

**NORTH SOUND REGIONAL SUPPORT NETWORK  
QUALITY MANAGEMENT AND OVERSIGHT COMMITTEE  
COMMITTEE MEETING PACKET  
JULY 20, 2000**

**North Sound Regional Support Network  
 QUALITY MANAGEMENT AND OVERSIGHT COMMITTEE  
 July 20, 2000  
 12:30 – 3:00 p.m.  
 NSRSN Conference Room**

**AGENDA**

		<b>Time</b>	<b>Page #</b>
<b>1. Call to Order &amp; Comments from the Chair</b>	<b>Chair Benjamin</b>	<b>5 minutes</b>	
<b>2. Approval of May 2000 minutes</b> Action Item	<b>Chair Benjamin</b>	<b>5 minutes</b>	<b>3-4</b>
<b>3. Old Business</b>			
<b>A. CHAP Update</b> For Your Information	<b>Ms. Benoit</b>	<b>10 minutes</b>	<b>5-7</b>
<b>B. Caseload Data Update</b> For Your Information	<b>Ms. Thompson</b>	<b>5 minutes</b>	<b>8</b>
<b>C. Critical Incidents Subcommittee</b> For Your Information	<b>Mr. Page</b>	<b>10 minutes</b>	
<b>4. New Business</b>			
<b>A. Administrative Audit Process</b> For Your Information	<b>Ms. Gunning</b>	<b>30 minutes</b>	<b>9-10</b>
<b>B. Concurrent Review Report</b> For Your Information	<b>Mr. McDonough</b>	<b>15 minutes</b>	<b>11</b>
<b>C. Tribal Liaison Report</b> Discussion and Direction	<b>Ms. Dempsey</b>	<b>5 minutes</b>	<b>***</b>
<b>D. QRT Report</b> For Your Information	<b>Ms. Holtcamp</b>	<b>10 minutes</b>	<b>18-24</b>
<b>5. Other Business</b>			
<b>A. Interim Executive Director Comments</b> Discussion and Direction	<b>Ms. Lucas</b>	<b>10 minutes</b>	
<b>B. Meeting Evaluation Process</b> Discussion and Direction	<b>Chair Benjamin</b>	<b>5 minutes</b>	<b>25</b>
<b>6. Adjourn</b>	<b>Chair Benjamin</b>		

**\*\*\* Report pulled due to request for changes from Tribes**

**NORTH SOUND REGIONAL SUPPORT NETWORK  
QUALITY MANAGEMENT OVERSIGHT COMMITTEE  
MEETING SUMMARY MAY 18, 2000  
NSRSN CONFERENCE ROOM**

**Members Present:**

Jim Teverbaugh, Acting Chair	Joan Lubbe
Linda Benoit	Karen Kipling
Dan Bilson	Terry McDonough
Mary Good for Betsy Rogers	Francene Thompson
Marcia Gunning	
Dolores Holtcamp	

**Staff Present:**

Greg Long  
Annette Calder  
Sharri Dempsey  
Betsy Niemann  
Diana Striplin  
Gary Williams

**Guests:**

Jere LaFollette

**1. CALL TO ORDER & COMMENTS FROM THE CHAIR**

Chair Teverbaugh called the meeting to order at 12:35 p.m. Introductions were made. Chair Teverbaugh asked Ms. Kipling to announce VOA's recent accreditation. Ms. Kipling stated that on May 15, 2000, VOA received certification from the American Association of Suicidology, and explained the accreditation process. The committee congratulated Ms. Kipling. Discussion took place.

**2. APPROVAL OF APRIL MINUTES**

Chair Teverbaugh asked if there were any changes or amendments to the minutes of April 20, 2000. Ms. Gunning made a motion to approve the minutes as written, seconded by Mr. McDonough, all in favor, **Motion Carried.**

**3. OLD BUSINESS**

**A. QUALITY MANAGEMENT PLAN 2000 Update– Mr. McDonough**

Mr. McDonough presented the First Quarter Review of the Quality Management Plan 2000 to the committee. Discussion took place during and after the presentation. Mr. McDonough asked for volunteers to be on a committee to review the Quality Management Plan 2000 to assure that the Quality Management Plan is followed and also to revise the plan as necessary. Those who volunteered are listed below:

