# NORTH SOUND REGIONAL SUPPORT NETWORK

## QUALITY MANAGEMENT OVERSIGHT COMMITTEE

## COMMITTEE MEETING PACKET

## NOVEMBER 20, 2002

## QMOC GUIDING PRINCIPLES

**The QMOC charge is to guide the quality assurance and quality improvement activities of mental health services within the NSRSN 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

AGENDA

# North Sound Regional Support Network
# Quality Management Oversight Committee
# NSRSN Conference Room
# November 20, 2002
# 12:30 – 2:30

## AGENDA

| | | | | Time | Page # |
|---|---|---|---|---|---|
| **1.** | **Open the meeting & comments from the Chair** | | | **5 minutes** | |
| **2.** | **Approval of October 2002 Minutes**<br>Action Item | | **Chair Byrne** | **5 minutes** | **3** |
| **3.** | **Reports** | | | | |
| | **A.** | **Quality Management Dept. Report**<br>**FYI and Discussion** | **Ms. Klamp** | **5 minutes** | **6** |
| | **B.** | **Selective Review**<br>**Action Item** | **Ms. Klamp** | **10 minutes** | **7** |
| | **C.** | **Sea Mar Quality Management Plan**<br>FYI and Discussion | **Ms. Ortiz** | **30 minutes** | **8** |
| | **D.** | **Administrative Audits Report**<br>FYI and Discussion | **Ms. Gunning** | **20 minutes** | **9** |
| | **E.** | **Federal Block Grant Report**<br>FYI and Discussion | **Ms. Gunning** | **15 minutes** | **11** |
| | **F.** | **Concurrent Review Report**<br>FYI and Discussion | **Mr. McDonough** | **10 minutes** | **23** |
| | **G.** | **CQIP Update**<br>FYI and Discussion | **Mr. Williams** | **10 minutes** | **24** |
| | **H.** | **HIPAA Update**<br>FYI and Discussion | **Ms. Klamp** | **5 minutes** | **25** |
| **4.** | **Other Business** | | | | |
| | **A.** | **Meeting Evaluation Results** | **Chair Byrne** | **5 minutes** | |
| **5.** | **Adjourn** | | | | |

# North Sound Regional Support Network
# Quality Management Oversight Committee
# NSRSN Conference Room
# October 16, 2002
# 12:30 – 2:30

## MINUTES

**Members Present:**
Chair Andy Byrne, member of the Board of Directors
Dan Bilson, member Advisory Board
Mary Cline, Compass
Chuck Davis, Ombuds
Melissa DeCino, QRT
Sharri Dempsey, OCA/Tribal Liaison
Mary Good, Advisory Board
Marcia Gunning, Contracts/Fiscal
Karen Kipling, VOA
Wendy Klamp, NSRSN lead Quality Specialist
Rosemary Lea, APN
Terry McDonough, Quality Specialist
Julia Ortiz, Sea Mar
Mike Page, Quality Specialist
Michael S. White, IS/IT
Gary Williams, Quality Specialist

**Members Not Present:**
Ian Brooks, NSRSN Advisory Board
Joe Johnson, member Board of Directors
Marie Jubie, NSRSN Advisory Board

**Others Present:**
Beckie Bacon
Chuck Benjamin
Annette Calder
Terri Clark
Shirley Conger
Carole Kosturn
Bob LeBeau
Greg Long
Tom Sebastian

### 1. Open the meeting & comments from the Chair
Chair Byrne opened the meeting at 12:32 p.m. and welcomed everyone present. Chair Byrne addressed the revised agenda.

### 2. Approval of September 2002 Minutes
Chair Byrne asked if there were any changes or additions to the September minutes, there were none. Motion to approve as written, 2nd all in favor, motion carried.

### 3. Reports

#### A. MHD Audit
Chuck Benjamin addressed the committee regarding the MHD Audit Report and provided an Executive Summary along with a PowerPoint presentation. He said this is an annual report by MHD regarding our federal waiver. He provided the percentages on the different sections of the audit the RSN was scored on. He asked if there were any questions and said the full report was available for anyone wanting it. Chair Byrne asked about findings and areas of concern; administrative duplication, QM/QI – MHD said we cannot contract out quality management, said it is the responsibility of the PHP. Administrative Duplication – in this region for 5 years now, Chuck Benjamin said he is looking at this as an

opportunity, need to step back and look at what we can do. Now 5 years later, going into tough budget cycle from the state, need to step back, look at the big picture and decide what way to go from here. Chair Byrne asked if the corrective action plan due in 60 days, Chuck Benjamin stated yes and named Greg Long as lead on pulling the response together to submit a good, meaningful corrective action plan, will be going to the Board of Directors on 10-24-02. Chair Byrne asked in regards to QMOC, will the corrective actions be brought to this body to act on? Chuck Benjamin stated QMOC plays a critical role in the corrective action plan and will bring it back to this group as well as the Advisory Board and the Board of Directors. Chuck said in closing, I can tell you that the RSN and the APN are taking this very seriously. We all know that some of the issues brought up in this audit are not new to us, beginning discussion on how to deal with this. Chuck was thanked for his presentation.

