

**NORTH SOUND
MENTAL HEALTH ADMINISTRATION**

**QUALITY MANAGEMENT OVERSIGHT COMMITTEE
COMMITTEE MEETING PACKET**

April 28, 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
April 28, 2004
12:30 – 2:30**

AGENDA

			Page #
1.	Open the meeting & comments from the Chair		
2.	Approval of March 2004 Minutes <small>Action Item</small>	Chair Byrne	5 min 3
3.	Reports		
	A. Quality Management Department Report <small>FYI and Discussion</small>	Ms. Klamp	15 min 5
	B Critical Incident Six-Month Report <small>FYI and Discussion</small>	Ms. Striplin	15 min 6
	C. Compass North Outpatient Record review <small>FYI and Discussion</small>	Mr. McDonough	15 min 7
	D. NSMHA UM Program/UM Subcommittee Report <small>FYI and Discussion</small>	Ms. Benoit	20 min 8
	E. Regional Training Plan Update <small>Action Item</small>	Ms. Klamp	15 min 9
	F. ICRS Subcommittee Report	Mr. Williams	20 min 20
4.	Other Business		
	A. Meeting Evaluation Results	Chair Byrne	5 min
5.	Adjourn		

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

March 24, 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 for Whatcom County
Russ Hardison, Sea Mar
Chuck Davis, Ombuds
Jim Teverbaugh Board of Directors
Joan Dudley, Assistant Director, Lake Whatcom Center
Maile Acoba, Skagit County Coordinator
Susan Ramaglia, Skagit NAMI
Preston Hess, Snohomish County Mental Health ITA
Nancy Jones, Snohomish County
Melinda Trujillo Tulalip Tribe

Not Present:

Joan Lubbe, NSMHA Advisory Board
Karen Kipling, VOA
Patricia Little, NSMHA Advisory Board
Janet Lutz-Smith Whatcom County AB
Vacant APN

Others Present:

Chuck Benjamin
Greg Long
Terry McDonough
Linda Vaughan
Deirdre Ridgway
Shari Downing

1. Open the meeting & comments from the Chair

Chair Byrne opened the meeting at 12:30 pm and welcomed those present. Introductions were made. Chair Byrne indicated that we are now close to the 21 members for this committee. We have one vacancy remaining to be filled. Chair Byrne thanked Jim Teverbaugh from the NSMHA Board of Directors and Melinda Trujillo from the Tulalip Tribes for their participation. A new QMOC Roster was handed out.

2. Approval of January 2004 Minutes

Motion to approve with corrections, seconded, all in favor, **motion carried**

3. Reports

A. Quality Management Department Report

Ms Klamp gave the Quality Management Department Report for February. She stated that it has been a busy month for the Quality Management Department. The Biennial Quarterly Report and QM Plan have been completed. The QM Plan has been sent to the state and she has received excellent feedback from them. She indicated that Terry McDonough has done an excellent job on it. See attachment A for more details. Wendy was thanked for her report.

B. EQRO

Ms. Klamp gave a PowerPoint presentation on the External Quality Review of Medicaid Prepaid Inpatient Health Plans. She indicated that there are new requirements for Medicaid Managed Care Programs. This will standardize Medicaid Managed Care across the country. It clearly defines roles in the state for contracting and oversight. It also enhances consumer rights and improves access. QMOC's will have input in the contracts and the policies and procedures that will support the new system. The state has let an RFP for the EQRO and should have vendor selection by April 1, 2004. Wendy pointed out that it would be difficult for RSN's to meet all of the requirements by March 20, 2005. Wendy added that the state would be

doing a benefit booklet for Medicaid eligible consumers. A question and answer period followed. See attachment B for more details. Wendy was thanked for her very informational report.

C Crisis Plan Cluster Review

Mr. McDonough reported that 145 crisis plans have been reviewed throughout the region. He explained the reason why we are looking at crisis plans is because the crisis plan cluster was the lowest of the review in 2002, and to see if our audits match the audits done by the providers. There was some improvement however; questions 6 & 7 had cumulative scores of 53 and 55%. He added that he had reviewed the documentation training from Compass and it is a very extensive and complete packet. This is not a training issue. Terry indicated that he would be bringing the corrective action plan by the providers to the April QMOC meeting. Terry advised the committee that lake Whatcom Center had 100% on all 11 questions and thanked Joan Dudley and he hopes that they will show how they achieve this. Joan complimented Beckie Bacon on her surveys and how she explains the surveys to the clients at LWC. A question and answer period followed. Terry was thanked for his report.

