



**NORTH SOUND  
MENTAL HEALTH ADMINISTRATION**

**QUALITY MANAGEMENT OVERSIGHT COMMITTEE  
COMMITTEE MEETING PACKET**

**June 22, 2005**

## 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**

**June 22, 2005  
12:30 – 2:30**

**AGENDA**

			<b>Page #</b>
1.	<b>Open the meeting &amp; comments from the Chair</b>		
2.	<b>Approval of May 2005 Minutes</b> <small>Action Item</small>	<b>Chair</b>	5 min 1
3.	<b>Reports</b>		
	<b>A. Quality Management Department Report</b> <small>FYI and Discussion</small>	<b>Ms. Klamp</b>	5 min 4
	<b>B. Utilization Management Dashboard</b> <small>FYI and Discussion</small>	<b>Mr. McDonough</b>	5 min 5
	<b>C. “Quality in Action” Agency Presentation</b> <b>Snohomish County, “Quality Improvement in the</b> <b>Involuntary Treatment Act (ITA) Program</b> <small>FYI and Discussion</small>	<b>Mr. McDonough</b>	10 min 6
	<b>D. Exhibit P – Complaint, Grievance and Appeals</b> <b>Six-Month Report</b> <small>Action</small>	<b>Ms. Striplin</b>	15 min 10
	<b>E. Compass Quality Improvement/Corrective</b> <b>Action Report</b> <small>FYI and Discussion</small>	<b>Mr. Sebastian</b>	15 min 11
	<b>F. NSMHA Quality Management Plan Review</b> <small>FYI and Discussion</small>	<b>Ms. Klamp</b>	15 min 12
	<b>G. Telesage Update</b> <small>FYI and Discussion</small>	<b>Ms. Klamp</b>	10 min 73
	<b>H. QMOC Charter Final</b> <small>FYI and Discussion</small>	<b>Mr. Williams</b>	5 min 81
	<b>I. Administrative Audits</b> <small>FYI and Discussion</small>	<b>Ms. Ridgway</b>	10 min 83
	<b>J. Performance Indicators – Ad hoc Group Report</b> <small>Action</small>	<b>Mr. Williams</b>	10 min 84
	<b>K. Continued Stay Criteria and Discharge</b> <b>Criteria Policies</b> <small>Action</small>	<b>Ms. Klamp</b>	10 min 85

4. **Other Business**

A. Meeting Results (Chair only)

Chair

5 min

5. **Adjourn**

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

**May 25, 2005**

**12:30 – 2:30**

**DRAFT  
MINUTES**

**Present:**

Gary Williams, QMOC Chair, Board of Directors,  
Human Services Supervisor, Whatcom County  
Wendy Klamp, NSMHA Quality Manager  
Mary Good, NSMHA Advisory Board  
Russ Hardison, Sea Mar  
Joan Dudley, Assistant Director, Lake Whatcom Center  
Nancy Jones, Snohomish County  
Preston Hess, Snohomish County Mental Health ITA  
Deborah Moskowitz, Ombuds/QRT  
Linda Carlson, VOA  
Dan Bilson, Whatcom Co., AB  
Dr. June LaMarr, The Tulalip Tribes

**Others Present:**

Greg Long  
Debra Jaccard  
Deirdre Ridgway  
Chuck Benjamin  
Diana Striplin  
Margaret Rojas  
Michael White  
Rebecca Pate

**Excused:**

Maile Acoba, Skagit County Coordinator  
Joan Lubbe, NSMHA Advisory Board  
Janet Lutz-Smith, Whatcom County AB  
Chuck Davis, Ombuds  
Mike Manley, Snohomish County

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

Gary Williams opened the meeting at 12:30 pm and introductions were made.

**2. Approval of April 2005 Minutes**

The committee reviewed the minutes. A motion was made to approve the minutes as written, seconded and **motion carried**. Gary mentioned that the minutes have been changed somewhat to include committee members present, excused and unexcused. He stated this change was made to show committee members present and those who made the effort to be excused due to conflicts and those who made no effort. He said this change was made to acknowledge that participation on this committee was important and also lets the committee know that everyone is not doing all they can. This change will be made known to all current committee members. Gary requested that an email be sent out proposing morning meeting time from 10-12 on the fourth Wednesday instead of 12:30-2:30 and for those who do not have email a hard copy memo will be sent out. The next meeting will be 10-12 on June 22 unless you hear otherwise.

### 3. Reports

#### A. Quality Management Department

Wendy distributed and discussed her report. She mentioned the new format, which will provide better information in a more uniform way. Wendy stated that Western State Hospital placement meetings are being conducted to work out ways to help NSMHA remain within census. The NSMHA is beginning preparation for the MHD audit. Wendy was thanked for her report.

