



**NORTH SOUND
MENTAL HEALTH ADMINISTRATION**

**QUALITY MANAGEMENT OVERSIGHT COMMITTEE
COMMITTEE MEETING PACKET**

MAY 21, 2003

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

**North Sound Mental Health Administration
Quality Management Oversight Committee
NSMHA Conference Room
May 21, 2003
12:30 – 2:30**

AGENDA

		Page #
1.	Open the meeting & comments from the Chair	
2.	Approval of April 2003 Minutes <small>Action Item</small>	Chair Byrne 3
3.	Reports	
	A. Quality Management Department Report <small>FYI and Discussion</small>	Ms. Klamp 6
	B. Compass Audit and Corrective Action <small>FYI and Discussion</small>	Mr. McDonough 7
	C. WCPC Audit and Corrective Action <small>FYI and Discussion</small>	Mr. McDonough 8
	D. Crisis Concerns, MHD <small>FYI and Discussion</small>	Mr. Long 9
	E. Benchmarking <small>FYI and Discussion</small>	Ms. Vaughan & Ms. Benoit 10
	F. Update on WCPC <small>FYI and Discussion</small>	Ms. DeCino 11
	G. HIPAA Update <small>FYI and Discussion</small>	Ms. Klamp 12
4.	Other Business	
	A. Meeting Evaluation Results	Chair Byrne
5.	Adjourn	

**North Sound Mental Health Administration
Quality Management Oversight Committee
NSMHA Conference Room**

**April 9, 2003
12:30 – 2:30**

MINUTES

Members Present:

Andy Byrne, Chair, Board of Directors member
Pamala Benjamin, alternate for Joan Dudley
Chuck Davis, Ombuds
Melissa DeCino, QRT
Mary Good, Advisory Board member
Wendy Klamp, Lead Quality Specialist
Rosemary Lea, APN
Terry McDonough, Quality Specialist
Mike Page, Quality Specialist
Michael S. White, IS Specialist
Gary Williams, County Coordinator

Members Not Present:

Claudia D'Allegri
Sharri Dempsey
Marcia Gunning
Joe Johnson
Karen Kipling
Joan Lubbe
Advisory Board Member
Advisory Board Member

Others Present:

Chuck Benjamin
Annette Calder
Kelly Foster
Bob LeBeau
Greg Long
Karen Townsend

1. Open the meeting & comments from the Chair

Chair Byrne opened the meeting at 12:38 p.m. and welcomed those present. He thanked Mike Page for his work on QMOC and the NSRSN/NSMHA. He is retiring at the end of this month.

Chuck Benjamin addressed the group about Marcia Gunning and the progress she is making in her therapy and recovery. The committee appreciated the update.

2. Approval of March 2003 Minutes

Chair Byrne asked if there were any changes to the March minutes, there were none. A motion was made and seconded to approve the minutes as written, all in favor, **motion carried**.

3. Reports

A. Quality Management Department Report

Ms. Klamp distributed the monthly Quality Management Department Report and thanked Mike for his years of dedicated service to this Region. She provided the committee with an overview of the report. See Attachment A for additional information.

B. System Review Report

Mr. Benjamin informed those present that he made the presentation to this group last month and is here to address any questions this committee may have. Comments are

being accepted until April 16th and will he build all comments and questions into his report to the Board of Directors Executive Committee. A question and answer period followed. Chuck was thanked for addressing this committee.

C. NSMHA Integrated Review

Mr. McDonough distributed the NSMHA Quality Management Plan 2002-2003 Integrated Report for the 2nd Biennial Quarter (July 1 – December 31, 2002). He also expressed best wishes to Mike in his retirement and welcomed Karen Townsend who will take Mike's place on this committee.

Terry went over the report with the committee; and questions followed. See Attachment B for more information. It was suggested to add information about DCFS and the use, or lack of use, of CHAP beds and us contracting with DCFS. Also, it was suggested that the information regarding CHAP bed utilization be described in the Integrated Report as an "Area of Concern" rather than as a "Repeat Finding".

A motion was made to accept the integrated report with the necessary corrections that have been identified today, seconded, all in favor, **motion carried**. Terry was thanked for his report.

Kelly Foster stated she wanted to commend the North Sound for our Quality Management program, stating this is not how it is done elsewhere in the State. The North Sound does a great job. She said Best Practice is in the North Sound and that she was glad to be here for this report.