D. CECS Update

Ms. Vaughan pointed out to the committee that this is an action item today. Linda stated that there are two sections of the Clinical Eligibility and Care Standards that have been revised. She indicated that one of the sections they have taken a re-look at is the residential section. The Ombuds asked for a clearer definition of assault as it pertains to residential facilities. Linda explained that assault is a word that is impossible to define and that the situation will be decided on a case-by-case basis. The residential section is now more in line with the WAC's and the language used by providers. The second is the Access to Care Standards. Linda stated that we were using the States document verbatim and after we finished realized the State had a revised version. Linda likes the changes, and we have made the changes to reflect MHD's document. We now have a shorter and more useful CECS. Linda asked for the committee's recommendation to the Board of Directors. Wendy added that our document is better than most others in the state and gave kudos to Linda Vaughan. **Motion made to approve the Clinical Eligibility and Care Standards.** Committee discussion followed. See attachment C for more details. **Motion seconded, passed with one abstention.** Chair Byrne thanked Linda for her hard work on this project.

E. 2002-2003 Integrated Biennial Summary

Mr. McDonough handed out the 2002-2003 Integrated Biennial Summary. Terry stated that this document is a summary of all of the Biennial reports with one exception being that this plan states what we are going to do about the information in the other Summaries. It also identifies the 2004 – 2005 UM plan. Terry stated that if there were any questions, to please feel free to give him a call. See attachment D for more details. Terry was thanked for his report.

4. Other Business

A. Meeting Evaluation

Chair Byrne asked the committee members to please fill in the Meeting Evaluation form before they leave. Chair Byrne asked Chuck Benjamin to please introduce Deirdre Ridgway to the committee. Chuck introduced Deirdre Ridgway as the new NSMHA Contracts Manager.

5. Adjourn

Chair Byrne adjourned the meeting at 2:32 pm.

The Next QMOC meeting is scheduled for April 28, 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 Lead Quality Specialist

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: NSMHA Critical Incident Review Committee Report

PRESENTER: Diana Striplin

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

SIGNIFICANT POINTS OR EXECUTIVE SUMMARY:

Presentation of the NSMHA Critical Incident Report for July 2003 through December 2003.

The presentation will include an overview of:

- Critical Incident Data
- Review of previous recommendations
- Next steps for using critical incident data for continuous quality improvement

TIMELINES:

July 2003 through December 2003

HANDOUTS:

Report will be provided at the meeting

NSMHA COMMITTEE DISCUSSION FORM

AGENDA ITEM: Compass-Skagit Documentation Review

PRESENTER: Terry McDonough

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

SIGNIFICANT POINTS OR EXECUTIVE SUMMARY:

- During March 2004, NSMHA and MHD staff reviewed clinical records of Children, Adults and Older Adults from Compass-Skagit

- Records from the following Compass-Skagit sites were reviewed:
 - Mt. Vernon
 - Camano Island
 - Coupeville
 - San Juan Island

- The overall score for the clinical records reviewed was 85%, 90% is considered a passing score

CONCLUSIONS/RECOMMENDATIONS:

- A meeting between Compass and NSMHA staff to discuss implementation of necessary Corrective Action follow up steps has been scheduled for April 16, 2004

TIMELINES:

To be determined at the April 16, 2004 meeting

ATTACHMENTS:

None

NSMHA COMMITTEE DISCUSSION FORM

AGENDA ITEM: NSMHA Utilization Management Program UM Sub-committee Report

PRESENTER: Linda Benoit

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

SIGNIFICANT POINTS OR EXECUTIVE SUMMARY:

- The UM Sub-committee, comprised of 15 NSMHA and provider staff, has been meeting monthly since November 2003
- The Sub-committee has developed a UM Charter and Work Plan
- The Sub-committee had reviewed versions of NSMHA UR tools
- NSMHA Staff have written UR Policies and Procedures in preparation for the upcoming External Quality Review (EQR)
- The Sub-committee has reviewed data regarding
 - Inpatient costs and utilization trends, and
 - Crisis Respite bed utilization
- The Sub-committee has developed a UM “Dashboard” that tracks 18 separate items the Sub-committee is interested in investigating and tracking over time

CONCLUSIONS/RECOMMENDATIONS:

- The NSMHA UM Sub-committee has a vital role to play as both NSMHA and providers develop strategies that “focus on optimizing utilization, access, quality and cost to provide the highest quality services to the most people at the lowest cost possible.”
- The Sub-committee has made significant progress in establishing a region-wide UM/UR process
- The regional UM/UR process is key to meeting the conditions of the upcoming EQR

