

Per Advisory Board request made on November 6, 2001, Advisory Board members are asked to bring this packet to the meeting. Notebooks will no longer be provided on meeting day.

**NORTH SOUND REGIONAL SUPPORT NETWORK
ADVISORY BOARD MEETING**

**North Sound Regional Support Network
Conference Room
117 North First St., Suite 8
Mt. Vernon, WA 98273
July 16, 2002
1:00 PM**

Agenda

1. Call to Order; Introductions, Chair – 5 minutes
2. Revisions to the Agenda, Chair – 5 minutes
3. Approval of June 2002 Minutes, Chair – 5 minutes
4. Comments from the Public
5. Correspondence and Comments from the Chair – 5 minutes
6. Old Business
 - a. Executive Director's Report - Chuck Benjamin – 5 minutes
 - b. Finance Committee – Mary Good – 5 minutes
 - c. Strategic Plan Committee –
 - d. Activities and Liaison Committee – Charles Albertson
 1. Site Visitations for 2002
 2. Consumer-Run Projects
7. Items To Be Brought Forward To The Board of Directors – Marcia Gunning, Contracts Compliance & Financial Services Manager
 - a. Consent Agenda
 - b. Action Items
 - c. Emergency Action Items
 - d. Motions Yet To Be Approved, Chuck Benjamin, Executive Director – 5 minutes

8. New Business - 10 minutes
9. Comments from County Advisory Board Representatives – 15 minutes
 - a. Island
 - b. San Juan
 - c. Skagit
 - d. Snohomish
 - e. Whatcom
10. Comments from Public – 5 minutes
11. Other Business
 - a. Request for Agenda Items
12. Adjournment

NOTE: The next Advisory Board meeting will be August 20, 2002, at the NSRSN Conference Room, 117 N. First Street, Suite 8, Mount Vernon.

MEMORANDUM

REVISED

DATE: June 26, 2002

TO: NSRSN Advisory Board

FROM: Marcia Gunning
Contracts Compliance & Financial Services Manager

RE: July 25, 2002 NSRSN Board of Director's Agenda

Please find for your review and comment the following that will be discussed with the Board of Directors brought forth at the July 25, 2002 NSRSN Board Meeting.

CONSENT AGENDA

1. To adopt North Sound Regional Support Network Critical Incident Policy and Procedure.

This policy and procedure has been under development for the past year and is brought forward after extensive participation and review by NSRSN staff and stakeholders.

2. To adopt NSRSN Financial Services Policy: 32. Consultant Contracts Amendment.

The NSRSN staff recommends approval of the attached Consultant Contracts amendment. This amendment would enable the Executive Director to purchase professional services and consultation services costing \$5,000 or less per year, as long as the expenditures are in the approved NSRSN Operating Budget for that time period.

3. To authorize the NSRSN Executive Director to enter into Contract NSRSN-APN-02, Amendment 1 between the NSRSN and Associated Provider Network for PHP Title XIX Case Rate Increase - FY 2002. Maximum consideration shall be increased by \$591,343. (see attached)

The Washington State Legislature authorized a one-time payment for mental health case rate increases to the RSN's. \$591,343 has been allocated to the NSRSN. NSRSN staff recommends that the 4.75% Administrative/Operating Budget carveout does not apply to these RSN/PHP Title XIX funds and that 100% goes to APN.

4. To authorize the NSRSN Executive Director to enter into contract NSRSN-Compass-MICA-01, Amendment 1 between the NSRSN and Compass Health for co-occurring disorder services and training, extending the sunset date to 12/31/02. Maximum consideration remains unchanged at \$142,817.

This amendment will extend the sunset date from September 30, 2002 to December 31 2002, enabling compass Health to complete their clinical staff co-occurring disorder training project.

ACTION ITEMS

None

EMERGENCY ACTION ITEMS

None

ITEMS NOT YET REVIEWED BY THE ADVISORY BOARD

To introduce NSRSN Anti-Retaliation Policy.

This policy has been developed, per MHD contract requirements. The NSRSN Ombuds, QRT and Management Team have reviewed and bring forth for Advisory Board and Board of Director review, comment and adoption in August 2002.

If you have any questions or concerns you would like to discuss prior to the meeting, please do not hesitate to contact me.

cc: NSRSN Board of Directors
Charles R. Benjamin
County Coordinators
NSRSN Management Team

**North Sound Regional Support Network
MENTAL HEALTH ADVISORY BOARD**

June 18, 2002

Present: Eileen Rosman, Dan Bilson, Ian Brooks, Mary Good, Bob Hart, Marie Jubie, Joan Lubbe, Janet Lutz-Smith, John Patchamatla, Dean Stupke, Chris Walsh
Excused: Chuck Albertson, Jack Bilsborough
Absent: Kay Day, James Vest
Staff: Beckie Bacon, Chuck Benjamin, Melinda Bouldin, Shirley Conger, Chuck Davis, Sharri Dempsey, Marcia Gunning, Wendy Klamp, Greg Long
Guests: Carol Richardson, Donna Premo, Maureen Kavanagh, Pat Jacobson, Jere LaFollette, Jill Dace, Jane Relin

MINUTES

TOPIC	DISCUSSION	ACTION
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CALL TO ORDER, INTRODUCTIONS

	Chair Rosman convened the meeting at 1:00.	Informational
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REVISIONS TO THE AGENDA

	Beckie Bacon and Dan Bilson each requested they be added to New Business.	Informational
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APPROVAL OF MINUTES

Chair Rosman	Chair Rosman called for approval of the May minutes. It was moved that the minutes be approved as written.	The motion passed unanimously
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COMMENTS FROM THE PUBLIC

Jere LaFollette	Jere LaFollette distributed copies of the APN 2002 Annual Report, outlining strengths, areas of improvement, and objectives for the coming year.	Informational
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Carol Richardson	Carol Richardson of the Edmonds Consumer Group offered a brief history of her involvement with the group and also gave a brief sketch of how previously obtained grant money had been used. The grant ended in August of 2001 severely curtailing the activities offered by the group. She inquired as to whether or not the NSRSN Advisory Board could offer any financial assistance. Chuck Benjamin stated that although he commends the group for their accomplishments, unfortunately consumer project dollars had been taken back by the State. Marie Jubie offered the Snohomish County Mental Health Advisory Board as a possible benefactor. The group	Informational
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was also encouraged to write to their state legislators about this issue.

Greg Long

Greg Long offered a PowerPoint presentation outlining the Enhanced Case Management Programs for the North Sound Region. The presentation included a description of and the purpose of ECM, who it is designed to serve, and consumer concerns about it. Greg was asked how many states are using this type of program?

Greg will research how many states are using the Enhanced Case Management type of program.

