if all are in agreement with this recommendation he will draft a proposal in writing to Pete Marburger so our intention is clear from the onset. All agreed. He said he would provide an update to the committee.</p>	Greg write a proposal to Pete Marburger
13. NSMHA Re-organization	<p>Greg said NSMHA is going through some significant system changes. This process began in November 2009 with the assistance of an outside consultant. He reviewed the process with the committee. He mentioned through the re-structuring a more comprehensive work plan was developed and this will allow NSMHA to provide more comprehensive reports to QMOC. He reviewed the diagram illustrating the overlapping involved in the re-organization and how this will function throughout NSMHA. Discussion followed.</p>	
14. Open Forum		
15. Date and Agenda for Next Meeting/Review of Meeting	The next meeting is October 27, 2010 and the meeting was adjourned 3:00.	

NSMHA COMMITTEE DISCUSSION FORM

AGENDA ITEM: Funding Reductions

PRESENTER: Charissa Westergard

COMMITTEE ACTION: Action Item FYI & Discussion FYI only

SIGNIFICANT POINTS OR EXECUTIVE SUMMARY:

NSMHA has received \$8.5 million dollars in funding reductions. There have been funding reductions the last two years. NSMHA has been forced to make drastic cuts rapidly in closing the North Sound E & T and PALS. Almost all programs budgets have received reductions in funding. The only programs not cut have been the high intensity outpatient services.

It is painful to see and experience these reductions for everyone, consumers, family members, provider staff, county coordinators, and NSMHA staff.

NSMHA's goals in reductions are to maintain outpatient services to the people with the most severe mental illnesses.

NSMHA would like providers to focus on preventing unnecessary psychiatric hospitalizations where possible because inpatient services are so expensive. A few hours of crisis stabilization efforts can save thousands of dollars. Line provider staff needs to be aware that every hospital day costs an average of \$800 and the average hospitalization cost \$8,000 dollars. Children's hospitalizations cost more because the average length of stay is longer and Children's Hospital is the most expensive hospital at over \$1200/day.

NSMHA believes that we need to limit services to level one and level two consumers by promoting recovery and independence. The goals and length of treatment for level 1 and 2 consumers may need to be more limited.

Given those parameters, providers need to consider how they are going to do reductions to best meet their consumers' needs. We have had to face this before and it is difficult. The usual strategies are increase case loads, to see people less often and promote people going to group treatment and the peer centers.

CONCLUSIONS/RECOMMENDATIONS:

It is hoped that additional strategies can be developed to stretch the reduced funding as far as possible. NSMHA will continue to advocate for increased funding and is open to providing technical consultation.

TIMELINES:

ATTACHMENTS:

NSMHA COMMITTEE DISCUSSION FORM

AGENDA ITEM: EQRO Review

PRESENTER: Charissa Westergard

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

SIGNIFICANT POINTS OR EXECUTIVE SUMMARY:

The External Quality Review Organization (EQRO) conducted their annual review of the North Sound Region. The main focus of the review was to be on the CMHA providers this year. Part of the EQRO Team spent a day with NSMHA reviewing the Performance Improvement Projects and our general operations. The PIP review went well with the EQRO saying that North Sound understood this process now. They felt that North Sound was one of the better performing RSNs on PIPs. The other review process at NSMHA went fairly well, but the EQRO didn't say much.

NSMHA would like to hear from the CMHA Providers, consumer groups, Ombuds, others to share their impressions and lessons from this year's EQRO Audit.

CONCLUSIONS/RECOMMENDATIONS:

The EQRO's Report will be available in a few months. When the Report is available, it will be reviewed in detail with QMOC.

TIMELINES:

None

ATTACHMENTS:

None

NSMHA COMMITTEE DISCUSSION FORM

AGENDA ITEM: Regional Performance Measure Targets

PRESENTER: Diana Striplin/Charissa Westergard

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

SIGNIFICANT POINTS OR EXECUTIVE SUMMARY:

Each RSN by contract is required to have three Regional Performance Measures. The North Sound Region selected the following Measures:

- **Co-Occurring Disorder Identification Rate,**
- **Dispatches Whose Outcome is Other Than Detention or Refer to Voluntary Inpatient Services and**
- **Regional Crisis Stabilization Bed Utilization.**

QMOC reviewed and approved these Performance Measures. A one year baseline for each measure was developed and submitted to the Division of Behavioral Health and Recovery (DBHR).