TIMELINES:

The UM Sub-committee will continue to meet monthly

ATTACHMENTS:

To be provided at the April 28 QMOC meeting

NSRSN COMMITTEE DISCUSSION FORM

AGENDA ITEM: 2004-2005 Regional Training Plan

PRESENTER: Wendy Klamp

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

SIGNIFICANT POINTS OR EXECUTIVE SUMMARY:

In 2003, the Regional Training Committee developed the first NSMHA Regional Training Plan. In December 2003, the committee surveyed provider supervisors and leaders to get feedback on the plan. As a result, the Regional Training Committee has completed a review and revision of the plan that has decreased the burden of training requirements while ensuring that all staff are oriented and trained in a manner, which ensures high quality care. The committee also responded to feedback and made the plan format more simple and understandable.

CONCLUSIONS/RECOMMENDATIONS:

The Regional Training Committee recommends approval and adoption of the plan by QMOC.

TIMELINES:

ATTACHMENTS: 2004-2005 Regional Training Plan

NORTH SOUND MENTAL HEALTH ADMINISTRATION REGIONAL TRAINING PLAN 2004-2005

Created by NSMHA Regional Training Committee

Carole Kosturn-Compass Health
Tom Sebastian-Compass Health
Cec Meadows-Catholic Community Services Northwest
Preston Hess-Snohomish County ITA
Gary Ramey-Whatcom Counseling and Psychiatric Clinic
Kay McEniry-Lake Whatcom RTC
Linda Carlson-Volunteers of America
James Vest-NSMHA Advisory Board
Sharri Dempsey-NSMHA OCA and Tribal Liaison
Greg Long-NSMHA Deputy Director
Wendy Klamp-NSMHA Quality Manager

NORTH SOUND MENTAL HEALTH ADMINISTRATION REGIONAL TRAINING PLAN 2004-2005

Background

A. Purpose

The purpose of the North Sound Mental Health Administration Regional Training Plan is to provide an effective, efficient process that builds the requisite skills for optimum performance at all levels of staff. The ultimate purpose of the NSMHA Plan is to provide a learning environment that supports progressive learning and optimum performance in providing exemplary mental health services for consumers.

I. Philosophy

- Education, training and development) is an ongoing process rather than a single event, that occurs at any time or any place.
- Within the various organizations that provide services in the NSMHA each employee, together with their manager, is responsible for ongoing achievement of competencies and learning objectives.
- Each organization within the NSMHA will develop an annual training plan and is responsible for providing means for employees to develop their knowledge and skills. The annual training plan will be pertinent to each employee's position, improve quality of care and incorporate a recovery, strength-based system of care. The NSMHA and its providers: Compass Health, Lake Whatcom RTC, Whatcom Counseling and Psychiatric Clinic, bridgeways, Volunteers of America, Catholic Community Services Northwest and Sea Mar, will collaborate to design and implement a regional training plan that identifies core competencies and how to provide competency trainings that are cost-effective, efficient and of high quality.

B. Goal of the Education Plan

The goal of the NSMHA's Regional Training Plan is to

- 1) Ensure that employees are provided with an adequate orientation that validates qualifications and assures the employee's ability to perform job duties.
- 2) Provide an environment that supports continuous learning and individual optimum performance to achieve the organization's mission.
- 3) Assure the effective collection and aggregation of data such as needs assessments and evaluations to provide information for improvement of education processes and the performance of the process components.

C. Process

The leaders of each organization **establish the organization's vision and mission.**

- A. Leaders **determine the process components** necessary to support the vision, mission and NSMHA requirements.
- B. Leaders **define qualifications and job expectations** of all staff and determine qualifications on hire as well as evaluate the initial and annual competency and performance of individual job expectations.
- C. Leaders use a variety of **needs assessment** methods to determine the education needs of individuals, the department, and the organization.

- D. Based on assessed education needs, leaders determine education and training systems that do not exist and **develop programs** to meet those needs.
- E. Leaders **facilitate development of programs and implement the education and training plans** at the NSMHA, organizational, departmental, and individual level.
- F. Leaders provide support in assessing existing education and training systems, and **facilitate evaluation of the effectiveness** of those systems.
- G. **Aggregate data** is collected to determine the effectiveness of the education and training programs.
- H. Based on assessed effectiveness of education and training systems, **modifications are made to improve effectiveness**.