CORRESPONDENCE AND COMMENTS FROM THE CHAIR

Eileen Rosman

Chair Rosman announced that Jack Bilsborough was excused due to vehicle problems, and Charles Albertson was excused because of attending a training.

Informational

OLD BUSINESS

Chuck Benjamin

Executive Director's Report

Informational

Mr. Benjamin reported:

- He attended the DSHS/MAA Town Meeting where the Medicaid Waiver was discussed.
- Raintree implementation is now delayed to October 1, through no fault of Raintree, rather it is a training issue. He offered gratitude to Raintree, the Providers, and RSN staff for their diligence in moving toward implementation of the new software.
- The Access Review is complete, data is being compiled. He thanked APN and their affiliates, Volunteers of America, and SeaMar for their participation in the project.
- The Public Consultant Group (PCG) study is looking at residential inpatient beds available throughout the State. The study will likely tell us that we need to build more beds statewide.
- The RSN is currently under PHP audit by MHD. A regional training committee is being formed, AB members are sought to serve on the committee.

- The working agreement between the Children's Administration, MHD, and the RSNs is being reviewed. A responsibility matrix was distributed to staff and providers for input. The amended matrix has been forwarded to RSN administrators, Richard Onizuka, and Karl Brimmer.
- The Recovery Conference is scheduled for November 13, which will be followed by the Board Retreat that evening and November 14, followed by the regular meeting of the Board of Directors on November 14.
- The NSRSN is leading the State in the area of Expanding Community Services. Mr. Benjamin thanked the providers for their cooperation.
- He also attended the Behavioral Health Conference and was impressed by the speakers. He will try to get "Onstage", a consumer musical group, to attend and perform at the Recovery Conference. He announced the 2nd Annual Poster Contest is underway, with submission deadline being June 24.
- He will try to get "Onstage", a consumer musical group, to attend and perform at the Recovery Conference.
- The 2nd Annual Poster Contest is underway, with submission deadline being June 24.

Mary Good

Finance Committee

Ms. Good reported that the Advisory Board Finance Committee recommends approval of April expenditures as presented to them. There was no Board of Directors Finance Committee meeting in May, so no report. Bill Whitlock explained the status of the FEMA claim submitted for loss of beds at WSH after the earthquake in February 2001. The Committee approved a request to purchase a bookcase and additional supplies for the Lorelei Coy Memorial Library.

It was moved, seconded, and approved to accept the Finance Committee Report

Janet Lutz-Smith

Janet Lutz-Smith reviewed the budget and noted that \$5,000 was allotted for regional and county conferences. She wondered if it would be possible to get all five county advisory boards together in a retreat-type setting to share common goals, and basically get to know each other. A motion was made and seconded to form a workgroup to see about having a regional county advisory board conference. Discussion included Chuck Benjamin's hope that a subcommittee would be formed to plan agendas, goals, etc. Marie hopes this event will improve communication and collaboration. Bob Hart suggested that maybe the event could piggyback onto the Board retreat, but that the committee would need to look at all options.

Motion: It was moved, seconded, and approved to form a workgroup to discuss a regional county advisory board conference. Volunteers for the workgroup are: Eileen Rosman, Janet Lutz-Smith, Marie Jubie, Bob Hart, and Dan Bilson. A phone conference will be conducted at a later date.

Janet Lutz-Smith

Strategic Plan Committee

Ms. Lutz-Smith reported that the Committee met, with Greg Long reporting that AB representation on the NSRSN Planning Committee is good, with Marie, Dan, Eileen and Janet on the Committee. The scope of work on the Board committee includes: Housing, ECS, decreasing hospital stays, opening children's crisis treatment center opening. A new workgroup will be looking at the mission statement and agency name change. Additional efforts will be including the Recovery Model in the Strategic Plan, including PTSD in clinical training, and GLBT doing trainings in July and November.

Informational

Eileen Rosman

Activities and Liaison Committee

Wednesday, June 26th, a visitation to Lake Whatcom Treatment Center is scheduled.

Informational

County Advisory Board Liaison Reporting

It was decided to remove this item from future agendas

Consumer-Run Projects

No report

Informational

CONSENT AGENDA

Marcia Gunning

Consent Agenda

Ms. Gunning directed the group to the items listed in the Consent Agenda of her memo. 1. To authorize contract 0169-00339, Amendment 3 between the State of Washington Mental Health Division and the North Sound Regional Support Network, effective July 1, 2002 through June 30, 2003. 2. To adopt the NSRSN's 2002 Enhanced Case Management Plan. 3. To authorize contract NSRSN-Raintree-ISSB-02 between the North Sound Regional Support Network and Raintree Systems, Inc, effective 9/1/02 through 12/31/03. Maximum consideration for this 16-month contract shall not exceed \$110,934. 4. To authorize contract NSRSN-VOA-DD Crisis-02, Amendment 1 between the North Sound Regional Support Network and Volunteers of America, extending the current contract through June 30, 2003. Maximum consideration of this Amendment shall not exceed \$10,020. Maximum consideration for the entire term of this agreement shall not exceed \$20,040. 5. To authorize contract NSRSN-APN-DD Crisis-02, Amendment 1 between the North Sound Regional Support Network and The Associated Provider Network, extending the current contract through June 30, 2003. Maximum consideration of this Amendment shall not exceed \$366,903. Maximum consideration for the entire term of this agreement shall not exceed \$714,605.

Motion: It was moved, seconded and approved to recommend the Board of Directors approve the Consent Agenda as presented.

Marcia Gunning

Action Items

"Ms. Gunning directed the group to the items listed as Action Items in her memo. 1. To adopt the North Sound Regional Support Network's Complaints, Grievance and Fair Hearing Policy and Procedure. 2. To adopt NSRSN's Disenrollment Policy and Procedure

Motion: It was moved, seconded and approved (with one abstention) to recommend the Board of Directors approve the Action items as presented.