**B. Quality Management Department Report**

Wendy provided the group with the September Quality Management report and was thanked for her report. See Attachment A for additional information.

**C. Inpatient Capacity Data**

Wendy distributed the Inpatient Statistics Review for Jan-Jun 2002 and provided an overview for the committee. See Attachment B for further information. Do we have sufficient capacity in our region, are we utilizing our capacity to the best of our ability, looking toward the future, areas we can make changes, etc. Q&A period followed. Wendy was thanked for her report.

**D. Concurrent Review Report**

Terry McDonough distributed the 1st Biennial Quarter 2002 Concurrent Review Report and provided the committee with the scores the agencies received in the audit. He said the agencies that did not meet the 90% minimum will be re-audited soon. He also stated that the next round of audits will be combined together, MHD audit, Concurrent Review and NSRSN Administrative Audit. Chair Byrne asked about corrective action plans and if there is a timeline in which this committee will be apprised of the corrective action plans. Terry McDonough said he will review them with this committee at the November QMOC. Greg Long said in the past the corrective action plans have been presented to this committee for approval. Tom Sebastian said at the provider level, this info and the MHD info was received at the same tie and the agencies are taking this very seriously and that is why the providers are here today to let this group know how seriously it is being taken. Sometimes it is perplexing and we are hoping to enlist the RSN's help in making this work better. Terry McDonough said more than willing to help in any way he can. Terry was thanked for his report. See Attachment C for more information.

**E. Integrated Report**

Terry distributed the NSRSN QM Plan 2002-2003 Integrated Report. Chuck Benjamin said this is the report that MHD gave us accolades for in their report. Terry provided the group with an overview of the various agencies included in the report and said he would like any feedback that anyone had, noting that his contact information was included on page 4 of the report. The committee thanked Terry for his report. See Attachment D for additional information.

**F. QRT Report**

Beckie Bacon addressed the committee and provided handouts regarding the QRT overview of Compass Health. Beckie made a very comprehensive presentation to the committee. She requested that QMOC act on having a 2 part corrective action plan that would be written with the consumer; part of it for the consumer to write about how they will de-escalate themselves and the other part will be for triage. Rosemary thanked Beckie for helping her to understand this process and wants to enlist her help in approaching this from the agencies angle. The committee thanked Beckie for her presentation. Wendy Klamp made a motion to accept Beckie's recommendations; that when crisis plans are required, to have 2 part crisis plans, one for the consumer, one for the crisis triage system within the NSRSN and their contractors, each plan shall be developed with the consumer to have mechanisms to ensure the consumer retains awareness of his/her plans and that these plans are indeed current and updated as necessary and needed, but no longer than every 180 days, 2nd for discussion. Chair Byrne called for the vote, all in favor, **motion carried**. See Attachment E for further information.

**G. Re-initiation of CQIP**

Gary Williams informed the committee that 2 years ago, the NSRSN made application to the State Department Of Health to be approved as a Coordinated Quality Improvement Program, and was approved. This month we applied again for re-certification. He provided the committee with background of what a Coordinated Quality Improvement Program is and what it is expected to do. He also explained that it is to our benefit to be certified as a CQIP. He also noted that we are the only RSN in the state with this certification. Gary was thanked for his report**.**

**H. HIPAA Update**

Wendy began by reciting the HIPAA prayer and distributed a list of frequently asked questions. She gave the group an update of what has taken place in HIPAA-land since our last meeting. See Attachment F for more information. Wendy was thanked for her information.

**4. Other Business**

**A. Meeting Evaluation**

Chair Byrne asked the committee to complete the meeting evaluation form and turn it into Annette prior to leaving.

**5. Adjourn**

The meeting was adjourned at 2:24 p.m.

Respectfully submitted,

Annette Calder

Please Note: The attachments referenced herein were distributed at the meeting and are attached to the file copy as part of the official record. Please contact the NSRSN at (800) 684-3555 extension 230 with any questions, concerns or requests.