D. Process Components

1. Regional Training Committee– The function of this committee is to bring forth regional education needs determined from trending of individual needs, assessment of organizational needs and inclusion of all mandated training requirements. This group functions in an advisory capacity to make recommendations regarding education and training program needs and effectiveness and is comprised of representatives across the NSMHA system. The purpose of this group is to:
 - a) Identify, evaluate the effectiveness of existing education and training programs and to recommend improvements to those programs.
 - b) To achieve economies of scale by identifying opportunities for sharing of programs and resources to meet identified education and training needs.
 - c) To work together to develop, recommend and implement new education and training programs.
 - d) To develop delivery and communication strategies for assuring effective utilization of education and training programs.

2. Education Needs Assessment – individual, agency and regional needs are assessed on a variety of levels and with a broad range of methods such as (including but not an exclusive list):
 - Formal surveys
 - Focus groups
 - Interviews
 - Performance Improvement data
 - Risk Management Data
 - Committee participation such as Environment of Care, Safety and Quality Management
 - Aggregate Performance Management Data
 - Chart/file reviews
 - Utilization of information systems
 - Observation
 - Self-Assessment/evaluation

3. Organizational and Departmental Orientation activities provide initial job training and information including an assessment of a new employee's qualifications, knowledge, and competency.

4. Education and Training programs such as Management Development programs, clinical continuing education and information systems training are designed to maintain or improve staff competency.

5. Coaching, Preceptor & Mentoring, and Cross Training programs provide the employee with individualized, self paced information required to achieve new knowledge and competency or to improve the current level of performance.
6. Performance Management and Evaluation methods provide the employee with specific feedback regarding their actual performance. Additionally, performance management and evaluation methods provide the opportunity for the employee and the evaluator to develop remedial or ongoing education goals and objectives. Performance management and evaluation provides a broad view of education and development needs and opportunities.
7. Competency Assessment is an annual process to objectively validate the employee's current level of competency in performing cognitive and psychomotor skills in the performance of their job duties.
8. Evaluation Methods provide data for the organization regarding the effectiveness of the process components of the education program.
9. Aggregate Data Collection from evaluation methods and performance improvement activities is used to identify those areas and process components that need further refinement/improvement to achieve the purpose of the education plan.

II. Evaluation

Evaluation is a systematic collection and analysis of data needed to make decisions regarding the effectiveness and improve the quality of the education program. Evaluation will be conducted with a variety of methods to:

1. determine the effectiveness of programs for participants
2. document program objectives have been met
3. provide information about service delivery that will be useful to program directors/instructors
4. assure the desired behavior changes are occurring as a result of the education program
5. measure the impact of the education program on the organization.

The *process, outcome and impact* of the education plan and programs will be evaluated through four levels. The attached grid demonstrates evaluation levels and methods.

Level I is a *process* measure of the participant's opinion of the program, their own participation and learning.

Level II is both a *process and an outcome* measure of the participant's achievements of the behavioral objectives of the program.

Level III is an *outcome* measure of the behavior change as a result of the program.

Level IV is an *impact* measure of the effect a behavior change of a group of learners has on the organization's products and processes.

Responsibility for evaluation: All members of the organization are responsible for evaluation of their own learning and performance. Staff members are expected to keep their manager informed of their on going continuing education needs to achieve the goals of the plan.

Process evaluation (Levels I and II) are the responsibility of the program director/instructor. Data from process evaluation will be collected, aggregated and used to improve the instructional methods and teaching environment to maximize learning.

Outcome evaluation (Levels II and III) are the responsibility of the program director/instructor. Data from outcome evaluation will be collected, aggregated and used to document effectiveness, document competency and validate the transfer of knowledge to performance. Aggregated outcome data will be presented to the Regional Training Committee for use in making decisions about education needs and programs effectiveness.

Impact evaluation (Level IV) is the responsibility of the program director/instructor and Regional Training Committee. Impact data will be used to identify the need for further investigation of education needs, to assure program effectiveness, and to justify costs. In 2003 a region-wide survey was conducted to evaluate the RTP and this revision incorporates changes made as a result of the feedback obtained and further review by the Regional Training Committee.

