

MEMORANDUM

DATE: June
TO: NSMHA Advisory Board
FROM: Chuck Benjamin, Executive Director
RE: July 14, 2005 Board of Director's Agenda

Please find for your review and comment the following that will be discussed with the Board of Directors and brought forth at the July 14, 2005, NSMHA Board of Directors Meeting.

Action Items

To review and approve the NSMHA-MHD Contract #0369-23150, Amendment 4, extending the term of the contract through 8/31/05, limiting the use of Medicaid savings and modifying financial terms, including those related to ECS and MPC.

To review and approve NSMHA-Tulalip Contract #TT-FBG-03, Amendment 1, extending the term of the contract through 12/31/05 and continuing funding.

To review and approve NSMHA-DDD Contract #0369-29684, Amendment 1, extending the term of the contract through 9/30/05 and continuing funding.

To review and approve NSRSN-APN DD CRISIS-02, Amendment 5, extending the term of the contract through 9/30/05 and continuing funding.

To review and approve NSRSN-VOA-DD-Crisis-02, Amendment 3, extending the term of the contract through 9/30/05 and continuing funding.

Action Items Not Yet Reviewed by the Advisory Board

Motion #05-034 – To review and approve NSMHA-MHD-FBG #0469-59965, Amendment 2. The purpose of this amendment is to modify the statement of work to reflect a revised use of funds allocated to Snohomish County.

Introduction Items

To review NSMHA's revised Ombuds, QRT, Functional Independence and Anti-Retaliation policies. The policies have been updated to reflect current practices and procedures, including assuring compliance with applicable laws and regulations.

cc: Charles R. Benjamin
County Coordinators
NSRSN Management Team

**NORTH SOUND MENTAL HEALTH ADMINISTRATION
ADVISORY BOARD MEETING**

**North Sound Mental Health Administration
Conference Room
117 North First St., Suite 8
Mt. Vernon, WA 98273
June 7, 2005
1:00 PM**

Agenda

1. Call to Order - Introductions, Chair – 5 minutes
2. Revisions to the Agenda, Chair – 5 minutes
3. Approval of the May 2005 Minutes, Chair – 5 minutes
4. Comments from the Public –5 minutes
5. Correspondence and Comments from the Chair – 5 minutes
6. Monthly Committee Reports
 - a. Executive Director's Report - Chuck Benjamin – 5 minutes
 - b. Finance Committee – Mary Good – 5 minutes
 - c. Executive Committee/Agenda Committee – Tom Richardson – 5 minutes
 - d. QMOC Report – Mary Good – 5 minutes
7. Items To Be Brought Forward To The Board of Directors – Charles Benjamin, Executive Director
 - a. To review and approve the NSMHA-MHD Contract #0369-23150, Amendment 4, extending the term of the contract through 8/31/05, limiting the use of Medicaid savings and modifying financial terms, including those related to ECS and MPC.
 - b. To review and approve NSMHA-Tulalip Contract #TT-FBG-03, Amendment 1, extending the term of the contract through 12/31/05 and continuing funding.
 - c. To review and approve NSMHA-DDD Contract #0369-29684, Amendment 1, extending the term of the contract through 9/30/05 and continuing funding.
 - d. To review and approve NSRSN-APN DD CRISIS-02, Amendment 5, extending the term of the contract through 9/30/05 and continuing funding.
 - e. To review and approve NSRSN-VOA-DD-Crisis-02, Amendment 3, extending the term of the contract through 9/30/05 and continuing funding.
8. New Business
 - a. Modifications to Ombuds and QRT Policies – The Board of Directors will receive an introductory motion to review NSMHA's revised Ombuds, QRT, Functional Independence and Anti-Retaliation policies. The policies have been updated to reflect current practices and procedures, including assuring compliance with applicable laws and regulations. This is being brought to the Advisory Board for discussion and recommendations to the Board of Directors.
 - b. New policies clarifying Advisory Board representation and function in accordance with the WAC(s).

Comments from County Advisory Board Representatives – 15 minutes

- a. Island
 - b. San Juan
 - c. Skagit
 - d. Snohomish
 - e. Whatcom
9. County Coordinator Report
10. Comments from Public – 5 minutes
11. Other Business
- a. Request for Agenda Items
12. Adjournment

NOTE: The next Advisory Board meeting will be July 5, 2005 in the NSMHA Conference Room, 117 N. First Street, Suite 8, Mount Vernon.

**North Sound Mental Health Administration
MENTAL HEALTH ADVISORY BOARD**

May 3, 2005

Present: Tom Richardson, Mary Good, Charles Albertson, Anne Gresham, Joan Lubbe, Russell Sapienza, Andrew Davis, Marie Jubie, Laurel Britt, Patricia Whitcomb, James Mead, Marianne Elgart and Chris Walsh

Absent:

Excused: Jim King and Jack Bilsborough

Staff: Chuck Benjamin, Margaret Rojas, Greg Long, Chuck Davis and Rebecca Pate

Guests: Ken Tam, Nancy Jones and James Sizemore

MINUTES

TOPIC	DISCUSSION	ACTION
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CALL TO ORDER, INTRODUCTIONS

Chair Jubie	Chair Jubie convened the meeting at 1 p.m. and welcomed those present. Introductions were made. Ken Tam from Whatcom Counseling and Psychiatric Clinic came and completed his Gatekeeper presentation.	Informational
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REVISIONS TO THE AGENDA

Chair Jubie	None.	Informational
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APPROVAL OF MINUTES

Chair Jubie	The April 2005 minutes of the Advisory Board meeting were reviewed. A motion was made to approve as written, seconded and motion carried .	Motion carried
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COMMENTS FROM THE PUBLIC

None.	Informational
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CORRESPONDENCE AND COMMENTS FROM THE CHAIR

Marie Jubie	Marie is excited about the legislative session and attended with several different groups. Rainbow Center attended and testified before the committee on HB1290. Marie stated that she was extremely encouraged and proud about the participation from the different groups. Marie expressed that all the attention given by our Region helped inform the legislators and get things going. The legislature went for the back fill of \$80 million. Marie encouraged everyone to continue advocating so that our Region continues to be a	Informational
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presence in Olympia.