# NSRSN COMMITTEE DISCUSSION FORM

**AGENDA ITEM: Quality Management Department and QS report**

**PRESENTER: Wendy Klamp, NSRSN Lead Quality Management Specialist**

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

**SIGNIFICANT POINTS OR EXECUTIVE SUMMARY:**

- ✓ Summary of October activities of the Quality Management Department and QS staff

**CONCLUSIONS/RECOMMENDATIONS:**

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

**TIMELINES:**

- ✓ Ongoing

**ATTACHMENTS:**

- ✓ None

# NSRSN COMMITTEE DISCUSSION FORM

**AGENDA ITEM: E & T Selective Review**

**PRESENTER: Wendy Klamp**

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

**SIGNIFICANT POINTS OR EXECUTIVE SUMMARY:**
A critical incident report was submitted regarding a suicide of a patient soon after discharge from the E & T. The case was reviewed by the Critical Incident Committee and a Selective Review was done by NSRSN staff, which resulted in a request to APN/Compass Health for corrective action. We have now received a response detailing the actions that APN/Compass Health is taking to comply with our request.

**CONCLUSIONS/RECOMMENDATIONS:**
NSRSN staff have carefully reviewed this response and recommend acceptance of the outlined actions to improve quality of care.

**TIMELINES:**
N/A

**HANDOUTS:**
NSRSN correspondence and APN response will be provided at the meeting.

# NSRSN COMMITTEE DISCUSSION FORM

**AGENDA ITEM: Sea Mar Quality Improvement Plan**

**PRESENTER: Michelle Boudreau**

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

**SIGNIFICANT POINTS OR EXECUTIVE SUMMARY:**

- To assure clients receive appropriate services when needed.
- Maintain accessibility to services and continuity of care.
- To measure the performance of the organization and initiate improvements and/or changes where needed.
- Minimization of risk to patient.
- Medical records contain accurate information.
- Provide QMOC membership with a yearly update of the Sea Mar Quality Improvement Plan.

**CONCLUSIONS/RECOMMENDATIONS:**
Provided at the QMOC meeting.

**TIMELINES:**
Review on an annual basis.

**HANDOUTS:**
Documentation to be provided at meeting and/or upon request.

# NSRSN COMMITTEE DISCUSSION FORM

**AGENDA ITEM: Administrative Review - APN**

**PRESENTER: Marcia Gunning**

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

**SIGNIFICANT POINTS OR EXECUTIVE SUMMARY:**
The NSRSN conducted an on-site Administrative, Fiscal and Quality Assurance/Improvement Review of APN September 11 – 13, 2002. The Monitoring Report, which provides a brief overview of the APN, areas of strength, findings and recommendations was submitted to APN on October 16, 2002.

The Administrative Audit Team for this Review included the following:

Marcia Gunning,
Wendy Klamp,
Terry McDonough,
Bill Whitlock; and
Beckie Bacon

**CONCLUSIONS/RECOMMENDATIONS:**
This Report is being formally presented to QMOC for informational purposes.

**TIMELINES:**
N/A

**HANDOUTS:**
A handout regarding the Administrative, Fiscal and Quality Assurance/Improvement Monitoring Report of APN will be distributed at the meeting.

# NSRSN COMMITTEE DISCUSSION FORM

**AGENDA ITEM: Administrative Review – Snohomish County**

**PRESENTER: Marcia Gunning**

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

**SIGNIFICANT POINTS OR EXECUTIVE SUMMARY:**
The NSRSN conducted an on-site Administrative, Fiscal and Quality Assurance/Improvement Review of Snohomish County ITA Pr4ogram, Quality Specialists Statement of Work and NSRSN funded Federal Block Grant programs August 27 – 29, 2002. The Monitoring Report was submitted to Snohomish County on October 11, 2002.

The Administrative Audit Team for this Review included the following:
Marcia Gunning,
Wendy Klamp,
Bill Whitlock; and
Melissa DeCino

**CONCLUSIONS/RECOMMENDATIONS:**
This Report is being formally presented to QMOC for informational purposes.

**TIMELINES:**
N/A

**HANDOUTS:**
A handout regarding the Administrative, Fiscal and Quality Assurance/Improvement Monitoring Report of Snohomish County will be distributed at the meeting.

# NSRSN COMMITTEE DISCUSSION FORM

**AGENDA ITEM: Federal Block Grant Report**

**PRESENTER: Marcia Gunning**

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

**SIGNIFICANT POINTS OR EXECUTIVE SUMMARY:**
The NSRSN is required by contract with the Mental Health Division to submit biennial quarterly FBG Reports that documents compliance with the NSRSN Federal Block Grant Plan. The Plan is approved by the Mental Health Division each biennium.