#### B. QMOC Work Group Recommendations

Gary discussed the workgroup recommendations. He had requested that all committee members read the information in advance so quality feedback could be given. Some discussion followed.

Susan was concerned that increased consumer representation was mentioned as an objective and she did not see it included. Susan also felt that facilitation to assist consumers to participate be included. Wording was recommended to be amended to “six members nominated by the NSMHA Advisory Board, of which 2 shall be current consumers. Of the six 2 must be current advisory board members and four may be nominated by the Advisory Board. Additional facilitation and support will be provided to consumers to assist in participation in QMOC.” Gary stated that meeting attendance be re-worded to say “attend the majority of the meetings unless excused.” There were some other suggestions for formatting. The committee voted to have another draft submitted and sent out via email for approval. Gary thanked all for their feedback and stated he looked forward to future improvements.

#### C. Utilization Management Dashboard

Greg Long gave a brief report and stated that crisis services were added per committee member requests with hours being broken down. Statistics are still low but will likely go up in the near future. Wendy recommended that targets be established versus a benchmark that might be using lag time data. Greg said targets could be experimented with. Greg said county numbers are being researched to find the problem with that reporting. Wendy asked that members consider any other additions/deletions they would like to see on the report. Some discussion followed. Greg was thanked for his report.

#### D. Administrative Audits of CCSNW, Sea Mar, WCPC and Compass

Deirdre Ridgway stated that Catholic and Compass reports were not complete and would be provided at the next meeting.

Deirdre reviewed the Sea Mar report. She said that Sea Mar provides services to Hispanic consumers within the region. She discussed/explained the findings and recommendations found during the audit. Some discussion followed.

Deirdre reviewed the Whatcom Counseling and Psychiatric Clinic report. Deirdre stated the audit went well even with all the recent personnel changes. Deirdre discussed/explained the findings and recommendations found during the audit. Some discussion followed. Deirdre was thanked for her reports.

#### E. Telesage

Wendy said this was the state’s Outcomes data collection system. This data comes from surveys given to incoming clients at entrance, at three- and six months and then every six months thereafter. Wendy stated there are several ways to get the data to Telesage and that this project has created unexpected costs to the providers. Wendy reviewed the information within the report stating it was difficult collecting data at the three- and six-month timeframes; therefore our data will not have enough responses to draw conclusions. Wendy said that feedback needed to be provided to the state identifying the barriers that have occurred in trying to implement this process. Russ said one difficulty is that there is not a Spanish version of the survey available. Some discussion followed. The committee wanted to wait on providing feedback until the next report was provided. Wendy was thanked for her report.

#### **F. Performance Indicators**

Wendy reviewed the report with the committee. Wendy said it was a yearly report covering the previous year's data. However, MHD was slow to produce the report so 2003 information is what was available. Wendy discussed areas of concern with information in the report. Wendy said areas shaded in green were good but areas in yellow needed to be looked at for improvement. Wendy recommended that the group come back to the next meeting prepared to identify areas that should be shaded in red and ways these areas can be improved. Gary suggested that an ad hoc group be formed to look at the areas of concern and perhaps provide some more qualitative input. Susan, Joan, Nancy, Russ, Greg, Michael and Gary will meet and discuss the report and come back to the committee with more qualitative input. Chuck Benjamin said the June QMOC meeting needed input. Some discussion followed. Wendy was thanked for her report.

#### **G. Critical Incident Update**

Debra distributed information on Critical Incidents for 2004 and 2005 comparison data and reviewed this with the committee. There has been a cluster of critical incidents with severe negative outcomes as well as other monitors, which indicate that there may be opportunities for quality improvement at Compass in Snohomish County. Several meetings with Compass and NSMHA have occurred and a corrective action plan is in process to address the concerns that have been identified. Some discussion followed. Debra was thanked for her report.

The committee requested that Compass come and present their plans directly to QMOC in June. Wendy will contact Dr. Jamieson to arrange the presentation.

#### **H. Exhibit P (Formerly known as N)**

This was postponed until next month.

#### **4. Other Business**

##### **A. Meeting Evaluations**

Gary distributed the evaluation forms and requested their return before departure.

#### **5. Adjourn**

Chair adjourned the meeting at 2:35 pm. The next QMOC meeting is scheduled for June 22, 2005, 12:30-2:30 pm.

