



**NORTH SOUND  
MENTAL HEALTH ADMINISTRATION**

**QUALITY MANAGEMENT OVERSIGHT COMMITTEE  
COMMITTEE MEETING PACKET**

**March 24, 2004**

## **QMOC GUIDING PRINCIPLES**

The QMOC charge is to guide the quality assurance and quality improvement activities of mental health services within the NSMHA region. In assessing the necessary data and making appropriate recommendations, the QMOC members agree to the following:

- ◆ **Help create an atmosphere that is SAFE.**
  
- ◆ **Maintain an atmosphere that is OPEN.**
  
- ◆ **Demonstrate RESPECT and speak with RESPECT toward each other at all times.**
  
- ◆ **Practice CANDOR and PATIENCE.**
  
- ◆ **Accept a minimum level of TRUST so we can build on that as we progress.**
  
- ◆ **Be SENSITIVE to each other's role and perspectives.**
  
- ◆ **Promote the TEAM approach toward quality assurance.**
  
- ◆ **Maintain an OPEN DECISION-MAKING PROCESS.**
  
- ◆ **Actively PARTICIPATE at meetings.**
  
- ◆ **Be ACCOUNTABLE for your words and actions.**
  
- ◆ **Keep all stakeholders INFORMED.**

Adopted: 10-27-99  
Revised: 01-17-01

**North Sound Mental Health Administration  
Quality Management Oversight Committee  
NSMHA Conference Room  
March 24, 2004  
12:30 – 2:30**

**AGENDA**

				<b>Page #</b>
<b>1.</b>	<b>Open the meeting &amp; comments from the Chair</b>			
<b>2.</b>	<b>Approval of February 2004 Minutes</b> <small>Action Item</small>	<b>Chair Byrne</b>	5 min	3
<b>3.</b>	<b>Reports</b>			
	<b>A. Quality Management Department Report</b> <small>FYI and Discussion</small>	<b>Ms. Klamp</b>	15 min	7
	<b>B EQRO</b> <small>FYI and Discussion</small>	<b>Ms. Klamp</b>	60 min	8
	<b>C. Crisis Plan Cluster Review</b> <small>FYI and Discussion</small>	<b>Mr. McDonough</b>	15 min	9
	<b>D. CECS Update</b> <small>FYI and Discussion</small>	<b>Ms. Vaughan</b>	15 min	10
	<b>E. 2002-2003 Integrated Biennial Summary</b> <small>Hand out</small>	<b>Mr. McDonough</b>	5 min	11
<b>4.</b>	<b>Other Business</b>			
	<b>A. Meeting Evaluation</b>	<b>Chair Byrne</b>	5 min	12
<b>5.</b>	<b>Adjourn</b>			

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

**February 25, 2004**

**12:30 – 2:30**

**Draft  
MINUTES**

**Present:**

Andy Byrne, QMOC Chair, Board of Directors  
Wendy Klamp, NSMHA Quality Manager  
Beckie Bacon, NSMHA QRT  
Sharri Dempsey, NSMHA Tribal Liaison/OCA Manager  
Mary Good, NSMHA Advisory Board  
Gary Williams, Whatcom County Coordinator  
Dan Bilson, Advocate from Whatcom County  
Russ Hardison, Sea Mar  
Chuck Davis, Ombuds  
Janet Lutz-Smith, Whatcom County Advisory Board  
Joan Dudley, Assistant Director, Lake Whatcom Center  
Maile Acoba, Skagit County Coordinator  
Susan Ramaglia, Skagit NAMI  
Preston Hess, Snohomish County Mental Health ITA

**Not Present:**

Joan Lubbe, NSMHA Advisory Board  
Nancy Jones, Snohomish County  
Karen Kipling, VOA  
Patricia Little, NSMHA Advisory Board  
Vacant Tribal  
Vacant Board Member  
Vacant APN

**Others Present:**

Chuck Benjamin  
Greg Long  
Dean Wight  
Terry McDonough  
Linda Vaughan  
Shari Downing

**1. Open the meeting & comments from the Chair**

Chair Byrne opened the meeting at 12:35 pm and welcomed those present. Chair Byrne will be bringing forth the roster to the March Board of Directors meeting, and moving that the Board appoint all of the members here. He indicated that there are 21 positions available for QMOC, there are 17 appointed. Introductions were made. Andy wanted to remind the committee that the QMOC Charter has no provision for alternates. If you are not here you are not here. You can send someone to attend the meeting and report back to you but they have no vote and cannot sit at the table for you.