**CONCLUSIONS/RECOMMENDATIONS:**
These Reports are being formally presented to QMOC for informational purposes.

**TIMELINES:**
N/A

**ATTACHMENTS:**
- MHD Approved FBG 20-01-2003 Biennium Plan
- July 1, 2001 through June 30, 2002 (1st and 2nd Biennial quarters) NSRSN FBG Report

# NORTH SOUND REGIONAL SUPPORT NETWORK
# MENTAL HEALTH FEDERAL BLOCK GRANT PLAN
# 2001-2003 BIENNIUM

The North Sound Regional Support Network (NSRSN) has been allocated $1,286,468 in Fededral Block Grant (FBG) dollars for the 2001-2003 Biennium. Historically the NSRSN has utilized these dollars to purchase mental health services for the underserved chronically and seriously mentally ill populations within our region. A review of the ongoing needs of the NSRSN through our Strategic Planning processes continue to identify these underserved populations as areas of high risk and high need. Therefore the NSRSN 2001-2003 Biennium FBG Plan addresses the ongoing concerns of these individuals by purchasing the following:

## 1. Non-Medicaid Consumers

Purchase medically necessary community mental health program services for the chronically mentally ill, severely emotionally disturbed and seriously disturbed adults, youth/children who are at risk for hospitalization, jail, losing their homes or access to basic human needs and not eligible for Medicaid.

**Outcomes:**

Implementation of NSRSN approved plan for the provision of medically necessary services to Non-Medicaid eligible recipients. *(Attachment 1)* Services shall be provided in accordance with NSRSN Standards of Care Manual and provisions of Contract #NSRSN-APN-02-03. Any requested modifications to the approved plan must be submitted to the NSRSN for review within 60 days of contract execution. Any modified Non-Medicaid Plan shall be implemented within 30 days from NSRSN approval date.

**Performance Indicators:**

a. Penetration rates for services by race/ethnicity, age, gender, and Medicaid eligibility.

b. Utilization rate for services by race/ethnicity, age, gender, and priority population.

c. Average annual cost per consumer served.

d. Average annual cost per unit of service.

e. Percent of revenues spent on direct services.

f. Implement applicable for non-Medicaid population, the NSRSN approved Information Technology System-wide Performance Management Plan and Performance Measurement Reports.

## 2. Traditional Healing Services – Native American

Purchase mental health treatment for Native Americans from a holistic approach, healing the spiritual, physical and emotional elements to restore balance to the person and the community. The NSRSN contracts with the Tulalip Tribes to provide Traditional Healing Services. These services focus on individual strengths rather than illness, ensure the recipient's community is the resource of first choice, are flexible and individualized according to recipient needs, and empowers the individual to learn and grow. The following is a list of core services provided:

a. Annual spiritual encampment.
b. Offer weekly sweat lodge experience.
c. Community-based traditional and holistic healing.
d. Family and community support and education.
e. Consultation concerning Native American culture to other NSRSN provider agencies

**Performance Indicators:**

# Individuals receiving services, by type of service (minimum of 500 eligible Native American individuals)

1. 25% shall be children under 18 years of age.
2. 60% shall be adults 18 to 59.
3. 15% shall be older adults age 60 and over.

## 3. At–Risk Older Adults

Purchase case finding, engagement, mental health assessment and treatment, psychiatric consultation, medication management and referral services for at-risk older adults who decline service at the provider clinic or who otherwise would not receive services. Through this program the provider responds to requests from concerned professionals and family members for help to elders who are not eligible for public assistance and who cannot or will not pay for services.

**Outcomes:**

a. Services and supports provided in a manner that facilitates elders to live in the residential environment of their choice.

b. 60% favorable response to consumer satisfaction survey.

c. Geriatric Mental Health Outreach and assessment are at a level consistent with the cooperation and consent of identified individual(s).

d. Reduce inappropriate hospitalizations.

**Performance Indicators:**

a. Consumer Satisfacftion Survey completed.

b. Number of Crisis contacts and hospitalizations for engaged consumers.

c. Disposition of all consumers referred to this program are tracked.

**4. <u>Community Team for Children and Youth</u>**

Coordinate and facilitate the Community Team for Children and Youth. The Community Team brings together representatives from a variety of systems that work to address specific needs of high-risk children, youth, and families including: state and county child and family services, public housing, mental health, school districts and special education personnel, juvenile court, developmental disabilities, public health, and parents. In addition, the Team makes available flexible funds that can be used to support creative solutions designed by child/family teams to enhance successful family functioning. Whenever possible, the Community Team seeks to partner with involved agencies to enhance the available flexible funding amounts.

Monthly the Team meets to review cases to ensure:

- adequate response has occurred within respective service systems,
- creative solutions to treatment needs based on collaborative system thinking has occurred, been offered and implemented,
- system accountability through the collaboration process,
- identifies opportunities to enhance inter- and intra- system services and programs.

**Outcomes:**

a. Decrease in number of youth being placed out of the home. Child/family team problem-solving that results in preventing youth from being placed out of the home.

b. Increase in number of children being transition back home. Child/family team problem-solving support that results in successful transition of child back home.

c. Identify systems-level concerns to assist child/family teams throughout the county.