Dan Bilson	Terry McDonough	<b>Volunteered in absentia</b>
Sharri Dempsey	Diana Striplin	Tori Benz-Hillstrom, APN
Marcia Gunning	Jim Teverbaugh	Betsy Rogers
Joan Lubbe	Francene Thompson	
Karen Kipling	Gary Williams	

**Old Business Continued**

Much discussion followed. Mr. Williams made a motion that QMOC initiate a quarterly report that reflects the status of all ongoing reviews, quality improvement processes,

quality assurance, etc., seconded by Ms. Lubbe. Discussion followed and it was agreed that all quality assurance and improvement activity reviews be followed-up with timely progress reports to QMOC. Information may also be disseminated via the newsletter. Staff would create these reports. Chair Teverbaugh called for a vote. 7 yes, 3 no, **Motion Carried.**

Mr. Bilson made a motion that QMOC recommend to the Board of Directors to appropriate as many dollars or more that previously allotted for consumer oriented projects, seconded by Ms. Lubbe, discussion followed. Chair Teverbaugh called for a vote, 2 yes, 0 no, 8 abstained, **Motion Failed.**

**B. SNOHOMISH COUNTY EVALUATION & TREATMENT – Ms. Thompson**

Ms. Thompson made a presentation to the committee regarding the status of Snohomish County Evaluation and Treatment Corrective Action Plan. Ms. Thompson informed the committee that the improvements at Snohomish County Evaluation and Treatment are very positive, and all but one of the corrective action steps have been implemented. Now that the one remaining issue is fully understood by both parties, it too is in the process of being corrected and performance will be monitored for an additional 90 days. Discussion followed.

The committee took a ten-minute break at 1:57 p.m. and reconvened at 2:07 p.m.

**C. CHAP PROGRAMS– Mr. Long**

Mr. Long provided the committee with an update on the CHAP programs and how they function. Discussion took place. An update will be provided next month.

**4. NEW BUSINESS**

**A. OMBUDS REPORT– Ms. Niemann**

Ms. Niemann informed the committee of the Ombuds activities and went over the Ombuds Quarterly Report to the State, and how that information is counted. Discussion followed.

**B. GERIATRIC SERVICES PLAN – Mr. Long**

Mr. Long provided the committee with background information and made a presentation regarding the NSRSN Mental Health Services Plan for Older Adults. Discussion followed regarding specialized training for staff, geriatric specialist available to crisis line staff, elders being ITA'd to ensure payment, etc.

**5. OTHER BUSINESS**

There was none.

**6. ADJOURN**

Chair Teverbaugh adjourned the meeting at 3:00 p.m.

## **NSRSN COMMITTEE DISCUSSION FORM**

**AGENDA ITEM:** CHAP Update

**PRESENTER:** Linda Benoit

**COMMITTEE ACTION:** Action Item ( ) FYI & Discussion (X) FYI only ( )

### **SIGNIFICANT POINTS OR EXECUTIVE SUMMARY:**

- Compass CHAP review (Summary attached)
- Current status of Skagit CHAP:
  - 1 In-Home client, 2 out-of-home placements
  - Currently a moratorium on new referrals
- Current status of Island CHAP:
  - 2 In-Home clients
  - Proposed moratorium on new referrals until 9/1/00
- APN proposal for Skagit, Island & San Juan CHAP:
  - Transfer of Skagit CHAP to Catholic Community Services
  - Continue with Community Mental Health providing Island CHAP
  - DCFS/NSRSN/APN working in collaboration with community to develop CHAP services

### **CONCLUSIONS/RECOMMENDATIONS:**

- Progress being made in key areas in Compass CHAP
- Finalizing plan for Skagit, Island, San Juan CHAP
- Key issue continues to be lack of placement capacity

### **TIMELINES:**

Joint meeting with DCFS and County coordinators to discuss APN proposal for Skagit, Island & San Juan CHAP and finalize plan (7/11/00)

### **ATTACHMENTS:**

Compass CHAP Review

## COMPASS CHAP PROGRAM

**NSRSN/APN Contract Period: April 1 – December 31, 2000**

### **Report of Monthly Contract Review, conducted May 22 and May 25, 2000**

Review Team: John Petersons (DCFS), Linda Benoit (NSRSN), Linda Vaughan (Snohomish County and NSRSN), and Bob LeBeau (APN)

Member(s) of the Review Team have served on the Inter-Agency Review Team, reviewed the APN CHAP monthly report, as well as client charts and various Program records and logs, as the basis of this report. Members of the Team presented information included in this report to Carole Kosturn and Kerry Land, Compass Health Clinical/Program Managers on June 14, 2000.