D. NSMHA Ombuds Quarterly Report

Mr. Davis distributed the quarterly report for the 1st quarter of 2003 and made a PowerPoint presentation to the committee that included data for the last year. A question and answer period followed. See Attachment C for further information. Chuck was thanked for his report.

E. HIPAA Update

Ms. Klamp informed the group of the NSMHA HIPAA efforts to date and distributed the Privacy Notice, see Attachment D for more information. She stated all of our policies are posted on our website and we are also having them translated into other languages. She said we'd be working toward getting our Business Associate agreements in place. She said our transactions need to be compliant by October and our security needs to be compliant within 2 years.

4. Other Business

A. Meeting Evaluation

Chair Byrne informed the group that we will be back to our regular meeting schedule next month (3rd Wednesday). He asked the committee to complete the meeting evaluation form and turn in to Annette prior to leaving the meeting.

Bob LeBeau addressed Mike Page and the committee about his association with Mike in the mental health system. He said he always appreciated Mike and him keeping the client first. He said he would miss working with Mike. The committee applauded.

5. Adjourn

Mike thanked everyone for their support and kind words, then he adjourned the meeting at 2:45.

Respectfully submitted,

Annette Calder

Please Note: The attachments referenced herein are part of the official record and attached to the file copy. If you have any questions, concerns, or comments please contact the NSMHA at 800-684-3555 extension 230.

NSMHA COMMITTEE DISCUSSION FORM

AGENDA ITEM: Quality Management Department Report

PRESENTER: Wendy Klamp, NSMHA Lead Quality Specialist

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

SIGNIFICANT POINTS OR EXECUTIVE SUMMARY:

- ✓ Summary of April activities of the Quality Management Department and Quality Specialist staff

CONCLUSIONS/RECOMMENDATIONS:

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

TIMELINES:

- ✓ Ongoing

HANDOUTS:

- ✓ The report will be distributed at the meeting.

NSMHA COMMITTEE DISCUSSION FORM

AGENDA ITEM: Compass-South's Corrective Action Response to NSMHA Administrative Audit

PRESENTER: Terry McDonough

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

SIGNIFICANT POINTS OR EXECUTIVE SUMMARY:

- Compass-South has responded to the NSMHA Administrative Audit requests for Corrective Action Plans resulting from the Administrative Audit conducted during October and November 2002
- NSMHA responded to the Compass-South letter in March 2003
- The NSMHA response found some Compass-South Corrective Action responses to be acceptable, some partially acceptable and some not acceptable.

CONCLUSIONS/RECOMMENDATIONS:

- NSMHA awaits the response from Compass-South regarding the Corrective Action responses that were either not accepted or partially accepted.
- NSMHA staff will inform QMOC when acceptable Corrective Action responses have been received from Compass-South.

TIMELINES:

- Compass-South Corrective Action responses will be monitored during the Clinical Record Review at Compass-South scheduled for June 2003 and during subsequent NSMHA Administrative Audits of Compass-South.

HANDOUTS:

- Will be provided at May 21, 2003 QMOC meeting.

NSMHA COMMITTEE DISCUSSION FORM

AGENDA ITEM: Whatcom Counseling and Psychiatric Clinic's Corrective Action Response to NSMHA Administrative Audit/MHD Licensing Review

PRESENTER: Terry McDonough

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

SIGNIFICANT POINTS OR EXECUTIVE SUMMARY:

- A combined NSMHA Administrative Audit and MHD Licensing Review was conducted at Whatcom Counseling and Psychiatric Clinic (WCPC) in March 2003.
- Several areas of strength were identified during the Audit/Review.
- Findings, requiring a Corrective Action response from WCPC, were identified in the areas of:
 - Personnel Files
 - Policies and Procedures, and
 - Fiscal
- Recommendations, not requiring a Corrective Action response from WCPC, were identified in the areas of:
 - Personnel Files,
 - Policies and Procedures, and
 - Quality Review Team input

CONCLUSIONS/RECOMMENDATIONS:

WCPC's Corrective Action Plan will be presented and discussed at the May 21, 2003 QMOC meeting.

TIMELINES:

Monitoring of WCPC's proposed Corrective Actions will be ongoing.

HANDOUTS:

To be provided at the May 21, 2003 QMOC meeting.