Marcia Gunning	<p>Emergency Action Items</p> <p>Ms. Gunning directed the group to the items listed as Emergency Action Items in her memo. 1. To authorize the NSRSN Executive Director to enter into Contract No. NSRSN-PCI-User-01, Amendment (1) between the NSRSN and PCI Software, Inc. The effective dates of this Agreement shall be extended through November 30, 2002. Maximum consideration of this amendment shall be \$25,208.33 (\$5,041.67 per month). Maximum consideration of this Agreement shall not exceed \$85,708.33. 2. To introduce contract # NSRSN-Hedgepeth-02 between the North Sound Regional Support Network and Evonne Hedgepeth, PhD for Gay Lesbian, Bi-sexual, Transgendered, (GLBT) Clinical Training scheduled for July 23 and November 6, 2002. Maximum consideration shall not exceed \$3,000.00.</p>	<p>Motion: It was moved, seconded, and approved to recommend the Board of Directors approve the Emergency Action items as presented.</p>
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Marcia Gunning	<p>Motions Yet to be Approved</p> <p>Ms. Gunning directed the Advisory Board to review the Introduction Items listed in her memo.</p>	
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NEW BUSINESS

Beckie Bacon	<p>Beckie Bacon offered the results of the QRT NSRSN survey. An involved discussion took place, ultimately clarifying the fact that many people do not understand the roles and function of the NSRSN and APN, and also that some people chose not to fill out many categories, and counted themselves as representing more than one category, which skewed the numbers. The survey will be modified before it is conducted next time.</p>	<p>Informational</p>
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Dan Bilson	<p>Dan requested the following motions: The NSRSN Advisory Board send a letter to Governor Locke, Dennis Braddock, Karl Brimner, NSRSN Board of Directors, and Chuck Benjamin requesting the Governor to instruct the MHD to prioritize and expedite training of clinicians in PTSD questioning and best practice treatment.</p>	<p>Motion passed with 2 abstentions</p>
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Dan Bilson	<p>To request NSRSN staff to contact the University of Washington and the Washington Institute to learn of possible available PTSD training if any.</p>	<p>Motion passed with 1 abstention</p>
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Dan Bilson	<p>To request NSRSN staff contact Todd Henry regarding information on the FAST project through Children's Services.</p>	<p>Motion passed with 1 abstention</p>
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Ian Brooks	Ian offered the following motion: To recommend a letter be written to CMS and Chuck Benjamin on behalf of the Advisory Board in opposition of the proposed waiver.	Motion passed unanimously
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COMMENTS FROM COUNTY ADVISORY BOARD REPRESENTATIVES

Eileen Rosman, Island	No report	Informational
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Dean Stupke, San Juan	Mr. Stupke reported that the County had received a grant to make improvements to North Islands Mental Health facility, and the substance abuse facility.	Informational
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Mary Good, Skagit	Ms. Good reported that Tim Davis announced completion of the RSN audit. Database system being converted to Raintree, renovation of the 2nd street office. Joan Lubbe reported that provider training is still being offered through NAMI. Evaluations and reviews are heartwarming. She asked that if anyone interested in attending future trainings to let her know. They are 30 hours long and free. Family-to-Family training also going strong. They've worked with 140 families so far. Schools are requesting training also.	Informational
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Marie Jubie, Snohomish	Ms. Jubie reported that Mark Deutch (sp?) explained the PATH program for the homeless. She also reported that she had attend the Behavioral Health Conference and felt consumers had been let down, as there were no consumers involved in the planning of the conference. Finally, she reported that the Snohomish County A Team is being used as a model throughout the state.	Informational
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Ian Brooks, Dan Bilson, Whatcom	Ian Brooks reported that cuts are being made in the JRA department. Dan Bilson reported that Family-to-Family training was a great success. Future trainings are at risk because of lack of funding for materials. It was suggested that local benevolent groups be asked to donate towards materials. The triage center project has pulled many groups together, but money is the next step. The Bellingham schools may begin working with trained volunteers to survey children's needs.	Informational
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COMMENTS FROM THE PUBLIC

Greg Long

Greg Long reported that he had attended a meeting in Kendall where more services have been requested. There is a large Russian population, with over 1/3 of the school population being Russian. They may be coming to the Advisory Board with a request for funding. Sharri Dempsey reminded all to RSVP if they plan on attending the visitation on June 26 to LWTC.

Informational

OTHER BUSINESS

None

ADJOURNMENT

3:10

HANDOUTS

- Enhanced Case Management
- APN Annual Report
- NSRSN-QRT Survey Report 2002

FUTURE REQUESTED PRESENTATIONS

- Strength Based Treatment
- Best Practice
- Case Management

The next meeting is scheduled for Tuesday, July 16 at 1:00 p.m. in the NSRSN Conference Room at 117 N. 1st St., Ste. 8, Mount Vernon, WA 98273

Respectfully submitted,

Melinda Bouldin
Office Manager

Effective Date:	North Sound Regional Support Network POLICY
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Cancels: New

See Also: PRO-101A, PRO-101B, TSK-101C TSK-101D, TSK-101E
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Approved by: Board of Directors

POL-101 RESPONDING TO and REPORTING CRITICAL INCIDENTS

The North Sound Regional Support Network is committed to improving consumer/patient safety and reducing risk. Recognizing that an effective consumer/patient safety program requires an integrated and coordinated approach, the NSRSN requires recognition and acknowledgement of critical incidents/extraordinary occurrences, and encourages the development of a system-wide culture which minimizes individual blame or retribution for involvement in critical incidents and emphasizes accountability, trust, system improvement and continuous learning.

This policy describes the circumstances under which contracted provider agencies must provide information to the NSRSN regarding reporting and responding to critical incidents (*extraordinary occurrences*) affecting mental health clients of NSRSN services and NSRSN contracted providers, and the methods of transmission to be used to accomplish this.

These policies and procedures are protected under the NSRSN's Coordinated Quality Improvement Program (CQIP).

1. **The NSRSN is obligated to insure that the care and services delivered by providers meet the requirements of both the RSN/MHD, and provider contracts, including the NSRSN Standards of Care, (or its successor), relevant WACs, RCWs and the Federal Waiver.**
2. **Critical incident reporting is an important element in quality management of services provided by NSRSN contracted providers.**
3. **Thorough communication of Critical Incidents is essential so that all parties in our mental health services system are aware of and able to respond to inquiries about critical incidents/ extraordinary occurrences.**
4. **When a critical incident occurs, it is the responsibility of the contracting service provider to contact the NSRSN and report the incident, then:**
 - **The NSRSN notifies County Coordinators and NSRSN Board Chair of Critical Incidents.**
 - **In cases where there is a potential for media coverage, the NSRSN notifies the MHD Community Services Chief**

5. **The NSRSN will maintain CQIP (Coordinated Quality Improvement Program) status through the Washington State Department of Health for the purpose of improvement of the quality of health care services rendered to clients/consumers/patients and the identification and prevention of medical malpractice as set forth in RCW 43.70.510. All documents related to critical incident reporting will contain this language:**

COORDINATED QUALITY IMPROVEMENT DOCUMENT

This is a protected Coordinated Quality Improvement document intended solely for the purpose of assuring Continuous Quality Improvement, and Quality Assurance by the North Sound Regional Support Network, its providers and component counties. This document is strictly confidential to the fullest extent allowed by RCW 43.70.10 and is not subject to disclosure pursuant to Chapter 43.17 RCW