Now, the Region must submit to DBHR target improvement goals for each measure for the next year and the following year. The attachment lists these improvement goals which NSMHA staff is recommending. NSMHA staff believe these are important and meaningful quality improvement goals and also achievable with some effort.

CONCLUSIONS/RECOMMENDATIONS:

- NSMHA staff is requesting recommendation for approval from QMOC of these Performance Measure goals.
- NSMHA would also like to begin the discussion on possible initiatives to meet these goals.

TIMELINES:

- The Performance Measure Goals should be submitted to DBHR by October 31, 2010 by contract.
- NSMHA will have to report on these Performance Measure Goals

ATTACHMENTS:

Performance Measure Target Goals

DRAFT --North Sound Mental Health Administration Regional Performance Measures-Annual Improvement Targets and Goals-Recommendations

1. Co-Occurring Disorder Identification Rate

Co-Occurring Disorder Identification Rate			
Time Period	Total Served	Total Co-Occurring Identified	Percent
Baseline- October 2008 through September 2009	10,374	1,446	13.94%
Annual Improvement Target October 2010 through September 2011			3.06%
Annual Improvement Goal October 2010 through September 2011			17%
Performance Target			25%

2. Dispatches Whose Outcome is Other Than Detention or Refer to Voluntary Inpatient Services

Dispatches Whose Outcome is Other Than Detention or Refer to Voluntary Inpatient Services				
Time Period	Total Dispatches	Detention or Refer to Voluntary Outcome *	Other than Detention or Refer to Voluntary Outcome	Percent
Baseline- October 2008 through September 2009	7,169	1, 872	5,297	73.9%
<p>* Outcomes 1, 3, 4, or 7 are considered as detention or refer to voluntary services. 1=Detention (72 hours as identified under the Involuntary Treatment Act, RCW 71.05). 3=Referred to voluntary inpatient mental health services 4=Returned to inpatient facility/filed revocation petition 7=Detention to Secure Detox facility (72 hours as identified under 70.96B)</p>				
Annual Improvement Target October 2010 through September 2011				4.1%
Annual Improvement Goal October 2010 through September 2011				78%
Performance Target				85%

3. Regional Crisis Stabilization Bed Utilization

Regional Crisis Stabilization Bed Utilization			
Time Period	Regional Average Daily Census	Beds	Percent
Baseline- October 2008 through September 2009	15.8	27	58.4%
Annual Improvement Target October 2010 through September 2011	5.8	27	21.6%
Annual Improvement Goal October 2010 through September 2011	21.6	27	80%
Performance Target	22.95	27	85%

NSMHA COMMITTEE DISCUSSION FORM

AGENDA ITEM: Direct Referrals to ED/Psychiatric Hospital by Outpatient Staff

PRESENTER: Charissa Westergard

COMMITTEE ACTION: Action Item FYI & Discussion FYI only

SIGNIFICANT POINTS OR EXECUTIVE SUMMARY:

- Hearing from Fairfax Hospital and identifying in some charts (region wide) that enrolled consumers are being referred directly to the Emergency Department or Psychiatric Hospital for evaluation and admission without first being seen by their outpatient clinician or they are being seen first but are still sent to the ED/hospital without the clinician facilitating the hospitalization.
- If an individual is enrolled with an outpatient provider, it is more likely that clinical staff that know the person and the resources available are going to be able to create a hospital diversion plan that fits for the individual and has the greatest chance of success.
- Fairfax has specifically expressed concern that individuals referred directly to them have the impression that they are going to be directly admitted, which may not be the case. In some circumstances, they may actually have to go back to the agency or an ED before or instead of admission. This could happen at other facilities as well, but can be a particular issue at Fairfax as they are only a psychiatric facility and don't have the same medical capabilities as other hospitals.

CONCLUSIONS/RECOMMENDATIONS:

- Evaluation by outpatient clinical staff, or crisis staff if necessary, for medical necessity before sending an individual to the ED/hospital.
- Create a diversion plan with the individual if possible or contact the hospital for possible admission.
- Contact VOA Inpatient Certification (1-800-707-4656) for authorization once a bed has been located.
- While this can be a time consuming process, it can help individuals stay in their community and avoid unnecessary hospitalizations and related stigma and can help reduce inpatient costs.