NSMHA Committee Discussion Form

AGENDA ITEM: Crisis System Corrective Action Plan

PRESENTER: Greg Long

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

SIGNIFICANT POINTS OR EXECUTIVE SUMMARY:

This winter and spring the Mental Health Division of the State of Washington (MHD) received multiple reports of concerns regarding crisis services in Whatcom County. In the MHD's recent audit of Whatcom Counseling and Psychiatric Clinic (WCPC), additional areas of concern arose. MHD required WCPC to submit and carry out a corrective action plan. In addition, the NSMHA was required to submit a corrective plan applicable to the entire region aimed at assuring quality of crisis services.

The NSMHA Corrective Plan is attached. The corrective action plan focuses on assuring the following:

- Crisis outreach services to consumers' homes, residential living facilities and community locations.
- Inclusion of family members, significant others and other treatment providers to provide support persons in crisis.
- The use of mobile stabilization services to provide in-home or in-community stabilization services.
- Crisis stabilization staffs receive supervision and oversight.

CONCLUSIONS/RECOMMENDATIONS:

NSMHA has proposed 16 different actions that are believed will assure and improve the quality of crisis services in the North Sound Region. These actions occur at the same time the NSMHA is restructuring its quality management processes. The NSMHA will be assuming the leadership of the Regional Crisis Management System. The NSMHA will also be conducting a focused review of the crisis system over the next six months. All of these actions should improve the quality of crisis services.

ATTACHMENTS:

NSMHA Crisis System Corrective Action Plan
Survey of Crisis Consumers in Emergency Rooms

NSMHA COMMITTEE DISCUSSION FORM

AGENDA ITEM: Benchmarks and Benchmarking

PRESENTERS: Linda Vaughan and Linda Benoit

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

SIGNIFICANT POINTS OR EXECUTIVE SUMMARY:

Definitions

Benchmarks – As a way to operationalize our mission and values

Why do benchmarking

How to do benchmarking

MHD's and WIMIRT's approaches to benchmarking

Both are currently using State averages

NSMHA's – next steps

CONCLUSIONS/RECOMMENDATIONS:

Another developmental step for the NSMHA

ATTACHMENTS:

Informational materials will be presented at QMOC meeting.

NSMHA COMMITTEE DISCUSSION FORM

AGENDA ITEM: QRT Update on WCPC

PRESENTER: Melissa DeCino

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

SIGNIFICANT POINTS OR EXECUTIVE SUMMARY:

- April 14, 2003 QRT received a corrective action plan from WCPC
- April 15, 2003 QRT sent response to WCPC
- Mandatory ongoing trainings

CONCLUSIONS/RECOMMENDATIONS:

- QRT believes the efforts WCPC has made will go a long way to improve services
- QRT appreciates the efforts by WCPC in developing this plan

NSMHA COMMITTEE DISCUSSION FORM

AGENDA ITEM: HIPAA Update

PRESENTER: Wendy Klamp, NSMHA Lead Quality Specialist

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

SIGNIFICANT POINTS OR EXECUTIVE SUMMARY:

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

CONCLUSIONS/RECOMMENDATIONS:

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

TIMELINES:

✓ Ongoing

ATTACHMENTS:

✓ None

NSMHA Hospital Emergency Room Utilization Survey

May 19th, through June 23rd, 2003

Date of Service ___ / ___ /03 Age () Agency: _____ Staff ID #: _____

Type of Evaluation: () Voluntary () Involuntary Gender: Male () Female ()

Enrolled Consumer Yes () No ()

Hospital Emergency Room Location

- | | |
|---|--|
| <input type="checkbox"/> Cascade Valley Hospital (Arlington) | <input type="checkbox"/> Stevens Memorial Hospital (Edmonds) |
| <input type="checkbox"/> Providence Hospital (Everett) | <input type="checkbox"/> United General Hospital (Sedro Woolley) |
| <input type="checkbox"/> Saint Joseph's Hospital (Bellingham) | <input type="checkbox"/> Valley General Hospital (Monroe) |
| <input type="checkbox"/> Skagit Valley Hospital (Mt. Vernon) | <input type="checkbox"/> Other _____ |

Resides in a Staffed Facility Yes () No ()

(If yes, please check only one box below.)