6. **The NSRSN will maintain a Critical Incident Review Committee with membership to include Executive Director/staff designee, Quality Manager, Lead Quality Management Specialist, Ombuds/QRT and administrative support staff. The CIRC will meet regularly to review all critical incident reports, request written follow up reports from providers and investigate critical incidents utilizing internal selective reviews.**
7. **The NSRSN through the Critical Incident Review Committee will develop a summary report and trend analysis each biennial quarter. Reports of Quality Improvement activities will be distributed to:**
 - **NSRSN Board of Directors**
 - **NSRSN Advisory Board**
 - **NSRSN Quality Management Oversight Committee (QMOC)**
 - **County Coordinators**
8. **When the NSRSN deems further action is warranted, appropriate action may include, but is not limited to a NSRSN Selective Review. (See PRO 005B)**
9. **Critical Incidents are extraordinary and adverse occurrences that take place in the lives of mental health clients. All occurrences listed below must be reported for enrolled NSRSN clients, those Medicaid eligible, all patients detained at NSRSN Evaluation & Treatment facilities, and clients of NSRSN Integrated Crisis Services, both enrolled and not enrolled, and when known, for clients served by the crisis system for two weeks following the last ICRS contact. (Critical incidents that occur within the crisis system are not the presenting problem or concern, but rather extraordinary and adverse occurrences that occur during the provision of crisis services.) When there is knowledge of discharged clients, that information must be reported as well.**

DEFINITIONS:

Critical incidents are defined as follows:

Death : By suicide, natural causes/accident, or homicide

Assault: The intentional infliction of bodily harm (by a client/consumer/patient) which causes a person to seek urgent medical attention (Medical treatment, which is sought to prevent substantial risk of bodily harm to the person and is not routine in nature.)

This category also includes sexual assault regardless of the degree of the injury.

Injury/Illness: The sustaining by a client/consumer/patient of bodily harm (including suicide attempts) or sickness, which necessitates seeking urgent medical attention (medical treatment, which is sought to prevent substantial risk of bodily harm to the person and is not routine in nature) and which:

- a.** is related to the client/consumer/patient's mental impairment or treatment, including medication errors made by professional staff
- b.** or takes place on the treating program property

Property Damage: The intentional damage by a consumer to property, including fire setting, which requires the filing of a police report or the discontinuation of services.

Elopement: Unauthorized departure by a client from an involuntary treatment program.

Other: Incidents where the potential for media coverage/community attention exists and incidents that providers feel are not indicated above. *Examples: Any potential for generating media coverage that is not listed above including but not limited to: Staff/client/consumer/patient behavior so bizarre, disruptive or threatening that it places others in reasonable fear of harm.*

REFERENCES

WAC 388-865-0280 and 0450
NSRSN/MHD Contract 1.4, 1.4.1

Effective Date: North Sound Regional Support Network
PROCEDURE

Cancels: New

See Also: POL-101, PRO-101B, TSK-101C
TSK-101D, TSK-101E

Approved by: Board of Directors

PRO-101A RESPONDING TO CRITICAL INCIDENTS

Action by

Contracting Service Provider

Action:

1. Contacts the NSRSN and reports the incident.

- a. **Completes** the Critical Incident Report Form, (**PRO 005c**) There will be specific report forms for each contracted provider (APN, Volunteers of America, Sea Mar) to facilitate accurate reporting.
- b. **Sends** report form to the NSRSN within 24 hours of the event. If faxed, the form must include a cover sheet with a confidentiality disclaimer.

OR if the potential for media coverage/community attention exists,

2. Notifies the NSRSN by telephone within 2 hours. Notification will include:

- Description of incident
- Actions taken

- a. **Files** a Critical Incident Report Form (**PRO 005c**) within 24 hours of telephone notification. The provider will submit a written report within five business days following telephone notification which includes: actions taken as a result of the occurrence, results of said actions, additional actions that are planned in the future and efforts that have been undertaken designed to lessen the potential for recurrence.

For Critical Incidents not involving potential media coverage/community attention,

- a. Provider **submits** written report if requested by NSRSN Executive Director/staff designee. If requested, the provider will submit the written report to the NSRSN (*via mail, fax or email*) dated within 21 business days of the submission of the Critical Incident Report which includes:

- actions taken as a result of the occurrence,

results of said actions, additional actions that are planned in the future and efforts that have been undertaken designed to lessen the potential for recurrence. (*Not applicable to incidents with potential for media coverage/community attention. As noted above, these reports are due in five business days.*)

NSRSN Executive Director/Staff Designee

- 1. Notifies** County Coordinators and the NSRSN Board Chair of Critical Incidents, **and**

Where there is a potential for media coverage/community attention,

- 2. Notifies** the MHD Community Services Chief by the next business day. Notification will include:

- a. Description of the event, and
- b. Actions taken and potential ramifications

- 3. Provides** all critical incident reports to the Critical Incident Review Committee (CIRC) every two weeks. CIRC may recommend further action including but not limited to an NSRSN selective review. (see PRO 005b)

- 4. Maintains** ongoing critical incident data base

Contracting Service Provider

1. Responds within the requested time frame when the NSRSN requests additional information pertaining to the incident.

2. Submits an annual report on statistics related to its critical incidents, quality improvements related to these incidents and improvements obtained.

3. Ensures that all plans for corrective action following a review or investigation are implemented for quality assurance and improvement and incorporated into all administrative areas as necessary for quality assurance and improvement.

Effective Date: North Sound Regional Support Network
PROCEDURE

Cancels: New

See Also: POL-101, PRO-101A, TSK-101C
TSK-101D, TSK-101E

Approved by: Board of Directors

PRO-101B CONDUCTING SELECTIVE REVIEWS

For the purpose of analyzing the quality and level of care being provided, Selective Reviews may be conducted. Examples of triggers for a selective review include:

- a. A current client who has been recently hospitalized
- b. An adult or child referred to, or currently in, long-term residential care.
- c. Consumers deemed not eligible for services
- d. Provider requests for a selective review
- e. Consumer, advocate, or other system complaints or grievances
- f. Other cases that require in-depth review to assure quality of care (i.e., **critical incidents and extraordinary occurrences**, and their internal review by providers.)

Selective Reviews can be generated at the request of NSRSN staff (Executive Director, Quality Specialists, Contracts Compliance/Fiscal Manager, Office of Consumer Affairs Manager, etc.) or Provider staff.

Action by

Action:

NSRSN

1. Notifies identified contracted provider of the case to be reviewed.

Provider

2. Responds to request for information within 2 business days, at a mutually agreed upon time and site, if the NSRSN requires viewing documents from a client's chart. Specific chart information may include, but is not limited to:

- a. Crisis Plans
- b. Assessment documents
- c. Treatment plans
- d. Reviews
- e. Progress notes
- f. Discharge Summaries
- g. Medical Information

OR in exceptional cases, the NSRSN may perform a Selective Review with minimum notice given to the Provider.

NSRSN

3. NSRSN selective reviewer(s) submits written report to the NSRSN Lead Quality Specialist who then:

- a. **Reviews and forwards** report to contracted provider.