TIMELINES: N/A

ATTACHMENTS: N/A

NSMHA COMMITTEE DISCUSSION FORM

AGENDA ITEM: Allen Marr Reviews – 10/2009 thru 9/2010

PRESENTER: Tom Yost

COMMITTEE ACTION: Action Item FYI & Discussion FYI only

SIGNIFICANT POINTS OR EXECUTIVE SUMMARY:

Purpose of these reviews is to ensure certain DDD consumers who need mental health services receive those services and coordination with other needed services is done.

CONCLUSIONS/RECOMMENDATIONS:

Four consumer cases are called out in the report with some specific information.

TIMELINES:

None

ATTACHMENTS:

Allen Marr Reviews Report

DDD – MENTAL HEALTH COMPREHENSIVE CASE REVIEWS
 (“ALLEN-MARR REVIEWS”)
 10/2009 – 9/2010

SUMMARY OF THE MENTAL HEALTH PORTIONS OF THOSE REVIEWS

The purpose of these reviews is to ensure that certain DDD consumers who need mental health services receive those services and that mental health services are well coordinated with other services which the consumers receive. The case reviews are not technical reviews that ensure compliance with regulations but rather focus broadly on coordination of and access to appropriate care and support.

CHARACTERISTICS OF CONSUMERS WHOSE CASES WERE REVIEWED THIS YEAR

Consumer 1 – Mood d.o. and anxiety d.o.

Significant, chronic, medical issues

Received medication services & individual counseling

Not stable

GAF 40

Consumer 2 – Major depressive d.o. with psychotic features, intermittent explosive d.o., dysthymia, Significant medical issue requiring major medical interventions (diabetes, seizure d.o.)

Received crisis and DMHP services

(Has psychotropic medications from non-RSN prescriber)

Partially stable with significant supports (continued assaults)

GAF 35

Consumer 3 – Schizoaffective DO, cluster B personality d.o.,

Mild chronic medical issues,

Received case mgmt (in past) & individual counseling (in past), med mgmt, crisis services, E&T services,

Behavior is mostly stable with intense residential support but psychiatric symptoms are not well-controlled by medications,

GAF 35

Consumer 4 – Anxiety DO, NOS, R/O obsessive compulsive disorder,

Receives no RSN-funded svcs.

(Gets medications from a PCP at a community health clinic),

Has received stabilization services from APN/Compass project (2004-5) with a referral to a FQHC (did not qualify for RSN svcs.),

Continued anxiety that could threaten his job but job loss not imminent,

GAF 40

3 of the 4 consumers whose cases were reviewed had significant unresolved medical issues that were being addressed. The same 3 also continued to experience psychiatric or behavioral symptoms or required significant personal supports to ameliorate those symptoms. It is not possible to determine whether there exists any correlation between their medical conditions and psychiatric symptoms. An evaluation of previous case reviews did not seem to show any correlation.

CROSS-SYSTEM CRISIS PLANS

DDD policy requires that a Cross System Crisis Plan be developed for certain of its consumers who have significant behavioral, psychiatric or other crises. These plans are initiated by DDD but mental health case managers are expected to participate in the meeting at which they are developed. At times, a representative attends from the Enhanced Stabilization Services program (the “DD/mental health” program of the APN which is located at Compass Health).

Three of the four consumers had Cross-Systems Crisis Plans. Mental health case managers had participated in the development of all 3. However, in one case the mental health file did not contain either the current plan or the previous 2 plans. It contained one plan that was 5 years old and out of date.

OUTPATIENT MENTAL HEALTH SERVICES

SPECIALIST CONSULTATIONS

Intakes at mental health agencies must be conducted or reviewed by a DD/Mental Health Specialist if a consumer has a developmental disability. While not required by state or NSMHA policy, agencies are also encouraged to have a specialist look over the 180-day reviews.

Only 2 of the 4 consumers went through intakes and one of those entered services more than 10 years ago. A DD/Mental Health Specialist conducted the intake of the one consumer whose intake was available for review. However, in both cases, neither the case managers nor the prescribers requested consultation with the specialist after the intake.

PARTICIPANTS IN TREATMENT PLANNING AND TREATMENT

Only one of the two treatment plans was available for review by the team. The consumer, case manager and a residential staff person participated in that process. There was no evidence of DDD participation in the mental health or DDD case records.

On-going coordination of services for the 2 consumers who entered services seemed to have occurred most often between the mental health agencies and the consumers’ residential providers. In both cases, residential staff attended appointments with the consumers’ prescribers. Prescribers also had frequent contact with residential staff by phone about medication issues and consumers’ medical problems. Indeed, the conscientiousness of prescribers should be recognized. In this and last year’s reviews it appears that consumers who have received medication services have received thoughtful and well-coordinated services.

