



**NORTH SOUND
MENTAL HEALTH ADMINISTRATION**

**QUALITY MANAGEMENT OVERSIGHT COMMITTEE
MEETING PACKET**

July 24, 2013

1. Please join my meeting, Wednesday, July 24, 2013 at 1:00 PM Pacific Daylight Time.

<https://global.gotomeeting.com/join/268369157>

2. Use your microphone and speakers (VoIP) - a headset is recommended. Or, call in using your telephone.

Dial +1 (213) 289-0016

Access Code: 268-369-157

Audio PIN: Shown after joining the meeting

Meeting ID: 268-369-157

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.
- ◆ Manage your BEHAVIOR, be mindful of how you respond to others, understand intent vs. impact, and be responsible for your words and actions.
- ◆ Demonstrate RESPECT and speak with RESPECT toward each other at all times.
- ◆ LISTEN, people feel respected when they know you're listening to their point of view.
- ◆ 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: 11/28/12

**NORTH SOUND MENTAL HEALTH ADMINISTRATION
QUALITY MANAGEMENT OVERSIGHT COMMITTEE AGENDA**

Date: July 24, 2013

Time: 1:00-3:00 PM

Location: NSMHA Conference Room

Chair: Rebecca Clark, Skagit County Human Services

For information Contact Meeting Facilitator: Greg Long, NSMHA, 360-416-7013

Topic	Objective	ACTION NEEDED	Discussion Leader	Handout available pre-mtg	Handout available at mtg	Tab	Time
Introductions	Welcome guests; presenters and new members		Chair				5 min
Review and Approval of Agenda	Ensure agenda is complete and accurate; determine if any adjustments to time estimates are needed. Meeting will start and end on time.	Approve Agenda	Chair	Agenda		1	5 min
Review and Approval of Summary of Previous Meeting	Ensure meeting summary is complete and accurate.	Approve Meeting Summary	Chair	Summary		2	5 min
Announcements and Updates	-IMR Consultation Process Update -Implementation of new Behavioral Health WACs. Policies that need major changes will be brought to QMOC. Changes in just reference and source will be sent out in a memo. Please notify NSMHA of policies that you are aware of needing changes due to WAC revision.						10 min
Update on Regional Healthcare Alliance	Brief update	Inform /discuss	Chair/ Greg				5 min
Quality Topics							
Identifying Chronic Illnesses and Conditions Seen in People Enrolled in Mental Health Services	Report on analysis of data regarding information on chronic illnesses and conditions in the Regional information system. Discussion on options to improve this.	Inform /discuss	Tom Yost	Committee Discussion Form		3	15 min
Performance Improvement Projects (PIPs) Update	Present new children's PIP. Present data and discuss and interventions on Time to Medication Evaluation PIP.	Discuss/ Approve	Julie de Losada	Committee Discussion Form		4	15 min
Policy on Evaluation and Treatment Centers	Discussion and approval regarding NSMHA policy on Evaluation and Treatment Centers	Discuss/ Approve	Sandy Whitcutt	Committee Discussion Form		5	10 min
Report from Less Restrictive Alternatives Work Group	This is report back on the efforts of a work group on Less Restrictive Alternative. They are recommending a decision tree on reporting violations.	Discuss	Sandy Whitcutt	Committee Discussion Form		6	10 min
Small number of people with eating disorders in our system	Discussion regarding the very low numbers of people with eating disorders and probably other diagnoses in our system.	Discuss	Greg Long	Committee Discussion Form		7	15 min
Improving Management of Out-of-Network Services	Discussion regarding the providing out of network services in the least restrictive settings possible.	Discuss	Greg Long	Committee Discussion Form		8	15 min
Other issues							5 min
*Review of Meeting	Were objectives accomplished? How could this meeting be improved? Evaluation forms: Review and complete						5 min
Date and Agenda for Next Meeting	Ensure meeting date, time and agenda are planned						

Next meeting: August 28, 2013 - 1:00-3:00 PM **Potential Future Agenda Items:**

**North Sound Mental Health Administration (NSMHA)
Quality Management Oversight Committee (QMOC)**

NSMHA Conference Room

June 26, 2013

1:00 – 3:00 pm

MEETING SUMMARY

PRESENT: Candy Trautman, Mark McDonald and David Kincheloe, NSMHA Advisory Board; Chuck Davis, Ombuds; Kathy McNaughton, CCS; Marie Jubie, Sno Co Agency on Aging; Rebecca Clark, Skagit County; Stacey Alles, Compass Health; Mike Manley, Sunrise Services and Lydia Pearson, Skagit Triage.

BY PHONE: Pam Benjamin, WCPC; Kate Scott, Sea Mar; Kay Burbidge, LWC; Cindy Ferraro, Bridgeways; Richard Sprague, Interfaith and Anne Deacon, Whatcom County.

STAFF: Greg Long, Barbara Jacobson, Kurt Aemmer and Charissa Westergard.

OTHERS PRESENT: Heather Fennell, Compass Health.

TOPIC	DISCUSSION	ACTION
1. Introductions, Review of Agenda – Chair	The meeting convened at 1:00 pm and introductions were made. No additions to the agenda were mentioned.	
2. Previous Meeting Summary – Chair	The minutes were reviewed and approved as submitted.	Approved
3. Announcements and Updates – All	<ul style="list-style-type: none"> • Compliance Hotline Options-Greg passed out cards from our compliance officer and noted that fraud and abuse are being more closely looked at in the system now to control costs. We need to publicize this information widely so all can know how to access and report. • Marie noted that she and Joan Bethel have been appointed to the Advisory Board for three years terms. • Candy noted that the Advisory Board has their retreat on July 9th at the Burlington library; the certified peer counselor discussion will be on that agenda as well. • Greg noted that the State has approved the combining of the mental health and chemical dependency WACs to license under one WAC and eliminate the need to carry dual licenses. This will be in effect starting July 1st and NSMHA and providers will need to rewrite many policies around this change. Heather F. noted that DBHR will do some training around this in August. Mike M. asked if the policy statement of being in line with NSMHA policies will still hold and Greg noted for the mental health part it would but if a provider is co-licensed changes may be needed. 	Informational Greg will ask Joe to add to DBHR agenda for tomorrow's meeting. Also add to next month's agenda.
4. Update on Regional Health Alliance	Rebecca noted they are still meeting regularly and working on the single bed certification issue with the hospitals and Greg noted data has been reviewed and they are working on that.	Informational
5. Care Transitions	Charissa noted that this is a new program funded by NSMHA; and run by Compass Health with WCPC to address the seven day measure as we have not met the standard thus far. This program would work with	

	<p>hospitals to facilitate getting that appointment. This would look different between the un-enrolled and those already enrolled. It is more of a challenge to engage those who are not in services already. Providers must still meet all requirements for those enrolled.</p> <p>Program is one month old and they have been setting up appointments. The seven days after discharge are the most critical to engagement. Stacey noted that Compass utilizes an MHP and a Peer Specialist on their two person team. Charissa will email out the contact information. NSMHA is in corrective action around this and may be passed down to providers; we were at 52% or so.</p>	
<p>6. APA Suicide Treatment Clinical Guidelines</p>	<p>Kurt noted that from the discussion at the last meeting there was a possibility of having a clinical guideline developed around this. Kurt and Angela reviewed current guidelines and there is a comprehensive one already on assessment and treatment. NSMHA recommends adopting this as a non-clinical diagnostic guideline; this would address the concerns that NSMHA has had. This will come back to QMOC as we rework the guidelines. David K suggested we also check the AMA website for cultural guidelines as well.</p> <p>Stacey asked of the new training requirement if NSMHA would provide the training; Kathy noted the training should be child and adult separated as well. David recommended that training should be region wide not by provider for consistency. Heather stated there is a state wide curriculum being worked on that we may want to look into.</p> <p>Greg stated that NSMHA may go to CEOs at providers about buying into a region wide online learning system to make it more available and standardized; Peirce County has done this; with an estimate of \$50-75,000/yr. There are two big companies we know of; My Learning Point and Essential Learning Center.</p>	<p>Informational</p>
<p>7. 2013 Routine UR Report</p>	<p>Kurt noted that NSMHA does these reviews, an audit of charts that looks at 63 different questions based on WACs and we also send out an interpretative guideline. We look at the rate of compliance and Kurt briefly reviewed the findings. He noted an improvement overall and the quality of documentation is good. Pam B. stated that some of the negative results from this period were due to changeover to electronic medical records (EMR) and was a transition period that is being addressed.</p>	<p>Informational</p>
<p>8. Better use of Find a Provider</p>	<p>Greg noted that ProviderOne now has a <u>Find a Provider</u> link on their website and some of the agency information listed is not complete for all counties. Greg stated that providers need to follow up on this to make sure they are represented on the website accurately; agencies need to log into ProviderOne and update their own information. Candy made a motion for NSMHA to send out a reminder to all contracted providers to update their information on ProviderOne as needed; seconded and motion carried. NSMHA will send out an email to remind all.</p>	<p>Motion carried</p>
<p>9. Obstacles to use of Certified Peers</p>	<p>Greg noted that in the RFQ and contracting process we are encouraging providers to utilize more peer counselors in more agency roles and the week of October 14th NSMHA will sponsor this training. NSMHA has also had discussions around setting up a peer support network.</p>	<p>Informational David will email the curriculum.</p>