If report includes a request for the provider to produce a written document for follow-up action,

Provider

4. Forwards document within 14 business days of the date of request.

If the Selective Review reveals a situation of immediate health and safety concerns,

NSRSN Lead Quality Specialist

5. Notifies:

- a. NSRSN Executive Director,
- b. Appropriate governmental authorities, and
- c. Provides additional investigation as required.

NSRSN

6. Produces annual summary of all reviews and their follow-up, and presents summary to the NSRSN Board of Directors, Advisory Board, Quality Management Oversight Committee (QMOC), County Coordinators and CIRC on an annual basis.

INCIDENT REPORT* (Extraordinary Occurrences)

Approved by Board of Directors

Effective:

To:	Fax Numbers	FYI - Telephone Numbers
NSRSN	360-416-7017	800-684-3555 or 360-416-7013
Sea Mar	360- 734-5298	360- 734-5458

Note: Faxed reports must include cover sheet with confidentiality disclosure.

From: (Print Name/Credentials of Staff Completing Form)

Telephone: _____ **E-mail** (if applicable)

Location of Incident:

Client Name: _____ Age:

_____ Client ID: _____

Primary Clinician:

_____ Staff ID:

Date and Time of Incident: _____ Date and Time Incident Known:

_____ Date and Time of Report: _____

Incident Type ^{3/4} Select ONE (definitions on reverse side)	Sub-Category ^{3/4} Select ONE
<input type="checkbox"/> Death	<input type="checkbox"/> Suicide <input type="checkbox"/> Homicide
<input type="checkbox"/> Assault—intentional infliction of bodily harm which causes a person to seek urgent medical attention, or sexual assault regardless of the degree of injury	<input type="checkbox"/> Victim <input type="checkbox"/> Perpetrator <input type="checkbox"/> Natural Causes/Accident
<input type="checkbox"/> Injury/Illness—sustaining bodily harm which necessitates urgent medical attention, is related to the client’s mental impairment or treatment and/or takes place on the treating program property	<input type="checkbox"/> Suicide Attempt <input type="checkbox"/> Illness <input type="checkbox"/> Medication Error <input type="checkbox"/> Self-injurious behavior
<input type="checkbox"/> Property Damage	
<input type="checkbox"/> Elopement	<input type="checkbox"/> Provider Facility <input type="checkbox"/> Other
<input type="checkbox"/> Other (list)	

Describe Incident (Include any relevant witnesses or additional staff/clients involved, and any attachments as appropriate. Reverse side or additional pages can be used if needed):

Action Taken:

Immediate telephone notification (check all that apply): NSRSN APN CDMHP 911 Volunteers of America CPS/APS Provider Executive Director Provider Clinical Director Primary Clinician Provider Quality Staff

Plan (Additional/Future actions):

Internal Review: Are there plans for a formal internal review of this incident? YES

NO

(If YES, submit written results to NSRSN and APN within 21 business days of this report.)

Management Reviewer (Signature):

Date:

Title:

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Definitions:

Death — by suicide, natural causes/accident, or homicide.

Assault — The intentional infliction of bodily harm (by a client) which causes a person to seek urgent medical attention. (Medical treatment is sought to prevent substantial risk of bodily harm to the person and is not routine in nature.) This category also includes sexual assault regardless of the degree of injury.

Injury/Illness —Bodily harm (including suicide attempts) or sickness sustained by the client, which requires urgent medical attention and which:

- a. Is related to the client’s mental impairment or treatment, including medication errors made by professional staff, or
- b. Takes place on the property of the treating program.

NOTE: Medical treatment is sought to prevent substantial risk of bodily harm to the person and is not routine in nature.

Property Damage — The intentional damage by a client to property, including fire-setting, which requires the filing of a police report or the discontinuation of

services.

Other— Incidents where the potential for media coverage/community attention exists and incidents that providers feel are not included above. *Examples: Breach of professional ethics by staff or former staff; adverse occurrences that happen to staff at work; any potential for generating media coverage that is not listed above, or client behavior that is so bizarre, disruptive or threatening that it places others in reasonable fear of harm.*

INCIDENT REPORT* (Extraordinary Occurrences)

Approved by Board of Directors

Effective:

To:	Fax Numbers	FYI - Telephone Numbers
NSRSN	360-416-7017	800-684-3555 or 360-416-7013
APN	360-416-7097	360-416-7099, extension 24

Note: Faxed reports must include cover sheet with confidentiality disclosure.

From: (Print Name/Credentials of Staff Completing Form)

Telephone: _____ **E-mail** (if applicable)

Agency: Compass Health CCS CMHS LWC
 bridgeways WCPC Sun Community

Location of Incident:

Client Name: _____ Age: _____
 _____ Client ID: _____

Primary Clinician:

_____ Staff ID: _____

Date and Time of Incident: _____ Date and Time Incident Known: _____
 _____ Date and Time of Report: _____

Incident Type ^{3/4} Select ONE (definitions on reverse side)	Sub-Category ^{3/4} Select ONE
<input type="checkbox"/> Death	<input type="checkbox"/> Suicide <input type="checkbox"/> Homicide
<input type="checkbox"/> Assault—intentional infliction of bodily harm which causes a person to seek urgent medical attention, or sexual assault regardless of the degree of injury	<input type="checkbox"/> Victim <input type="checkbox"/> Perpetrator <input type="checkbox"/> Natural Causes/Accident
<input type="checkbox"/> Injury/Illness—sustaining bodily harm which necessitates urgent medical attention, is related to the client’s mental impairment or treatment and/or takes place on the treating program property	<input type="checkbox"/> Suicide Attempt <input type="checkbox"/> Illness <input type="checkbox"/> Medication Error <input type="checkbox"/> Self-injurious behavior
<input type="checkbox"/> Property Damage	
<input type="checkbox"/> Elopement	<input type="checkbox"/> Provider Facility <input type="checkbox"/> Other
<input type="checkbox"/> Other (list)	

Describe Incident (Include any relevant witnesses or additional staff/clients involved, and any attachments as appropriate. Reverse side or additional pages can be used if needed):

Action Taken:

Immediate telephone notification (check all that apply): NSRSN APN
CDMHP 911 Volunteers of America
 CPS/APS Provider Executive Director Provider Clinical Director
Primary Clinician Provider Quality Staff

Plan (Additional/Future actions):

Internal Review: Are there plans for a formal internal review of this incident? YES
 NO

(If YES, submit written results to NSRSN and APN within 21 business days of this report.)

Management Reviewer (Signature):

Date:

Title:

COORDINATED QUALITY IMPROVEMENT DOCUMENT

This is a protected Coordinated Quality Improvement document intended solely for the purpose of assuring Continuous Quality Improvement, and Quality Assurance by the North Sound Regional Support Network, its providers and component counties. This document is strictly confidential to the fullest extent allowed by RCW 43.70.10 and is not subject to disclosure pursuant to Chapter 43.17 RCW.