SERVICES

Both consumers who received services received case management, counseling and medication management/monitoring. In one case, counseling had been recommended for the consumer but had not been arranged by the mental health agency. Subsequent to the case review the consumer entered counseling at the agency.

It is encouraging to see that both consumers were provided case management and counseling since it affirms that the two agencies involved recognize that people who have developmental disabilities can benefit from a range of services and not just medication management only.

As previously noted, medication services were well coordinated with residential service providers – a trend that has been noted in the past. Both prescribers regularly made assessments of side effects.

HOSPITALIZATIONS/IN-PATIENT SERVICES

One consumer had 3 hospitalizations in the last 5 years: one of those was at an E&T; one at a community hospital; and one at Western State. There was no discharge summary in the mental health case file from the Western State hospitalization although there were summaries from the E&T and community hospital.

In the past, the team has rarely found hospital records or discharge summaries in the mental health case files although the team usually finds them in the DDD case files when a person has had a civil hospitalization. It is not clear why this situation exists but it might be an issue that the mental health system may want to address.

ENHANCED CRISIS STABILIZATION SERVICES

DDD funds an Enhanced Crisis Stabilization Service that is located at Compass Health. When consumers appear to need mental health services – especially in crises - this program can assess their needs and provide temporary mental-health, case management and crisis respite.

Two of the consumers from this year's review received services from this program at some time in the past. One of them was admitted to services but the other was found to not qualify for services and was helped to obtain medication services from a community health clinic. The program has available crisis stabilization beds and one of the 2 consumers was offered this service but decided not to use it.

CROSS-SYSTEMS COLLABORATION

As noted above and in the previous year, on-going collaboration most often occurs between prescribers and providers of residential services. It occurs significantly less often between DDD and mental health case managers or residential staff and mental health case managers. It does appear, however, that usually there is contact between DDD and mental health case managers when there is a crisis or when a consumer constantly presents very challenging behaviors.

This probably reflects the reality of the circumstances. Residential providers are probably the most knowledgeable professionals involved in consumers' lives. They are also the ones who must monitor consumers' reactions to medications and monitor consumers' behaviors. In the cases reviewed this year and last, this arrangement seems to have supported consumers very well.

Collaboration between mental health case managers and other service providers is an issue that must be decided on a case by case basis and should be addressed during treatment planning with each consumer. Therefore, it is not possible to assess whether mental health case managers should have more or less contact with others involved in the consumers' lives.

NSMHA COMMITTEE DISCUSSION FORM

AGENDA ITEM: PACT Review

PRESENTER: Laura Davis, LICSW

COMMITTEE ACTION: Action Item FYI & Discussion FYI only

SIGNIFICANT POINTS OR EXECUTIVE SUMMARY:

Since the legislature approved funding for the Program for Assertive Community Treatment (PACT) programs throughout Washington State in 2007 NSMHA has been involved in oversight of the development and implementation of the state funded program in Snohomish County and has chosen to fund a 0.5 PACT program in Whatcom County with funding received from decreasing the number of beds funded at the Program for Adaptive Living Skills (PALS) program at Western State Hospital (WSH). This funding has ended, and to this point NSMHA has continued to fund both programs fully.

Whatcom PACT has strong leadership in both their Team Leader and their Psychiatrist (Tawna Thomas and Karen Young, MD). Whatcom PACT got strong ratings in their single fidelity review in 2008, as well as, in NSMHA's audits of the program and in all utilization reviews that have pulled their charts. This program has a strong team that functions exceptionally well.

The Snohomish PACT did slightly better on their NSMHA audit this year than last, though there is still room for improvement. The consolidation of the program from a three-agency consortium to one agency is a strength that the fidelity review team from WIMHRT noted, though they have not published a draft report yet. The new Team Leader hired in the fall of 2009 is a strength, though there have been some challenging individuals on the team. At this time he is holding staff accountable and checking in weekly on all participant contacts and documentation.

Snohomish PACT implemented scheduling of treatment activities as of 8/30/10. This is a major step towards fidelity when they can get it to a functional level of scheduling all treatment activities for participants and staff. The program has now hired a 0.4 Psychiatric ARNP and a 0.4 Psychiatrist to work in the program and they are moving towards more community outreach as the previous psychiatrist had done.