	<p>David noted he is on a state committee to revise the curricula for certified peer counselors; they are working on how to address issues such as having more training and paid internships. Also some more advanced training for specialty peers such as family partner, CD and youth peers.</p> <p>David asked what roles and tasks providers would like to see in a peer and what criteria would you like to see in addressing when in recovery they should go to training?</p> <p>Kathy noted that CCS would like peers to have training to prepare them to be parent partners; to work with children; so specific training for that role not just generic training. Stacey noted the boundary issues that come up and would like more training around that and Mike noted that it seems that some clinicians with a diagnosis do not want to be peers, as it seems a step down for them.</p> <p>Heather noted that Valley Cities has a good training and shows that you must treat all as employees, the same.</p> <p>This should appear on the agenda occasionally. Send your comments and suggestions to David or Greg.</p>	
<p>10. Service Animals</p>	<p>Greg noted that this is a follow up from the last meeting with some additional documents such as the poster. David gave a brief review of the rules that apply; such as service dogs must behave appropriately. He noted that you can go to the ADA.gov website to find more information as well.</p>	<p>Informational</p>
<p>11. Open Forum</p>	<p>The evaluations from the last meeting were reviewed and a call for all to complete for this meeting.</p>	<p>Discussion</p>
<p>12. Date and Agenda for Next Meeting</p>	<p>The meeting was adjourned at 2:50 pm. The next meeting is July 24, 2013.</p>	

NORTH SOUND MENTAL HEALTH ADMINISTRATION
QUALITY MANAGEMENT OVERSIGHT COMMITTEE (QMOC)
July 24, 2013

AGENDA ITEM:

Identifying Chronic Illnesses and Conditions Seen in People Enrolled in Mental Health Services

REVIEW PROCESS: () Planning Committee () Advisory Board () Board of Directors () QMOC (X)

PRESENTER: Tom Yost

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

SIGNIFICANT POINTS OR EXECUTIVE SUMMARY:

NSMHA has just completed a survey of the medical conditions and illnesses reported to it on axis III of the diagnostic summaries. Comparing NSMHA's numbers to those reported elsewhere in the country, it appears that medical conditions and illnesses are substantially under reported using our system. And with the elimination of the 5-axis diagnostic system we may lose even more information.

Knowing people's medical conditions is important because many conditions are accompanied by behaviors or symptoms that can lead clinicians to inaccurate diagnoses and inappropriate treatment. It is also important for agencies and systems to know in order to plan services and supports that can address significant health risks. This will become even more important as mental health and medical care become more coordinated if not integrated.

As the 5-axis diagnostic system is eliminated, will we be able to collect this information? Will clinicians be able to obtain that information from the people they treat in a form that is useful to them and those responsible for assessing the need of the people we serve?

OBJECTIVE:

1. To raise the issue of how can we know the medical status of the people we serve.
2. To begin to prepare for the coordination/integration of medical and mental health care
3. Get feedback on one possible solution – a self-report check list to be completed by people at intake.

BACKGROUND:

See above

PREVIOUS ACTION(S) TAKEN:

None

CONCLUSIONS/ACTION REQUESTED:

As the mental health system moves towards integration with health care systems and as the DSM V comes into use we will need to find a new and more accurate way to know which health conditions consumers are facing. At some point it may be possible to access this information through the IT systems that the state develops for integrating health care. But until that time we need a new way to get this information.

FISCAL IMPACT:

ATTACHMENTS:

Medical Conditions Reported by Consumers on Axis III

MEDICAL CONDITIONS REPORTED BY CONSUMERS ON AXIS III

Category of Conditions/Diseases	Specific Conditions/Diseases	Total number reported	% of consumers who have an axis III diagnosis		% of all consumers served
Cardio-vascular conditions and diseases		514	10.04%		2.6%
	stroke	67	1.31%		0.3%
	vascular hypertensior	420	8.20%		2.1%
	vascular diseases	21	0.41%		0.1%
	cardiomyopathy	6	0.12%		0.0%
Diabetes		433	8.46%		2.2%
	diabetes	433	8.46%		2.2%
Glandular diseases & disorders		409	7.99%	198	3.87%
	adrenal	9	0.18%		0.0%
	thyroid	211	4.12%		1.1%
	kidney fail, dis	84	1.64%		0.4%
	Liver, fail., dis., cirhos	31	0.61%		0.2%
	Hepatitis B or C	74	1.45%		0.4%
Pulmonary conditions & diseases		386	7.54%	145	2.83%
	"lung disease"	3	0.06%		0.0%
	COPD & emphasema	122	2.38%		0.6%
	Cystic fibrosis	2	0.04%		0.0%
	Chronic bronchitis	18	0.35%		0.1%
	asthma	241	4.71%		1.2%
Brain Injury		274	5.35%		1.4%
	TBI	272	5.31%		1.4%
	OBS	2	0.04%		0.0%
CNS disorders		166	3.24%		0.8%
	seizure disorder	159	3.11%		0.8%
	Huntingtons	5	0.10%		0.0%
	other diseases	2	0.04%		0.0%
Contributory problems to vascular disease		117	2.29%		0.6%
	high cholesterol	117	2.29%		0.6%

MEDICAL CONDITIONS REPORTED BY CONSUMERS ON AXIS III

Sleep disorders		102	1.99%	0.5%
	sleep apnea	102	1.99%	0.5%
Heart Diseases		90	1.76%	0.5%
	heart disease	75	1.47%	0.4%
	atrial fibrillation	6	0.12%	0.0%
	pulmonary heart dis.	3	0.06%	0.0%
	mitral valve prolapse	3	0.06%	0.0%
"overweight"		90	1.74%	0.5%
	overweight	90	1.74%	0.5%
heart conditons		42	0.82%	0.2%
	heart failure	42	0.82%	0.2%
GI disorders & diseases		39	0.76%	0.2%
	Colitis	21	0.41%	0.1%
	Celiac disease	7	0.14%	0.0%
	Crohn's disease	11	0.21%	0.1%
Autoimmune disorders		36	0.70%	0.2%
	lupus	27	0.53%	0.1%
	sjorgen	4	0.08%	0.0%
	myositis	1	0.02%	0.0%
	other	4	0.08%	0.0%
Peripheral NS disorders		24	0.47%	0.1%
	Multiple Sclerosis & A	24	0.47%	0.1%
Immunodeficiency		17	0.33%	0.1%
	HIV - AIDS	17	0.33%	0.1%
Blood disorders		10	0.20%	0.1%
	hemophilia	2	0.04%	0.0%
	sickle cell	2	0.04%	0.0%
	leukemia	6	0.12%	0.0%
				0.0%
				0.0%
Pregnancy		89	1.74%	0.5%
	Pregnancy	89	1.74%	0.5%

NSMHA COMMITTEE DISCUSSION FORM

AGENDA ITEM: Clinical Performance Improvement Project (PIP)

PRESENTER: Julie de Losada

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

SIGNIFICANT POINTS OR EXECUTIVE SUMMARY:

Clinical PIP:

- *Study Question:* Does implementing a decision tree at the first ongoing appointment significantly decrease the average number of days from the request for service to the medication evaluation for Medicaid-enrolled individuals who receive a prescriber service within 180 days of the request for service?
- *Data:* Not significantly improving – even in “open access” sites.
- *Implication:* The intervention may not be working because the understanding of the multiple facets of the problem is not shared between providers and RSN.
- *Difference in Opinion:* Provider workgroup has routinely identified the underlying issues lack of capacity/workforce to provide the service. RSN recognizes that prescriber capacity has increased 62% and funding by 20% since 2010; yet no statistical improvement in the measure. Therefore, the RSN believes that while capacity is a real issue, there are clearly other significant barriers to meeting our shared objective.

CONCLUSIONS/RECOMMENDATIONS:

- NSMHA Leadership to review and provide recommendations.
- Workgroup needs to reconvene and review data that highlights underlying problem
- Potential for application of a capacity study – i.e. how many hours of prescriber service are available and what is the utilization rate?

TIMELINES:

- PIP write up is due August 23rd
- Workgroup needs to reconvene within next quarter.

ATTACHMENTS:

- Data Summary

Clinical PIP Data Summary – for QMOC

*Prepared by Dennis Regan, Data Analyst – North Sound Mental Health Administration
July 17, 2013*

We've reduced the wait times for appointments (69.87 days to 68.13 days) but not quite enough to reach statistical significance when comparing Q2 to Q2 or Q1 and Q2 to Q1 and Q2. Second Intervention Yr1 Q1 is Jun-Aug12 and Q2 is Sep-Nov12. We have a 180 day run out so the Nov period ends 5/30/2013 and we should have good data by mid-June but mid-July is better. We can do Q3 in October.