Definitions:

Death— by suicide, natural causes/accident, or homicide.

Assault— The intentional infliction of bodily harm (by a client) which causes a person to seek urgent medical attention. (Medical treatment is sought to prevent substantial risk of bodily harm to the person and is not routine in nature.) This category also includes sexual assault regardless of the degree of injury.

Injury/Illness—Bodily harm (including suicide attempts) or sickness sustained by the client, which requires urgent medical attention and which:

- c. Is related to the client's mental impairment or treatment, including medication errors made by professional staff, or
- d. Takes place on the property of the treating program.

NOTE: Medical treatment is sought to prevent substantial risk of bodily harm to the

person and is not routine in nature.

Property Damage — The intentional damage by a client to property, including fire-setting, which requires the filing of a police report or the discontinuation of services.

Other — Incidents where the potential for media coverage/community attention exists and incidents that providers feel are not included above. *Examples: Breach of professional ethics by staff or former staff; adverse occurrences that happen to staff at work; any potential for generating media coverage that is not listed above, or client behavior that is so bizarre, disruptive or threatening that it places others in reasonable fear of harm.*

INCIDENT REPORT* (Extraordinary Occurrences)

Approved by Board of Directors

Effective:

To:	Fax Numbers	FYI - Telephone Numbers
NSRSN	360-416-7017	800-684-3555 or 360-416-7013
Volunteers of America	425-259-3073	425-259-3191 x2339

Note: Faxed reports must include cover sheet with confidentiality disclosure.

From: (Print Name/Credentials of Staff Completing Form)

Telephone: _____ **E-mail** (if applicable)

Location of Incident:

Client Name: _____ Age:

_____ Client ID: _____

Primary Clinician:

_____ Staff ID:

Date and Time of Incident: _____ Date and Time Incident Known:

_____ Date and Time of Report: _____

Incident Type ^{3/4} Select ONE (definitions on reverse side)	Sub-Category ^{3/4} Select ONE
<input type="checkbox"/> Death	<input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Natural Causes/Accident
<input type="checkbox"/> Assault—intentional infliction of bodily harm which causes a person to seek urgent medical attention, or sexual assault regardless of the degree of injury	<input type="checkbox"/> Victim <input type="checkbox"/> Perpetrator
<input type="checkbox"/> Injury/Illness—sustaining bodily harm which necessitates urgent medical attention, is related to the client’s mental impairment or treatment and/or takes place on the treating program property	<input type="checkbox"/> Suicide Attempt <input type="checkbox"/> Illness <input type="checkbox"/> Medication Error <input type="checkbox"/> Self-injurious behavior
<input type="checkbox"/> Property Damage	
<input type="checkbox"/> Elopement	<input type="checkbox"/> Provider Facility <input type="checkbox"/> Other
<input type="checkbox"/> Other (list)	

Describe Incident (Include any relevant witnesses or additional staff/clients involved, and any attachments as appropriate. Reverse side or additional pages can be used if needed):

Action Taken:

Immediate telephone notification (check all that apply): NSRSN APN
CDMHP 911 Volunteers of America
 CPS/APS Provider Executive Director Provider Clinical Director
Primary Clinician Provider Quality Staff

Plan (Additional/Future actions):

Internal Review: Are there plans for a formal internal review of this incident? YES
 NO

(If YES, submit written results to NSRSN and APN within 21 business days of this report.)

Management Reviewer (Signature):

_____ Date:

_____ Title:

COORDINATED QUALITY IMPROVEMENT DOCUMENT

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Injury/Illness—Bodily harm (including suicide attempts) or sickness sustained by the client, which requires urgent medical attention and which:

- e. Is related to the client’s mental impairment or treatment, including medication errors made by professional staff, or
- f. Takes place on the property of the treating program.

NOTE: Medical treatment is sought to prevent substantial risk of bodily harm to the person and is not routine in nature.

Property Damage — The intentional damage by a client to property, including fire-setting, which requires the filing of a police report or the discontinuation of services.

Other — Incidents where the potential for media coverage/community attention exists and incidents that providers feel are not included above. *Examples: Breach of professional ethics by staff or former staff; adverse occurrences that happen to staff at work; any potential for generating media coverage that is not listed above, or client behavior that is so bizarre, disruptive or threatening that it places others in reasonable fear of harm.*

**North Sound Regional Support Network
POLICY**

Effective Date:

Cancels:

See Also:

Approved by: Board of Directors

FIN-32

**PROFESSIONAL SERVICES/CONSULTANT
CONTRACTS**

The Executive Director may **utilize** ~~seek the services of~~ consultants **and professional experts** through Professional Services contracts. ~~with the approval of the Board of Directors.~~ Utilization of Consultants **and professional experts** must either be in the approved Administrative/**Operating** Budget or approved by the Board of Directors with a Budget Transfer. All Professional Services Contracts must be in writing.

At the discretion of the Executive Director sole source procurement process may be utilized, with the proper documentation as needed.

All consultant contracts must meet the requirements of the Federal IRS regulations stipulating the relationship of the parties.

PROCEDURE

Effective Date:

Cancels:

See Also:

Approved

by: _____

FIN 32.1 Initiating a Professional Services Contract

1. NSRSN Department Manager/Supervisor shall receive verbal approval from the NSRSN Executive Director prior to proceeding with the development of a Professional Services Contract.
2. Upon Executive Director approval, the NSRSN Manager/Supervisor shall submit his/her request for a professional services contract to the NSRSN Contracts Compliance & Financial Services Manager. The request shall meet the following terms and conditions, whenever possible:
 - a. Name, address, phone number, e-mail, and EIN# or social security number of individual/organization the NSRSN will be contracting with.
 - b. Detailed description of what services the NSRSN will be purchasing, including expected outcomes or performance measures if appropriate.
 - c. Beginning and end date of the contract.
 - d. Total Cost
 01. For professional services contracts of \$5,000 or less, the above referenced information must be submitted to the Contracts Compliance & Financial Services Manager at a minimum of 20 calendar days prior to the begin date.
 02. For professional services contracts greater than \$5,000 the above referenced information must be submitted to the Contracts Compliance & Financial Services Manager at a minimum of 75 calendar days prior to the begin date.

FIN-32.2 Approval Process

1. All Professional Services Contracts must be reviewed and approved as to form by NSRSN legal counsel. It shall be the responsibility of the Contracts Compliance & Financial Services Manager to assure professional services contract template has been approved as to form by NSRSN legal counsel.