Respectfully submitted,

Rebecca Pate

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 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:** Utilization Management “Dashboard”  
Report

**PRESENTER:** Terry McDonough

**COMMITTEE ACTION:** Action Item  FYI & Discussion  FYI only

**SIGNIFICANT POINTS OR EXECUTIVE SUMMARY:**

As part of the NSMHA Utilization Management plan we have developed a “Dashboard” of key utilization indicators that will be presented to QMOC on a monthly basis for review.

**CONCLUSIONS/RECOMMENDATIONS:**

Determine if any specific action or activity is needed regarding these indicators.

**TIMELINES:**

**ATTACHMENTS:**

Will be available at the meeting.

## NSMHA COMMITTEE DISCUSSION FORM

**AGENDA ITEM:** Quality Improvement in the Involuntary Treatment Act (ITA) Program

**PRESENTER:** Terry McDonough

**COMMITTEE ACTION:** Action Item  FYI & Discussion  FYI only

**SIGNIFICANT POINTS OR EXECUTIVE SUMMARY:**

Terry will be discussing the Quality Improvements that have been made in the Involuntary Treatment Act (ITA) Program

**CONCLUSIONS/RECOMMENDATIONS:**

**TIMELINES:**

**ATTACHMENTS:**

PowerPoint Presentation

*Snohomish County ITA Dept.  
Quality Improvement Plan*

- Instituted in July 2004
- Meets quarterly at Snohomish County

*Snohomish County ITA Dept.  
Quality Improvement Plan*

- Quality Improvement Committee members;
  - Preston Hess, ITA Supervisor
  - Terry McDonough, Quality Specialist
  - Jeanne Christopherson, Support Staff
    - Marie Jubie, Consumer Advocate
    - Anna Pritchard, Consumer Advocate

Snohomish Quality Improvement Plan	County	ITA	Dept.
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- Quality Improvement Activities performed;
  - Internal QI activities
- Peer Reviews of ITA Contact Sheets
- Communication Logs
- Monthly meetings- All Staff
- ITA Problem log re: non-emergent issues
- HIPAA and individual staff training needs

Snohomish County ITA Dept. Quality Improvement Plan
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- Quality Improvement Activities performed;
  - External QI activities
- Consumer/Family satisfaction surveys
- Stakeholders satisfaction surveys
- Court Rotation satisfaction surveys
- Complaint/Grievance log
- CDMHP hiring update

*Snohomish County ITA Dept.  
Quality Improvement Plan*

- Internal QI activities- Update
- Peer Reviews highlighting need for more inclusion of input from natural supports and need to better document reasons for non-detentions
- Communication Log is effective in allowing for all-shirt “real-time” identification of issues relevant to all CDMHP’s

*Snohomish County ITA Dept.  
Quality Improvement Plan*

- Internal QI activities- Update continued
- Monthly meetings and staff retreats allow for “brainstorming” from all ITA staff, including Support Staff re: IS issues
- Staff training and HIPAA issues are addressed during ongoing supervision with ITA staff

*Snohomish County ITA Dept.  
Quality Improvement Plan*

- External QI activities- Update
- Feedback from consumer advocates, Marie and Anna, has been incorporated into the Consumer/Family satisfaction survey process
- Stakeholders, i.e., MH CM's, WSH staff, E&T staff, Crisis Line staff, Law Enforcement, etc. 65 surveys distributed, 19 were returned. Overall, stakeholders satisfied, feel services performed with a high level of professionalism, would like to see an improvement in timeliness of response.

*Snohomish County ITA Dept.  
Quality Improvement Plan*

- External QI activities- Update, continued
- Court rotation surveys- Draft reviewed at April 2005 QI meeting, approved with changes. Will be distributed to Judges, Hospital/E&T staff, Prosecutor, Defense and Expert Witness personnel, treating physicians and ITA support staff. Results will be used to address ITA QI issues.

*Snohomish County ITA Dept.  
Quality Improvement Plan*

- Next Steps
- Continue to implement QI activities listed above, analyze and review results
- Continue to rely on feedback received from consumer advocates, expand their membership, if possible
- Implement suggested changes received from internal and external review sources.

## NSMHA COMMITTEE DISCUSSION FORM

**AGENDA ITEM:** NSMHA COMPLAINT, GRIEVANCE, AND  
FAIR HEARING REPORT – October 1, 2004  
through March 31, 2005

**PRESENTER:** Diana Striplin

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

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

Presentation of the NSMHA Complaint, Grievance, and Fair Hearing Report for  
October 1, 2004 through March 31, 2005

Presentation will include:

- Complaint, grievance, and fair hearing data
- Complaints in a recovery based system
- Analysis of trends and quality improvement

### **TIMELINES:**

October 1, 2004 through March 31, 2005

### **HANDOUTS:**

Will be distributed at the meeting.