	All			Adult			Child	
	baseline Q1 and Q2	Second InterventionYr1 Q1 and Q2		baseline Q1 and Q2	Second InterventionYr1 Q1 and Q2		baseline Q1 and Q2	Second InterventionYr1 Q1 and Q2
count	1,193	983	count	941	724	count	252	259
sum	3,354	6,968	sum	4,622	9,258	sum	8,732	7,710
variance	99.18	71.40	variance	62.74	8.44	variance	09.96	07.54
average	69.87	68.13	average	68.67	68.04	average	74.33	68.38
stdev	42.42	45.51	stdev	41.99	45.37	stdev	43.70	45.91
P-value		0.359614	P-value		0.769168	P-value		0.134450
Significance	not significant		not significant		not significant		not significant	

All			Adult			Child			
	baseline Q2	Second InterventionYr1 Q2		baseline Q2	Second InterventionYr1 Q2		baseline Q2	Second InterventionYr1 Q2	
count	598	589	count	460	435	count	138	154	
sum	2,502	1,110	sum	100	30,083	sum	0,402	1,027	
variance	50.41	36.47	variance	.50	241.36	variance	89.35	18.25	
average	71.07	69.80	average	.78	69.16	average	75.38	71.60	
stdev	41.84	47.29	stdev	.25	47.34	stdev	43.47	47.10	
P-value		0.6 22695	P-value		0. 833507	P-value		0.4 78672	
Significance	not significant			not significant			not significant		

The two open prescriber agencies – WCPC and Compass North both show good improvement but not significant:

	Whatcom Counseling & Psychiatric Clinic		Compass North			Whatcom Counseling & Psychiatric Clinic		Compass North	
	baseline Q1	Second Intervention Yr1 Q1	baseline Q1	Second Intervention Yr1 Q1		baseline Q2	Second Intervention Yr1 Q2	baseline Q2	Second Intervention Yr1 Q2
count	54	56	105	50	count	44	72	118	85
sum	4,046	3,500	7,694	3,256	sum	3,557	4,682	8,541	6,063
variance	99.33 ^{2,3}	16.71 ^{2,1}	676.62 ^{1,}	41.39 ^{1,4}	variance	23.63 ^{2,6}	34.14 ^{2,2}	53.41 ^{1,3}	140.74 ^{1,}
average	74.93	62.50	73.28	65.12	average	80.84	65.03	72.38	71.33
stdev	48.98	46.01	40.95	37.97	stdev	51.22	47.27	36.79	33.77
P-value		0.177400		0.229565	P-value		0.103797		0.834073
Significance	not significant		not significant			not significant		not significant	

Dates:

07/01/09	09/30/09	baseline Q1
10/01/09	12/31/09	baseline Q2
01/01/10	03/31/10	baseline Q3
04/01/10	06/30/10	baseline Q4
07/01/10	09/30/10	intervention 1 Yr1 Q1
10/01/10	12/31/10	intervention 1 Yr1 Q2
01/01/11	03/31/11	intervention 1 Yr1 Q3
04/01/11	06/30/11	intervention 1 Yr1 Q4
07/01/11	09/30/11	remeasurement 1 Q1
10/01/11	12/31/11	remeasurement 1 Q2
01/01/12	03/31/12	remeasurement 1 Q3
06/01/12	08/31/12	Second InterventionYr1 Q1
09/01/12	11/30/12	Second InterventionYr1 Q2
12/01/12	02/28/13	Second InterventionYr1 Q3
03/01/13	05/31/13	Second InterventionYr1 Q4
07/01/09	06/30/10	baseline
07/01/10	06/30/11	intervention 1
07/01/11	05/31/12	First remeasurement
06/01/12	05/31/13	Second Intervention

NSMHA COMMITTEE DISCUSSION FORM

AGENDA ITEM:

Policy 1555 Freestanding Evaluation and Treatment Facilities

PRESENTER: Sandy Whitcutt

COMMITTEE ACTION: Action Item FYI & Discussion FYI only

SIGNIFICANT POINTS OR EXECUTIVE SUMMARY:

The North Sound Mental Health Administration (NSMHA) contracts with Compass Health to operate one freestanding Evaluation and Treatment facility (E&T) in our region.

This service is provided for individuals who pose an actual or imminent danger to self, others or property due to mental illness, or who have experienced a marked decline in their ability to care for self, due to the onset or exacerbation of a psychiatric disorder.

The services include evaluation, stabilization and treatment provided by or under the direction of licensed psychiatrists, nurses and other mental health professionals, and discharge planning involving the individual, family and significant others so as to ensure continuity of mental health care.

This is a 16-bed program to individuals with mental illnesses under 72-hour involuntary detention and/or 14-day commitment in accordance with the Washington State Involuntary Treatment Act, RCW 71.05.

The policy was due for revision, due to the closure of the other E and T. There are no other major changes in the policy.

CONCLUSIONS/RECOMMENDATIONS: Approve the policy with changes

TIMELINES: This policy, if approved will be posted on the web, after the numbered memo is set to providers.

ATTACHMENTS: Policy 1555, versions with track changes and clean version

Effective Date: 7/31/2008; 11/23/2005
Revised Date: 8/2/2012
Review Date:

North Sound Mental Health Administration
Section 1500 – Clinical: Freestanding Evaluation and Treatment Facilities

Authorizing Source: RCW 71.05, 71.24, and WAC 388-865, 246-337

Cancels:

See Also:

E&T facilities must comply with this policy and implementation
guidelines may be developed by CMHAs as needed

Approved by: Executive Director

Date:

Responsible Staff: Deputy Director

Signature:

POLICY #1555.00

SUBJECT: FREESTANDING EVALUATION AND TREATMENT FACILITIES

PURPOSE

The role of this facility is to provide medically necessary inpatient evaluation and treatment services for acute psychiatric symptoms and is of short duration.

POLICY

The North Sound Mental Health Administration (NSMHA) contracts with Compass Health to operate one freestanding Evaluation and Treatment facility (E&T) in our region. All services are in accordance with:

- A. Revised Code of Washington (RCW) 71.05, RCW 71.24
- B. Washington Administrative Code (WAC) 388-865, WAC 246-337

This service is provided for individuals who pose an actual or imminent danger to self, others or property due to mental illness, or who have experienced a marked decline in their ability to care for self due to the onset or exacerbation of a psychiatric disorder.

The severity of symptoms, intensity of treatment needs, or lack of necessary supports for the individual does not allow him/her to be managed at a lesser level of care. This service does not include cost for room and board.

At a minimum, services include evaluation, stabilization and treatment provided by or under the direction of licensed psychiatrists, nurses and other mental health professionals, and discharge planning involving the individual, family and significant others so as to ensure continuity of mental health care.

The goal is to provide a 16-bed program to individuals with mental illnesses under 72-hour involuntary detention and/or 14-day commitment in accordance with the Washington State Involuntary Treatment Act, RCW 71.05.

The facility shall also provide Involuntary Treatment coordination to the Mental Health Professionals (MHPs), Designated Mental Health Professionals (DMHPs), and the Prosecutor's office in the form of consultation, testimony, records and reports, where required, at ITA proceedings for specific individuals. Compass Health shall also provide the MHPs, DMHPs, the Prosecutor's office and, where appropriate, the Court, with prior notice of release of detained persons. Compass Health specifically understands that all information and records in connection with performance of services pursuant to the Adult Involuntary Treatment Act, RCW 71.05, and the Community Mental Health Act, RCW 71.24 are strictly confidential and may only be released in accordance with the exceptions provided by state and federal law.

The E&T may provide evaluation and treatment services to adults on a voluntary admissions basis on a case-by-case basis in coordination with and approved by NSMHA care coordinators. This type of admission should be rare and should be part of the individual's crisis plan.

PROCEDURE

A. *Recipient Eligibility*

The E&T shall serve adult individuals with mental illnesses primarily from the North Sound Region.

1. Admission Criteria: Individuals must meet admission criteria per NSMHA Policy 1542, E & T Facilities Criteria Admission Medical Clearance Criteria including medical clearance and required diagnostic tests to be eligible for admission.
2. Ineligible for admission:
 - i. Sexually violent offenders being detained pursuant to RCW 71.09 or high risk sex offenders classified by the local law enforcement agencies will not be served by the E&T. Per state law, RCW 71.09 individuals who have been committed or have been convicted of any sex offense shall register with the County Sheriff for the county of the individual's residence. The level of risk is assigned by local law enforcement agencies when an individual is required to register following conviction of a sexual offense. Level III sex offenders are the highest risk and shall be excluded from the E&T. Level I and Level II sex offenders shall be considered on a case-by-case basis prior to admission. The DMHP, in consultation with the E&T staff, shall make the determination regarding Level I and Level II sex offenders as to the level of danger and appropriateness for admission.
 - ii. Any individual with any pending (not dismissed or otherwise disposed) felony charge shall be excluded from admission. (Note: individuals released from jail on a Temporary Release (TR) may be considered on a case by case basis by the facility, after consultation with the DMHP).
 - iii. Any DMHP within the NSMHA service area, in consultation with the E&T staff and in adherence with established admission criteria, will review pending detentions for medical care needs, safety and security to insure appropriate admissions. This shall be done in collaboration with E&T staff that may require basic medical clearance and or consultation with a physician prior to accepting an admission. If medical care, safety or security needs cannot be met by the E&T, per the E&T's licensed independent practitioner, the individual will be detained at an appropriate facility elsewhere (refer to NSMHA Policy 1577 E & T Refusal and Review Process).
 - iv. Aside from the limitations above, the E&T will have a no decline policy for any referrals from any DMHP within NSMHA service area, provided the individual being referred meets the criteria for the population to be served under this section.

B. *Program Components*

1. Individuals will be detained initially for a 72-hour evaluation and treatment period by a DMHP and, if indicated, will be committed by a Superior Court Judge or Commissioner for a 14-day period, including any subsequent period pending 90-day judicial proceedings. Individuals shall also be detained pursuant to RCW 71.05 on a non-emergency basis when ordered by the Superior Court. Other admissions will occur when consumers are revoked from a Less Restrictive Court Order (LR) or Conditional Release (CR) under RCW 71.05.340 and WAC 388-865.
2. Pre-Admission Screening: All individuals referred for admission will be screened according to NSMHA Policy 1542, E & T Facilities Criteria Admission Medical Clearance Criteria. All referrals

will be documented in a referral log including name, date, referral source and disposition. Declined referrals will be noted with rationale. If the decline is due to medical care, safety or security, the name of the E&T licensed independent practitioner who declined the referral shall be documented (refer to NSMHA Policy 1577, E & T Refusal and Review Process). Aggregated data on referrals, admissions, and declines will be reported to the NSMHA on a monthly basis.