**Performance Indicators:**

a. Number of Team Meetings.

b. Number of stakeholders/systems represented at each Team Meeting.

c. Number of unduplicated children/families receiving this service.

## 5. Non Medicaid – Hispanic

Purchase medically necessary community mental health program services for the chronically mentally ill, severely emotionally disturbed and seriously disturbed adults, youth/children who are at risk for hospitalization, jail, losing their homes or access to basic human needs and not eligible for Medicaid.

**Outcomes:**

Contractor shall develop and implement an NSRSN approved plan for the provision of medically necessary services to Non-Medicaid eligible recipients in accordance with the NSRSN Standards of Care Manual and Contract #NSRSN-SEA MAR-02. This Plan shall emphasize services to the traditionally underserved populations within the NSRSN Service Area. The plan shall be presented to NSRSN for approval within 60 days of contract execution. Contractor shall implement the approved plan within 30 days from NSRSN approval date.

**Performance Indicators:**

a. Penetration rates for services by race/ethnicity, age, gender, and Medicaid eligibility.

b. Utilization rate for services by race/ethnicity, age, gender, and priority population.

c. Average annual cost per consumer served.

d. Average annual cost per unit of service.

e. Percent of revenues spent on direct services.

f. Implement applicable for non-Medicaid population, the NSRSN approved Information Technology System-wide Performance Management Plan and Performance Measurement Reports.

## North Sound Regional Support Network
## FEDERAL BLOCK GRANT BUDGET

### January 1 2002 – December 31, 2003

| Provider | Service | Annual $ Allocation | Biennial $ Allocation |
|---|---|---|---|
| Associated Provider Network (APN) | Non-Medicaid Consumers – Community Support Services | $450,101 | $900,202 |
| Tulalip Tribes | Traditional Healing Services – American Indians | $81,840 | $163,680 |
| Snohomish County | Community Team for Children and Youth | $66,000 | $132,000 |
| Seamar | Non-Medicaid Consumers – Community Support Services – Hispanic | $26,984 | $53,968 |
| Whatcom County | At-risk Older Adults | $18,309 | $36,618 |

# NORTH SOUND REGIONAL SUPPORT NETWORK
# MENTAL HEALTH FEDERAL BLOCK GRANT REPORT
# 2001-2003 BIENNIUM
**July 1, 2001 through June 30, 2002**

**1. Non-Medicaid Consumers**

Provide medically necessary community mental health program services for the chronically mentally ill, severely emotionally disturbed and seriously disturbed adults, youth/children who are at risk for hospitalization, jail, losing their homes or access to basic human needs and not eligible for Medicaid.

**Performance Indicators:**

a. Penetration rates for services by race/ethnicity, age, gender, and Medicaid eligibility.

***Consumers Served:***

| Definition | | Pop | % | Non-Medicaid | Unknown | Total | Penetration |
|---|---|---|---|---|---|---|---|
| 0-17 | Child | 174,619 | 18.6% | 3 | 182 | **185** | **0.106%** |
| 18-59 | Adult | 624,656 | 66.4% | 270 | 528 | **798** | **0.128%** |
| 60+ | Older Adult | 141,579 | 15.0% | 21 | 85 | **106** | **0.075%** |
| **Total** | **Totals** | **940,854** | **100.0%** | **294** | **795** | **1089** ** | **0.116%** |

| Definition | Pop | % | Non-Medicaid | Unknown | Total | Penetration |
|---|---|---|---|---|---|---|
| Female | 473,267 | 50.3% | 133 | 342 | **475** | **0.100%** |
| Male | 467,587 | 49.7% | 159 | 447 | **606** | **0.129%** |
| **Total** | **940,854** | **100.0%** | **292** | **789** | **1081** | **0.115%** |

***Consumers Served:***

| Definition | Pop | % | Non-Medicaid | Unknown | Total | Penetration |
|---|---|---|---|---|---|---|
| White | 813,138 | 86.4% | 230 | 626 | **856** | **0.105%** |
| Black | 10,471 | 1.1% | 7 | 16 | **23** | **0.220%** |
| Indian, Eskimo & Aleut | 14,735 | 1.6% | 9 | 19 | **28** | **0.190%** |
| Asian/Pacific Islander | 37,663 | 4.0% | 12 | 27 | **39** | **0.104%** |
| Hispanic | 35,223 | 3.7% | 7 | 13 | **20** | **0.057%** |
| **Sub-Total** | **911,230** | **96.9%** | **265** | **701** | **966** | **0.106%** |
| Other | 29,624 | 3.1% | 2 | 7 | **9** | **0.030%** |
| No Record | | | 25 | 81 | **106** | |
| **Total** | **940,854** | **100.0%** | **292** | **789** | **1081** | **0.115%** |

**5 clients duplicated due to receiving services while changing age group during period

b. Utilization rate for services by race/ethnicity, age, gender, and priority population.