2. Professional Services Contracts of \$5,000 or less do not require Board approval. They must be approved by the Executive Director.
3. ~~All Professional Services Contracts shall be authorized by the Board of Directors.~~ The Board of Directors shall authorize all Professional Services Contracts greater than \$5,000.
4. The Executive Director shall report on an annual basis all Professional Service contracts to the Board of Director and prepare a schedule of all Professional Services Contracts, leases, and similar documentation for inclusion in the annual financial statements. It shall be the responsibility of the NSRSN Fiscal Officer to prepare this documentation and include it in the NSRSN annual financial statements.

EXHIBIT I
APN ESTIMATED CONTRACT FUNDING
2001-2003 BIENNIUM

The estimated available amounts to APN from primary funding sources during the term of this Agreement shall be as follows:

1. PHP Funding

The RSN/PHP Title XIX funding from the State of Washington which the NSRSN is entitled to receive based on Medicaid recipients. Said amount shall vary monthly based on Medicaid rates, Service Area Population by type of Eligible Recipient, and the State of Washington's capitated consolidated calculation. Funding is based on the estimated PHP Title XIX Upper Payment Limit Payment 1/1/02 through 12/31/03, less estimated State Consolidated Funds not required for Federal Title XIX Match, which amounts to approximately \$77,733,371 1/0/01 through 12/31/03 less Inpatient Expenses and NSRSN Board carve-outs.

2. State Consolidated Funds not required for Federal Title XIX Match

The Contractor shall provide medically necessary community mental health program services for the chronically mentally ill, severely emotionally disturbed and seriously disturbed adults, youth/children who are at risk for hospitalization, jail, losing their homes or access to basic human needs and not eligible for Medicaid.

3. Federal Block Grant Funding

The Contractor shall provide medically necessary community mental health program services for the chronically mentally ill, severely emotionally disturbed and seriously disturbed adults, youth/children who are at risk for hospitalization, jail, losing their homes or access to basic human needs and not eligible for Medicaid. Maximum consideration shall not exceed \$900,202.

5. PHP Title XIX Case Rate Increase - FY 2002

The Washington State Legislature authorized a one-time payment for mental health case rate increases of \$591,343 to the NSRSN. RSN/PHP Title XIX funding from the State of Washington which the NSRSN is entitled to receive is based on same Medicaid recipients. NSRSN Board carve-outs for this case rate increase shall not apply, but be paid to APN as a one-time payment of \$591,343 in PHP funding.

5. NSRSN Carveout – CHAP Services

NSRSN shall purchase Children's Hospital Alternative Program Services for 43 children per month as described required in Exhibit D and Addendum I of this Agreement at \$1,339 per month per child. Total payment to Contractor for the 24-month period shall not exceed \$1,381,848.

6. NSRSN Reserves

NSRSN shall distribute a portion NSRSN Undesignated Interest Earned on NSRSN Reserves to Contractor for Outpatient Community support Services in the following manner:

- 100% of Unreserved Undesignated interest earned balance at 12/31/01 less 2002 Adopted NSRSN Operating Budget Allocations, if any shall be paid out to Contractor in 24 equal monthly payments.

7. Payment Reductions

The NSRSN will deduct from the Contractor monthly payment the following, when applicable:

- Unpaid assessments, penalties and/or damages
- Payments made by the NSRSN on behalf of contractor
- Medicaid Personnel Care expenses
- Costs associated with additional data processing at MHD due to Contractor IS system/data
- MHD imposed remedial payment deductions
- NSRSN imposed Liquidated Damages
- NSRSN imposed Sanctions

The NSRSN at its sole discretion may return a portion or all of any funds withheld for remedial action, liquidated damages and/or sanctions. It is the intent of the NSRSN to retain these funds and designate them for system improvements, including Consumer Projects.

The estimate is not a guaranty. The available amount from funding sources is subject to change at the discretion of the State of Washington. Funding is subject to increase, decrease or termination, and may be deducted, withheld or recouped by NSRSN at any time. NSRSN reserves the right to adjust carve-outs upon a good faith determination of necessity by the NSRSN Board of Directors.

**APN ESTIMAED FUNDING TABLE, AMENDMENT 1 - 2001-2003
BIENNIUM**

EFFECTIVE January 1, 2002 through December 31, 2003

7/1/02

DESCRIPTION	ANNUAL ESTIMATE	BIENNIUM ESTIMATE
PHP Payment:		
Estimated PHP/Title XIX Payment	43,225,276	86,973,371
Estimated State Consolidated Funds Not Required for Fed Match	-	
Less Estimated Inpatient Expenses	4,800,000	9,240,000
PHP Case Rate Increase - One time only FY 2002	591,343	591,343
Total Estimated Capitated Payment	39,016,619	78,324,714
Additional Funding:		
Federal Block Grant	643,234	1,286,468
Unreserved Undesignated Reserves - Interest Earned 2001	190,513	381,025
Total Estimated Additional Funding	833,747	1,667,493
TOTAL ESTIMATED NSRSN FUNDING	39,850,366	79,992,207
Estimated NSRSN/PHP Carve-outs:		
NSRSN Operating Budget - 4.75%	1,825,201	3,692,335
County Payments from NSRSN Operating budget (annual total = \$128,632)		
Island \$13,064 San Juan \$47,492		
Skagit \$18,064 Snohomish \$50,000 Whatcom \$0		
NSRSN Risk Reserve to \$5.9% (allocated monthly until % is reached)	110,443	220,886
MIS: APN = \$261,469 Seamar = \$23,312 VOA = \$18,818	294,849	539,698
NSRSN/Vendor = \$186,099 NSRSN/Decision Support = \$50,000 (2002 only)		
NSRSN/Provider Network Marketing Brochure,Service Benefit Design/Distribution	100,000	150,000
Note Year one estimated cost = \$100,000, 2nd year cost estimated at \$50,000		
VOA - Triage/Care Crisis Response	900,600	1,801,200
Island - Community Mental Health	36,924	73,848
San Juan - Community Mental Health	2,508	5,016
Skagit - Community Mental Health	41,521	83,042
Snohomish - Crisis/ITA	701,004	1,402,008
Snohomish - E & T Loan and Maintenance	71,175	142,350
Snohomish - CMH, QA Utilization/Clinical Services	362,429	724,858

Whatcom - Community Mental Health	93,642	187,284
Sedro Woolley E & T Lease	85,647	171,294
CHAP Services	690,924	1,381,848
Board Designated Mental Health Services Projects	125,000	250,000
Island \$12,085 San Juan \$2,517 Skagit \$39,855		
Snohomish \$142,817 Whatcom \$52,726		
Department of Vocational Rehabilitation (APN Allocation Request)	0	0
Seamar	471,240	942,480
TOTAL PHP CARVEOUTS	5,913,107	11,768,147
PHP Carveouts to APN:		
CHAP Services	690,924	1,381,848
MIS Allocation	130,735	261,469
Total Carveouts to APN	821,659	1,643,317
Unreserved Undesignated Reserves - Interest Earned 2001 Carveouts:		
NSRSN 2001 Operating Budget (Note: budgeted for 2002 only)	30,991	30,991
Total Interest Earned 2001 Carveouts:	30,991	30,991
FBG Carveouts:		
Seamar (Whatcom & Skagit Counties)	26,984	53,968
Tulalip Tribes	81,840	163,680
Snohomish County - Community Team for Children	66,000	132,000
Whatcom County - Geriatric Peer Support Program	18,309	36,618
TOTAL FBG CARVEOUTS	193,133	386,266
ESTIMATED APN PAYMENT: 88% available funding from NSRSN revenue sources	34,534,793	69,450,120
ESTIMATED MONTHLY APN PAYMENT		2,893,755