3. Evaluation and Treatment: Evaluation and treatment components shall include physical examination, psychosocial assessment, and mental status examination.
 - i. Each admitted individual shall be provided with an intake assessment by the E&T staff in accordance with WAC 388-865 requirements.
 - ii. An individual treatment and discharge plan as required by WAC 388-865 and 246-337.
 - a. For individuals currently enrolled in outpatient services, the therapist, case manager or other appropriate professional will be contacted upon admission and involved in the development of the discharge plan. If outpatient services are being provided by NSMHA providers, the E&T will ensure that discharge planning occurs in accordance with NSMHA contract standards and policies.
 - b. For un-enrolled individuals eligible for NSMHA outpatient services, the E&T staff will contact Access to schedule an intake appointment in accordance with NSMHA contract standards and policies.
 - iii. A structured, daily program of activities and services.
 - a. Mental health treatment, including individual, group and family therapy to be available at a minimum of five hours per day.
 - b. Related ancillary services and activities to include socialization and recreational activities and exercise.
 - iv. Medications, medication evaluation and monitoring and medical education.
 - v. Mental health related laboratory services, as required.
 - vi. Routine medical service within the limits of medical resources available at the E&T to include nursing assessments as needed and defined in WAC 388-865-0541 and NSMHA Policy 1542. Individuals requiring medical treatment in excess of this will be transferred to an appropriate hospital for treatment.
 - vii. Services to address the needs of individuals with special needs as defined in WAC 388-865-0541.
 - viii. The capability of detaining individuals dangerous to themselves and others with use of seclusion rooms and following WAC 388-865-0545 procedures.
 - ix. The right to the least restrictive alternative to maintain health and safety when detaining individuals dangerous to themselves or others as established in NSMHA policies regarding care during seclusion and restraint and in accordance with WAC 388-865-0545 requirements.
 - x. Individuals shall be discharged from the E&T with appropriate transportation arrangements provided.
 - xi. Any individual who is allowed to convert to a voluntary status during the involuntary admission shall legally consent to and follow all conditions applied to involuntary individuals.
 - xii. Individuals converting to voluntary status shall have the right to request discharge at any time and, if discharged, will have transportation arrangements provided.
 - xiii. Court Evaluation and Testimony: Court may be held within the E&T. When Superior Court judicial proceedings occur at the E&T, these proceeding shall have priority over all

other uses of the conference/hearing room in the E&T. Compass Health shall, for court evaluation and testimony:

- a. Provide legal documents pertaining to the involuntary detention of individuals at the E&T, as required by the NSMHA Counties' Superior Court systems.
 - b. Provide records and court testimony at probable cause hearings or trials by other professional staff employed at the E&T as requested. These records and testimony shall be provided, as needed, pertaining to the individual's behavior during detention at the E&T.
- xiv. Provide support to the DMHPs, County Prosecutor's office and State Attorney General's office in the form of consultation, live and telephonic testimony, records and reports, where required, at ITA proceedings for specific individuals. When necessary for judicial proceedings, Compass Health shall promptly supply a certified copy of all medical and psychological records and make available, if necessary, a records custodian capable of testifying in order to introduce medical and psychological records per RCW 5.45.020 and the civil rules of Washington State Superior Court.
 - xv. Accompany and provide care of individuals during court proceedings away from the facility.
 - xvi. Evaluation and expert witness testimony for court purposes by a licensed physician, psychiatrist or licensed psychologist will be arranged and provided by the Snohomish County Human Services Department/Involuntary Treatment Office. Treating physician records and testimony shall be provided where necessary per RCW 71.05 and 71.34.

Initial screening and evaluation (and court testimony as needed) for court hearings will be done by the Snohomish County DMHP staff. Coordination of probable cause hearings will occur through the Snohomish County Involuntary Treatment Office. A court hearing room is located in the E&T where court hearings and non-jury trials shall occur.

C. *Personnel*

Compass Health will provide the necessary personnel at the E&T in the number, quality, professional backgrounds and licensure needed to assure compliance with state law.

Compass Health shall designate a physician or other mental health professional as the professional person in charge of the E&T for the following clinical purposes and responsibilities:

1. All decisions concerning medical or psychiatric treatment for persons in the E&T.
2. Prescriber with responsibility for treatment.
3. Explanation of rights to refuse medical treatment 24 hours prior to hearings.
4. Compliance with rights notifications to persons admitted to the E&T and ensuring rights afforded under statute and law to persons admitted to the E&T.
5. All transfers and/or referrals to appropriate facilities for alcohol or medical treatment after admission to the E&T.
6. Temporary releases under RCW 71.05. When transported off site, individuals are to be in the custody and care of an E&T staff and/or other mental health agency staff at all times. This includes residential facility screening visits for individuals who are ready for discharge and are considering placement at such facilities or for medical appointments. At no time shall individuals be given temporary passes from the facility.

7. To complete requirements that less restrictive alternatives be considered and to provide research of less restrictive alternatives to involuntary hospitalization and discharge planning.
8. Determining and coordinating with the DMHP, conditional releases and/or releases to less restrictive alternative to inpatient treatment.
9. Unconditional releases, including transportation and other assistance to released persons.
10. Notification under RCW 71.05.

D. *Training*

1. Training for all staff shall meet WAC 388-865 and 246-337 requirements. At a minimum, all staff will receive mandatory training in the following:
 - i. Managing assaultive behavior and use of seclusion and restraints per WAC and medical/ethical standards.
 - ii. Nursing assessment review requirements for all licensed nurses.
 - iii. Individual civil rights and ITA due process procedures.
 - iv. Confidentiality of records/information.
 - v. Notification requirements.
2. Compass shall have an employee trained in cardiopulmonary resuscitation and emergency first-aid will be present at all times.
3. Compass shall establish training of E&T staff including temporary or on-call staff. Training shall include a planned, documented orientation for each new employee and an ongoing program of in-service training for all clinical staff designed to maintain and update competencies needed to perform assigned duties.
4. Compass shall conduct orientation and in-service education plans; plans will be maintained and attendance documented in each employee's personnel record.

E. *DMHPs*

Snohomish County DMHPs will be responsible for the following:

1. Screening decisions concerning whether a person should be excluded from the facility as a Level III sex offender, a mentally ill offender or in need of medical treatment at another facility prior to admission at the E&T.
2. Decisions on initial detention, provisional acceptance and admission at the E&T.
3. Decisions on commencement of 14-day petitions under RCW 71.05 with concurrence of Compass Health.
4. Decisions on commencement of 90-day petitions under RCW 71.05 with the concurrence of Compass Health.

F. *OTHER REQUIREMENTS*

1. Certification and Licensure: Compass Health is responsible for establishing certification or licensure. The E&T shall be certified as an E&T (Involuntary Component) by the Department of Social and Health Services (DSHS) and any other state required E&T certification or licensure. Compass Health shall comply with and meet all state and local health, fire and safety codes and regulations.

Certification as an E&T by DSHS requires compliance with certain Department of Health facility licensure standards; however, this facility is not required to be licensed under the current Department of Health WACs regarding private establishments. Compass Health is responsible for complying with applicable facility standards for E&T certification, and, at its discretion, may elect to obtain licensure it deems necessary or advantageous for insurance, third-party reimbursement or other such purposes or to meet other obligations. Compass Health shall be responsible for all

costs of such licensure. If the state develops licensure requirements for freestanding E&Ts or state licensure becomes applicable to this facility, Compass Health agrees to obtain such licensure.

2. Clinical Records: Shall be in accordance with WAC requirements and NSMHA policy.
3. Information System: Compass Health shall implement and maintain a system of fiscal, individual and program data collection and shall provide DSHS and NSMHA with such information and in such form as may be required by these agencies.
 - i. Data shall include bed utilization, length of stay and individual demographic data.
 - ii. Compass Health shall cooperate with and provide information required for NSMHA's individual tracking system.
4. Notification Requirements: Compass Health shall be responsible for complying with all notification requirements of RCW 71.05 and with developing procedures to trigger adequate notification to identified persons and law enforcement and proper records disclosure.
5. Community Linkages: Compass Health shall establish and maintain ongoing working relationships with all elements of the NSMHA involuntary/voluntary mental health treatment systems for the purpose of facilitating the admission and discharge of individuals participating with these systems in problem solving and systems development activities. In addition, Compass Health shall be involved in the following Snohomish County Community efforts:
 - i. Participation on the Snohomish Crisis Oversight Committee.
 - ii. Collaboration with local law enforcement, Mukilteo Police Department, Snohomish County Sheriff's Office and local Fire Department.
6. Length of Stay: Compass Health shall develop and implement policies and procedures to affect the timely discharge of these individuals.
7. Service Agreements: Compass Health shall maintain service agreements with DSHS, hospitals, Department of Developmental Disabilities (DDD), law enforcement, outpatient mental health providers and other community supports. Such agreements shall be updated on an annual basis.
8. Monitoring and Evaluation: All programs shall meet the criteria as set forth in this amendment, as well as meet the criteria of WAC 388-865 and 246-337. Compass Health shall cooperate with NSMHA and Snohomish County in monitoring and evaluation activities deemed appropriate by NSMHA and Snohomish County.
9. Critical Incidents: Compass Health will report all critical incidents in accordance with the NSMHA Critical Incident policy.
10. Disruptions in Service: Compass Health will notify NSMHA of any potential disruption in service.