## NSMHA COMMITTEE DISCUSSION FORM

**AGENDA ITEM:** Quality Improvement/Corrective Action Report – Compass

**PRESENTER:** Tom Sebastian, Chief Operating Officer

**COMMITTEE ACTION:** Action Item  FYI & Discussion  FYI only

**SIGNIFICANT POINTS OR EXECUTIVE SUMMARY:**

Mr. Sebastian will provide information on the Quality Improvement and Corrective Action that Compass has accomplished recently.

**CONCLUSIONS/RECOMMENDATIONS:**

**TIMELINES:**

**ATTACHMENTS:**

Any handouts will be provided at the meeting.

## NSMHA COMMITTEE DISCUSSION FORM

**AGENDA ITEM:** NSMHA Quality Management Plan Review

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

**COMMITTEE ACTION:** Action Item  FYI & Discussion  FYI only

**SIGNIFICANT POINTS OR EXECUTIVE SUMMARY:**

Beginning in July the NSMHA will begin the process of developing our 2006-2007 Quality Management Plan. This activity will require extensive input from all levels of our quality management system including QMOC. At this time we would like to review the current work plan and familiarize the committee with the structure of the plan and activities outstanding for the 4<sup>th</sup> Biennial Quarter.

**CONCLUSIONS/RECOMMENDATIONS:**

**TIMELINES:**

**ATTACHMENTS:**

QM Plan

The QM Plan can be found at the following location:

[http://66.114.134.5/Reports/2004-2005\\_QM\\_Plan.pdf](http://66.114.134.5/Reports/2004-2005_QM_Plan.pdf)

## NSMHA COMMITTEE DISCUSSION FORM

**AGENDA ITEM:** Telesage Update

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

**COMMITTEE ACTION:** Action Item  FYI & Discussion  FYI only

**SIGNIFICANT POINTS OR EXECUTIVE SUMMARY:**

The Telesage outcome system has been in place in our region for over six months. Current data on initial surveys shows a good response rate and we will discuss the implications of the preliminary data as well as issues in improving the current low response rate to the three and six month surveys. We must have three points in order to be able to trend information and measure outcomes as the system was designed to do. Providers have furnished some explanatory information about various issues and problems that have affected the response rate in their opinion. Ensuring appropriate response rates will be a new contract requirement for NSMHA beginning in 2006.

**CONCLUSIONS/RECOMMENDATIONS:**

Current response rate to 3- and 6-month surveys is very low and needs to be improved. We request direction from QMOC on potential avenues for quality improvement.

**TIMELINES:**

**ATTACHMENTS:**

Telesage Update

# Washington State Consumer Outcomes Quarterly Report

## RESPONSE RATES, DEMOGRAPHICS & INTAKE SCORES for North Sound RSN

Q3 of FY2005 (January – March 2005)

**Table 1: Total Surveys Taken**

	<b>Number of Intake or Initial Surveys</b>	<b>Number of 3-Month Surveys</b>	<b>Number of 6-Month Surveys</b>
<b>Complete Surveys</b>	1660	252	195
<b>Adult</b>	955	107	88
<b>Youth</b>	295	48	53
<b>Parent</b>	410	97	54
<b>Incomplete Surveys</b>	100	14	5
<b>Adult</b>	48	6	2
<b>Youth</b>	15	3	0
<b>Parent</b>	37	5	3
<b>Total Opt-Out Surveys</b>	319	73	67
<b>Adult</b>	286	60	54
<b>Youth</b>	13	8	9
<b>Parent</b>	20	5	4
<b>Opt-Out: Unwilling Surveys</b>	152	20	33
<b>Adult</b>	140	12	30
<b>Youth</b>	7	4	2
<b>Parent</b>	5	4	1
<b>Opt-Out: Unable Today Surveys</b>	83	44	18
<b>Adult</b>	71	40	11
<b>Youth</b>	2	3	5
<b>Parent</b>	10	1	2
<b>Opt-Out: Unable Permanently Surveys</b>	84	9	16
<b>Adult</b>	75	8	13
<b>Youth</b>	4	1	2
<b>Parent</b>	5	0	1