Marie attended the Washington Medicaid Integration Project meeting and she asked Molina different questions and was not pleased with their answers. She said, “Molina danced around the issues”. There was some discussion.

Marie will be attending the Tribal Conference and will be soliciting Tribal members to join the NSMHA Advisory Board.

Marie talked to Sea Mar and they will translate the new NSMHA information brochure into Spanish.

MONTHLY COMMITTEE REPORTS

Chuck Benjamin
Tom Richardson
Andrew Davis

Executive Director’s Report

Chuck said that the \$80 million back fill money was short \$20 to \$30 million and some is earmarked for specific things (i.e., \$10 million has to be dedicated to serving mental health needs in jails or people ready for discharge from the jails and \$3 million is earmarked for special projects like clubhouses/peer-to-peer support). Now the North Sound Mental Health Administration has to make some hard decisions on how our monies will be spent. There are 20 provisos for mental health alone in the budget, which is historical for the state of Washington and these were made behind closed doors without input from consumers, advocates or providers. If anyone desires a list of the provisos contact Chuck at charles_benjamin@nsmha.org or 360-416-7013 and he will provide a list. They re-emphasized the distribution of the funding formula for the next two years. Department of Social and Health Services is reaffirming working toward more equity in funding allocation. All non-Medicaid funds less the money for appropriate jail services and innovative projects also have to be spent on this priority basis:

Informational

- Crisis and Commitment Services,
- Community Inpatient Services,
- Residential Services,
- Personal Care and
- Emergency Housing Assistance

The balance will be distributed on a formula that will use, as part of the formula, a percentage of the state population. The inpatient stay fee was raised to \$400/day, which will increase our inpatient cost and will have to be paid out of the state only dollars.

There was \$902,000 carved out of Federal Block Grant funds to go to King County for a pilot mentally ill offenders program and this pilot has been ongoing for years. Chuck said it is far past the time for this to be a pilot program and the argument was made and we lost.

Informational

There is a slight vendor rate increase for both Medicaid and non-Medicaid services. There is also \$418,000, of the \$80 million, being transferred to economic services administration to assist in reinstating/facilitating Medicaid benefits or other mental health services. Some discussion followed.

Mental Health will be rolled into the Washington Medicaid Integration Project October 2005 and long-term care will be instituted January 2006.

Chuck explained 1290 to the Board and some of the decisions that the North Sound Mental Health Administration will have to make. The Department of Social and Health Services is doing a request for qualifications for October 1, 2005, from Regional Support Network's. Any existing Regional Support Network that chooses to respond to the RFQ and is in substantial compliance with Department of Social and Health Services criteria will automatically be Regional Support Networks. If a Regional Support Network submits to the RFQ and is not in substantial compliance or chooses not to respond to the RFQ, then the Secretary has the right to solicit procurement from private entities. The private RFQ's has to be done by March 1, 2006. There can be no less than 8 but no more than 14 Regional Support Network's. Some discussion followed.

North Sound Mental Health Administration's Advisory Board will have to oversee the activities of the Regional Support Network and work with the Regional Support Network to resolve significant concerns regarding service delivery and outcomes. The Department of Social and Health Services shall establish statewide procedures for the operations of Regional Advisory Committees including mechanisms for Advisory Board feedback to Department of Social and Health Services regarding Regional Support Network performance. The composition of the Board will be broadly representative of the demographic character of the region and shall include, but not be limited to, representatives of consumers and families, law enforcement and county elected officials (where the county is not the Regional Support Network).

Composition and length of terms of Board members may differ between Regional Support Networks but shall be included in each Regional Support Network contract and approved by the Secretary of Department of Social and Health Services. Chuck stated that, “The Mental Health Taskforce has been re-established, which is a good thing”. Some discussion followed.

Informational

The subcommittee of the Planning Committee would like to forward the following seven areas of reduction should the state only dollars not come forth:

- Limit non-Medicaid services to \$750,000/year,
- Board designated measures \$125,000/year,
- Close one Evaluation and Treatment Center and convert the other to Medicaid only and end the lease payment with the State \$1,900,000/year,
- Limit Crisis Respite Triage to Medicaid only - \$500,000,
- Administrative service costs will go down in the shift to Medicaid only - \$200,000/year,
- Limit Sea Mar to Medicaid only services - \$200,000,
- Notify the State there is not enough State-only funding to carry out the needed Medicaid Personal Care Services required under the court order. The State (MHD or HCS) needs to fund these services - \$260,000-\$330,000/year.

It is unknown at this time how the state only dollars will be distributed. Some discussion followed.

Tom proposed that we take this to the Board and hope these cuts do not all have to be made. A motion was made to take the proposal to the Board, it was seconded, seven approved, two opposed, and three abstained, the **motion carried**.

Motion carried

Finance Committee Report

Mary Good

There was no action taken due to lack of attendance.

Informational

Executive Committee/Agenda Committee

Tom Richardson
Andrew Davis

There was not a quorum due to lack of attendance but those that were there agreed to the following motion:

Informational

Tom and Andrew made a motion to the Advisory Board to accept 12 individuals for the Behavioral Health Conference as follows – those who have signed up from:

- Advisory Board
- Skagit County
- Snohomish County
- Whatcom County to be selected by the director from Rainbow Center

In addition, if we manage to get additional scholarships beyond the 12, the authority to choose those who will have **registration only paid**, shall be delegated to the Chair. Motion was seconded and **motion carried**.