G. REPORTING

1. Compass Health shall send the following data on a daily basis to NSMHA:
 - i. Number of admissions
 - ii. Number of discharges
 - iii. Midnight census (median)
 - iv. Seclusion and restraint data
2. Compass Health will maintain a database to track and monitor use of seclusion and restraint in a format approved by NSMHA.

ATTACHMENTS

None

Effective Date: ~~7/31/2008~~, 11/23/2005
Revised Date: ~~8/2/2012~~
Review Date:

North Sound Mental Health Administration

Section 1500 – Clinical: Freestanding Evaluation and Treatment Facilities

Authorizing Source: RCW 71.05, 71.24, ~~70.96B~~ and WAC 388-865, 246-337

Cancels:

See Also:

E&T facilities must ~~comply with this have a “policy consistent with” this policy and implementation guidelines may be developed by CMHAs as needed~~

Responsible Staff: ~~Deputy Director~~ Quality Manager

Approved by: Executive Director

Date: ~~7/31/2008~~

Signature:

POLICY #1555.00

SUBJECT: FREESTANDING EVALUATION AND TREATMENT FACILITIES

PURPOSE

~~The role of this facility is to provide medically necessary inpatient evaluation and treatment services for acute psychiatric symptoms and is of short duration.~~

~~To define the region’s commitment to provide this service. At a minimum, services include evaluation, stabilization and treatment provided by or under the direction of licensed psychiatrists, nurses and other mental health professionals, and discharge planning involving the individual, family and significant others so as to ensure continuity of mental health care.~~

~~This service is provided for individuals who pose an actual or imminent danger to self, others or property due to mental illness, or who have experienced a marked decline in their ability to care for self due to the onset or exacerbation of a psychiatric disorder.~~

~~The severity of symptoms, intensity of treatment needs or lack of necessary supports for the individual does not allow him/her to be managed at a lesser level of care. This service does not include cost for room and board.~~

POLICY

The North Sound Mental Health Administration (NSMHA) contracts with Compass Health (~~contracted provider~~) to operate ~~one~~~~two~~ freestanding Evaluation and Treatment facilities (E&Ts) in our region. All services are in accordance with:

- A. Revised Code of Washington (RCW) 71.05, RCW 71.24, ~~RCW 70.96B~~
- B. Washington Administrative Code (WAC) 388-865, WAC 246-337

~~This service is provided for individuals who pose an actual or imminent danger to self, others or property due to mental illness, or who have experienced a marked decline in their ability to care for self due to the onset or exacerbation of a psychiatric disorder.~~

~~The severity of symptoms, intensity of treatment needs, or lack of necessary supports for the individual does not allow him/her to be managed at a lesser level of care. This service does not include cost for room and board.~~

~~At a minimum, services include evaluation, stabilization and treatment provided by or under the direction of licensed psychiatrists, nurses and other mental health professionals, and discharge planning involving the individual, family and significant others so as to ensure continuity of mental health care.~~

~~This service is provided for individuals who pose an actual or imminent danger to self, others or property due to mental illness, or who have experienced a marked decline in their ability to care for self due to the onset or exacerbation of a psychiatric disorder.~~

~~The severity of symptoms, intensity of treatment needs, or lack of necessary supports for the individual does not allow him/her to be managed at a lesser level of care. This service does not include cost for room and board.~~

~~The goal is to provide a 16-bed program to individuals with mental illnesses under 72-hour involuntary detention and/or 14-day commitment in accordance with the Washington State Involuntary Treatment Act, RCW 71.05.~~

~~The facility shall also provide Involuntary Treatment coordination to the Mental Health Professionals (MHPs), Designated Mental Health Professionals (DMHPs), and the Prosecutor's office in the form of consultation, testimony, records and reports, where required, at ITA proceedings for specific individuals. Compass Health shall also provide the MHPs, DMHPs, the Prosecutor's office and, where appropriate, the Court, with prior notice of release of detained persons. Compass Health specifically understands that all information and records in connection with performance of services pursuant to the Adult Involuntary Treatment Act, RCW 71.05, and the Community Mental Health Act, RCW 71.24 are strictly confidential and may only be released in accordance with the exceptions provided by state and federal law.~~

~~The E&T may provide evaluation and treatment services to adults on a voluntary admissions basis on a case-by-case basis in coordination with and approved by NSMHA care coordinators. This type of admission should be rare and should be part of the individual's crisis plan.~~

PROCEDURE

~~A. ITA COORDINATION~~

~~Compass Health shall provide support to the Mental Health Professionals (MHPs), Designated County Mental Health Professionals (DMHPs)/Designated Crisis Responders (DCRs) and the Prosecutor's office in the form of consultation, testimony, records and reports, where required, at ITA proceedings for specific consumers. Compass Health shall also provide the MHPs, DMHPs/DCRs, the Prosecutor's office and, where appropriate, the Court, with prior notice of release of detained persons. Compass Health specifically understands that all information and records in connection with performance of services pursuant to the Adult Involuntary Treatment Act, RCW 71.05, and the Community Mental Health Act, RCW 71.24, and RCW 70.96B are strictly confidential and may only be released in accordance with the exceptions provided by state and federal law.~~

~~B. LOCATION OF SERVICES~~

~~_____ Services are provided at:~~

~~Snohomish County owned facility located at 10710 Mukilteo Speedway, Mukilteo, Washington.
NSMHA leased facility located at 2310 North Sound Drive, Sedro Woolley, Washington.~~

~~C. LEGAL RELATIONS~~

~~The site and the facility located in Mukilteo, Washington are owned by Snohomish County. The site and the facility located in Sedro Woolley, Washington (North Sound E&T) are leased by NSMHA.~~

~~D.A. _____ EVALUATION AND TREATMENT SERVICES—MUKILTEO AND SEDRO WOOLLEY (NORTH SOUND) E&Ts~~

Compass Health provides the necessary personnel and services.

1. ~~Goal~~

~~To provide a 15-bed program at the Mukilteo E&T and a 16-bed program at the Sedro-Woolley E&T to mentally ill adults with mental illnesses under 72-hour involuntary detention and/or 14-day commitment in accordance with the Washington State Involuntary Treatment Act, RCW 71.05. The E&Ts may provide evaluation and treatment services to mentally ill adults on a voluntary admissions basis on a case-by-case basis in coordination with and approved by NSMHA care coordinators. This type of admission should be rare and should be part of the consumer's crisis plan.~~

A. **Recipient Eligibility**

The E&Ts shall serve adult ~~mentally ill~~ individuals with mental illnesses primarily from the North Sound Region.

1. Admission Criteria: Individuals must meet admission criteria per NSMHA Policy 1542 E & T Facilities Criteria Admission Medical Clearance Criteria including medical clearance and required diagnostic tests to be eligible for admission.
2. Ineligible for admission:
 - i. ~~Sexually violent and offenders predators~~ being detained pursuant to RCW 71.09 or high risk sex offenders classified by the local law enforcement agencies will not be served by the E&Ts. Per state law, RCW 71.09, individuals who have been committed or have been convicted of any sex offense shall register with the County Sheriff for the county of the individual's residence. The level of risk is assigned by local law enforcement agencies when an individual is required to register following conviction of a sexual offense. Level III ~~sexual offenders~~ individuals are the highest risk and shall be excluded from the E&Ts. Level I and Level II sexual offenders shall be considered on a case-by-case basis prior to admission. The DMHP/~~DCR~~, in consultation with the E&T staff, shall make the determination regarding Level I and Level II sexual offenders as to the level of danger and appropriateness for admission.
 - i. ~~Any mentally ill individual with any pending (not dismissed or otherwise disposed) felony charge shall be excluded from admission. (Note: individuals released from jail on a Temporary Release (TR) may be considered on a case by case basis by the facility, after consultation with the DMHP).~~
these cases deemed can be considered on a case by case basis by the facility).
 - ii. Any DMHP/~~DCR~~ within the NSMHA service area, in consultation with the E&T staff and in adherence with established admission criteria, will review pending detentions for medical care needs, safety and security to insure appropriate admissions. This shall be done in collaboration with E&T staff who may require basic medical clearance and or consultation with a physician prior to accepting an admission. If medical care, safety or security needs cannot be met by the E&T, per the E&T's licensed independent practitioner, the individual will be detained at an appropriate

facility elsewhere- ([refer to NSMHA Policy 1577 E & T Refusal and Review Process](#)).

- iii. Aside from the limitations above, the E&Ts will have a no decline policy for any referrals from any DMHP/~~DCR~~ within NSMHA service area, provided the individual being referred meets the criteria for the population to be served under this section.