**Table 2: Gender and Age of Respondents in “Complete Surveys” Category**

	Number of Intake or Initial Surveys	Number of 3-Month Surveys	Number of 6-Month Surveys
<b>Male Respondents</b>	719	113	99
<b>Adult</b>	350	42	39
<b>Youth</b>	127	15	31
<b>Parent</b>	242	56	29
<b>Female Respondents</b>	941	139	96
<b>Adult</b>	605	65	49
<b>Youth</b>	168	33	22
<b>Parent</b>	168	41	25
<b>Respondents of Unknown Gender</b>	0	0	0
<b>Adult</b>	0	0	0
<b>Youth</b>	0	0	0
<b>Parent</b>	0	0	0
<b>Respondents of Age 0 to 12</b>	411	99	54
<b>Adult</b>	1	0	0
<b>Youth</b>	9	5	3
<b>Parent</b>	401	94	51
<b>Respondents of Age 13 to 17</b>	293	46	51
<b>Adult</b>	3	0	0
<b>Youth</b>	284	43	48
<b>Parent</b>	6	3	3
<b>Respondents of Age 18 to 64</b>	936	106	84
<b>Adult</b>	932	106	82
<b>Youth</b>	1	0	2
<b>Parent</b>	3	0	0
<b>Respondents of Age 65 and Older</b>	20	1	6
<b>Adult</b>	19	1	6
<b>Youth</b>	1	0	0
<b>Parent</b>	0	0	0

**Table 3A: Intake Scores of Adult “Complete Surveys”**

	<b>Average Score for RSN at Intake</b>	<b>Average Domain or Item Score for State at Intake</b>
<b>Age of Onset</b> Single Item Range 0-99	<b>17.5</b> years old	<b>18.1</b> years old
<b>Age of First Treatment</b> Single Item Range 0-99	<b>22.9</b> years old	<b>23.8</b> years old
<b>Voluntary or Involuntary</b> Single Item Range 1-3	<b>41.1%</b> On Own <b>54.8%</b> Recommendation <b>4.1%</b> Against Will	<b>41.9%</b> On Own <b>54.6%</b> Recommendation <b>3.5%</b> Against Will
<b>General Life Satisfaction</b> Single Item Range 1-7 ( <i>higher is better</i> )	<b>3.6</b> (Mostly Dissatisfied - Mixed)	<b>3.6</b> (Mostly Dissatisfied - Mixed)
<b>Rating of Living Situation</b> Domain of 3 Items Range 1-7 ( <i>higher is better</i> )	<b>4.2</b> (Mixed - Mostly Satisfied)	<b>4.2</b> (Mixed - Mostly Satisfied)
<b>Rating of Family Relations</b> Domain of 2 Items Range 1-7 ( <i>higher is better</i> )	<b>4.2</b> (Mixed - Mostly Satisfied)	<b>4.2</b> (Mixed - Mostly Satisfied)
<b>Rating of Social Relations</b> Domain of 4 Items Range 1-7 ( <i>higher is better</i> )	<b>3.9</b> (Mostly Dissatisfied - Mixed)	<b>3.9</b> (Mostly Dissatisfied - Mixed)
<b>Rating of Safety</b> Domain of 3 Items Range 1-7 ( <i>higher is better</i> )	<b>5.1</b> (Mostly Satisfied - Pleased)	<b>5.0</b> (Mostly Satisfied)
<b>Rating of Health</b> Domain of 2 Items Range 1-7 ( <i>higher is better</i> )	<b>3.2</b> (Mostly Dissatisfied - Mixed)	<b>3.2</b> (Mostly Dissatisfied - Mixed)
<b>Victim of Violent Crime</b> Single Item 0 (No) - 1 (Yes)	<b>8.1%</b> Yes	<b>9.2%</b> Yes
<b>Victim of Non-Violent Crime</b> Single Item 0 (No) - 1 (Yes)	<b>17.4%</b> Yes	<b>18.2%</b> Yes
<b>Arrests</b> Single Item Range 0-6	<b>0.1</b> arrests	<b>0.1</b> arrests
<b>Interference with Functioning</b> Domain of 4 Items Range 4-20 ( <i>higher is better</i> )	<b>10.0</b> (A Lot - Somewhat)	<b>10.2</b> (A Lot - Somewhat)
<b>Adjustment to Living in the Community</b> Domain of 3 Items Range 3-15 ( <i>higher is better</i> )	<b>10.8</b> (Sometimes - Often)	<b>11.1</b> (Sometimes - Often)
<b>Social Competence</b> Domain of 5 Items Range 5-25 ( <i>higher is better</i> )	<b>15.0</b> (Sometimes)	<b>15.1</b> (Sometimes - Often)
<b>Medication Side Effects</b> Single Item Range 1-4 ( <i>lower is better</i> )	<b>2.4</b> (Bothered a Little - Bothered Moderately)	<b>2.4</b> (Bothered a Little - Bothered Moderately)