- | | |
|---|---------------------------------------|
| <input type="checkbox"/> Nursing Home | <input type="checkbox"/> CHAP |
| <input type="checkbox"/> Boarding Home (ARTF, CCF, etc) | <input type="checkbox"/> BRS Facility |
| <input type="checkbox"/> Assisted Living Facility | <input type="checkbox"/> Foster Home |
| <input type="checkbox"/> Adult Family Home | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Crisis Respite Beds | |

Who referred the person to the Emergency Room?

- | | | |
|---------------------------------------|--|--|
| <input type="checkbox"/> Self | <input type="checkbox"/> Friend | <input type="checkbox"/> Police |
| <input type="checkbox"/> Family | <input type="checkbox"/> School | <input type="checkbox"/> Social Service Agency |
| <input type="checkbox"/> Doctor | <input type="checkbox"/> VOA Crisis Line | <input type="checkbox"/> Private Therapist |
| <input type="checkbox"/> Case Manager | <input type="checkbox"/> Crisis Worker/CDMHP | <input type="checkbox"/> ER/Hospital |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> | <input type="checkbox"/> |

Did the person need to be seen in the emergency room? Yes () No ()

(If yes, please check the boxes below that apply.)

What factors prevented this person being seen by a crisis worker / CDMHP in a setting other than the emergency room?

- | | | |
|--|---|---------------------------------------|
| <input type="checkbox"/> Emergency Medical Needs | <input type="checkbox"/> Immediate Medication Needs | <input type="checkbox"/> Staff Safety |
| <input type="checkbox"/> Consumer Safety | <input type="checkbox"/> Community Safety | <input type="checkbox"/> Other _____ |

Comments/Explanations:

DRAFT
NSMHA Crisis System Corrective Action Plan
5/9/2003

Finding	Corrective Action	Tasks/work products	Target Date	Responsible Party (s)	Corroborating Documentation	Method and Date of Review
Bringing services to the persons in crisis when clinically indicated. (WAC 388-865-0452 (1) (a))	NSMHA will review WACs and contractual expectations regarding clinical expectations for crisis outreach workers with the Integrated Crisis Response System Supervisors.	NSMHA will meet with ICRS Management Team to review the contract and WAC clinical expectations for crisis outreach workers	5/30/2003	Greg Long and Gary Williams, NSMHA	Agenda, Attendance Roster, Minutes and Handouts from Meeting	Presentation to QMOC by 8/30/2003 covering content of the meeting.
		ICRS Supervisors will meet with Crisis and CDMHP staff to review the contract and WAC clinical expectations for crisis outreach workers	6/30/2003	ICRS Supervisors: Preston Hess-Sn. Co. Fred Rock -CH Becky Olson-Hernandez-CH Tim Davis-CH- Brian Emery, WCPC	Agenda, Attendance Roster, and Handouts from Meeting	
	Care Crisis Line, community hospital emergency rooms, and other community agencies will be notified that crisis outreach workers and CDMHPs are to be paged to the community and they should only advise hospital transportation when medically indicated or clear safety issues require emergency room care.	Letters will be sent by NSMHA and providers to community agencies including hospitals, nursing homes, and police in each county.	6/30/2003	Greg Long, and Gary Williams, NSMHA ICRS Supervisors: Preston Hess-Sn. Co. Fred Rock -CH Tim Davis-CH- Brian Emery, WCPC	Copies of each letters will be filed.	NSMHA will review letter file by July 30, 2003
	Representatives from NSMHA, crisis outreach/CDMHP provider agencies, and the VOA Crisis Line will meet with hospital administrators and emergency room staff at each community hospital to discuss the availability of community outreach and coordination of crisis services.	Meetings will be arranged and conducted by June 30, 2003	6/30/2003	Greg Long and Gary Williams, NSMHA ICRS Supervisors: Preston Hess-Sn. Co. Fred Rock -CH Becky Olson-Hernandez-CH Tim Davis-CH Brian Emery, WCPC	Summary of meeting with attendance will be maintained	NSMHA will review summaries by July 30, 2002
A process to include family members, significant others, and other relevant treatment providers as necessary to provide support to the person in crisis. WAC 388-8650o452 (1) (a)	Crisis workers and CDMHPs will be trained as to the importance of including family members, significant others, and other relevant treatment providers to provide support to the person in crisis.	Training will be done by crisis and CDMHP Supervisors Training will be arranged and developed by NSMHA and Crisis services providers to be done by consumers and advocates.	6/30/2003 1/1/2004	ICRS Supervisors: Preston Hess-Sn. Co. Fred Rock -CH Becky Olson-Hernandez-CH Tim Davis-CH- Brian Emery, WCPC	Minutes and attendance from the supervision Meeting will be kept and forwarded to the NSMHA Outline of consumer and advocate training and	NSMHA will review minutes and attendance by July 30, 2003 NSMH will review outline and attendance log by 2/1/2004