B. *Program Components*

~~Services shall be in accordance with WACs 388-865 and 248-25 and RCWs 71.05, and 71.24, and 70.96B (involuntary treatment):~~

1. Individuals will be detained initially for a 72-hour evaluation and treatment period by a DMHP/~~DCR~~ and, if indicated, will be committed by a Superior Court Judge or Commissioner for a 14-day period, including any subsequent period pending 90-day judicial proceedings. Individuals shall also be detained pursuant to RCW 71.05 on a non-emergency basis when ordered by the Superior Court. Other admissions will occur when consumers are revoked from a Less Restrictive Court Order (LR) or Conditional Release (CR) under RCW 71.05.340 and WAC 388-865.
2. ~~Voluntary admissions may occur in accordance with the individual consumer-specific provider plan coordinated/approved by NSMHA care coordinators.~~
3. Pre-Admission Screening: All individuals referred for admission will be screened according to NSMHA [Policy 1542 \(E & T Facilities Criteria Admission Medical Clearance Criteria\)](#)~~policy~~. All referrals will be documented in a referral log including name, date, referral source and disposition. Declined referrals will be noted with rationale. If the decline is due to medical care, safety or security, the name of the E&T licensed independent practitioner who declined the referral shall be documented- ([refer to NSMHA Policy 1577 E & T Refusal and Review Process](#)). Aggregated data [on referrals, admissions, and declines](#) will be reported to NSMHA ~~on a monthly basis.~~ [quarterly](#).
4. Evaluation and Treatment: [Evaluation and treatment components shall include physical examination, psychosocial assessment, and mental status examination.](#)
 - i. Each admitted individual shall be provided with an intake assessment by the E&T staff in accordance with WAC [388-865](#) requirements. ~~Evaluation and treatment components shall include physical examination, psychosocial assessment and mental status examination. Treatment services shall include:~~
 - ii. An individual treatment and discharge plan as required by WAC 388-865 and 246-337.
 - a. For individuals currently enrolled in outpatient services, the therapist, case manager or other appropriate professional will be contacted upon admission and involved in the development of the discharge plan. If outpatient services are being provided by NSMHA providers, the E&T will ensure that discharge planning occurs in accordance with NSMHA contract standards and policies.
 - b. For un-enrolled individuals eligible for NSMHA outpatient services, the E&T staff will contact Access to schedule an intake

appointment in accordance with NSMHA contract standards and policies.

- iii. A structured, daily program of activities and services.
 - a. Mental health treatment, including individual, group and family therapy to be available at a minimum of five hours per day.
 - b. Related ancillary services and activities to include socialization and recreational activities and exercise.
- iv. Medications, medication evaluation and monitoring and medical education.
- v. Mental health related laboratory services, as required.
- vi. Routine medical service within the limits of medical resources available at the E&T to include nursing assessments as needed and defined in [WAC 388-865-0541](#) and NSMHA Policy 1542. -Individuals requiring medical treatment in excess of this will be transferred to an appropriate hospital for treatment.
- vii. Services to address the needs of ~~those mentally ill~~ individuals with special needs, ~~such as the hearing impaired, minority, developmentally disabled, head injured, elderly and those with alcohol and substance abuse problems as defined in WAC 388-865-0541.~~
- viii. The capability of detaining ~~individuals~~ ~~persons~~ dangerous to themselves and others with use of seclusion rooms and following [WAC 388-865-0545](#) procedures.
- ix. The right to the least restrictive alternative to maintain health and safety when detaining ~~individuals~~ ~~persons~~ dangerous to themselves or others as established in NSMHA policies regarding care during seclusion and restraint and in accordance with [WAC 388-865-0545](#) requirements.
- x. Individuals shall be discharged from the E&T with appropriate transportation arrangements provided.
- xi. Any individual who is allowed to convert to a voluntary status during the involuntary admission shall legally consent to and follow all conditions applied to involuntary individuals.
- xii. Individuals converting to voluntary status shall have the right to request discharge at any time and, if discharged, will have transportation arrangements provided.
- xiii. Court Evaluation and Testimony: Court may be held within the E&T. When Superior Court judicial proceedings occur at the E&T, these proceeding shall have priority over all other uses of the conference/hearing room in the E&T. Compass Health shall, for court evaluation and testimony:
 - a. Provide legal documents pertaining to the involuntary detention of individuals at the E&T, as required by the NSMHA ~~Ce~~ counties' Superior Court systems.
 - b. Provide records and court testimony at probable cause hearings or trials by other professional staff employed at the E&T as requested. These records and testimony shall be provided, as needed, pertaining to the individual's behavior during detention at the E&T.

- xiv. Provide support to the DMHPs, ~~/DCRs~~, County Prosecutor's office and State Attorney General's office in the form of consultation, live and telephonic testimony, records and reports, where required, at ITA proceedings for specific individuals. ~~Compass Health specifically understands that all information and records in connection with performance of services are strictly confidential and may only be released in accordance with the exceptions provided by state law.~~ When necessary for judicial proceedings, Compass Health shall promptly supply a certified copy of all medical and psychological records and make available, if necessary, a records custodian capable of testifying in order to introduce medical and psychological records per RCW 5.45.020 and the civil rules of Washington State Superior Court.
- xv. Accompany and provide care of individuals during court proceedings away from ~~the~~ facility.
- xvi. ~~Arrange for transportation.~~
- xvii. ~~MUKILTEO FACILITY:~~ Evaluation and expert witness testimony for court purposes by a licensed physician, psychiatrist or licensed psychologist will be arranged and provided by the Snohomish County Human Services Department/Involuntary Treatment Office. Treating physician records and testimony shall be provided where necessary per RCW 71.05, ~~and 71.34, and 70.96B.~~

Initial screening and evaluation (and court testimony as needed) for court hearings will be done by the Snohomish County DMHP staff. Coordination of probable cause hearings will occur through the Snohomish County Involuntary Treatment Office. A court hearing room is located in the E&T where court hearings and non-jury trials shall occur.

~~SEDRO WOOLLEY (NORTH SOUND) FACILITY: Evaluation and expert witness testimony for court purposes by a licensed physician, psychiatrist or licensed psychologist will be arranged and provided by Compass Health DMHPs/DCRs. The treating physician records and testimony shall be provided where necessary. A court hearing room is located in the E&T where court hearings and non-jury trials may occur.~~

C. *Personnel*

Compass Health will ~~provide the necessary personnel s taff~~ at the E&Ts in the number, quality, professional backgrounds and licensure needed to assure compliance with state law.

Compass Health shall designate a physician or other mental health professional as the professional person in charge of the E&T for the following clinical purposes and responsibilities:

1. All decisions concerning medical or psychiatric treatment for persons in the E&T.
2. Prescriber with responsibility for treatment.
3. Explanation of rights to refuse medical treatment 24 hours prior to hearings.

4. Compliance with rights notifications to persons admitted to the E&T and ensuring rights afforded under statute and law to persons admitted to the E&T.
5. All transfers and/or referrals to appropriate facilities for alcohol or medical treatment after admission to the E&T.
6. Temporary releases under RCW 71.05. When transported off site, individuals are to be in the custody and care of an E&T staff and/or other mental health agency staff at all times. This includes residential facility screening visits for individuals who are ready for discharge and are considering placement at such facilities or for medical appointments. At no time shall individuals be given temporary passes from the facility.
7. To complete requirements that less restrictive alternatives be considered and to provide research of less restrictive alternatives to involuntary hospitalization and discharge planning.
8. Determining and coordinating with the DMHP/~~DCR~~, conditional releases and/or releases to less restrictive alternative to inpatient treatment.
9. Unconditional releases, including transportation and other assistance to released persons.
10. Notification under RCW 71.05.

D. Training

1. Training for all staff shall meet WAC 388-865 and 246-337 requirements. At a minimum, all staff will receive mandatory training in the following:
 - i. Managing assaultive behavior and use of seclusion and restraints per WAC and medical/ethical standards.
 - ii. Nursing assessment review requirements for all licensed nurses.
 - iii. Individual civil rights and ITA due process procedures.
 - iv. Confidentiality of records/information.
 - v. Notification requirements.
2. Compass shall have ~~An~~ employee trained in cardiopulmonary resuscitation and emergency first-aid will be present at all times.
3. Compass ~~Health~~ shall establish training of E&T staff including temporary or on-call staff. Training shall include a planned, documented orientation for each new employee and an ongoing program of in-service training for all clinical staff designed to maintain and update competencies needed to perform assigned duties.
4. Compass shall conduct ~~O~~orientation and in-service education plans; plans ~~shall~~will be maintained and attendance documented in each employee's personnel record.
- ~~Training for all staff shall meet WAC 388-865 and 246-337 requirements. At a minimum, all staff will receive mandatory training in the following:~~
 - ~~Managing assaultive behavior and use of seclusion and restraints per WAC and medical/ethical standards.~~
 - ~~Nursing assessment review requirements for all licensed nurses.~~
 - ~~Individual civil rights and ITA due process procedures.~~
 - ~~Confidentiality of records/information.~~
 - ~~Notification requirements.~~

~~D.E.~~ Mukilteo E&T DMHPs

Snohomish County DMHPs/~~DCRs~~ will be responsible for the following:

1. Screening decisions concerning whether a person should be excluded from the facility as a Level III sex offender, a mentally ill offender or in need of medical treatment at another facility prior to admission at the E&T.
2. Decisions on initial detention, provisional acceptance and admission at the E&T.
3. Decisions on commencement of 14-day petitions under RCW 71.05 with concurrence of Compass Health.
4. Decisions on commencement of 90-day petitions under RCW 71.05 with the concurrence of Compass Health.