**Table 3A: Intake Scores of Adult “Complete Surveys,” Continued**

	Average Score for RSN at Intake	Average Domain or Item Score for State at Intake
<b>Behavioral Problems</b> Domain of 4 Items Range 4-20 ( <i>higher is better</i> )	<b>11.9</b> (A Lot - Somewhat)	<b>12.0</b> (Somewhat)
<b>Participation in Meaningful Activities</b> Single Item 0 (No) - 1 (Yes)	<b>23.6%</b> Yes	<b>25.3%</b> Yes
<b>Hours of Paid Work per Week</b> Single Item Range 0-99	<b>13.9</b> hours	<b>14.4</b> hours
<b>Hours of School per Week</b> Single Item Range 0-99	<b>6.4</b> hours	<b>6.1</b> hours
<b>Hours of Volunteer Work per Week</b> Single Item Range 0-99	<b>1.4</b> hours	<b>2.4</b> hours
<b>Recovery: Have Goals</b> Single Item Range 1-5 ( <i>higher is better</i> )	<b>4.1</b> (Agree - Strongly Agree)	<b>4.1</b> (Agree - Strongly Agree)
<b>Recovery: Identify Triggers</b> Single Item Range 1-5 ( <i>higher is better</i> )	<b>3.3</b> (Not Sure - Agree)	<b>3.3</b> (Not Sure - Agree)
<b>Recovery: Deal with Symptoms</b> Single Item Range 1-5 ( <i>higher is better</i> )	<b>3.3</b> (Not Sure - Agree)	<b>3.3</b> (Not Sure - Agree)
<b>Recovery: Symptoms Interfere Less</b> Single Item Range 1-5 ( <i>higher is better</i> )	<b>2.3</b> (Disagree - Not Sure)	<b>2.4</b> (Disagree - Not Sure)
<b>Recovery: Ask for Help</b> Single Item Range 1-5 ( <i>higher is better</i> )	<b>3.2</b> (Not Sure - Agree)	<b>3.2</b> (Not Sure - Agree)
<b>Recovery: Feel Hopeful</b> Single Item Range 1-5 ( <i>higher is better</i> )	<b>3.4</b> (Not Sure - Agree)	<b>3.3</b> (Not Sure - Agree)
<b>Recovery: Like Self</b> Single Item Range 1-5 ( <i>higher is better</i> )	<b>3.2</b> (Not Sure - Agree)	<b>3.2</b> (Not Sure - Agree)
<b>Symptom Severity</b> Domain of 10 Items Range 0-4 ( <i>higher is better</i> )	<b>1.6</b> (Quite a Bit - Moderately)	<b>1.6</b> (Quite a Bit - Moderately)
<b>Days of Alcohol Use in Past 30</b> Single Item Range 0-30	<b>1.4</b> days	<b>1.6</b> days
<b>Days of Excessive Alcohol Use in Past 30</b> Single Item Range 0-30	<b>3.4</b> days	<b>1.6</b> days
<b>Days of Drug Use in Past 30</b> Single Item Range 0-30	<b>1.4</b> days	<b>1.4</b> days



**Table 3B: Intake Scores of Youth “Complete Surveys”**

	Average Score for RSN at Intake	Average Domain or Item Score for State at Intake
<b>Age of Onset</b> Single Item Range 0-99	9.4 years old	9.5 years old
<b>Age of First Treatment</b> Single Item Range 0-99	10.8 years old	10.9 years old
<b>Voluntary or Involuntary</b> Single Item Range 1-3	18.9% On Own 65.3% Recommendation 15.8% Against Will	18.6% On Own 66.2% Recommendation 15.2% Against Will
<b>Problem Severity</b> Domain of 20 Items Range 0-100 ( <i>higher is better</i> )	73.2 (Several Times - Once or Twice)	74.3 (Several Times - Once or Twice)
<b>Problems: Externalizing</b> Domain of 8 Items Range 0-40 ( <i>higher is better</i> )	26.9 (Several Times - Once or Twice)	27.1 (Several Times - Once or Twice)
<b>Problems: Delinquency</b> Domain of 3 Items Range 0-15 ( <i>higher is better</i> )	12.8 (Once or Twice - Not at All)	13.1 (Once or Twice - Not at All)
<b>Problems: Internalizing</b> Domain of 9 Items Range 0-45 ( <i>higher is better</i> )	33.5 (Several Times - Once or Twice)	34.1 (Several Times - Once or Twice)
<b>Hopefulness</b> Domain of 4 Items Range 4-24 ( <i>higher is better</i> )	15.4 (Somewhat Negative - Somewhat Positive)	15.9 (Somewhat Negative - Somewhat Positive)
<b>Functioning</b> Domain of 20 Items Range 0-80 ( <i>higher is better</i> )	52.1 (Some Troubles - OK)	53.2 (Some Troubles - OK)
<b>On Medication</b> Single Item 1 (No) - 2 (Yes)	32.9% Yes	31.4% Yes
<b>Informed of Side Effects</b> Single Item 1 (No) - 2 (Yes)	64.6% Yes	65.1% Yes
<b>Arrested</b> Single Item 1 (No) - 2 (Yes)	9.2% Yes	8.0% Yes
<b>Went to Court</b> Single Item 1 (No) - 2 (Yes)	13.0% Yes	12.6% Yes
<b>School Absences</b> Single Item Range 1-5 ( <i>lower is better</i> )	2.6 (2 days - 3 to 5 days)	2.5 (2 days - 3 to 5 days)
<b>Days of Alcohol Use in Past 30</b> Single Item Range 0-30	0.7 days	0.6 days
<b>Days of Excessive Alcohol Use in Past 30</b> Single Item Range 0-30	2.6 days	1.0 days