Finding	Corrective Action	Tasks/work products	Target Date	Responsible Party (s)	Corroborating Documentation	Method and Date of Review
				NSMHA & ICRS Supervisors	attendance will be kept.	
	Crisis workers and CDMHPs will be trained and expected to document the inclusion of family members, significant other and other relevant treatment providers on emergency contact sheets.	Training will be done by crisis and CDMHP Supervisors	6/30/2003	ICRS Supervisors: Preston Hess-Sn. Co. Fred Rock-CH Becky Olson-Hernandez-CH Tim Davis-CH- Brian Emery, WCPC	Minutes and attendance from the supervision Meeting will be kept and forwarded to the NSMHA	NSMHA will review minutes and attendance by July 30, 2003
	Crisis Workers and CDMHPs will be expected to review the online crisis plan in the clinical record or through the VOA for diversion options and family or community support options for enrolled consumers.	Training will be done by crisis and CDMHP Supervisors	6/30/2003	ICRS Supervisors: Preston Hess-Sn. Co. Fred Rock-CH Becky Olson-Hernandez-CH Tim Davis-CH Brian Emery, WCPC	Reports will be submitted to the NSMHA by the supervisors verifying that crisis and CDMHP staff are reviewing the online crisis plans.	NSMHA will review the report by 7/30/2002
	Providers' crisis services/CDMHP supervisors will review contact sheets for inclusion of family members, significant others and other relevant treatment providers on emergency contact sheets.	A minimum of 8 contact sheets or 20% (which ever is smaller)of each FTE crisis/CDMHP staff member's contact sheets per month will be reviewed by crisis and CDMHP supervisors for inclusion of family members, significant others and relevant treatment providers on the emergency contact sheets.	Implementation date-6/1/2003 Completion Date: 12/31/2003	ICRS Supervisors: Preston Hess-Sn. Co. Fred Rock-CH Tim Davis-CH-North Sound Becky Olson-Hernandez-CH Brian Emery, WCPC	Reports will be submitted to the NSMHA by the supervisors summarizing the number of contact sheets reviewed, the findings, and quality improvements or corrective actions taken by 9/15/2003 and 1/15/2004.	NSMHA will review reports by 9/30/2003 and 1/30/2004
Mobile outreach and stabilization services with trained staff available to provide in-home or in-community stabilization services, including flexible supports to the person where he/she lives. -388-8650-0452 (3)	Crisis Outreach Workers and CDMHPs will respond to staffed Residential Service Provider facilities, nursing homes or group or family homes.	Training will be done by crisis and CDMHP Supervisors regarding the expectation of doing outreaches to nursing homes or group or family homes. Supervisors will review contact sheets to assure outreaches are being done to group living facilities.	6/30/2003	ICRS Supervisors: Preston Hess-Sn. Co. Fred Rock-CH Becky Olson-Hernandez-CH Tim Davis-CH-North Sound Brian Emery, WCPC	Reports will be submitted to the NSMHA by the supervisors verifying that crisis and CDMHP staff are the conducting outreaches to group living facilities.	NSMHA will review the report by 7/30/2002
	If a person is in crisis they will be served in the least restrictive appropriate setting and not routinely referred to an ER.	NSMHA and its providers will conduct a survey for at least one month of consumers in crisis served in emergency rooms to determine why people with mental health crises are being referred to ERs. The survey will also try to determine what percentage of consumers could be served in other community settings. NSMHA will also conduct a key informant	Implementation date-June 1, 2003	NSMHA Staff ICRS Supervisors: Preston Hess-Sn. Co. Fred Rock-CH Tim Davis-CH-North Sound Becky Olson-Hernandez-CH Brian Emery, WCPC	NSMHA and provider supervisors will review and analyze survey data. A report will be developed summarizing the findings. Corrective actions based on the surveys and reported to	NSMHA will review reports by 9/30/2003. A report will be made to QMOC by 1/30/2004