Key changes:

- 1. Elimination of the COD fifteen-hour training requirement, all new employees will complete a COD training module instead.*
- 2. Removal of the "Best Practices in GLBT, Hearing Impaired and Developmental Disability - second year requirements. It was felt that these were excessive requirements and they will be subsumed into the Special Populations module.*
- 3. There will not be a Regional self-study module for the Telesage Outcomes system. This training will be agency-specific.*
- 4. New Regional modules to be developed include the NSMHA System, COD, Tribal, Consumer Rights, Trauma and Risk Assessment.*
- 5. The plan will be reformatted by be less complicated and repetitive. Agency-specific core competencies will be removed and instead providers will submit their training plans to be compiled by the NSMHA on an annual basis.*
- 6. The committee will continue to explore opportunities to collaborate with providers in region-wide training programs to meet identified needs.*

ACCESS, COMMUNICATION, AND RESOURCE ISSUES

The Regional Training Committee is continuing to convert didactic education programs to on-line and self study wherever feasible. Managers will be trained to identify individual education needs, develop individualized education goals and objectives and plan staffing appropriately to accommodate the employee's attendance at a program.

Improving the communication of education programs that are available will also positively impact access. An NSMHA education website is being planned that will provide information regarding educational opportunities across the entire system.

EVALUATION METHODS

Evaluation Levels	Asks the following	Examples of Methods	Appropriate level of evaluation for:
Level I : Participant Opinion	What's your opinion?	Participant evaluation	All programs
Level II: Participant Learning	What do you know?	Post Tests Return Demonstration Competency Testing Observation	Certification programs Competency Training Programs Compliance Programs
Level III: Participant Behavior	What do you do differently as a result of learning?	Competency Testing Observation PI Study results Chart/Documentation Reviews	Skill based training (i.e. restraint management) Unit Inservice Compliance Training
Level IV: Organizational Impact	What has changed or improved as a result of training?	Trend reports (e.g. decrease in medication errors) PI Studies Financial reports HR Management Aggregate Data Risk Management Data	Organizational training programs (e.g. customer service) Compliance Training Customer Service Survey Climate Surveys

Regional Training Plan for 2004-2005

The regional training plan is comprised of a matrix that identifies cross-system and agency specific core competencies and training approaches with related curriculum type, methods for validation, time frames, frequency and references to the source for the training requirement. The plan is developed to span a two year period in order to accommodate the extensive volume of training that is provided in our system.

I. TRAINING REQUIREMENTS PER WAC, RCW

WAC 388-865-0150 Definitions

Mental Health Specialist:

For children: 1) A minimum of 100 actual yours of special training in child development and treatment of seriously disturbed children and youth and their families; and 2) the equivalent of one year of full-time experience in the treatment of seriously emotionally disturbed children and youth and their families under the supervision of a child mental health specialist.

Geriatric: 1) A minimum of 100 actual yours of specialized training devoted to the mental health problems and treatment of persons sixty years of age or older; and 2) the equivalent of one year of full-time experience in the treatment of persons sixty years of age or older, under the supervision of a geriatric mental health specialist.

Ethnic minorities: A mental health professional who has demonstrated cultural competence attained through major commitment, ongoing training, experience and/or specialization in serving ethnic minorities, including evidence of one year of service specializing in serving the ethnic minority group under the supervision of an ethnic minority mental health specialist; and

- (a) Evidence of support from the ethnic minority community attesting to the person's commitment to that community; or
- (b) A minimum of 100 actual hours of specialized training devoted to ethnic minority issues and treatment of ethnic minority consumers.

Note: "Ethnic minority" or "racial/ethnic groups" are defined as any of the following:

- (a) *African American;*
- (b) *An American Indian or Alaskan native, which includes:*
 - (1) *A person who is a member or considered to be a member of a federally recognized tribe;*
 - (2) *A person determined eligible to by the secretary of the interior and*
 - (3) *An Eskimo, Aleut, or other Alaskan native;*
 - (4) *A Canadian Indian, meaning a person of a treaty tribe, Metis community, or non-status Indian community from Canada*
- (c) *Asian/Pacific Island; or*
- (d) *Hispanic*

Disability: A mental health professional with special expertise in working with an identified disability group. For purposes of this section only, "disabled" means an individual with a disability other than a mental illness, including developmental disability, serious physical handicap, or sensory impairment.

If the consumer is deaf, the specialist must be a mental health professional with knowledge about the deaf culture and psychosocial problems faced by people who are deaf; and ability to communicate fluently in the preferred language system of the consumer.

The specialist for consumers with developmental disabilities must be a mental health professional who has at least one year's experience with people with developmental disabilities or is a developmental disabilities professional.

E. WAC 388-865-0250 Ombuds services

The regional support network must maintain an ombuds service that.....receives training and adheres to confidentiality consistent with this chapter and chapter 71.05, 71.24, and 70.02 RCW.

Note: This WAC only applies to persons serving in the role of Ombuds

WAC 388-865-0260 Mental health professionals and specialists

The regional support network must develop a training program using in-service training or outside resources to assist service providers to acquire necessary skills and experience to service the needs of the consumer population.