#### **Program Strengths:**

- Increased referrals and applications for CHAP services. Child-serving agencies and parents are now seeking CHAP services for their children. There appears to be increasing community confidence in the abilities of this program to serve high-need children.
- Regularly scheduled respite. More than half of the Program's clients now receive at least 2 nights per month of respite services, away from their in-home or foster home ongoing placement. Several families/children have been excused (by Inter-Agency Review Committee) from this requirement.
- Psychiatric availability. The CHAP Program psychiatrist, Dr. Wallis, attends all Quarterly Reviews and is seeing most CHAP clients on a regular monthly basis (some with increased frequency for highly complex medication trials and management).
- Staffing and Self-Contained Treatment Teams. In the past, the CHAP office areas were much too quiet. They are now "alive" with staff sharing and seeking ideas, etc. This program now has the staffing ratios, staff cultural diversity (and staff enthusiasm!) to support the intensive clinical needs of their clients. Most children are receiving individual counseling from CHAP therapists. Therapists are sharing more of the in-home work with case management staff.
- Crisis Response. There is an infra-structure in place to support rapid, in-community response for CHAP clients in crisis. CHAP case management staff are rotating the 24-hour pager with backup from program managers. Staff have gone into the community to respond to crisis calls.
- Community-based services. CHAP staff (case managers and therapists) are seeing clients and families in their homes with a frequency that generally meets the current needs. (Please see also treatment planning.) Case managers are accessing community-based services (i.e., transportation training for bus use) and making requests of Community Team with greater frequency.
- Quarterly Reviews are occurring routinely, with good attendance.

## Program Challenges:

- Low census. During the month of April, 2000, thirteen (13) children were served by the Compass CHAP program. Six (6) in “in-home” and seven (7) in “foster home” status, for a total bed nights utilized of 355. (This reviewer does not agree with the “total bed nights” utilized count (390) as reported by Compass in their 5/10/00 APN report.)
- Foster Home Capacity. The CHAP-prepared Foster Home Roster, dated 5/23/00, depicts 9 full-time beds (either currently filled or available). Two of these foster beds will be unavailable after July because the family is moving out of the area. Although we continue to hear positive reports about potential homes that are being licensed, the reality at this time is that the Program does not have sufficient beds to support the expectation of serving 20 children. In terms of “respite only” beds, there are 10 additional beds available for this short-term use.

Because placement determination in any foster home is always based upon an evaluation of a variety of safety factors, gender issues and “match” of other children living in that home, it is difficult to state with precision exactly how many foster homes/beds a 20-slot program would need. However, a very minimal expectation would be at least 20 beds that have the potential of accepting a child full-time, should the need arise. That number would allow for some matching around specific needs as well.

- Treatment, Crisis and Discharge Planning. Using a rating scale of 0 – 3, the reviewers found most planning efforts to fall slightly below the expected standard (2). Treatment planning needs to become more specific, more strength-based with goals that would be attainable within the contractual period of CHAP services. There seems to be confusion about the term “strength” and how it applies to treatment planning.

Treatment planning needs to become more focused and strategic. What needs to happen for this child/family to be able to cope successfully when CHAP services end in 6 – 12 months? What strategies will be tried to reach that goal? Who will be responsible for which steps in the plan? DCFS notes that the development of benchmarks for measuring the success of the in-home service plans and avoiding out of home placement were not readily apparent in most in-home plans reviewed. Clear action steps toward benchmarks were absent in most charts reviewed. Treatment plans need to be signed by the parents/adolescents, in addition to the signatures that appear on the Quarterly Reviews.

Crisis planning requires more specificity, particularly in terms of possible interventions and the “who will do what” pieces.