Snohomish PACT has struggled to admit participants to reach the recently amended contracted average daily census of 95. While they have managed to reach 94 participants in the program they have not yet hit 95.

Turnover continues to be a problem for the Snohomish PACT requiring ongoing recruitment and training of new staff and ongoing building of new relationships for participants.

A warning letter has been sent to Compass Health containing areas that must improve in order to avoid corrective action in the near future. This included hiring the prescriber(s) and an employment specialist, which have both been achieved, as well as increasing their admissions to maintain the average daily census, which is improving. There were also requirements that gaps in services be eliminated and that Activities of Daily Living be addressed with participants, when appropriate, by cueing, coaching and side-by-side teaching of tasks. These areas were not adequately improved, and NSMHA is considering corrective action to ensure necessary improvements.

While the Whatcom PACT program has an active assessment process of evaluating participants for readiness to move to a lower level of care, the Snohomish program is not at this point of development yet.

CONCLUSIONS/RECOMMENDATIONS:

TIMELINES:

This is an annual report on the status of the programs for the past year.

ATTACHMENTS:

NSMHA COMMITTEE DISCUSSION FORM

AGENDA ITEM: WSH Review

PRESENTER: Laura Davis, LICSW

COMMITTEE ACTION: Action Item FYI & Discussion FYI only

SIGNIFICANT POINTS OR EXECUTIVE SUMMARY:

Western State Hospital is a resource in the continuum of care for NSMHA clients who are in the most acute need for an extended period of time, requiring longer term hospitalization. NSMHA is currently allocated 106 beds at WSH and actively manages which individuals are most appropriate for that most restrictive level of care by both managing admission approvals and discharges to the community. This ensures that NSMHAs clients get the most appropriate level of care to meet their needs, and that NSMHA is fiscally responsible with the limited resource of state hospital beds.

In the past year it has appeared that community hospitals have been less willing to hold patients in community psych units than in the past. It is unclear why this change has occurred. In addition, discharges may become more difficult as the regions high intensity programs have filled, including the PACT programs and IOP programs. There is a wait for residential placements at this time, and it is difficult for a number of individuals to access residential programs due to admission standards and a slow rate of turnover in these programs. There are also delays for individuals needing community housing as there is a shortage of transitional beds in the community and more scrutiny occurring in housing processes.

NSMHA continues reviewing the appropriateness of transfers to WSH thoroughly and hopefully avoiding disruptive transfers in inappropriate situations. The Western State Hospital referral process gives NSMHA the opportunity to intervene in situations where care coordination in the community can assist someone to stabilize without the utilization of a WSH episode.

The recent decision to close the North Sound E&T will likely impact the rate at which psychiatric units refer individuals to WSH. This is because with fewer inpatient resources there will be more pressure to move individuals through the inpatient process more quickly in order to serve the higher number of individuals needing each of the remaining programs. It is likely that hospitals will refer to WSH sooner after individuals receive 90-day more restrictive orders, at which time an individual becomes eligible for Western State Hospital transfer. This will potentially limit the amount of time individuals have in community hospitals in which to stabilize prior to being transferred to WSH. NSMHA will monitor for this and address it if necessary.

Sending clients to WSH moves them further from their supports in our community. Once a client is transferred to WSH it is often a few weeks to months before they are considered for discharge, at times far longer than the individual needed to remain an inpatient.

NSMHA's two WSH liaisons are actively working to develop appropriate discharges to the community for all NSMHA WSH patients.

NSMHA by contract is currently allocated 106 slots at Western State Hospital (WSH). During the first half of 2010, NSMHA has had a dramatic increase in referrals to WSH from an average of 9.6/mo. in 2009 to 15.3/mo. in the first quarter of 2010, and an average of 14.3 referrals per month in the second quarter, though only 13.3 of these per month were actually approved for transfer to the state hospital. Fortunately, the referrals have decreased in the third quarter to an average of 9.3 referrals per month resulting in an average of 8.0 approvals per month. The denial rate was not tracked in the first quarter of 2010, but was 7% in the second quarter of 2010 and 14% in the third quarter. NSMHA has managed to go from consistently paying liquidated damages in the first half of this year back to being at or under the census cap the majority of the time in the last few months. NSMHA is screening all referrals and providing liaison discharge services.

CONCLUSIONS/RECOMMENDATIONS:

TIMELINES:

This is an annual report on the status of the programs for the past year.