*Hours*

| Definition | | Non-Medicaid | Unknown | Total | Utilization Ave Hrs |
|---|---|---|---|---|---|
| 0-17 | Child | 47 | 1694 | **1741** | **9.4** |
| 18-59 | Adult | 4557 | 6613 | **11170** | **14.0** |
| 60+ | Older Adult | 908 | 1132 | **2040** | **19.2** |
| **Total** | | **5512** | **9439** | **14951** | **13.7** |

| Definition | Non-Medicaid | Unknown | Total | Utilization Ave Hrs |
|---|---|---|---|---|
| Female | 2544 | 3984 | **6528** | **13.7** |
| Male | 2934 | 5427 | **8361** | **13.8** |
| Unknown | 0 | 19 | **19** | **19.0** |
| **Total** | **5478** | **9430** | **14908** | **13.8** |

***Hours***

| Definition | Non-Medicaid | Unknown | Total | Utilization Ave Hrs |
|---|---|---|---|---|
| White | 4162 | 7682 | **11844** | **16.6** |
| Black | 143 | 289 | **432** | **24.4** |
| Indian, Eskimo & Aleut | 58 | 217 | **275** | **11.5** |
| Asian/Pacific Islander | 279 | 257 | **536** | **18.6** |
| Hispanic | 139 | 87 | **226** | **11.3** |
| **Sub-Total** | **4781** | **8532** | **13313** | **16.6** |
| Other (including unknown) | 27 | 178 | **205** | **6.7** |
| No Record | 670 | 720 | **1390** | **9.8** |
| **Total** | **5478** | **9430** | **14908** | **13.8** |

Calendar year 2000 data used for total population, gender and age distribution. 1998 data used for race/ethnicity distribution

c. Average annual cost per consumer served: **$1,344**

d. Average annual cost per unit of service: **$97.44**

e. Implement applicable for non-Medicaid population, the NSRSN approved Information Technology System-wide Performance Management Plan and Performance Measurement Reports.

***Consumers Served:***

| Priority | Non-Medicaid | Unknown | Total |
|---|---|---|---|
| Acutely Mentally Ill (should be crisis only) | 6 | 26 | **32** |
| Chronically Mentally Ill Adult | 179 | 352 | **531** |
| Seriously Disturbed Adult or Child | 64 | 187 | **251** |
| Severely Emotionally Disturbed Child | 3 | 35 | **38** |
| Other (including unknown) | 41 | 191 | **232** |
| | **294** | **760** | **1054** |

***Hours***

| Priority | Non-Medicaid | Unknown | Total | Utilization Average Hours |
|---|---|---|---|---|
| Acutely Mentally Ill (s/b crisis only) | 7 | 32 | **39** | 1.22 |
| Chronically Mentally Ill Adult | 4276 | 5949 | **10225** | 19.26 |
| Seriously Disturbed Adult or Child | 967 | 1678 | **2635** | 10.50 |
| Severely Emotionally Disturbed Child | 24 | 546 | **570** | 15.00 |
| Other (including unknown) | 248 | 1233 | **1481** | 6.38 |
| Total | **5112** | **9438** | **14950** | 13.79 |

- **Traditional Healing Services – Native American**

The Tulalip Tribes provides mental health treatment for Native Americans from a holistic approach, healing the spiritual, physical and emotional elements to restore balance to the person and the community. These services focus on individual strengths rather than illness, ensure the recipient's community is the resource of first choice, are flexible and individualized according to recipient needs, and empowers the individual to learn and grow. During this time period the following specific Traditional Healing Services were provided:

- ✓ Annual Spiritual Encampment:
  - This 3-day event was attended by approximately 700 Tribal Members
- ✓ Weekly Sweat Lodge (each Wednesday evening)
- ✓ Community Based Holistic/Traditional Treatment
  - Home-Based Counseling and Outreach Services
  - Education, workshops and trainings
  - Suicide Prevention Services
  - Individual Healing Sessions
  - Women's Talking Circle
  - Culture Night (each Thursday evening):
    - Traditional Regalia Construction
    - Drumming and Drum Making – Marysville Elementary School for 100 students
    - Traditional Dance
    - Totem Pole Carving
    - Traditional Tree Blessing
- ✓ Canoe Family
  - Traditional Gatherings and Teachings
  - Traditional Canoe Journey