Discharge planning needs immediate attention. Well-developed discharge plans will provide teams’ shared understanding of what must be accomplished by when. On one Quarterly Report, the words “discharge plan” were crossed out, when actually the discharge plan is to return this child to his mother’s home; a discharge plan which will require the accomplishment of many interim goals and a well-designed support system at time of program discharge. Discharge planning begins at intake (or referral) continuing and intensifying as treatment continues. It is not acceptable to list “extension requested” as a discharge plan. All requests for extension need to be reviewed by the Inter-Agency Review Committee, with goals for the period of extension to be presented at the time of the request.

Reviews of the Compass CHAP program since December, 1999, have revealed continuous improvements in many areas. At this point in time, low census and foster home development (which are inter-related challenges) present the most immediate and pressing concerns. Strategies for remedying these areas will be crucial if the Program is to continue its current path toward providing Snohomish County’s highest need children and families with this highly-valued resource.

## **NSRSN COMMITTEE DISCUSSION FORM**

**AGENDA ITEM: CASELOAD DATA UPDATE**

**PRESENTER: FRANCENE THOMPSON**

**COMMITTEE ACTION: Action Item ( ) FYI & Discussion ( ) FYI only ( X )**

### **SIGNIFICANT POINTS OR EXECUTIVE SUMMARY:**

This update regards comparisons made of caseload data from 1998, 1999, and June of 2000. Analysis of the data revealed the following information:

- Caseload size have not changed appreciably during the past 2 years
- Most caseloads between 33 and 43
- Where levels of consumers involved were indicated:
  - ✓ Level 1 & 2 consumers were higher (average 41 to 49)
  - ✓ Level 3 consumers were lower (average 16 to 20)
  - ✓ Specialized children's programs saw loads of 4 to 13 per case mgr.
- Current data from CMHS indicates that only a small percentage of current caseloads are larger than 40

### **CONCLUSIONS/RECOMMENDATIONS:**

- Data does not indicate that caseload size is growing as dramatically and rapidly as has been perceived
- Decisions and weighting in establishing caseloads size appeared to appropriately reflect the levels of consumers served
- There may be other factors besides the number of cases on a clinician's caseload that are creating the discomfort and frustration they are experiencing in carrying out their work functions
- There is a need to continue study of the caseload size question

**TIMELINES:** Ongoing

**ATTACHMENTS:** Available at the July meeting, upon request



## **NSRSN COMMITTEE DISCUSSION FORM**

**AGENDA ITEM:** Administrative On-site Monitoring

**PRESENTER:** Marcia Gunning

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

### **SIGNIFICANT POINTS OR EXECUTIVE SUMMARY:**

All agencies providing services to or on behalf of the NSRSN are monitored for administrative, fiscal and quality management systems compliance. A presentation on the NSRSN's on-site review processes and QMOC's role will be presented.

### **CONCLUSIONS/RECOMMENDATIONS:**

None

### **TIMELINES:**

None

### **ATTACHMENTS:**

- On-Site Review Schedule

**NSRSN 1999-2001 BIENNIUM  
ON-SITE ADMINISTRATIVE AUDIT  
TENTATIVE SCHEDULE  
UPDATED 4/5/00**

<b>SERVICE PROVIDER</b>	<b>ENTRANCE DATE</b>	<b>EXIT DATE</b>
<b>Community Mental Health Services</b>	<b>6/5/00</b>	<b>6/8/00</b>
<b>Compass</b>	<b>7/10/00</b>	<b>7/14/00</b>
<b>Associated Provider Network</b>	<b>7/24/00</b>	<b>7/26/00</b>
<b>Tulalip Tribe</b>	<b>8/28/00</b>	<b>8/29/00</b>
<b>Lake Whatcom Residential and Treatment Center</b>	<b>9/13/00</b>	<b>9/15/00</b>
<b>Seamar</b>	<b>11/6/00</b>	<b>11/8/00</b>
<b>Whatcom Counseling &amp; Psychiatric Clinic</b>	<b>1/29/01</b>	<b>2/1/01</b>
<b>Catholic Community Services</b>	<b>3/12/01</b>	<b>3/14/01</b>
<b>Volunteers of America</b>	<b>4/30/01</b>	<b>5/2/01</b>
<b>Snohomish County</b>	<b>6/13/01</b>	<b>6/15/01</b>
<b>Rainbow Resources</b>	<b>10/11/00</b>	<b>10/12/00</b>
<b>Consumer Oriented Projects Monitoring will be accomplished through monthly desk audits. An on-site will be conducted as monthly desk audits warrant.</b>		