~~2. *Sedro Woolley (North Sound) E&T*~~

~~The Compass Health DMHPs/DCRs will be responsible for the following:~~

- ~~a) Screening decisions concerning whether a person should be excluded from the facility as a Level III sex offender, a mentally ill offender or in need of medical treatment at another facility prior to admission at the E&T.~~
- ~~b) Decisions on initial detention, provisional acceptance and admission at the E&T.~~
- ~~c) Decisions on commencement of 14-day petitions under RCW 71.05 with concurrence of Compass Health.~~
- ~~d) Decisions on commencement of 90-day petitions under RCW 71.05 with the concurrence of Compass Health.~~

~~3. An employee trained in cardiopulmonary resuscitation and emergency first-aid will be present at all times.~~

~~4. Compass Health shall establish training of E&T staff including temporary or on-call staff. Training shall include a planned, documented orientation for each new employee and an ongoing program of in-service training for all clinical staff designed to maintain and update competencies needed to perform assigned duties.~~

~~5. Orientation and in-service education plans shall be maintained and attendance documented in each employee's personnel record.~~

~~6. Training for all staff shall meet WAC 388-865 and 246-337 requirements. At a minimum, all staff will receive mandatory training in the following:~~

- ~~a. Managing assaultive behavior and use of seclusion and restraints per WAC and medical/ethical standards.~~
- ~~b. Nursing assessment review requirements for all licensed nurses.~~
- ~~c. Individual civil rights and ITA due process procedures.~~
- ~~d. Confidentiality of records/information.~~
- ~~e. Notification requirements.~~

E.F. ***OTHER REQUIREMENTS***

1. Certification and Licensure: Compass Health is responsible for establishing certification or licensure. The E&T shall be certified as an E&T (Involuntary Component) by the Department of Social and Health Services (DSHS)/MHD and any other state required E&T certification or licensure. Compass Health shall comply with and meet all state and local health, fire and safety codes and regulations.

Certification as an E&T by ~~Department of Social and Health Services (DSHS), Mental Health Division~~, requires compliance with certain Department of Health facility licensure standards; however, this facility is not required to be licensed under the current Department of Health WACs regarding private establishments. Compass Health is responsible for complying with applicable facility standards for E&T certification, ~~and, Compass Health may~~, at its discretion, ~~may~~ elect to obtain licensure ~~as an Adult Residential Rehabilitation Center (ARRC) or other facility if~~ it deems ~~it~~ necessary or advantageous for insurance, third-party reimbursement or other such purposes or to meet other obligations, ~~of this Agreement~~. Compass Health shall be responsible for all costs of such licensure. If the state develops licensure requirements for freestanding E&Ts or state licensure becomes applicable to this facility, Compass Health agrees to obtain such licensure.

2. Clinical Records: Shall be in accordance with WAC requirements and NSMHA policy.
3. Information System: Compass Health shall implement and maintain a system of fiscal, individual and program data collection and shall provide DSHS and NSMHA with such information and in such form as may be required by these agencies.
 - i. Data shall include bed utilization, length of stay and individual demographic data.
 - ii. Compass Health shall cooperate with and provide information required for NSMHA's individual tracking system.
4. Notification Requirements: Compass Health shall be responsible for complying with all notification requirements of RCW 71.05 and with developing procedures to trigger adequate notification to identified persons and law enforcement and proper records disclosure.
5. Community Linkages: Compass Health shall establish and maintain ongoing working relationships with all elements of the NSMHA involuntary/voluntary mental health treatment systems for the purpose of facilitating the admission and discharge of individuals participating with these systems in problem solving and systems development activities. In addition, Compass Health shall be involved in the following Snohomish County Community efforts:
 - i. Participation on the ~~Snohomish Crisis Oversight Committee, Evaluation and Treatment Advisory Committee, established by Snohomish County Mental Health Division~~
 - ii. Collaboration with local law enforcement, Mukilteo Police Department, Snohomish County Sheriff's Office and local Fire Department.
6. Length of Stay: Compass Health shall develop and implement policies and procedures to affect the timely discharge of these individuals.
7. Service Agreements: Compass Health shall maintain service agreements with DSHS, hospitals, Department of Developmental Disabilities (DDD), law enforcement, outpatient mental health providers and other community supports. Such agreements shall be updated on an annual basis.
8. Monitoring and Evaluation: All programs shall meet the criteria as set forth in this amendment, as well as meet the criteria of WAC 388-865 and 246-337. Compass

Health shall cooperate with NSMHA and Snohomish County in monitoring and evaluation activities deemed appropriate by NSMHA and Snohomish County.

9. Critical Incidents: Compass Health will report all critical incidents in accordance with the NSMHA Critical Incident policy.
10. Disruptions in Service: Compass Health will notify NSMHA of any potential disruption in service.

F.G. ***REPORTING***

1. Compass Health shall send the following data on a daily basis by e-mail to NSMHA:
 - i. Number of admissions
 - ii. Number of discharges
 - iii. Midnight census (median)
 - iv. Seclusion and restraint data
2. Compass Health will maintain a database to track and monitor use of seclusion and restraint in a format approved by NSMHA.

ATTACHMENTS

None

NSMHA COMMITTEE DISCUSSION FORM

AGENDA ITEM: Less Restrictive Alternative Workgroup Recommendations

PRESENTER: Sandy Whitcutt

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

SIGNIFICANT POINTS OR EXECUTIVE SUMMARY:

A small workgroup was convened in January 2013 with outpatient providers and representatives from ICRS to discuss less restrictive orders, and address improvement around chart documentation when an individual was placed on a Less Restrictive order as a result of an involuntary hospitalization. The issue was raised after chart reviews found inadequate charting when a violation of the court order occurred. The workgroup discussed the clinical role of LRs, coordination between outpatient providers and the ICRS system, use of extensions, use of the data system to track the LR, and what occurs clinically when an individual has a violation during the time the LR is in place.

The workgroup discussion focused on the use of the LR as a tool to support an individual in his or her recovery. System wide, it was felt that coordination was generally good between providers and ICRS. Extensions of LRs (extending the condition beyond the initial timeframe) were being managed. Consultations with the DMHP offices appear to be going smoothly at this time.

Forms were discussed. There were varying degrees of use of forms in the region. It was agreed that the monthly LR tracking forms were needed, extension forms when there was a request, and when made aware of an individual on a LR, some providers preferred to fax the name to the DMHP offices.

Violations were discussed at length. It was felt that providers did not need to report each violation to the DMHP office, unless the violation resulted in the need to revoke the individual.

It was agreed that when an individual is placed on a LR, and there has been a violation, the clinician has to make a clinical decision regarding the need to re-hospitalize. The clinician is often working through steps in the decision.

A decision tree was developed. The elements of the tree are listed below:

- The consideration is that the revocation of the LR is to put someone back in the hospital – do elements involved show the need for the revocation (i.e., will person benefit from going back to hospital)
- Treatment Interventions to address/Safety concerns to consider
 - Immediate medication intervention/compliance with taking the medications
 - Offering instruction of needs and ensure they can be met
 - What would the clinician do if individual was not on LR
 - What is the individual willing to do in treatment

- Specific to the Violations involved in the LR
 - Missed appointment(s)/prompting as to why and follow up (how to write) what is the violation, what does it mean and where do we go from here – this should always be documented with the idea of returning to the hospital
 - What is the level of risk (history of serious harm)
 - What is the violation
 - What is the intensity of the violation

The group discussed the documentation of the decision (thought process) when there has been a violation. The agreement was that the tree should be used every time there is a violation.

Where to document was then discussed. The workgroup felt that as long as the quality of the decision tree was documented in the appropriate progress section of the chart and any changes referenced in the treatment plan, the thought process of the clinician working with the individual would meet the clinical need. This was agreed to.

Coordination with the DMHP offices was recommended.

Both policies related to the LR (Policy 1561, Revocation of the LR and Policy 1562, Monitoring the LR) were briefly discussed and the Monitoring policy was reviewed briefly with the workgroup.

CONCLUSIONS/RECOMMENDATIONS:

The workgroup ended with the recommendation that all providers use a decision tree when there has been a violation of the LR. The above elements should be documented in the body of the progress notes. Training clinical staff on the use of a decision tree is also a recommendation and needs discussion from QMOC.

Coordination between outpatient providers and the DMHP offices was stressed when working with an individual on the LR.

Both of the policies are due for review and will be revised to include the above changes to note the use of a decision tree in the policy if QMOC is in agreement to the above changes.

TIMELINES: A timeline to implement a decision tree for LRs within the outpatient providers should be discussed at QMOC.

ATTACHMENTS:

NORTH SOUND MENTAL HEALTH ADMINISTRATION
QUALITY MANAGEMENT OVERSIGHT COMMITTEE (QMOC)
July 24, 2013

AGENDA ITEM: Lack of eating disorder and other diagnoses in our system

REVIEW PROCESS: Planning Committee () Advisory Board () Board of Directors (X) QMOC

PRESENTER: Greg Long

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

SIGNIFICANT POINTS OR EXECUTIVE SUMMARY:

OBJECTIVE:

To assure that all people being admitted into the RSN System are fully diagnosed for all of their covered diagnoses.

BACKGROUND:

Recently NSMHA received a request for out of network residential eating disorder treatment. The eating disorder was not one of the diagnoses in the assessment or in the CIS. This raises several quality of care issues:

- Are all people entering the system being assessed for all of the covered diagnoses, including A and B diagnoses that they may have? The tendency for assessors in our system may be to assess the individual only to the point of establishing their eligibility on one diagnosis.
- NSMHA is aware that eating disorder diagnoses are diagnosed at a much lower prevalence than would be expected from the DSM V prevalence data. This is occurring across the State. This is likely to be occurring with other diagnoses, especially B diagnoses.