Note: This estimated budget does not include DMIO funding, Child Care Crisis funding, Supplemental FBG 2000/01 funding DDD Crisis Enhancement funding, Expanded Community Services funding, etc. PHP funding = 6 months @ FY 2002 and 18 months at FY 2003

**NORTH SOUND REGIONAL SUPPORT NETWORK
CONTRACT AMENDMENT**

**CONTRACT NO. NSRSN-Compass-MICA-01
Amendment (1)**

THIS AGREEMENT is entered into between NORTH SOUND REGIONAL SUPPORT NETWORK/PREPAID HEALTH PLAN, (NSRSN) Mount Vernon, Washington, and COMPASS HEALTH (CONTRACTOR), Everett,, Washington.

THE PARTIES MUTUALLY AGREE AS FOLLOWS:

The above-referenced Contract between the NSRSN and Contractor is hereby amended as follows:

1. Term. The term of this Agreement shall be modified to be in effect April 1, 2001 and shall continue in full force and effect through December 31, 2002.
2. Maximum consideration for the entire term of this agreement shall remain unchanged at \$142,817.

ALL TERMS AND CONDITIONS OF PERFORMANCE OUTLINED IN CONTRACT NO. NSRSN-COMPASS-MICA-01 THROUGH AMENDMENT ONE (1) ARE INCORPORATED BY REFERENCE AS THOUGH FULLY SET FORTH HEREIN.

THIS AMENDMENT IS EXECUTED BY THE PERSONS SIGNING BELOW, WHO WARRANT THAT THEY HAVE THE AUTHORITY TO EXECUTE THIS AMENDMENT.

NORTH SOUND REGIONAL SUPPORT
NETWORK

COMPASS HEALTH

Charles R. Benjamin

Date

Executive Director

Jess Jamieson

Date

Executive Director

POLICY

Cancels:

See Also:

Approved by: _____

POL-xxx ANTI-RETALIATION

This policy applies to consumers, Ombuds, NSRSN Advisory Board, the Quality Review Team, NSRSN staff and Board Members.

- 1. It is the policy of the North Sound Regional Support Network that there be no retaliation, intimidation, coercion or harassment directed against any consumer or staff for filing a complaint or grievance, or for disclosing official misconduct.**

NSRSN staff may not directly or indirectly use or attempt to use their authority or influence for the purpose of interfering with the right of a person to make a complaint, grievance, or disclosure of official misconduct.

- 2. NSRSN prohibits retaliation of any kind against the Ombuds, NSRSN Staff, Board of Directors, Advisory Board or QRT members for the completion of their official duties.**
- 3. NSRSN's commitment to improve the quality of services through the complaint and grievance process is vital to NSRSN's Quality Management and Quality Improvement process.**

Retaliation is completely incompatible with the values and goals of NSRSN and will not be tolerated. Retaliation whether actual or threatened, destroys a sense of community and trust that is central to a quality mental health care program. NSRSN, therefore, wishes to make clear that it considers acts or threats of retaliation a serious violation of NSRSN policy.

- 4. Organizational growth and development can best be achieved and maintained in an environment that promotes ongoing open communication among administration, staff, volunteers, consumers, and their families, including open and candid discussions of problems and concerns.**

NSRSN encourages its staff and consumers to express their issues, concerns or opinions either informally or formally through the NSRSN's *Complaint, Grievance, Appeal, and Fair Hearing Policy and Procedure (POL-XXX)* without fear of retaliation.

- 5. The NSRSN will take whatever action may be needed to prevent and correct behavior that violates this policy.**

Any employee who violates this policy, or acts in a way that is contrary to this policy, is subject to disciplinary action up to and including termination. In the event

a complaint is made against a member of the Board of Directors, their respective county will be informed so they may follow their own policies and procedures.

6. **NSRSN Ombuds and QRT will educate and empower consumers as to their rights regarding retaliation.**
7. **This policy also protects the accused party's rights in the process. This policy seeks to balance the interests of the complainant and those of the accused.**

The accused party has the right to receive a copy of the written complaint of retaliation and to fully respond to the allegations.

8. **Full records of all complaints regarding retaliation will be maintained in confidential files by the Executive Director.**
9. **The Executive Director will review all complaints regarding retaliation with the Executive/Personnel Committee of the Board of Directors.**

DEFINITIONS

Retaliation: Any adverse action or credible threat of an adverse action taken by NSRSN staff or board of directors causing any interference, intimidation, coercion, restraint or reprisal against a person making a complaint, participating in the resolution of a complaint, or disclosing official misconduct. Actions are considered retaliatory if they are in response to a complaint, grievance, or disclosure of official misconduct, and the actions have a significantly adverse effect on the complainant.

Complaints: For the purposes of this policy, "complaints" also include grievances and disclosure of official misconduct

Consumer: "Consumers" include persons who have applied for, are eligible for, are enrolled in, or who have received publicly funded mental health services from the NSRSN service network. The definition of "consumers" also includes parents or legal guardians for children under the age of thirteen, and parents or legal guardians who are involved in the treatment plan for children 13 and older.

*Ombuds service is available at all phases of this policy.
They may be reached at 1-888-336-6164*

PROCEDURE

Cancels:

See Also:

Approved by: _____

PRO-xxx REGISTERING AND RESPONDING TO A COMPLAINT OF RETALIATION

<u>Action by</u>	<u>Action:</u>
Complainant	<p>1. Submits written complaint to the NSRSN Executive Director, or</p> <p><i>When the complaint involves the Executive Director,</i></p> <p>2. Submits written complaint to the NSRSN Board of Directors Chair, or</p> <p>When the complaint involves the NSRSN Board of Directors,</p> <p>3. Submits written complaint to the respective county so they may follow their own policies and procedures.</p>
NSRSN	<p>4. Conducts complete and thorough investigation of alleged acts of retaliation within 30 days and</p> <p>5. Provides written remedies to victims of retaliation within 15 days, and</p> <p>6. Sanctions the perpetrators of retaliation as appropriate.</p>

**Ombuds service is available at all phases of this policy.
They may be reached at 1-888-336-6164**