Motion carried

The Delta Rehabilitation Center Picnic will be August 6-7 at the Snohomish County Chalet and all are encouraged to attend. This could be considered a site visit.

Informational

QMOC Report

Mary Good

Mary was not present but she provided the following summary:

Informational

- Wendy Klamp gave her report on the Quality Management Department
- Cec Meadows gave a presentation on “Quality in Action” from Catholic Community Services Northwest
- Wendy gave a comprehensive PowerPoint presentation on the 2003 Performance Indicators and requested feedback from the committee on what they would like to see in the future. This will be discussed more at the next meeting.
- Terry McDonough reviewed the Utilization Management Dashboard. He also mentioned the new WCPC website that can be located at <http://www.whatcomcounseling.org>.
- Debra Jaccard gave a comprehensive PowerPoint presentation on “Root Cause Analysis”.
- Chuck Davis gave a comprehensive PowerPoint presentation on the semi-annual Ombuds report.

- Debra Jaccard gave her semi-annual critical incident report covering July 2004 through December 2004.
- Gary Williams mentioned that the ad hoc group would be coming to the committee next month with recommendations for improvement to the Charter.
- Wendy expressed concerns on the lack of attendance for this committee.
- Gary reviewed the evaluations from the last meeting.

SEMI-ANNUAL OMBUDS REPORT

Chuck Davis	Chuck gave a comprehensive PowerPoint presentation covering October 2004 through March 2005 at the request of the Advisory Board.	Informational
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ITEMS TO BE BROUGHT FORWARD TO THE BOARD OF DIRECTORS

	Consent Agenda	
Chuck Benjamin	None.	Informational

	Board of Directors May Action Items Previously Reviewed by the Advisory Board	
Chuck Benjamin	None.	Informational

	Board of Directors May Action Items Not Yet Reviewed by the Advisory Board	
Chuck Benjamin	APN-04-05, Amendment 2 to bring their contract up to date with the state.	Informational

The Budget service reductions information from the Planning Committee.

The Finance Committee will be presenting North Sound Mental Health Administration's proposed budget reductions of 8.2%.

	Board of Directors May Introduction Items	
Chuck Benjamin	None.	Informational

NEW BUSINESS

Russell Sapienza Greg Long Marie Jubie	It was asked if there was anything new on the WAC conference in Lacy next week. Greg gave a brief explanation.	Informational
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The transformation grant from SAMSHA through the Governor’s office meeting, which Marie will probably attend.

COMMENTS FROM COUNTY ADVISORY BOARD MEMBERS

Island	Pat Whitcomb missed the last meeting. Pat said the March presentation conducted in Coupeville with an attendance of 40 people covered some of the cuts they are facing and services to be provided. Pat said she discussed the complicated process of getting someone set up on Medicaid. Pat stated they discussed helping each other and looking out for their neighbors. Check on them and invite to coffee, etc.	Informational
San Juan	Anne Gresham said San Juan received the grant and co-occurring and mental health is now in the same building. The sad news is that San Juan Recovery lost the contract with the county and will be gone as of July 1. Compass Health received the contract.	Informational
Skagit	Mary Good stated they discussed training and cross-training staff in multiple systems. The service reductions were discussed. Some NAMI information, health insurance information and other items were distributed. Greg Long said Skagit County has approval to hire another judge to handle mental health court and they are applying for another SAMSHA grant. Greg said that approximately 40 consultants were brought in to conduct the training. Greg said that Skagit County is making great strides toward improvement. The Triage Center is negotiating a contract to create a center in Burlington. The funding will be coming from various sources.	Informational
Snohomish	Marie Jubie said the March minutes were approved and legislative issues were discussed. The NAMI picnic will be August 14 at Forest Park at 5:00. Marie said Terry Clark talked about the Art Show that will be May 2-20 with the big reception on May 5 at the three banks from 5:30-8:00. The funds raised will go towards the Art Studio. On March 17, there was a screening of “One Flew Over the Cuckoos Nest”. Jack Nicholson donated \$1,000 for the Walk-In Center. The sum of \$220,000 was raised to go in to help the Drop-In Center reopen, possibly May 1, with a clinician to coming in five days a week and two days a week with hot food being served. The services for non-Medicaid consumers were discussed. Meetings are still being conducted at the PUD due to accessibility.	Informational

Whatcom	Russell Sapienza said they conducted a gallery walk showing at the Rainbow Center and they are hoping to hold another one sometime in the summer. This evening at United Fellowship Church in Bellingham, Tom Richardson and Timmy Hazen will be speaking about mental illness. Andrew Davis said that Warren Coffman is conducting street outreach within Whatcom County for people with Co-occurring disorders. There have been 800 people in Whatcom County identified as homeless. We are conducting jail outreach contracts. The Lighthouse Mission is a referral center. The Hope House is providing outreach to the homeless. Andrew stated that Gary Williams said that the hearing on 1290 went well for the Regional Support Networks and dinner with Senator Brandland went well. The legislative issues on 1290 and 5763 were discussed.	Informational
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COUNTY COORDINATOR REPORT

Nancy Jones	Nancy said the County Coordinators are concerned about the impacts of all the cuts that are coming.	Informational
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COMMENTS FROM PUBLIC