ATTACHMENTS:

NSMHA COMMITTEE DISCUSSION FORM

AGENDA ITEM: Policy 1707 Clinical Dispute

PRESENTER: Sandy Whitcutt or Greg Long

COMMITTEE ACTION: Action Item FYI & Discussion FYI only

SIGNIFICANT POINTS OR EXECUTIVE SUMMARY:

This crisis policy clarifies what happens in the event of professional clinical disagreements in the mental health crisis system and outlines the process by which disputes will be resolved. This policy has slight revisions to include the allowance for real time resolution.

CONCLUSIONS/RECOMMENDATIONS:

This policy was revised in ICRS sub policy and has been approved with changes by ICRS. The recommendation is to approve with changes

TIMELINES:

Normal timelines for policy approval

ATTACHMENTS:

Revised Policy 1707.00

Effective Date: ~~1/28/2008~~; 11/29/2005
Revised Date: ~~5/6/10~~
Review Date: ~~10/27/2010~~

North Sound Mental Health Administration

Section 1700 – Crisis Services: Crisis System Clinical Dispute Resolution

Authorizing Source: Per NSMHA and ICRS Management;
replaces Clinical Policy 1507.00

Cancels:

See Also:

~~Provider must have a policy "consistent with" this policy~~

Approved by: Executive Director

Date: ~~4/28/2008~~

Responsible Staff: ~~Deputy Director Greg Long, Sandy Whiteutt, Quality Specialist~~

Signature:

POLICY #1707.00

SUBJECT: CRISIS SYSTEM CLINICAL DISPUTE RESOLUTION

PURPOSE

To clarify what happens in the event of professional clinical disagreements in the mental health crisis system and to outline the process by which ~~disputesections~~ will be ~~resolvedmade~~.

DEFINITIONS

1. Clinical disputes are defined as a disagreement between agencies or ~~stakeholdersproviders~~ in response to crises.
2. Stakeholders can include, but are not limited to: mental health providers involved in the case, other service providers and collateral contacts such as hospital or medical providers, residential providers, criminal justice system, developmental disabilities system, chemical dependency system

POLICY

It is recognized that when concerned, conscientious providers from different systems and perspectives interact with the same ~~consumerclient~~ in crisis, differences of opinion as to what constitutes the best care for that consumer will inevitably occur.

The goal of this protocol is to provide rapid and timely resolution of disputes, and the ability to use this information to improve services and community relations. The intention is to resolve conflict at the lowest administrative level possible.

During the crisis episode, the emphasis should be on providing the best service possible to the consumer. Services should be provided with the minimum amount of delay and should be what the consumer wants when possible, or with their input before the decision is made.

Complaints by consumers, family members or complaints on behalf of the consumer by family members or others will be handled through the designated agencies' complaint process and not under this policy. These consumer complaints will be handled as expeditiously as the consumer's condition requires, which may necessitate an expedited process (see NSMHA Policy #1001 for further information related to consumer complaints).

PROCEDURE

~~A. Definitions:~~

~~1. Clinical disputes are defined as a disagreement between agencies or a provider in response to crises.~~

~~2.3. Stakeholders can include, but are not limited to: mental health providers involved in the case, other service providers and collateral contacts such as hospital or medical providers, residential providers, criminal justice system, developmental disabilities system, chemical dependency system.~~

~~B. Complaints by consumers, family members or complaints on behalf of the consumer by family members or others will be handled through the designated agencies complaint process and not under this policy. These consumer complaints will be handled as expeditiously as the consumer's conditions require which may necessitate an expedited process.~~

~~C.A. _____~~ When a clinical dispute arises involving an agency or other service provider, Integrated Crisis Response System staff will ensure that information and referrals related to the dispute are clearly communicated (within the constraints of confidentiality) to the service requester and documented in the clinical record.