## **NSRSN COMMITTEE DISCUSSION FORM**

**AGENDA ITEM:** First Quarter 2000 Concurrent Review report (Draft)

**PRESENTER:** Terry McDonough

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

### **SIGNIFICANT POINTS OR EXECUTIVE SUMMARY:**

- 114 cases, including Children, Adults and Older Adults were reviewed for five key areas:
  - Access
  - Assessment
  - Consumer Voice throughout Treatment
  - Crisis Planning
  - Discharge Planning
- Providers met or exceeded the standards for 8 of 40 criteria.
- Providers showed substantial improvement in 17 additional criteria.
- Providers need to plan for improvements in documenting consumer voice, crisis planning and discharge planning.

### **NEXT STEPS:**

- NSRSN Quality Management staff meet with APN staff prior to the August 17, 2000 QMOC meeting to discuss APN plans to address issues identified in the First Quarter 2000 Concurrent Review.
- APN staff will document their plan to address the Review issues and submit this plan to NSRSN QM staff.
- NSRSN QM staff will evaluate the APN plan to address Review issues. QM staff will then present a final report to QMOC at the August meeting, recommending to QMOC whether the APN plan be approved or amended.
- QMOC will decide to accept/amend/reject the Concurrent Review report recommendations.

Tribal Report removed due to request for changes from the Tribes

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## **NSRSN COMMITTEE DISCUSSION FORM**

**AGENDA ITEM:** QRT 1999 Overview Report

**PRESENTER:** Dolores Holtcamp, QRT

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

### **SIGNIFICANT POINTS OR EXECUTIVE SUMMARY:**

- 1999 QRT activities
- 1999 consumers surveyed
- Outcomes from 1999
- Summary:
  - strengths
  - findings
  - resolutions
  - recommendations

### **CONCLUSIONS/RECOMMENDATIONS:**

- All findings addressed
- Case management focus

### **TIMELINES:**

Continued site reviews through QRT Audit participation and the QRT survey process.

### **ATTACHMENTS:**

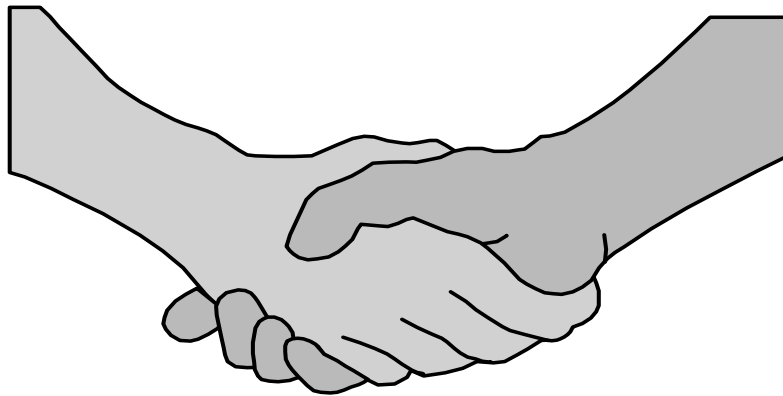
Quality Review Team QMOC OVERVIEW REPORT 1999

# **Quality Review Team**

## **QMOC OVERVIEW REPORT**

### **1999**

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**DATE: July 20, 2000**

**RSN: North Sound Regional Support Network**

**REPORT BY: Dolores Holtcamp QRT Lead**  
**Beckie Bacon QRT Associate**

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# 1999 QRT ACTIVITIES

- ① **Training's:** confidentiality, comm. skills for women, sexual minority, seamless services, survey tool, Outlook, etc.
- ② **Cross System Contacts:** hospital, jails, homeless shelters, etc.
- ③ **Meeting Participation:** QMOC, Ad. Board, Bd. Directors, Retreat Planning, etc.
- ④ **Focus Areas:** case management, E & T's, VOA crisis line, treatment plans, paperwork
- ⑤ **Updates in Progress:** survey tool, Policies & Procedure Manual
- ⑥ **System Improvements:** E & T activities, access to services, residential investigation, continued improvements in progress