Charles Albertson Chuck Benjamin Margaret Rojas	<p>Chuck Albertson said the Rainbow Center newsletter is available at www.rainbowcenterwcpc.org.</p> <p>Chuck Benjamin said that Public Broadcast System would be broadcasting a documentary about mental health issues, jails, prisons, etc. on May 10.</p> <p>Margaret announced the annual poster contest is beginning with information going out hopefully next week.</p> <p>Marie introduced Margaret as the new Consumer Affairs Coordinator for North Sound Mental Health Administration.</p>	Informational
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OTHER BUSINESS

None	Informational
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ADJOURNMENT

Chair Jubie	Chair Jubie adjourned the meeting at 3:00 pm.
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Effective Date:
Revised Date:
Review Date:

North Sound Mental Health Administration

Section – Ombuds Policy

Authorizing Source:

Cancels:

See Also:

Responsible Staff: Ombuds Lead

Approved by:

Motion #

Date:

OMBUDS POLICY

POLICY

North Sound Mental Health Administration (NSMHA) Ombuds Mission

The Ombuds mission is to:

1. Receive and investigate client, family member and other interested party complaints, grievances and appeals. Be available to investigate, advocate for, and assist clients through complaints, grievances, fair hearings and appeals. Assist clients in pursuing formal resolution of their issues.
2. Respond to clients as advocates with empathy, respect, dignity and professionalism. Treat all equally and with cultural sensitivity. Give clients a voice. Investigate complaints and attempt to resolve them at the lowest level.
3. Educate and empower clients to solve problems by teaching them their rights and options in public mental health laws, mental health resources, and the public mental health system.
4. Work with service provider agencies and NSMHA to achieve complaint resolutions and empower clients to manage their own advocacy. Conduct an outreach program to advertise Ombuds services in a wide array of organizations and settings.
5. Provide regular reports, at least annually, to the NSMHA Board of Directors, Advisory Board and quality management committees to emphasize client issues and concerns.

Administrative Responsibilities

Ombuds administrative responsibilities include:

1. Stay current on knowledge of the RCWs, WACs, contracts, clinical eligibility and care standards and similar documents that provide the legal basis of providers' obligations and clients' rights.
2. Maintain client case files and database of clients to include a list of archived files in storage.
3. Complete and maintain written authorization forms in accordance with Health Insurance Portability and Accountability Act (HIPAA) requirements.
4. Attend meetings (advocating for clients) of the NSMHA Advisory Board and Board of Directors. Sit on the Internal Quality Management Committee (IQMC), Quality Management Oversight Committee, (QMOC), Critical Incident Review Committee (CIRC), and other committees as appropriate. Prepare data and documents for these boards and committees as necessary.
5. Present regular Ombuds statistics reports to the IQMC, Quality Management Committee, QMOC, Advisory Board and Board of Directors. Submit copies to the Mental Health Division and local advocacy organizations.
6. Submit statistics and analysis reports, including formalized recommendations, to the NSMHA for its semi-annual Complaints, Grievances and Fair Hearings Report.
7. Order outreach publications and materials (pens, pocket calendars) toward the end of the year. Coordinate with NSMHA financial representatives. Work with the OCA coordinator to republish the NSMHA brochure when updates are necessary. Work with NSMHA administrative staff to

ensure brochure supplies are available and copies of the brochure are sent to all NSMHA providers and local advocacy organizations.

Authority of Ombuds

WAC 388-865, paragraphs 0250 and 0255 outline Ombuds services and the Consumer Grievance Process. The WAC prescribes authority for Ombuds services and levies responsibilities on the NSMHA to support Ombuds. Additionally, Attachments XIII and XV, Associated Provider Network Contract, deal with Ombuds issues.

Ombuds has the authority to access provider service sites and consumer records as necessary if written authorization is obtained from the client.

Ombuds attempt to resolve issues at the lowest possible level. Normally this will be a complaint resolved at the provider level. If acceptable resolution can't be reached, Ombuds will usually file a provider level grievance, followed by an RSN level grievance if necessary.

FUNCTIONAL INDEPENDENCE, ANTI-RETALIATION AND DISPUTE RESOLUTION

Functional Independence

Ombuds are functionally independent from the NSMHA, in accordance with NSMHA Policy 4504, Functional Independence. Additionally Ombuds are entirely independent from public mental health service providers. The policy enables Ombuds to perform their duties with functional independence and without fear of retaliation. The policy provides definition to functional independence and establishes the parameters of responsibilities for all concerned.

Anti-Retaliation Policy

NSMHA Policy 4502 sets forth anti-retaliation guidance.

Dispute Resolution Process

If there is a dispute with the NSMHA, Attachment XV of the Associated Provider Network Contract describes the Dispute Resolution Process.

DUTY TO REPORT – DUTY TO WARN

Ombuds must “report and warn” to protect the health, safety and well being of clients and associates. If a client makes a statement regarding harm to self or others, the following procedure applies:

1. Reality test the statement. If it meets the test, inform the client that you will report it.
2. Determine who to report it to. Consult with the Ombuds supervisor if necessary.
3. Report it and debrief the supervisor.

Clearly document any incidence of abuse or suspected abuse, neglect, or exploitation. Report such situations to the appropriate authorities responsible for investigating them, such as the Health Department

or DSHS Adult or Child Protective Services. Inform the client that outside assistance is being sought. The timing and detail of such notice needs to be sensitive to the condition and needs of the client.

OMBUDS ETHICS POLICY

This policy is designed to define ethical behavior expected of Ombuds, particularly as those behaviors relate to interaction with Ombuds clients. It is intended to support RCW ethical standards.

These standards seek to meet expectations of public opinion and expectation. They do not attempt to exhaust the moral and ethical values that guide Ombuds actions. They help create a working environment that promotes honesty and integrity in providing professional Ombuds services.