**2. Approval of January 2004 Minutes**

Motion to approve as written, seconded, all in favor, **motion carried**

**3. Reports**

**A. Quality Management Department Report**

Ms Klamp gave the Quality Management Department Report for January. Wendy stated that she will be giving the Quality Management Report for January but first, she will be giving an update the committee on the WCPC crisis emergency services corrective action. We have been working with the clinic since March of 2003 and again in July of 2003 had a second correction plan. We recently have had a letter from the president of the WCPC Board Rick Sucee, a police officer in Bellingham to notify the NSMHA that they have taken some further corrective actions, and those include the suspension of the Executive Director and the Clinical Director appointing Bob Nelson, Pam Benjamin and Linda Ford to manage Emergency Services, Critical Incidents and Clinician Services. Rick Sucee as Board President will assume the operational duties of the Executive Director, and they will continue to meet weekly with the administration to manage the clinic and oversee the ongoing staff reorganization. The Board is committing to NSMHA

that they will be directly involved in operating the clinic during this time of transition and promoting a environment of cooperation and teamwork within the clinic, with NSMHA and the community partners and stakeholders.

Wendy reported that the main achievement in January is the QM plan for 2004-2005. QMOC approved it at the last meeting. She gave kudos to Terry McDonough who did a marvelous job. It is an outstanding plan that will carry us into the future very well with our new structure. Andy stated that Terry would be making a presentation to Board of Directors in March. It was introduced in February and will come formally for action in March. Wendy added the one thing that the QM department is working on fast and furiously is the development of the UM tools and UM reports. Terry and Linda Benoit have been working very hard on this and the first scheduled test of the tools is tomorrow. Telesage implementation starts next month at the provider level. We should have good data regarding outcomes for consumers in 6-months to 1-year. Joan Dudley stated that she has heard that the tool won't be finished until mid March, and April is the new start date for the training. See attachment A for more details. Wendy was thanked for her report.

### **B. Actuarial Study**

Mr. Wight reported that he along with others he has been participating over the last several months in a process that the State organized to look at the implications on how CMS was planning on implementing rates to various RSN's. The issue came up in Spring 2003 after a 10-year period that there was no rate setting process done by the State for each Medicaid enrolled person each month in each region. There are different rates for different Medicaid eligible categories. What the State embarked on several months ago was using the service of Milliman and Company actuarial firm to collect information and analyze what the new rates should be for the period that we are now part of. So we all scrambled to provide a whole range of information to the actuaries all over the State, and this is going to happen again two years from now and the Feds are going to be more rigorous in how they set the rates. They will only allow information that is reported through the IS system, and only allow the kind of services to be counted that fit within the State's Mental Health Medicaid plan that are HIPAA compliant, and are transmitted with codes that are recognized as legitimate mental health services. Dean added that a group of stakeholders in the region made a pitch to have a workgroup process with the State to start looking ahead at the next rate process two years from now, because what we do today in the way of delivering services and paying for them will determine what the rates are going to be when they are set two years from now. The workgroup dealt with these issues: 1) What are the services that will be recognized by the actuary in the next rate process and 2) What is the State Medicaid plan and does it reflect the overall service model that we all think makes sense? Also what about all of the services we provide that it looks like are not going to be covered by Medicaid? Up until now we have been living under the illusion that the money that we have been receiving from the State we had a great deal of flexibility in its use. We could use it to do just about anything that worked to keep people out of the hospital and in the community. Also that as long as we were meeting the needs of all of the Medicaid eligible persons, if we had dollars left over we could use those to provide services that Medicaid didn't cover to a Medicaid eligible person or to a person not on Medicaid. We have loved this flexibility. That reality is going away. The new reality that when the rates get set next time the Feds and the State through its actuary are going to give value to the rate to the range of things that the federal government says are legitimate services that provide a mental health benefit. Dean stated that the rates that get set would be lower if we have spent our money on services that are not covered by Medicaid. Dean handed out two reports. The first one he wanted all to note that is states "Draft incomplete Data" and it is a framework on the money we receive and how the money is being spent in the North Sound Region. Dean went over the report with the committee. The second report was regarding CMS Non-Reportable Services. A question and answer period followed. See attachments B1 and B2 for more details. Dean was thanked for his report.

### **C Integrated Report**

Mr. McDonough gave a PowerPoint presentation on the NSMHA Quality Management Department Integrated Report for the 4<sup>th</sup> Biennial Quarter 2002-2003. Terry indicated that this report is for July 1, 2003 through December 31, 2003. Terry went over all of the issues from the previous report; strengths and

issues in the current report as well as accomplishments and activities of the QM Department. Terry talked about the excellent work by the Ombuds and QRT departments. He also talked about the 5 county crisis system review that is underway. One of the things being done is a review of documentation of the 5 counties with a tool called the crisis contact review sheet. As of December 31, 2003 828 of those contact sheets have been completed. The results of those 828 indicate that there was more outreach being done, more inclusion of family and other natural supports and other system involvement. Terry talked about the trainings being done by a consumer led workgroup Take A Second Look (TASL) They did three trainings with emergency service workers and prepared a video to be viewed by workers that were not able to attend the trainings. The training addresses from a consumer perspective what it is like during the evaluation ITA process. In particular, people who have had trauma related issues are at a high risk of being re-traumatized. Terry also highlighted the administrative audits and stated that VOA and Whatcom County had no findings during their audits. Terry indicated that it was a great way to end the year. He added that a summary of all four biennial reports would be coming out soon. A question and answer period followed. Terry stated that if anyone had any questions to feel free to call him. See attachment C for more details. Terry was thanked for his comprehensive and very informational report.