**Performance Indicators:**
A total of 2,239ican Indians within The Tulalip Tribes received Traditional Healing Services: *(Please note the 700 tribal member who attended the 3-day Spiritual Encampment are not included in the totals below)*

a. **592 or 39% were children under 18 years of age.**
b. **752 or 49% were adults 18 to 59.**
c. **195 or 13% were older adults age 60 and over.**

**3. <u>At–Risk Older Adults</u>**
Whatcom Counseling & Psychiatric Clinic provides case finding, engagement, mental health assessment and treatment, psychiatric consultation, medication management and referral services for at-risk older adults who decline service at the provider clinic or who otherwise would not receive services. Through this program the provider responds to requests from concerned professionals and family members for help to elders who are not eligible for public assistance and who cannot or will not pay for services. Mental health services include evaluation and assessment, mental health treatment, psychiatric consultation and medication management. Under this program identified elders are evaluated by a Geriatric Mental health Specialist to determine the level of risk and need for care. In those cases where mental health services are not necessary, the Geriatric Specialist helps the client link with other, more appropriate services.

**Performance Indicators:**

a. **56 unduplicated older adults received services**
b. **Demographics:**
   - **Male 21**
   - **Female 35**
   - **Ethnicity 100% Language spoken at home is English**
   - **Average Age 74**
c. **Diagnosis:***

| | # Served | % of Total Served |
|---|---|---|
| • **Depression disorder** | **34** | **74** |
| • **Bipola Disorder** | **8** | **17** |
| • **Psychotic Disorder** | **4** | **9** |

** Data not available for July-September 2001.*

**4. <u>Community Team for Children and Youth</u>**
The Community Team brings together representatives from a variety of systems that work to address specific needs of high-risk children, youth, and families including: state and county child and family services, public housing, mental health, school districts and special education personnel, juvenile court, developmental disabilities, public health, and parents. In addition, the Team makes available flexible funds that can be used to support creative solutions designed by child/family teams to enhance successful family functioning. Whenever possible, the Community Team seeks to partner with involved agencies to enhance the available flexible funding amounts.

**Performance Indicators**:
a. Community Team conducts a monthly 4-hour and a 1.5 hour review committee meetings.

b. Currently there are 16 members attending the full Team meetings and a smaller group of four meets for the review committee. The members represent a number of systems and stakeholders including

Snohomish County Health District, Developmental Disabilities (DSHS), Department of Children and Family Services Area Managers, Northshore School District, Edmonds School District, Snohomish County Juvenile Court Services Administrator, Compass Health, Snohomish County Mental Health, Snohomish County Office of Children's Affairs, Family Connection (VOA), Team Child and Snohomish County Children's Commission.

c. The Team conducted 85 formal case reviews. Of the 85 reviews, 58 were unduplicated families.

This program has become a well-known resource for the community. The value of the support from Community Team is not always obvious and is different in every case. What is obvious in most cases is that Community Team provides a safety net that allows valuable options to families and providers. Sometimes it is simply allowing time for the child and family team to create a plan or research resources. Other times it may be filling a recreational gap that keeps a youth from escalating behavior leading to crisis and placement issues. Though the numbers of families served is changing, the needs and types of assistance have remained relatively stable. Most of the assistance approved was within three main areas:

- Treatment services – individual treatments aids, respite, alternative treatments, therapeutic services and assessments.
- Housing and housing supports – rent assistance, utility bills, household necessities and basic needs (clothing).
- Social/recreational programs – summer camp, YMCA memberships, mentor programs.

Providing assistance in these areas has provided supports unavailable elsewhere enabling many children to stay in the least restrictive placements including their homes. Community Team assistance has also been part of many child and family team plans, as a way to provide services not otherwise available (i.e. special transition plans from CLIP) enabling children to return home. The coordinator has also been invited to, and has participated in a number of child and family team meetings helping to problem solve and create feasible plans.

The Team choose to focus on one particular area of concern during this reporting period. The Team was concerned with the issues surrounding the labeling, assessment and treatment of youth with sexual behavior issues. After reviewing a number of cases involving these issues, it became apparent that many youth were being labeled as "SAY kids" (sexually aggressive youth) simply by being in need of an assessment or by a report of a sexual behavior issue (substantiated or not). The Team decided that educating the community about the issues would be a good place to start. An energetic Community Team sub-committee designed and coordinated a free community wide training on October 12th entitled "Children and Sexual Behavior: Separating Myth From Fact" with local expert, Tim Kahn, as the presenter. Community Team in collaboration with Northshore School District covered all costs associated with the training. There were over 150 participants from schools, juvenile justice, mental health, local service agencies, foster parents, parents and advocates for children and families. The training was a great success. Feedback included numerous requests for more in depth information and more training opportunities on this subject.