1. Ombuds will treat every client fairly, equally and with courtesy and respect. Ombuds won't discriminate by dispensing special favors or privileges to anyone for any reason.
2. Ombuds will avoid the appearance of improper influence and refrain from receiving, soliciting or accepting gifts, gratuities or anything of value. Ombuds will not accept favors or special benefits. Ombuds will not accept gifts or items of value from clients except for official donations made to the NSMHA. In some cases to refuse a gift will greatly offend the client. In these cases Ombuds should thank the client graciously but make it clear that gifts present an awkward situation for Ombuds, and gifts will be turned over to the NSMHA for use within the public mental health program.
3. Ombuds won't attempt to influence others in the performance of their duties in any inappropriate or improper ways.
4. Ombuds won't use NSMHA property for private purposes or purposes other than those authorized or permissible.
5. Ombuds won't use NSMHA resources for political purposes or to influence the outcome of a ballot election or initiative. This prohibition includes political party activities, campaigning, distribution or display of campaign material, and fund raising. On their own time, Ombuds members have constitutional rights to engage in partisan political activities.
6. Ombuds won't intentionally act outside the scope of their authority, nor allow such perception.
7. Ombuds will provide services within the scope of the Ombuds program and will refer clients in need of other assistance to appropriate agencies. Ombuds won't do favors for a client beyond the scope of Ombuds services.
8. Ombuds' friends or family will not perform services for clients, even if done voluntarily, without prior approval of Ombuds' supervisor.
9. Ombuds won't serve as guardians, protective payees, or powers of attorney for clients receiving Ombuds services unless an exception is obtained from the Executive Director.
10. Ombuds won't falsify client financial or eligibility status in order to obtain needed services.
11. Ombuds will respect the privacy of clients by refraining from contacting them except for legitimate Ombuds responsibilities.
12. Ombuds won't use obscene, profane, disrespectful or inappropriate language or behavior in the presence of clients.
13. Ombuds won't withhold services or referrals until a client renders a favor or reimburses for the service or referral.
14. Ombuds will advise clients about financial obligations the client may incur as a result of dealing with a particular service provider.

15. Any time Ombuds handle a client's money or property they will sign a receipt for the financial amount or value of property handled, document the nature of the transaction and have the client sign it. Retain documentation in the client's record and give a copy to the client.
16. If a potential conflict of interest exists between Ombuds and a client, or if a client is a friend, associate or relative of an Ombuds, the other Ombuds will represent that client.
17. Ombuds won't engage in any financial transactions with former or current clients such as real estate, insurance or investment.
18. Ombuds won't ask a client to purchase any item or service belonging to or sold by Ombuds.
19. Ombuds won't receive remuneration in any manner from any source for a client referral.
20. Ombuds won't use any information obtained in the course of employment for personal gain.
21. Ombuds won't seek co-employment from a service provider.
22. Ombuds won't give legal or medical advice or perform case management or therapy.
23. Ombuds won't transport clients in their personal vehicles.
24. Ombuds won't host clients when meeting them in restaurants.
25. Ombuds won't meet in consumer's homes except when the client can't leave their home. In that case, the Ombuds Safety regulations below apply.
26. Ombuds won't ever be "friends" with clients.

COMMUNITY OUTREACH

All mental health consumers with open coupons are eligible for Ombuds services whether they are currently receiving services, eligible for services, or appealing denied services. Ombuds will maintain a toll-free, independent phone line for consumers to reach them confidentially. Ombuds will respond to letters, faxes, emails (although not back through the email system due to confidentiality), referrals, personal visits and any other way consumers may make contact. All eligible consumers requesting Ombuds services will receive services without concern for age or demographics of the consumer. Ombuds will equally represent children, adults and seniors of all race, religion and sexual preference.

Through outreach, Ombuds makes its services more visible and accessible to consumers, family members and the community. Ombuds uses NSMHA resources as well as those of the community to identify and reach consumers. A specific outreach plan keeps Ombuds outreach activities on target.

Collaboration with other organizations results in mutually beneficial advocacy partnerships. Ombuds will work collaboratively with such organizations as community assistance agencies, jails, chemical dependency organizations, Long-Term Care and Division of Children and Family Services Ombuds, Division of Developmental Disabilities, NAMI, seniors organizations, hospitals and Tribes to reduce duplication of effort and enhance mental health services, advocacy and recovery.

Distribute posters, business cards, handouts, flyers, brochures, pens, calendars and anything else available pertinent and helpful, to service providers, residences, support programs, crisis centers, evaluation and treatment centers, and other mental health oriented organizations.

Make Ombuds presentations at consumer/family advocacy groups and consumer support groups.

OMBUDS SAFETY

Ombuds meet clients in public places unless the client is housebound. If a home meeting must take place, these safeguards will be followed:

1. When possible, two Ombuds should attend a home meeting.
2. Inform Ombuds' supervisor and the NSMHA Administration receptionist prior to the meeting.
3. Put the client's name and address in a sealed envelope and leave it with the receptionist.
4. Contact the receptionist at the conclusion of the meeting.
5. Destroy the sealed envelope upon returning to the office.

ASKING DEMOGRAPHICS QUESTIONS

When doing an intake, Ombuds need to collect demographic information. The questions regarding ethnicity and sexual orientation may best be asked in a manner such as this:

“In an effort to ensure that you receive the best possible care, the goal of our agency is to offer services tailored to your specific needs. This includes services appropriate to your culture and personal understanding of your sexuality. Your answers are optional. Please let me know if you are uncomfortable answering any questions and I will move on. Is your ethnic background ____ (give choices). Do you identify yourself as ____ (offer sexual preferences)?”

CONFIDENTIALITY

Confidentiality is an extremely important issue to Ombuds. Clients and their files must receive confidentiality at all times. File storage cabinets will remain locked when not in use.