#### **D. Residential Issues**

Mr. Long indicated that Dean Wight discussed the first issue on how the federal government and CMS are tightening down on Medicaid eligible residential services. This will create problems for us in a number of ways. First, providers have done work in developing housing across the region it is going to be much harder for them to devote staff time to doing that. Secondly, they are defining more tightly looking at the residential facilities issue with the IMD's. The feds are saying that if a facility is over 16 beds, then they may not qualify to use Medicaid funding to support those facilities. We have asked the State about this and they responded that they want to wait until the waiver is passed and then they will try and clarify that with the federal government. Everyone is up in the air. Joan Dudley asked if this stemmed from a rule passed a long time ago and can't we go back and change the rule? Chuck indicated that he is on the NACBHD and they have been taking on the IMD exclusion law for at least 5 years now. Every time we get the US legislature listening to what the impacts that means on trying to treat people with serious mental illness, then they ask for a fiscal impact, then when they see how many hospitals and residential facilities that are excluded and what that would cost to add them, that when it falls apart. It is fiscal issue. It would add billions of dollars to the budget. That doesn't mean that we are stopping our efforts though. There is a meeting going on this week that he now can't go to but he has put the IMD exclusion issue on the agenda, so they will take it up again. Greg added the other issue that he would like everyone to be aware of is that three of our residential facilities had corrective actions required of them. He went on to explain that this is not unusual. He just wanted everyone to know that these are going on in our region. Susan stated that she felt that Ovenells is an opportunity wasted. It is a chance for intervention in their lives and the perception that she has is that there is nothing for them to do but sit and smoke and watch TV. There are good models out there. Greg thanked Susan for the feedback. A question and answer period followed. Andy asked Greg to keep the committee updated on the situation. Greg was thanked for his report.

#### **E. CECS Revisions**

Ms. Vaughan handed out the Exhibit C to the MHD contract i.e.: The Access to Care Standards 4/07/03 version. She indicated that we are doing a revision to the CECS. It is a little unusual to do a revision so soon but what happened is that about a year ago the State issued statewide standards for Access and those standards included certain diagnoses that were part of eligibility standards. We were working with what we thought was the final version of that as we were doing the level of care and when the MHD contract arrived, the Exhibit C had a different set of standard diagnoses to be used for eligibility. Since we were very clear that we were using the State standards verbatim and there had been a lot of controversy about whether we had did that or not we felt it was very important to bring our data up to match theirs. So, we are in the process of adding MHD's exhibit C, the new list of diagnoses that will be used for Access Standards. It is very close to what they had given us initially, one exception being they have added adult ADHD. We are catching up the best we can. Linda added that when looking at the Exhibit C if people have any questions

or concerns they could call her. The other piece that we are reviewing is the Adult Residential Section. She stated that she felt that for sometime our residential section of the Level of Care had been being gradually out dated. One of the Ombuds indicated that they were struggling with some of the definitions in the residential section. So, since we are doing a revision anyway, it would be a good time to try and bring the residential section up to date with the current WAC's. Committee discussion followed. See attachments D1 and D2 for more details. Linda was thanked for her report.

**F. Client Satisfaction Annual Report – FY 2003**

Ms Bacon handed out the Quarterly Report for 2003, the Annual Over View of Client Satisfaction for 2003 and The Provider Report on the Quality Review Team. Beckie went over the reports with the committee. The QRT went to 48 sites in the North Sound Region and to survey clients in 2003. She indicated that she had spotted some trends. One of the areas of dissatisfaction was Access, however, Access is not something anyone can do anything about, as there is only so much housing out there. Crisis plans are still an issue at Compass Health. A question and answer period followed. Beckie indicated that the agencies have been working very collaboratively with her during her surveys. See attachments E1 and E2 for more details.

**4. Other Business**

**A. Meeting Evaluation Results**

Chair Byrne reviewed the Meeting Evaluation Results from the January 28, 2003 meeting with the committee.

**5. Adjourn**

Chair Byrne adjourned the meeting at 2:53p.m.

The Next QMOC meeting is scheduled for March 24, 2004 12:30 pm.