**5. Non Medicaid – Hispanic**

Seamar provides medically necessary community mental health program services for the chronically mentally ill, severely emotionally disturbed and seriously disturbed adults, youth/children who are at risk for hospitalization, jail, losing their homes or access to basic human needs and not eligible for Medicaid. 100% of these federal block dollars are spent on direct services.

**Performance Indicators:**

a. Penetration rates for services by race/ethnicity, age, gender, and Medicaid eligibility.

| ***Consumers Served:*** | | **Penetration Rates** |
|---|---|---|
| **Age** | | **%** |
| 0-17 | Child | 33% |
| 18+ | Adult | 77% |
| **Total** | | 100.0% |

| **Ethnicity** | |
|---|---|
| Hispanic | 58.3% |
| White | 39.0% |
| Indian, Eskimo & Aleut | 1.2% |
| Black | 1.5% |
| **Total** | 100.0% |

b. Utilization rate for services by County *(based on number of service units)*
- **Whatcom 42%**
- **Skagit 28%**
- **Snohomish 30%**

c. Average annual cost per consumer served: **$2,160**

d. Average annual cost per unit of service: **$6.11**

e. Average hours of service per month per client: **7.5 hours or 30 units per month**

# NSRSN COMMITTEE DISCUSSION FORM

**AGENDA ITEM: NSRSN Concurrent Review Report Update**

**PRESENTER: Terry McDonough**

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

**SIGNIFICANT POINTS OR EXECUTIVE SUMMARY:**

- At the October 16, 2002 QMOC meeting, the NSRSN Concurrent Review Report for the 1st biennial quarter 2002 was presented.
- 5 NSRSN contracted providers were reviewed during the Concurrent review process.
- 2 of the reviewed providers met or exceeded Concurrent review threshold standards; 3 reviewed providers did not.
- The 3 providers who did not meet threshold standards were asked to submit Corrective Action Plans to the NSRSN, detailing how they intended to meet threshold standards.

**CONCLUSIONS/RECOMMENDATIONS:**

- All 3 providers of whom Corrective Action Plans were requested have submitted these Plans to the NSRSN.
- NSRSN Quality Management staff are in the process of reviewing the Corrective Action Plans and will report their recommendations regarding these Plans at the December 18, 2002 QMOC meeting.

**TIMELINES:**

- NSRSN Quality Management staff will present their report and recommendations regarding the Corrective Action Plans received from 3 providers at the December 18, 2002 QMOC meeting.

**ATTACHMENTS:**
None

# NSRSN COMMITTEE DISCUSSION FORM

**AGENDA ITEM: Coordinated Quality Improvement Program (CQIP) Update**

**PRESENTER: Gary A. Williams, Quality Specialist**

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

**SIGNIFICANT POINTS OR EXECUTIVE SUMMARY:**

- The NSRSN CQIP Renewal Application has been submitted and confirmed received by the Department Of Health.

- The NSRSN has established a CQIP Committee to further integrate all facets of the NSRSN Quality Program. This Committee includes representatives from all NSRSN Quality Assurance and Improvement efforts. The committee has met twice and established a Committee Charter to assure NSRSN Quality activities are prioritized and focused. The CQIP Committee has several essential functions some of which are:
  - ✓ Integrate Quality efforts and resulting data to provide accurate multi faceted views on quality issues
  - ✓ Assure closed loop processes to follow-up on identified Quality concerns, proposed corrective actions and documentation of implementation and outcomes
  - ✓ Development of necessary Policies and Procedures to assure the proper application of CQIP activities.
  - ✓ Further support the integrated and collaborative efforts of all NSRSN staff and Departments to support biannual reporting requirements of the NSRSN Quality Plan.
  - ✓ To assure Quality Assurance and Improvement information, data, and Clinical and administrative recommendations are provided to the appropriate oversight committees and the NSRSN Executive Board.
- The CQIP Committee will also be working to establish a CQIP Ethics Committee.

**CONCLUSIONS/RECOMMENDATIONS:**
QMOC will be updated on a regular basis of CQIP activities and recommendations.

**TIMELINES:**
N/A

**ATTACHMENTS:**
None

# NSRSN COMMITTEE DISCUSSION FORM

**AGENDA ITEM: HIPAA Update**

**PRESENTER: Wendy Klamp, NSRSN Lead Quality Management Specialist**

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

**SIGNIFICANT POINTS OR EXECUTIVE SUMMARY:**

- ✓ Review of training to NSRSN staff, current status of HIPAA legislation, project plan update

**CONCLUSIONS/RECOMMENDATIONS:**

- ✓ Updates will be given to the QMOC as the NSRSN proceeds with implementation of HIPAA guidelines

**TIMELINES:**

- ✓ Ongoing

**ATTACHMENTS:**

- ✓ None