Any time Ombuds needs to discuss a specific consumer's situation with someone outside Ombuds, a signed written authorization needs to be obtained. Use the NSMHA written authorization form, officially titled “Authorization to Receive and/or Release Information,” to obtain clients' permission to speak with pertinent people or agencies. Ombuds will normally involve other persons at the client's request if they are on the written authorization form. Clients must complete and sign the form.

Ombuds must be entirely familiar with the NSMHA HIPAA Training Manual and NSMHA privacy policies and procedures. These cover mandatory confidentiality requirements.

Ombuds will not inappropriately disclose any client information obtained during Ombuds employment. Ombuds may, with written NSMHA approval, disclose information for research, statistical, monitoring, and evaluation purposes conducted by appropriate federal agencies and DSHS.

FILES AND DOCUMENTATION

Client files will be kept in the following manner:

1. Labels will consist of last name and first name.
2. The client's written information form is filed on the inner front left cover.
3. Progress notes are placed on the inner right side in chronological order.
4. On the left back page, place correspondence and documentation pertaining to the case.
5. On the right back page place complaint and resolution documentation.

Current files are stored in the Ombuds office. Prior year files are stored at InfoCare, the NSMHA records storage facility in Bellingham. Ombuds' Department files have names of archived files.

To initiate an Ombuds case, normally a written authorization form will be mailed or faxed to clients with a cover letter explaining why the form is necessary. Copies of letters sent to anyone on the client's behalf will usually be sent to the client as well. At the conclusion of an Ombuds case, a closing letter will usually be sent along with an Ombuds Client Satisfaction Survey. The surveys are to remain anonymous. When a completed survey returns, it will be filed in the current year Ombuds Audit Book.

Effective Date:
Revised Date:
Review Date:

North Sound Mental Health Administration

Section – Quality Review Team (QRT)

Authorizing Source:
Cancels:
See Also:
Responsible Staff:

Approved by: Board of Directors
Motion #: 97-67

Date: 9-25-97

QUALITY REVIEW TEAM (QRT) POLICY

POLICY

North Sound Mental Health Administration (NSMHA) QRT Mission

The QRT mission is to:

1. Gather, analyze and report information from consumers, family members and organizations within and allied with the NSMHA.
2. Review and improve the quality of services provided.
3. Advocate for compassionate, respectful and confidential mental health services in compliance with state guidance.
4. Fairly and independently review the performance of the NSMHA and its providers.
5. Evaluate system-wide customer service issues using objective indicators of consumer outcomes in rehabilitation, recovery and reintegration back into society.
6. Measure if treatment is consumer focused and directed.
7. Measure if treatment is age and culturally appropriate.
8. Measure whether treatment incorporates strength-based collaboration with family and community.
9. Measure the quality of care provided.
10. Measure the availability of hospitalization alternatives.
11. Measure the adequacy of cross-system linkages and coordination with such allied agencies as schools, hospitals, jails and shelters.
12. Measure the range of treatment options.
13. Measure the continuity of care to ensure it meets the needs of the whole person and provides seamless access to services.
14. Provide regular reports, at least annually, to the NSMHA Board of Directors, Advisory Board and quality management committees to emphasize client issues and concerns.

Administrative Responsibilities

QRT administrative responsibilities include:

1. Stay current on knowledge of the RCWs, WACs, contracts, Clinical Eligibility and Care Standards and similar documents that provide the legal basis of providers' obligations and clients' rights.
2. Collect, analyze and act on Washington Institute (WIMIRT) surveys of service recipients and family members.
3. Review and update the QRT survey tool on an annual basis for validity and reliability.
4. Conduct focused reviews of NSMHA and allied systems and services. Focused reviews shall be performed at least once per biennium of providers and the NSMHA. Reports will include strengths, concerns, findings and recommendations. Reporting will reflect quality of physical safety, emotional safety, the extent of development of alternatives to hospitalization, cross-system coordination, the range of treatment options and the degree to which services are consumer focused/directed and are age and culturally appropriate..

5. Inform consumers, family members, jails, shelters, schools, allied systems and the community about mental health services.
6. Attend meetings (advocating for clients) of the NSMHA Advisory Board and Board of Directors. Sit on the Internal Quality Management Committee (IQMC), Quality Management Oversight Committee, (QMOC), Critical Incident Review Committee (CIRC), and other committees as appropriate. Prepare data and documents for these boards and committees as necessary.
7. Present regular QRT reports to the IQMC, Quality Management Committee, QMOC, Advisory Board and Board of Directors. Submit copies to the Mental Health Division and local advocacy organizations.

Authority of the QRT

WAC 388-865 prescribes authority for QRT services and levies responsibilities on the NSMHA to support the QRT. Additionally, Attachments XIV and XV, Associated Provider Network Contract, deal with QRT issues.

The QRT shall have and maintain unencumbered access to contracted providers, allied service providers, cross-system sources and consumers to evaluate systemic issues of consumer welfare. The QRT will provide direct feedback from these consumers and agencies to the NSMHA regarding the quality of mental health services.

In accordance with WAC 388-865-0282, the QRT has the authority to:

1. Enter and monitor any agency providing services to the NSMHA including hospitals, evaluation and treatment facilities and contracted providers.
2. Meet with interested persons and family members, providers and allied service providers.
3. Work with interested consumers, providers, the NSMHA and DSHS or applicable organizations to resolve problems identified.
4. Make its own decisions regarding the scheduling of visits, surveys, assessments, outreach, conclusions, recommendations and reporting, while following the provisions of this policy.
5. Request corrective action by the NSMHA or appropriate agency when findings and areas of concern are identified. The agency will respond to QRT requests within 30 days with reasonable explanation and plan of action, including specific written procedures and time frame for resolution if appropriate.
6. Meet with persons who represent the age and ethnic diversity of the NSMHA region to:
 - a. Determine the accessibility of services.
 - b. Determine if services adequately address consumers' needs based on consumers' perception of services using standard WIMIRT interview protocol approved by the MHD.