~~During the crisis episode, the emphasis should be on providing the best service possible to the consumer. Services should be provided with the minimum amount of delay and should be what the client wants when possible, or with their input before the decision is made.~~

~~D.B. _____~~ INTER-SYSTEM DISPUTES (between Integrated Crisis Response System (ICRS) providers and the external agencies/providersecommunity)

1. In cases that come through Care Crisis Line, the clinical opinion of the Triage Clinician prevails during the immediate crisis. Triage has the responsibility to assess the nature of the crisis, develop a plan to resolve the immediate crisis, coordinate services and track outcomes.
2. The Triage Clinician is authorized to dispatch face-to-face services. Emergency Mental Health Clinicians (EMHC) Outreach and Designated Mental Health Professional (DMHP)/Designated Crisis Responder (DCR) -staff may not decline a dispatch request from Triage.
3. When involved, the Triage Clinician also mediates immediate conflicts between outside agencies/external agencies/providersecommunity, EMHC Outreach and DMHP/DCR staff, and informs parties of the next day follow up procedure. In the event of a dispute that which cannot be resolved at the time, the following shall occur:
 - a. The Care Crisis Clinical Program Manager will follow up by telephone on the next working day, and inform the appropriate Crisis Services Supervisor or their designee of the situation.
 - b. If an issue comes first to the attention of Crisis Response supervisors, they will initiate a phone contact to the outside agency or community member on the next working day and may inform the Care Crisis Clinical Program Manager on the next working day.
 - c. If the dispute cannot be resolved by telephone, information is then brought to a case review. Venues for this case review can include staff meetings, local oversight committees and the Regional ICRS Committee Crisis Management Team. All relevant information will be gathered and reviewed to determine if the dispute arose from a systems issue, problem with customer service, extraordinary

- occurrence, training issue, or other reason. When the reason for the dispute is ascertained, appropriate measures will be taken to address the cause.
- d. Disputes will be reported to the Regional ICRS Committee for monitoring and quality improvement purposes.

E.C. _____ INTRA-SYSTEM DISPUTES (between ICRS providers)

1. When clinical disputes arise between ICRS staff, the Triage Clinician will have the final determination as to what service will be provided at that time.
2. Information on the incident should be brought to the appropriate program ~~supervisors, who~~ supervisors, who may contact the Triage Clinician supervisor to clarify and attempt to resolve the disputed issue within the dispatch time. Information should be brought to the program supervisors no later than the next business day. Supervisors will connect and come to a resolution informally whenever possible.
- 1.3. Supervisors may also bring the incident to staff meetings, local crisis oversight committees and/or the Regional ~~ICRS Committee~~ Crisis Management Team for review, discussion, and resolution.
- 2.4. Issues related to system functioning/resolution of disputes will be shared with the Regional ~~ICRS Committee, and, if needed~~ Crisis Management Team, Regional Quality Management Committee and the NSMHA Quality Management Oversight Committee, North Sound Mental Health Administration (NSMHA) Leadership Team, Quality Management Oversight Committee, Regional Management Council, and the North Sound Mental Health Administration (NSMHA) Board of Directors.

ATTACHMENTS

None

NSMHA COMMITTEE DISCUSSION FORM

AGENDA ITEM: Policy 1719 Utilization of Crisis Stabilization for Hospital Discharge planning

PRESENTER: Sandy Whitcutt or Greg Long

COMMITTEE ACTION: Action Item FYI & Discussion FYI only

SIGNIFICANT POINTS OR EXECUTIVE SUMMARY:

This ICRS policy addresses coordinated discharge procedures between hospitals and community crisis stabilization programs in the North Sound Mental Health Administration region. The intent is to utilize Crisis Stabilization beds as a temporary step-down placement for those consumers who are anticipating discharge from the hospital setting, in order to improve the transition into the community.

This policy has been reviewed and revised by ICRS. Changes to the policy are reflected. Please see the accompanying policy.

CONCLUSIONS/RECOMMENDATIONS:

ICRS recommends this revised policy be approved.

TIMELINES: normal procedural timeline

ATTACHMENTS: Policy 1719.00

Effective Date: 11/8/2007
Revised Date: 8/9/2007 5/5/2010
Reviewed Date: 10/27/2010

North Sound Mental Health Administration

Section 1700 – ICRS: Utilization of Crisis ~~Stabilization~~Respite for Hospital Discharge Planning

Authorizing Source: Per NSMHA & ICRS

Cancels:

See Also:

Providers are required to have a policy “consistent with” this policy

Responsible Staff: Deputy Director

Approved by: Executive Director

Signature:

Date: 11/8/2007

POLICY #1719.00

SUBJECT: UTILIZATION OF CRISIS ~~STABILIZATION~~RESPITE FOR HOSPITAL DISCHARGE PLANNING

PURPOSE

To identify a coordinated discharge procedure between hospitals and contracted community crisis ~~stabilization~~respite programs in the North Sound Mental Health Administration (NSMHA) region to assure rapid and safe discharges from hospitals to less restrictive options.