If there are more than 500 members of an ethnic minority population within the regional support network, the regional support network must:

- (a) Develop a specialized training program for staff members of licensed service providers to become qualified specialists; or
- (b) contract or establish a working relationship with the required specialists to
 - (i) Provide all or part of the treatment services for these populations; or
 - (ii) Supervise or provide consultation to staff members providing treatment services to these populations.

WAC 388-865-0282 Quality Review Teams

The regional support network must assure that quality review teams.....receive training and adhere to confidentiality standards

Note: This WAC only applies to persons who are serving as members of a quality review team.

WAC 388-865-0405 Community Support Service Providers, competency requirements for staff

An individualized annual training plan must be implemented for each direct service staff person and supervisor in the skills he or she needs for their job description and the population they serve.

Note: This WAC also applies to providers of crisis telephone services only

WAC 388-865-0530 Competency requirements for staff, certification requirements, inpatient evaluation and treatment facilities

An individualized annual training plan must be implemented for each direct service staff person and supervisor in the skills he or she needs for their job description and the population they serve. Such training must include at least:

- (a) Least restrictive alternative options available in the community and how to access them;
 - (b) Methods of patient care;
 - (c) Management of assaultive and self-destructive behavior; and
- The requirements of chapters 71.05 and 71.34 RCW, this chapter, and protocols developed by the mental health division.

II. Training Requirements per NSMHA CONTRACT

All providers must ensure that all staff are qualified for the position they hold and have at a minimum the education, experience, and skills to perform their job requirements, per WAC 388-865. In addition they shall collaborate with NSMHA to implement, maintain, and revise the Regional Training Plan and any successors.

Cross-system core competencies-All Staff in NSMHA

Title	Training Method	How Validated	Time Frame	Reference
The Recovery Model Includes utilizing natural supports/community capacity building/stigma reduction	Self-study Module	Post-test	Orientation	NSMHA Contract
Confidentiality/Ethics/HIPAA/Mandatory reporting/dual relationships/fraud and abuse	Self-study module	Post-test	Orientation	HIPAA, WAC
Cultural /Disability/Special Populations Sensitivity	Self-study module	Post-test	Orientation	NSMHA Contract
Consumer Rights/Respect and Dignity/Relationships/Perspectives/Complaints and Grievances	Self-study module	Post-test	Orientation	NSMHA Contract
Blood borne Pathogens/Infection Control	Agency-specific per training plan	Agency-specific per training plan	Orientation	Agency-specific per training plan
Patient Safety/Critical Incident Reporting	Agency-specific per training plan	Post-test	Orientation	NSMHA Contract
The NSMHA System/Organizational Chart	Self-study Module	Sign off	Orientation	NSMHA Contract
Customer Service & Consumer Satisfaction	Agency-specific per training plan	Post-test/supervision	Orientation	NSMHA Contract
Workplace Violence/ De-escalation/Crisis/Risk Management	Agency-specific per training plan	Post-test	Orientation	NSMHA Contract

Cross-system core competencies-all direct services staff in NSMHA

Title	Training Method	How Validated	Time Frame	Reference
Clinical Risk Assessment	Self-study module	Agency-specific per training plan	Clinical Orientation	NSMHA Contract
Community-Based Cross System Collaboration (pertinent to job title)	Agency-specific per training plan	Agency-specific per training plan	Clinical Orientation	NSMHA Contract
Treatment Planning and Documentation	Agency-specific per training plan	Agency-specific per training plan	Clinical Orientation	NSMHA Contract
Co-occurring Disorders	Self-study module	Post-test	Clinical Orientation	NSMHA Contract
Risk Assessment	Self-study module	Post-test	Clinical Orientation	NSMHA Contract
PTSD Screening and Treatment of Trauma-based Illnesses	Self-study module	Post-test	Second year of employment	NSMHA Contract
Tribal	Self-study module	Post-test	Second year of employment	NSMHA Contract
Behavior Management for Children	Agency-specific per training plan (a module is available but not required)	Agency-specific per training plan	Within first year of employment	NSMHA Contract
Case Management	Agency-specific per training plan	Agency-specific per training plan	Within first year of employment	NSMHA Contract
Use of Flex Funds	Agency-specific per training plan	Agency-specific per training plan	Within first year of employment	NSMHA Contract
Access and Triage	Agency-specific per training plan	Agency-specific per training plan	Within first year of employment	NSMHA Contract
ICRS Standards and Protocols including consumer and family issues and perspectives	Self-Study Module	Agency-specific per training plan	Within first year of employment	NSMHA Contract
De-escalation (Child-specific) pertinent to position	Agency-specific per training plan	Agency-specific per training plan	Within first year of employment	NSMHA Contract
Use of Natural Supports and Community -Capacity Building	Agency-specific per training plan	Agency-specific per training plan	NSMHA Contract	NSMHA Contract