Finding	Corrective Action	Tasks/work products	Target Date	Responsible Party (s)	Corroborating Documentation	Method and Date of Review
		<p>survey of emergency room staff and managers and use ER data if possible to determine if consumers with mental health crises could be served in alternative settings.</p> <p>A draft of the survey is attached. Corrective actions based on the findings of this study will be utilized to direct appropriate consumers to the least restrictive setting possible.</p>	<p>Implementation date July 1, 2003</p> <p>Completion Date: 12/31/2003</p>		QMOC.	
<p>Mobile outreach and stabilization services with trained staff available to provide in-home or in-community stabilization services, including flexible supports to the person where he /she lives. WAC 388-865-0452 (3)</p>	<p>Crisis outreach/CDMHP supervisors will review with their staff the importance and contractual expectation to go to where the person lives or where the crisis is occurring. They will be expected to provide or arrange flexible supports to the person where he/she lives.</p>	<p>Training will be given to crisis worker and CDMHP staff.</p>	6/30/2003	<p>ICRS Supervisors: Preston Hess-Sn. Co. Fred Rock -CH Tim Davis-CH-North Sound Becky Olson-Hernandez-CH Brian Emery, WCPC</p>	<p>Providers will submit meeting minutes and attendance to the NSMHA</p>	<p>NSMHA will review submitted meeting minutes and attendance by 7/30/2003</p>
	<p>NSMHA will review the level of crisis/CDMHP outreach to home and community locations by county on a monthly basis as well the use of in-home community stabilization services through the Mental Health Information Management System. This data will be shared with the integrated crisis response team on at least a quarterly basis.</p>	<p>Monthly Information System Reports on Crisis Outreach to community locations will be generated by the NSMHA.</p> <p>Reports will also be generated on the use of crisis stabilization aids. NSMHA will set benchmarks on the percentage of services provided in the community.</p>	<p>6/1/2003</p> <p>10/1/2003</p>	<p>Greg Long, and Gary Williams, NSMHA Michael White, NSMHA</p> <p>NSMHA staff and ICRS Supervisors</p>	<p>Quarterly reports</p> <p>Propose benchmarks to QMOC</p>	<p>Report to QMOC by 8/30/2003 and 2/28/2004.</p> <p>Reviewed by QMOC by 2/28/2004</p>
<p>The licensed service provider must ensure that staff is qualified for the position they hold and have the education, experience, or skills to perform the job requirement.</p>	<p>Provider agencies will maintain documentation that crisis workers/CDMHPs receive regular supervision. NSMHA will have crisis services/CDMHP provider agencies submit supervision documentation on a regular and scheduled basis for the next year.</p>	<p>Provider will maintain logs of supervision of crisis service and CDMHP staff supervision</p>	6/1/2003	<p>ICRS Supervisors: Preston Hess-Sn. Co. Fred Rock -CH Tim Davis-CH- Becky Olson-Hernandez-CH Brian Emery, WCPC</p>	Supervision Logs	<p>Provider will submit their documentation logs on 10/15/2003 and 1/15/2004. Then supervision will be checked for in the Administrative Audits.</p>

Finding	Corrective Action	Tasks/work products	Target Date	Responsible Party (s)	Corroborating Documentation	Method and Date of Review
Oversight of crisis system	NSMHA will chair the Region-wide Crisis Management Team	<p>Minimum of monthly coordination meetings.</p> <p>NSMHA will develop with providers and monitor on a quarterly basis utilization management reports on the crisis system. Initially, benchmarks from historical performance will be established.</p> <p>Reports will cover performance measures including:</p> <ul style="list-style-type: none"> -Response time for outreaches -# Of voluntary outreaches -# Of CDMHP Evaluations -Location of services -# Of no decline outreaches -Disposition of Outreaches <p>Data will be collected and analyzed by county, agency, and Region.</p>	<p>6/30/2003</p> <p>1/1/2004</p>	<p>Greg Long and Gary Williams,, NSMHA</p> <p>Greg Long, and Gary Williams, NSMHA</p>	<p>Minutes will be kept</p> <p>Utilization Reports and Report Analysis</p>	<p>NSMHA will report to QMOC on a semi-annul basis on the performance of the Integrated Crisis Response System. Reports will include utilization reports.</p> <p>Reports will be on or before 2/28/2004 and 8/31/2004.</p>