# CONSUMERS SURVEYED

1999

- ★ 440 - consumers surveyed
- ★ 38 - provider site visits
- ★ 44 - contracted w/ RSN
- ★ 7435 - approx. in service
- ★ 8-9,000 - approx. enrolled
- ★ 6% - surveyed by QRT

# OUTCOMES

- **Compass: 131 surveyed-**
  - 105 felt treated w/ respect
  - 8 stated E & T's need activities
- **CMHS: 123 surveyed-**
  - 39 felt treated w/ respect
  - 27 services are helpful
  - 10 concern w/ day treatment change
  - 5 complained more time w/case man.
- **Rainbow Resources: 29 surveyed-**
  - 14 encouraged toward independence
  - 11 various complaints
- **Sun Community: 3 surveyed-**
  - 3 satisfied w/services
- **Lake Whatcom Res: 43 surveyed-**
  - 42 felt treated w/ respect
  - 15 concern w/ money, food, trans.
  - 8 lack of structured activities
- **Catholic Comm: 24 surveyed-**
  - 17 treated w/ respect
- **Rainbow Center: 20 surveyed-**
  - 20 satisfied, respected, & helped
- **Sea Mar: 7 surveyed-**
  - 7 satisfied, respected, & helped

# SUMMARY

## • **STRENGTHS:**

- Overall respect from Providers to consumers receiving services.
- Overall consumers felt services received were helpful.

## • **FINDINGS:**

- Varied complaints from consumers.
  - need for structured activities in E & T's and Residential sites
  - more time with case managers
  - residential report of disrespect from staff
  - unsanitary living condition
  - residential food not appealing
  - showers and plumbing need fixing

## • **RESOLUTIONS:**

- all findings have been addressed & resolved
- case management is a study focus

## • **RECOMMENDATIONS:**

- **QRT & RSN continue addressing systemic issues concerning quality of mental health services thru consumer voice.**
- **FOCUS QUESTIONS:**
  - amount of time to access services
  - availability and support of case manager
  - crisis plan provided
  - involvement in development of treatment plan

# QUALITY MANAGEMENT OVERSIGHT COMMITTEE MEETING EVALUATION FORM

Please complete this form and turn it in at the end of the meeting to the secretary.

## 1. Receipt of Information:

A. Was information received in a timely manner?

1                      2                      3                      4                      5  
Does not meet expectation                      Meets expectation                      Exceeds expectation

B. Overall, did you receive enough information to make informed decisions?

1                      2                      3                      4                      5  
Does not meet expectation                      Meets expectation                      Exceeds expectation

C. Was information sent to the appropriate place?

1                      2                      3                      4                      5  
Does not meet expectation                      Meets expectation                      Exceeds expectation

D. Did we use the appropriate method? (Fax, mail, etc.)

1                      2                      3                      4                      5  
Does not meet expectation                      Meets expectation                      Exceeds expectation

## 2. Meeting Logistics:

A. Are meeting times convenient for you?    \_\_\_Yes    \_\_\_No

B. In order of priority (1, 2, 3) would you rather meet  
    \_\_\_morning or    \_\_\_afternoon or    \_\_\_evening?

C. Are meeting places convenient for you?

1                      2                      3                      4                      5  
Does not meet expectation                      Meets expectation                      Exceeds expectation

## 3. Are meeting agendas complete and understandable?

1                      2                      3                      4                      5  
Does not meet expectation                      Meets expectation                      Exceeds expectation

## 4. Are meetings conducted in such a way to allow you to speak and participate with a sense of safety and comfort?

1                      2                      3                      4                      5  
Does not meet expectation                      Meets expectation                      Exceeds expectation

5. Are there any special accommodations you need that would be helpful to                      you? If so, what are they?

Yes

No

Please provide any additional comments you may have.

Total Score \_\_\_\_\_

Meeting Date: 07/20/00    Name(optional) \_\_\_\_\_