NSMHA COMMITTEE DISCUSSION FORM

AGENDA ITEM: NSMHA ICRS Oversight Committee

PRESENTER: Gary Williams, Quality Specialist

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

SIGNIFICANT POINTS OR EXECUTIVE SUMMARY:

The NSMHA ICRS Committee has been meeting since last August under a new Charter.

The Committee has focused on:

- Regional ICRS documents and documentation requirements
- MHD/NSMHA Corrective Actions and Follow-up
- Systems issues
- Policy and Procedure revisions and needs
- Cross system coordination issues
- Clarification of Contract attachments

CONCLUSIONS/RECOMMENDATIONS:

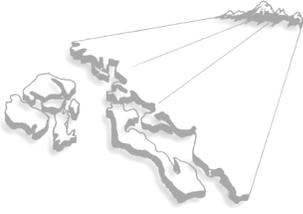
Recent MHD and NSMHA corrective action has required a region wide review of ICRS records. This has resulted in general improvement of the quality of clinical crisis care documentation region wide. More recently WCPC was released from the NSMHA 100% record review requirement because of the improvement noted in clinical documentation. The ICRS committee will continue to provide a forum for the region wide discussion of ICRS issues identified in the attached Committee Charter.

TIMELINES:

Ongoing

ATTACHMENTS:

NSMHA ICRS Committee Charter
NSMHA Documentation Manual



North Sound Mental Health Administration

Regional Support Network for Island, San Juan, Skagit, Snohomish & Whatcom
Counties

117 N. 1st Street, Suite 8 ? Mount Vernon, WA 98273-2858

360.416.7013 ? 800.684.3555 ? Fax 360.416.7017 ? TTY 360.419.9008 ?

<http://nrsrn.org>

NSMHA Regional Crisis Management Committee Charter

(Standing Committee of NSMHA Regional QM Committee)

As Amended 9/25/03

Charge to the Group

1. Provide Crisis Quality Management Recommendations to NSMHA Regional QM Committee
2. Develop and monitoring regional Integrated Crisis Response System policies and procedures
3. Provide coordination of regional ICRS quality assurance and improvement efforts
4. Provide for regional clinical oversight of Crisis Response System
5. Review Regional ICRS aggregate data
6. Assure representation on appropriate statewide and community work groups
7. System wide problem solving and dialogue
8. Dispute resolution

Membership

Membership of the NSMHA Regional Crisis Management Team QM Committee includes representatives from each of the following organizations as follows (see the attached draft roster):

NSMHA Quality Specialist Chair

- ✓ VOA
- ✓ Snohomish County Invol. Services
- ✓ APN Clinical Director
- ✓ DSHS Division DD
- ✓ Snohomish County Pagers and phones off, if possible.
- ✓ County Coordinator

APN Providers

- ✓ Compass Health North
- ✓ Compass Health South
- ✓ Whatcom Counseling & Psychiatric Clinic

Each organization's representatives will commit to attendance at the meetings. If the designated member cannot attend, the work of the group will be trusted, and the group is therefore accountable to one another and the good of the whole. Staff from organizations may also attend to observe or provide information to the group, but may not act as substitutes for the purposes of decision-making.

Meetings

NSMHA Regional Crisis Management Team will meet monthly at the NSMHA office in Mt Vernon. The team shall determine the time and date of the meetings.

NSMHA Regional Crisis Management Committee
Gary Williams, Quality Specialist

Primary Objectives:

1. Coordinate the establishment of common values and principles related to the provision of quality crisis services for the public mental health system.
2. Collaborate and coordinate efforts to implement quality improvement efforts within the NSMHA region.
3. Enhance the efficiency, effectiveness, and provision of direct services through a partnership and sharing of appropriate resources.
4. Establish regional expectations for the public mental health system that are in compliance with MHD and NSMHA requirements.
5. Provide an ongoing venue for resolution of QM issues that impact the provision of providing services, reporting data, quality improvement, and the implementation of county, state, federal and NSMHA guidelines.
6. Identify areas in need of technical assistance
7. Coordinate with County Crisis Oversight Committees

Results/Outcomes Expected:

1. Enhance QM interfaces between NSMHA and ICRS direct service providers.
2. Adopt a shared statement of values and principles used to guide inter-system coordination, data analysis, and quality improvement efforts.
3. Ensure the development of a region-wide Utilization Management Plan that assures collection and analysis of core crisis and inpatient data and identifies needed data for regional ICRS oversight.
4. Ensure conformance with HIPAA and all other confidentiality requirements.
5. Develop Operating Ground Rules to include a consensus decision-making process.
6. Develop a process to facilitate necessary changes in Crisis System QM needs within NSMHA public mental health system.