PREVIOUS ACTION(S) TAKEN: None

CONCLUSIONS/ACTION REQUESTED:

- Assessors and on-going clinicians need to assess clients for all of their covered diagnoses.
- All covered diagnoses that an individual meets should be listed on their assessment, 180 day review/update, treatment plan, and in the CIS. Diagnoses/symptoms can be listed on treatment plan, but deferred or documented that they are intentionally not addressed.
- NSMHA should do a study of the prevalence of all diagnoses in our system versus the reported frequency in the general population as reported in the DSM V.

FISCAL IMPACT: This may lead to greater costs for more symptoms and diagnoses are likely to be assessed. NSMHA does have unspent Medicaid funding at this time.

ATTACHMENTS: Eating Disorder CIS Data.

Total People Served and People Receiving a Eating Disorder Diagnosis

Age Group / Gender	Fiscal Year 2009 = 7/1/2008 - 6/30/2009				
	Fy2009	Fy2010	Fy2011	Fy2012	Fy2013
adult					
Female					
Sum of Total_Serve	4,884	5,826	6,174	5,931	5,881
Sum of Total_EatingDisorder	3	2	4	1	0
Male					
Sum of Total_Serve	3,334	3,842	3,902	3,842	3,735
Sum of Total_EatingDisorder	1	0	0	0	0
Unknown					
Sum of Total_Serve	6	9	5	8	5
Sum of Total_EatingDisorder	0	0	0	0	0
blank					
Sum of Total_Serve			0	4	
Sum of Total_EatingDisorder			0	0	
adult Sum of Total_Serve	8,224	9,677	10,081	9,785	9,621
adult Sum of Total_EatingDisorder	4	2	4	1	0
child					
Female					
Sum of Total_Serve	2,196	2,398	2,613	2,721	2,709
Sum of Total_EatingDisorder	5	4	3	4	0
Male					
Sum of Total_Serve	2,510	2,744	2,746	2,822	2,741
Sum of Total_EatingDisorder	1	1	0	0	0
Unknown					
Sum of Total_Serve		1		0	3
Sum of Total_EatingDisorder		0		0	0
child Sum of Total_Serve	4,706	5,143	5,359	5,543	5,453
child Sum of Total_EatingDisorder	6	5	3	4	0
Total Sum of Total_Serve	12,930	14,820	15,440	15,328	15,074
Total Sum of Total_EatingDisorder	10	7	7	5	0

Eating disorder diagnoses 307.1, 307.50, 307.51, 307.52, 307.53, 307.54, 307.59

Population includes all receiving Therapeutic Outpatient Service

Method of computation mirrors Co-Occurring computation, diagnosis from service or authorization

NORTH SOUND MENTAL HEALTH ADMINISTRATION
QUALITY MANAGEMENT OVERSIGHT COMMITTEE (QMOC)
July 24, 2013

AGENDA ITEM: Improving Management of Out-of-Network Services

REVIEW PROCESS: Planning Committee () Advisory Board () Board of Directors () QMOC (X)

PRESENTER: Greg Long

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

SIGNIFICANT POINTS OR EXECUTIVE SUMMARY:

OBJECTIVE:

To improve the management of out-of-network referrals.

BACKGROUND:

The North Sound Region's public mental health system is a large system with over 600 clinicians providing services. However, as we've discussed before, there are certain diagnoses and treatments that are so specialized that the service is not available within our network of providers. We've agreed that for some of these infrequent and specialized services sub-contracting for out of network services is the most effective and efficient way to meet these needs. Providers according to contract and policy are expected to arrange and contract for out of network services. If the person may need to be sent out of State or the service is outside the normal range of services NSMHA may contract for the services.

All clinicians and supervisors need to be aware of this policy. If they are encountering a treatment need that they or their agency can meet directly or through a referral to another CMHA, they can and should sub-contract for it. If necessary, they can contact NSMHA's Out-of-Network Quality Specialist for assistance.

Sometimes agency staffs postpone addressing these treatment needs for out-of-network services for they are not a frequent occurrence. Agency line staffs are not familiar with the process. The symptoms exacerbate so very expensive inpatient or residential treatment is needed. It is especially difficult if the provider has already made this recommendation to the individual. NSMHA would much prefer intervening earlier with less restrictive specialty outpatient services.

PREVIOUS ACTION(S) TAKEN: None

CONCLUSIONS/ACTION REQUESTED:

- All clinicians, supervisors, and managers need to be familiar with the Out-of-Network Policy (1522).
- Please review the policy so any questions can be discussed.
- NSMHA is recommending that each agency have an identified person who oversees these out-of-network processes.
- When a unique specialty service is needed, this need should be addressed as soon as possible so the least restrictive level of care possible can be utilized.

FISCAL IMPACT:

It is hoped that greater awareness and proactive implementation of this policy will both improve care and reduce the high cost of intensive residential or inpatient care.

ATTACHMENTS:

Policy 1522

Effective Date: 7/29/2004
Revised Date:
Review Date:

North Sound Mental Health Administration

Section 1500 – Clinical: Out of Network Referrals

Authorizing Source: 42 CFR 438.206

Cancels:

See Also:

Providers are required to have a policy consistent with

Responsible Staff: Quality Manager

Approved by: Executive Director

Date: 4/25/2008

Signature:

POLICY #1522.00

SUBJECT: OUT OF NETWORK REFERRALS

PURPOSE

To permit a referral to a Mental Health Care Provider (MHCP) outside of the North Sound Mental Health Administration (NSMHA) Provider Network in order to meet the medically necessary mental health needs of a NSMHA consumer.

POLICY

NSMHA has developed an integrated care system and strives to provide all medically necessary mental health care within the NSMHA Provider Network. NSMHA and its providers will have in place a process that permits a referral to an appropriate MHCP outside of the NSMHA Provider Network when there is not a MHCP with appropriate training and experience in the NSMHA Provider Network to meet the particular medically necessary mental health service needs of the NSMHA consumer.

Consumers referred to subcontracted MHCPs or out-of-network providers will remain in open status with the referring agency. Clinicians serving consumers who receive subcontracted or out-of-network care will get updates at least every six months and keep the NSMHA Care Coordinator informed of the status of the consumer's ongoing care. Providers are responsible for submitting encounter data to the MIS system and maintaining appropriate documentation to maintain compliance with Medicaid rules.

Subcontracted services are not considered out-of-network services, and do not require approval by NSMHA, but NSMHA does require notification of consumers receiving these services. A subcontract is an ongoing contract between a CMHA and individual or organization to provide services not available within the network for a group of individuals. Copies of subcontracts will be submitted to NSMHA annually and new contracts within 30 days of the contract start date.

An out-of-network referral is considered to be a service that is not covered by a current contract or subcontract, therefore requiring a new agreement to be initiated by the provider agency. It is for a specific individual at a specific time for a specific service and service period. It is not an ongoing subcontract.

Referrals to providers outside the state of Washington must be approved by NSMHA. These referrals will only be approved if it is found that there is no appropriate provider available within the region and state.

PROCEDURES

For Subcontracted and Out-of-network Services:

When a provider sends a consumer for treatment outside of the CMHA for either subcontracted services or out-of-network/in-state services, the provider will notify the NSMHA Care Coordinator by telephone, fax or letter including consumer name, consumer number, and the name/address/phone number of the non-CMHA provider, with a short justification for the use of the non-CMHA provider.

If the out of network provider recommends a particular treatment, diagnostic test, or service covered by NSMHA, and it is determined to be medically necessary and a NSMHA covered service utilizing NSMHA's criteria, then that treatment, diagnostic test or service will be provided at no cost to the consumer.

Subcontracted and out-of-network services are contracted and paid by the provider agency making the referral. NSMHA will reimburse the contracted provider at the standard hourly rate.

Out-of-state referrals: When a consumer requires a service that is not available within the state, a request may be submitted to the NSMHA Adult or Child Care Coordinator as appropriate.

The request can be submitted orally or in writing by:

1. The NSMHA consumer, custodial parents of children and adolescents, and/or others with legal custody;
2. NSMHA Provider, and/or the initial MHCP conducting the intake assessment.

The request for an out of state provider will be reviewed by a Care Coordinator or other decision making authority in conjunction with NSMHA's Medical Director based on medical necessity and the consumer's current symptoms. The Care Coordinator and Medical Director determine whether or not a qualified MHCP or an equivalent service is available within the NSMHA Provider Network or within the state before considering if an out of state referral is appropriate and the final determination is rendered. NSMHA may request a second opinion in this process.

Criteria for out-of-state service approval:

1. Consumer has a current coupon with a mental health benefit
2. Consumer has had an assessment by a contracted provider
3. Contracted CMHA provider certifies that the treatment requested for the consumer is medically necessary, is not available from that agency, and that they are not aware of its availability within the network or the state.
4. Contracted CMHA will continue to work with the consumer, monitor the out-of-state care the consumer is receiving, and report updates to the NSMHA Care Coordinator.

Notices of determination will be rendered within the following time limits:

1. Urgent/Emergent treatment within twenty-four (24) hours;
2. Routine treatment within fourteen (14) calendar days.

Medically necessary mental health care services can only be rendered by out of state MHCPs that are qualified to review and treat the particular mental health condition identified in the request.

Payment for out-of-state services is contracted directly by NSMHA with the out-of-state provider agency.

The Care Coordinator will keep a log of all subcontracted, out-of-network and out-of-state treatment provided.

Each Provider within NSMHA's Provider Network shall develop specific written procedures to implement the provision of this policy or shall incorporate this policy into their agency policy manual.

ATTACHMENTS

None