FUNCTIONAL INDEPENDENCE, ANTI-RETALIATION AND DISPUTE RESOLUTION

Functional Independence

QRTs are functionally independent from the NSMHA, in accordance with NSMHA Policy 4504, Functional Independence. Additionally QRTs are entirely independent from public mental health service

providers. The policy enables QRTs to perform their duties with functional independence and without fear of retaliation. The policy provides definition to functional independence and establishes the parameters of responsibilities for all concerned.

Anti-Retaliation Policy

NSMHA Policy 4502 sets forth anti-retaliation guidance.

Dispute Resolution Process

If there is a dispute with the NSMHA, Attachment XV of the Associated Provider Network Contract describes the Dispute Resolution Process.

DUTY TO REPORT – DUTY TO WARN

The QRT must “report and warn” to protect the health, safety and well being of clients and associates. If a client makes a statement regarding harm to self or others, the following procedure applies:

1. Reality test the statement. If it meets the test, inform the client that you will report it.
2. Determine who to report it to. Consult with the QRT supervisor if necessary.
3. Report it and debrief the supervisor.

Clearly document any incidence of abuse or suspected abuse, neglect, or exploitation. Report such situations to the appropriate authorities responsible for investigating them, such as the Health Department or DSHS Adult or Child Protective Services. Inform the client that outside assistance is being sought. The timing and detail of such notice needs to be sensitive to the condition and needs of the client.

QRT ETHICS POLICY

This policy is designed to define ethical behavior expected of the QRT. It is intended to support RCW ethical standards.

These standards seek to meet expectations of public opinion and expectation. They do not attempt to exhaust the moral and ethical values that guide the QRT actions. They help create a working environment that promotes honesty and integrity in providing professional QRT services.

1. The QRT will treat every client and organization it deals with fairly, equally and with courtesy and respect. It will not dispense special favors or privileges to anyone for any reason.
2. The QRT will avoid the appearance of improper influence and refrain from receiving, soliciting or accepting gifts, gratuities or anything of value. The QRT will not accept favors or special benefits. The QRT will not accept gifts or items of value from clients except for official donations made to the NSMHA. In some cases to refuse a gift will greatly offend the client. In these cases the QRT should thank the client graciously but make it clear that gifts present an awkward situation and gifts will be turned over to the NSMHA for use within the public mental health program.
3. The QRT won't attempt to influence others in the performance of their duties in any inappropriate or improper ways.

4. The QRT won't use NSMHA property for private purposes or purposes other than those authorized or permissible.
5. The QRT won't use NSMHA resources for political purposes or to influence the outcome of a ballot election or initiative. This prohibition includes political party activities, campaigning, distribution or display of campaign material, and fund raising. On their own time, the QRT has constitutional rights to engage in partisan political activities.
6. The QRT won't intentionally act outside the scope of their authority, nor allow the perception.
7. The QRT will respect the privacy of clients by refraining from contacting them except for legitimate QRT responsibilities.
8. The QRT won't use obscene, profane, disrespectful or inappropriate language or behavior in the presence of clients.
9. The QRT won't use any information obtained in the course of employment for personal gain.
10. The QRT won't seek co-employment from a service provider.
11. The QRT won't give legal or medical advice or perform case management or therapy.
12. The QRT won't transport clients in their personal vehicles.
13. The QRT won't host clients when meeting them in restaurants.
14. The QRT won't ever be "friends" with clients.

COMMUNITY OUTREACH

The QRT will use NSMHA brochures and other educational materials to conduct community outreach. The QRT will interact with consumers and agencies without concern for age or demographics and will provide equal service to children, adults and seniors of all race, religion and sexual preference.

Through outreach, The QRT makes its services more visible and accessible to consumers, family members and the community. Collaboration with other organizations results in mutually beneficial advocacy partnerships. The QRT will outreach to such organizations as community assistance agencies, jails, chemical dependency organizations, Division of Developmental Disabilities, NAMI, seniors organizations, hospitals and Tribes.

Distribute posters, business cards, handouts, flyers, brochures, pens, calendars and anything else available pertinent and helpful, to service providers, residences, support programs, crisis centers, evaluation and treatment centers, and other mental health oriented organizations.

CONFIDENTIALITY

Confidentiality is an extremely important issue to the QRT. Individual clients must receive confidentiality at all times. Confidentiality of information is important to the quality management process.

The QRT must be entirely familiar with the NSMHA Health Insurance Portability and Accountability Act (HIPAA) Training Manual and NSMHA privacy policies and procedures. These cover mandatory confidentiality requirements.

DATA REPORTING

The QRT will provide reports regularly to the IQMC, QMC, QMOC, NSMHA Advisory Board and Board of Directors, the MHD and local advocacy groups. The QRT input will be an important contribution to the overall NSMHA Quality Management Program.

Current QRT files are stored in the QRT office. Prior year files are stored at InfoCare, the NSMHA records storage facility in Bellingham.