POLICY

Crisis ~~Stabilization~~Respite will be utilized to provide a temporary step-down placement for those consumers who are anticipating discharge from the hospital setting, but continue to need stabilization services prior to their return to community living. The intent of this service is to improve the transition for the consumer into the community, reducing the risk for re-hospitalization.

Priority will be given to those individuals who are ready for discharge from Western State Hospital (WSH). The use of the stabilization program is also available to the Evaluation and Treatment Centers (E&Ts) and community hospitals on a case-by-case basis.

Crisis stabilization programs do not need to reserve beds for people potentially being discharged from hospitals. However, use of these beds as an aid to transitioning people out of inpatient care is an important function for these programs. Crisis Stabilization staff shall work collaboratively with WSH Liaisons and E&T/community hospital discharge planners to coordinate rapid discharge from inpatient facilities.

The preference is to provide crisis bed placement for consumers living in the county where the crisis stabilization program is located, but consideration will be given to consumers from the NSMHA region requiring crisis bed placement who meet the other conditions outlined in this policy. Exceptions to the use of the beds will be considered on a case-by-case basis, after review by the Crisis Stabilization Program Manager.

PROCEDURE

1. Admission Criteria:

- A. WSH Liaisons and E&T/community Hospital personnel will complete comprehensive discharge planning prior to contacting the Crisis ~~Stabilization~~Respite program in the consumer's county.

1. The discharge plan will include a ~~complete~~ housing plan, which addresses proposed living arrangements and the funding arrangements for these proposed housing and ongoing living costs.
 2. The discharge plan will address relapse prevention/ intervention strategies including assessment of ~~Less Restrictive/Conditional Release (LR/CR)~~ needs and hospital readmission protocol for the consumer.
- B. The consumer must have a source of funding that addresses basic needs including the ability to obtain any prescribed medications and other medical equipment.
 - C. The consumer must have an open outpatient episode or a scheduled assessment for admission to outpatient service ~~with a NSMHA-contracted provider~~ prior to their admission to crisis ~~stabilization/respite~~ beds for step-down from a hospital.
 - D. ~~WSHestern State Hospital~~ Liaisons and ~~community~~ hospital personnel will coordinate with the Crisis ~~Stabilization/Respite contact (Program Manager and/or designee)~~ to address the needs of the consumer and the rationale for the use of the crisis ~~stabilization/respite~~ bed.
 - E. Crisis ~~Stabilization/Respite~~ admissions ~~to this service~~ will meet the inclusionary criteria defined in ~~NSMHA~~ Policy #1701.
 - F. Crisis bed placements after discharge from an inpatient setting are a transitional placement. The bed use days should not exceed 14 days with the possibility of extension to a maximum of 30 days. Extension exceptions must be documented in the outpatient and crisis bed clinical records.

~~Crisis stabilization programs do not need to reserve beds for people potentially being discharged from hospitals. However, use of these beds as an aid to transitioning people out of inpatient care is an important function for these programs. Crisis Stabilization staff shall work collaboratively with WSH Liaisons and hospital discharge planners to coordinate rapid discharge from inpatient facilities.~~

~~There will be availability of two (2) beds for this program in Snohomish County, one (1) bed in Whatcom County and one (1) in Skagit County. The preference is to provide crisis bed placement for consumers living in their identified county, but consideration will be given to consumers from the NSMHA region requiring this crisis bed placement who meets the other conditions outlined in this policy. Exceptions to the use of the beds will be considered on a case-by-case basis, after review by the program manager.~~

~~2. Priority would be given to those individuals who are ready for discharge from Western State Hospital. The use of the respite program would also be available to the Evaluation and Treatment Centers (E&Ts) and Community hospitals on a case-by-case basis.~~

~~3.2. Exclusionary Criteria:~~

- A. Individuals who appear to have housing needs that are expected to exceed 30 days to resolve would not be considered for this program.
- B. Exclusionary criteria, as defined in policy # 1701, apply in this policy.

~~4.3. Respite-Stabilization Services:~~

~~Consumers in this program would have a case manager assigned to assist with the coordination and transition needs of the consumer. Examples of this coordination would include:~~

- A. Facilitating transition into the community;
- B. Assistance with enrollment into outpatient treatment programs that may include Mental Health or Chemical Dependency programs as appropriate;

- C. Facilitation of connection to community supports and resources that address basic needs (e.g. food, housing) and other needs (e.g. socialization, medical care).

ATTACHMENTS

None