Respectfully submitted,

Shari Downing

Please Note:

The attachments referenced herein are part of the official record and attached to the file copy. Please contact the NSMHA at 1-800-684-3555 extension 243 if you have any questions, comments or concerns.

## **NSMHA COMMITTEE DISCUSSION FORM**

**AGENDA ITEM: Quality Management Department Report**

**PRESENTER: Wendy Klamp, NSMHA Quality Manager**

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

**SIGNIFICANT POINTS OR EXECUTIVE SUMMARY:**

- ✓ Summaries of the month's activities of the Quality Management Department and Quality Specialist staff will be provided at the meeting.

**CONCLUSIONS/RECOMMENDATIONS:**

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

**TIMELINES:**

- ✓ Ongoing

**HANDOUTS:**

The reports will be distributed at the meeting.



## **NSMHA COMMITTEE DISCUSSION FORM**

**AGENDA ITEM:** External Quality Review of NSMHA

**PRESENTER:** Wendy Klamp

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

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

In order to comply with provisions of the Balanced Budget Act of 1997 (the BBA) Washington State will soon select an External Quality Review Organization to audit the Regional Support Networks. The EQRO will require extensive preparation and planning by the NSMHA to ensure that we are found to be in compliance. This process will begin in April 2004 with a final report to MHD by March 2005.

### **CONCLUSIONS/RECOMMENDATIONS:**

It is important that the Quality Management Oversight Committee have a thorough understanding of the requirements and the role QMOC has in this process, the impact that this new requirement will have on the resources and staff of the Quality Management Department as well as NSMHA in general.

### **TIMELINES:**

April 2004 – March 2005

### **ATTACHMENTS:**

N/A

## **NSMHA COMMITTEE DISCUSSION FORM**

**AGENDA ITEM: Crisis Plan Cluster Review**

**PRESENTER: Terry McDonough**

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

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

- During January 2004, NSMHA staff reviewed 145 Crisis Plans in consumer charts throughout the Region.
- Overall results indicate that Crisis Plans are present where required (144/145), are being done collaboratively with consumers and include consumer voice.
- Most questions reviewed met 90% scoring standard.
- Two questions regarding health and safety issues for consumers and their families failed to meet the 90% scoring standard.
- The issue of how to address scoring deficiencies on these two questions has been presented to the appropriate providers and they are undertaking quality improvement efforts.
- NSMHA staff will be reviewing Crisis Plans in consumer charts throughout 2004 and 2005 tracking the health and safety questions to ascertain provider quality improvement activity implementation and effectiveness.

### **CONCLUSIONS/RECOMMENDATIONS:**

- Overall, the Crisis Plan review indicated Crisis Plans are being documented well and include consumer voice/choice. Two specific questions on Crisis Plans did not meet NSMHA scoring standards and providers will address these areas. NSMHA staff will follow up on these areas in subsequent clinical record reviews.

### **TIMELINES:**

- Providers and NSMHA staff will review crisis Plans during 2004-2005.

**ATTACHMENTS:** None

## **NSMHA COMMITTEE DISCUSSION FORM**

**AGENDA ITEM: Residential Section of the Clinical and Eligibility Care Standards  
Revision**

**PRESENTER: Linda Vaughan**

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

**SIGNIFICANT POINTS OR EXECUTIVE SUMMARY:**

Discuss and review the residential section

**CONCLUSIONS/RECOMMENDATIONS:**

N/A

**TIMELINES:**

N/A

**ATTACHMENTS:**

The residential section will be handed out at the meeting.

## **NSMHA COMMITTEE DISCUSSION FORM**

**AGENDA ITEM: Biennial Quarter Integrated Report Summary 2002-2003**

**PRESENTER: Terry McDonough**

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

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

- This Summary addresses issues identified during 2002-2003 in the Biennial Quarter Integrated Reports prepared by NSMHA staff.
- Areas of Strength and Areas of Concern identified during the preceding two-year period are presented.
- Strategies proposed by NSMHA staff for addressing Areas of Concern are recommended.
- Recommended strategies are included in the NSMHA Quality Management Plan 2004-2005. The site of the recommended strategies in the NSMHA QM Plan 2004-2005 is referenced.

### **CONCLUSIONS/RECOMMENDATIONS:**

- Areas of Concern identified during Biennial Quarter Integrated Reports throughout 2002-2003 and identified in the BQ IR Summary. The Summary also recommends strategies for addressing these Areas of Concern and includes these recommendations in the NSMHA Quality Management Plan 2004-2005.

### **TIMELINES:**

- Proposed recommendations regarding noted Areas of Concern will be monitored throughout 2004-2005, via implementation of the NSMHA QM Plan.

### **ATTACHMENTS:**

- NSMHA Quality Management Department Integrated Report Summary 2002-2003

# 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 03/24/2004 Name (optional) \_\_\_\_\_