Effective Date: 10/24/02
Revised Date:
Review Date:

North Sound Mental Health Administration
Section 4500 – Consumer Affairs: ANTI-RETALIATION

Authorizing Source:
Cancels: New
See Also:
Responsible Staff: Ombuds Lead

Approved by: NSMHA Board of Directors
Motion # 02-047

Date: 10-24-02

DRAFT REVISED

POLICY# 4502

SUBJECT: ANTI-RETALIATION

POLICY

1. It is the policy of the North Sound Mental Health Administration that there be no retaliation, intimidation, coercion or harassment directed against any consumer for filing a complaint or grievance, or for disclosing or alleging official misconduct. The term retaliation shall have the meaning that it does under state whistleblower laws.
2. NSMHA prohibits retaliation of any kind against the Ombuds and QRT staff, NSMHA staff, Board of Directors, or Advisory Board members for the completion of their official duties, in accordance with NSMHA personnel policies and procedures.
3. NSMHA's commitment to improve the quality of services through the complaint and grievance process is vital to NSMHA's Quality Management and Quality Improvement process.

Retaliation is completely incompatible with the values and goals of NSMHA and will not be tolerated. Retaliation, whether actual or threatened, destroys a sense of community and trust that is central to a quality mental health care program. NSMHA, therefore, wishes to make clear that it considers acts or threats of retaliation a serious violation of NSMHA policy.

4. The NSMHA will take action in accordance with its personnel policies and procedures to prevent and correct behavior that violates this policy.

Any employee who violates this policy, or acts in a way that is contrary to this policy, is subject to progressive disciplinary action in accordance with the NSMHA personnel policies and procedures. In the event a complaint is made against a member of the Board of Directors, their respective county will be informed so that they may follow their own policies and procedures.

5. Full records of all complaints regarding retaliation will be maintained in confidential files by the Executive Director or designee.
6. The Executive Director will review all substantiated complaints regarding retaliation with the Executive/Personnel Committee of the Board of Directors

PURPOSE

To establish the NSMHA anti-retaliation policy for consumers, Ombuds, NSMHA Advisory Board, Quality Review Team, NSMHA Staff and Board of Directors.

Effective Date:
Revised Date:
Review Date:

North Sound Mental Health Administration

Section 4500 – Consumer Affairs: FUNCTIONAL INDEPENDENCE

Authorizing Source:
Cancels:
See Also:
Responsible Staff: Ombuds Lead

Approved by: Board of Directors Date: 04-26-01
Motion #: 01-019

DRAFT REVISED

POLICY#4504

SUBJECT: FUNCTIONAL INDEPENDENCE

POLICY

This shall set forth guidelines for assuring that Ombuds and Quality Review Team personnel provide services with functional independence.

USE

This policy will enable Ombuds and Quality Review Team members to perform their primary duties with functional independence and without fear of retaliation. This policy provides definition to functional independence and establishes the parameters of responsibilities to Ombuds Lead, Ombuds/QRT, the Deputy Director, and NSMHA Executive Director. This policy does not supersede any NSMHA personnel policy and procedure.

RESPONSIBILITY

Overall, supervision for this policy and procedure rests with the NSMHA Executive Director. However the Deputy Director, who is the supervisor of Ombuds and Quality Review Team (QRT) personnel has been delegated the authority to ensure that the Functional Independence Policy is carried out on a day-to-day basis. Ombuds and QRT staff who have concerns about whether the Policy is being appropriately implemented are expected to follow the chain of reporting process as defined in this policy.

PROCEDURE

DEFINITION

The Ombuds and QRT staff have the ability to perform the job specific responsibilities enumerated below while utilizing independent judgment and discretion as to the best way to achieve the desired results. The staff have the ability to carry out job specific responsibilities without retaliation. Ombuds and QRT staff will provide Activity Reports to the NSMHA Executive Director, Advisory Board and Board of Directors on a regular basis; the frequency to be established by the NSMHA Board of Directors, but at least annually. Ombuds and QRT staff have the ability and responsibility to bring issues and concerns to the highest level of the organization, in accordance with the chain of reporting process, as defined below. NSMHA retains the authority to establish job descriptions, work plans, staffing levels and budgets and retains all supervisory authority over employees.

NSMHA will put no pressure on Ombuds and QRT staff to overlook any part of a case or potential systemic problem. NSMHA will not seek to influence or change an Ombuds or QRT's chosen course of action on a case or issue. NSMHA will remain uninvolved in Ombuds and QRT cases, surveys and other

specific job-related affairs unless Ombuds or QRT staff specifically request NSMHA support, or files an RSN grievance. However, Ombuds and QRT staff are subject to consultation if performance does not meet NSMHA standards, as outlined in the NSMHA Personnel Policies.

OMBUDS

Primary responsibility: Ombuds are advocates who receive, investigate and report complaints and help ensure that individual rights are respected and that services respond to consumer needs and wishes.

Functional Independence applies when performing the following tasks:

1. Deciding whether or not to file a complaint, grievance or fair hearing request in accordance with the decision of the consumer.
2. Determining the type and extent of assistance or representation to be provided for the client, in accordance with the wishes of the consumer.

Determining the content of all Ombuds case documentation, including conclusions and recommendations.

QUALITY REVIEW TEAM

Primary responsibility: Monitor and articulate consumer and cross system satisfaction with the quality of mental health services in the Region and provide suggested service changes to the NSMHA.

Functional Independence applies when performing the following tasks:

4. When performing QRT reviews, designing and conducting surveys designed to measure satisfaction with services and quality.
5. Recommending changes to NSMHA.

Determining the content of all QRT activity reports, including conclusions and recommendations.

CHAIN OF REPORTING PROCESS

Ombuds and QRT staff have the authority and the responsibility to report issues and concerns that arise as a result of performing the duties enumerated above. It is expected that activity reports, communications with the supervisor and participation in ongoing NSMHA committees will ordinarily be acceptable methods of communication. However, if an issue has been brought to the attention of NSMHA management and management has been non-responsive, the staff person is expected to bring the issue to the attention of the NSMHA Executive Director and/or the NSMHA Board of Directors.

NOTE

This policy replaces all previous policies and definitions regarding Functional Independence.