Principles for Quality Management in the North Sound System

Quality Management's overall goal is to ensure the right service, at the right time, at the right cost and consistently delivered to attain the desired outcome within our financial resources:

- ✓ Committee activities will be consistent with the principles described in the NSMHA QM System Review and Restructuring Committee's report.
- ✓ Be responsive to consumers and advocates through a system that meets their needs and gives them hope
- ✓ Meet state and federal requirements
- ✓ Implement a shared vision of quality services and a system that is effective, coherent, transparent and easy to navigate
- ✓ Engage line staff and their perspectives regarding service delivery
- ✓ Assure consistency and focus over time in our service delivery models
- ✓ Acknowledge successful delivery models

NSMHA Regional Crisis Management Committee
Gary Williams, Quality Specialist

- √ Achieve the right balance between resources devoted to service delivery and QM activities to assure minimal impact on delivery of services
- √ Create a culture of measurement, with data driven decisions

The principles that are specific to our joint QM processes include:

- √ Create a collaborative approach and “no blame” environment that minimizes overlap
- √ Acknowledge where we cannot be collaborative due to our roles
- √ Work at understanding one another’s perspectives
- √ Honor one another’s intrinsic roles and responsibilities
- √ Acknowledge the dynamic tensions in the system and seek ways to manage these
- √ Develop mechanisms for accountability at all levels of the system
- √ Celebrate successes as well as focusing on areas for improvement
- √ Involve consumers and advocates in the process
- √ Involve line staff and their perspectives regarding QM processes
- √ Keep things simple and doable, don’t add complexity to what we must do to meet state and federal requirements
- √ Maintain a sustained focus over time that balances service delivery and QM
- √ Prioritize and when adding something, look at what can be taken away
- √ Track information reliably, with data that has integrity
- √ Make decisions based on data

Group Working Agreements

- √ Start and end on time.
- √ Everyone participates and everyone’s views are important.
- √ Assume good faith and good intentions on the part of colleagues.
- √ Focus on the future.
- √ Agree on what important words mean. Back up your generalizations with concrete examples, and ask others to clarify their meaning.
- √ Consider modification of your thinking based on the needs and ideas of other.
- √ Participate thoughtfully by listening as well as talking. Silence means general, rough support for the direction under discussion.
- √ Set aside all perceptions and assumptions about what anyone else thinks or wants. Check out what you hear, seek clarification.
- √ No side conversations, please
- √ Use the following process to work on “straw polling” and decision making
 - 5=love it
 - 4=let’s do it
 - 3=can live with it and support it
 - 2=have to keep talking about it
 - 1=no way, no time

NSMHA Regional Crisis Management Committee
 Gary Williams, Quality

- √ If a consensus is not achieved, a majority/minority report will be forwarded to the NSMHA Regional Quality Management Committee.
- √ Build a foundation for improved collaboration and quality improvement within the system
- √ Move the entire system towards meaningful measurement as the basis for better serving consumers
- √ Meeting frequencies will be scheduled monthly.
- √ In one year, the group will re-evaluate the role, responsibility membership, and accomplishments of this committee.
- √ Formal meeting summaries will be taken of all NSMHA Regional Management Council meetings
- √ Approved meeting summaries will be distributed to all stakeholders as appropriate.

Expected Project Completion Date: Ongoing

Responsibility for staff support: NSMHA – Gary A. Williams: Facilitation
-- Meeting summaries as assigned

Sub-Committee Meetings: To be established as needed to deal with specific issues.

Timelines:

Roster

E. Organization	Name	Phone	Fax	E-Mail
NSMHA Facilitator:	Chuck Benjamin	360-416-7013	360-416-7017	
APN CEO	Name			
APN Providers' CEO	<i>bridgeways</i> Name			
	Catholic Community Services Name			
	Compass Health Name			
	Lake Whatcom Treatment Center Name			
	Whatcom Counseling & Psychiatric Clinic Name			
Sea Mar CEO	Name			
Snohomish County	Name			
Tribes	Name			
VOA	Name			
Staff Support				