**Table 3B: Intake Scores of Youth “Complete Surveys,” Continued**

	Average Score for RSN at Intake	Average Domain or Item Score for State at Intake
<b>Days of Drug Use in Past 30</b> Single Item Range 0-30	1.3 days	1.1 days

**Table 3C: Intake Scores of Parent “Complete Surveys”**

	<b>Average Score for RSN at Intake</b>	<b>Average Domain or Item Score for State at Intake</b>
<b>Age of Onset</b> Single Item Range 0-99	<b>5.1</b> years old	<b>5.0</b> years old
<b>Age of First Treatment</b> Single Item Range 0-99	<b>7.0</b> years old	<b>6.8</b> years old
<b>Voluntary or Involuntary</b> Single Item Range 1-3	<b>10.2%</b> On Own <b>85.2%</b> Recommendation <b>4.6%</b> Against Will	<b>9.9%</b> On Own <b>86.4%</b> Recommendation <b>3.7%</b> Against Will
<b>Problem Severity</b> Domain of 20 Items Range 0-100 ( <i>higher is better</i> )	<b>71.2</b> (Several Times - Once or Twice)	<b>70.0</b> (Several Times - Once or Twice)
<b>Problems: Externalizing</b> Domain of 8 Items Range 0-40 ( <i>higher is better</i> )	<b>22.8</b> (Often - Several Times)	<b>22.2</b> (Often - Several Times)
<b>Problems: Internalizing</b> Domain of 9 Items Range 0-45 ( <i>higher is better</i> )	<b>34.4</b> (Several Times - Once or Twice)	<b>33.9</b> (Several Times - Once or Twice)
<b>Hopefulness</b> Domain of 4 Items Range 4-24 ( <i>higher is better</i> )	<b>16.0</b> (Somewhat Positive)	<b>15.7</b> (Somewhat Negative - Somewhat Positive)
<b>Functioning</b> Domain of 20 Items Range 0-80 ( <i>higher is better</i> )	<b>45.9</b> (Some Troubles - OK)	<b>45.7</b> (Some Troubles - OK)
<b>On Medication</b> Single Item 1 (No) - 2 (Yes)	<b>23.6%</b> Yes	<b>26.2%</b> Yes
<b>Informed of Side Effects</b> Single Item 1 (No) - 2 (Yes)	<b>77.3%</b> Yes	<b>76.8%</b> Yes
<b>Arrested</b> Single Item 1 (No) - 2 (Yes)	<b>0.3%</b> Yes	<b>0.4%</b> Yes
<b>Went to Court</b> Single Item 1 (No) - 2 (Yes)	<b>0.6%</b> Yes	<b>0.9%</b> Yes
<b>School Absences</b> Single Item Range 1-5 ( <i>lower is better</i> )	<b>1.8</b> (1 day or less - 2 days)	<b>1.8</b> (1 day or less - 2 days)

## NSMHA COMMITTEE DISCUSSION FORM

**AGENDA ITEM:** Final Charter

**PRESENTER:** Gary Williams, QMOC Chair

**COMMITTEE ACTION:** Action Item  FYI & Discussion  FYI only

**SIGNIFICANT POINTS OR EXECUTIVE SUMMARY:**

**CONCLUSIONS/RECOMMENDATIONS:**

- NSMHA Advisory Board approved Charter amendment on June 7<sup>th</sup> 2005.
- NSMHA Board of Directors approved the Amended Charter at the June 9<sup>th</sup> Board of Directors meeting

**TIMELINES:**

- Amended as of 6/9/05

**ATTACHMENTS:**

Final version of the revised QMOC Charter

## Quality Management Oversight Committee Charter

The Quality Management Oversight Committee (QMOC) is a standing committee of the NSMHA Board of Directors. It is responsible for the oversight of quality management systems of the entire NSMHA, and for reviewing all quality management activities and making recommendations for quality improvement to the Board. QMOC ensures the gathering and analysis of data and reports to recognize the need for improvement or change (as outlined in the Quality Management Work Plan).

The Quality Management Oversight Committee (QMOC) is chaired by a Member of the Board of Directors (or designated alternate). Two Members of the Board of Directors (or designated alternates) are voting members of QMOC. Other voting members are:

- Six members nominated by the NSMHA Advisory Board, at least, two of who shall be current Advisory Board members, and of the six, membership must include a minimum of two current consumers. Facilitation and support will be provided to assist consumers to participate if needed.
- One Quality Review Team (QRT) member
- One Ombuds representative
- Three County Coordinators who report QMOC activities to colleague county coordinators who then report to their Advisory Boards
- NSMHA's Quality Manager (staff to the committee)
- Six representatives of contracted service providers, from diverse geographic and service populations region wide, two of which represent the APN, one from each of the other contracted providers (Sea Mar, Volunteers of America, The Tulalip Tribes and Snohomish County ITA.)

Because of the important role of this Board committee in the oversight of NSMHA's Quality Management program, members of the committee are expected to participate in an orientation session upon joining the committee, attend a majority of meetings unless excused by the Chair, and review all meeting materials.

Members of the Quality Management Oversight Committee are approved annually by the Board of Directors. The Committee meets at least quarterly. Subcommittees of QMOC will meet as often as needed to accomplish their tasks in a timely manner.

The Quality Management Oversight Committee is accountable for:

- Oversight of the development, approval, and evaluation of the biennial NSRSN Quality Management Plan, including submitting it to the Board of Directors for adoption, as well as any needed revisions
- Reviewing and recommending action on reports from contracted service providers or the NSMHA Quality Management Committee
- Reviewing the data from providers' measurement tools
- Making recommendations to all providers on actions to be taken
- Reviewing the NSMHA quarterly and biennial quarter reports related to concurrent/retrospective reviews, consumer and advocate reports and reports on performance indicators; makes recommendations
- Keeping attendance and minutes of all QMOC and subcommittee meetings

## NSMHA COMMITTEE DISCUSSION FORM

**AGENDA ITEM:** Compass Health, Catholic Community Services and *bridgeways* Audit Results

**PRESENTER:** Ms. Deirdre Ridgway, NSMHA Contracts Manager

**COMMITTEE ACTION:** Action Item  FYI & Discussion  FYI only

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

In April 2005, NSMHA conducted a limited assessment, for contract compliance purposes, of Compass Health's administrative, fiscal, and quality assurance/improvement management systems, processes, policies and procedures of the agency. The period reviewed was 1/1/04 through the date of the review. An outpatient clinical record review was conducted at the same time.

In May and June 2005, similar reviews were conducted at Catholic Community Services – Northwest and *bridgeways*, respectively.

### **CONCLUSIONS/RECOMMENDATIONS:**

The Compass Health, CCSNW and *bridgeways* audit reports have not been released as of the date of this memo, but are expected to be available for the QMOC meeting.

### **TIMELINES:**

N/A

### **ATTACHMENTS:**

Compass Health Audit Report, available at meeting

CCSNW Audit Report, available at meeting

*bridgeways* Audit Report, available at meeting

## NSMHA COMMITTEE DISCUSSION FORM

**AGENDA ITEM:** Performance Indicators – Ad hoc Group Report

**PRESENTER:** Gary Williams, QMOC Chair

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

**SIGNIFICANT POINTS OR EXECUTIVE SUMMARY:**

Ad-hoc group will meet and develop recommendations for the 6/22/05 QMOC meeting

**CONCLUSIONS/RECOMMENDATIONS:**

**TIMELINES:**

**ATTACHMENTS:**

Will be mailed to membership prior to the 6/22/05 meeting

## NSMHA COMMITTEE DISCUSSION FORM

**AGENDA ITEM:** Continued Stay Criteria and Discharge  
Criteria Policies

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

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

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

This presentation will cover the key points in these two new policies and request QMOC recommendation to forward to the Board of Directors for approval. These policies will be required by our one year MHD contract and will provide guidance for providers on how to continue treatment and re-authorize services.

### **CONCLUSIONS/RECOMMENDATIONS:**

Request QMOC recommend to the Board for approval

### **TIMELINES:**

### **ATTACHMENTS:**

To be distributed at the meeting