

NORTH SOUND REGIONAL SUPPORT NETWORK BOARD OF DIRECTORS MEETING

North Sound Regional Support Network

Conference Room

117 North First Street, Suite 8

Mt. Vernon, WA

July 25, 2002

1:30 PM

Agenda

- 1. Call to Order; Introductions – Chair**
- 2. Revisions to the Agenda – Chair**
- 3. Approval of June Minutes – Chair**
- 4. Comments & Announcements from the Chair**
- 5. Reports from Board Members**
- 6. Comments from the Public**
- 7. Report from the Advisory Board – Eileen Rosman, Chair**
- 8. Report from Executive/Personnel Committee – Dave Gossett, Chair**
- 9. Report from the Planning Committee – Dave Gossett, Chair**
- 10. Report from the QMOC – Andy Byrne, Chair**
- 11. Report from the Executive Director – Chuck Benjamin, Executive Director**
- 12. Report from the Finance Officer – Bill Whitlock**
- 13. Consent Agenda – Chair**

<p>All matters listed with the Consent Agenda have been distributed to each Board Member for reading and study, are considered to be routine, and will be enacted by one motion of the Board of Directors with no separate discussion. If separate discussion is desired, that item may be removed from the Consent Agenda and placed on the Regular Agenda by request of a Board Member.</p>

Motion 02-036 To review and approve NSRSN claims paid from June 1, 2002 to June 30, 2002. Total dollar amount of warrants paid in June (unavailable). Total June payroll of (unavailable) and associated benefits in the amount of (unavailable)

Motion 02-023 To introduce NSRSN's Critical Incident Policy and Procedure

Motion 02-033 To introduce 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.

Motion 02-034 To introduce 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.

The Washington State Legislature authorized a one-time payment for mental health case rate increases to the RSNs. \$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.

Motion 02-035 To introduce 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.

14. Action Items – Marcia Gunning, Contracts Compliance/Financial Services Manager

None

15. Emergency Action Items

None

16. Introduction Items – Chair

None

17. Executive Session - Chair

18. Reconvene - Chair

19. Adjournment – Chair

NOTE: The next Board of Directors meeting is scheduled for Thursday, August 22, 2002 at the North Sound Regional Support Network, 117 North First Street, Suite, 8, Mount Vernon, WA at 1:30 PM.

**NORTH SOUND REGIONAL SUPPORT NETWORK
BOARD OF DIRECTORS MEETING**

**North Sound Regional Support Network
Conference Room
117 North First Street, Suite 8
Mt. Vernon, WA
June 27, 2002
1:30 PM**

MINUTES

Present:

Ward Nelson, Chair, Whatcom County Council
Maile Acoba, Alternate for Kenneth Dahlstedt, Skagit County Commissioner
Andy Byrne, Alternate for Pete Kremen, Whatcom County Executive
Sharrie Freemantle, Alternate for John Koster, Snohomish County Council
Dave Gossett, Snohomish County Council
Jackie Henderson, Alternate for Mike Shelton, Island County Commissioner
Della Hill, Tulalip Tribes
Joe Johnson, Nooksack Indian Tribe
Marie Jubie, NSRSN Advisory Board
Rhea Miller, San Juan County Commissioner
Kirke Sievers, Snohomish County Council
Jim Teverbaugh, Alternate for Bob Drewel, Snohomish County Executive

NSRSN Staff Members:

Chuck Benjamin, Melinda Bouldin, Sharri Dempsey, Marcia Gunning, Wendy Klamp, Greg Long, Diana Striplin, Michael White, Bill Whitlock, Gary Williams

Guests:

Andrea Harding, Jeff Dyer, Steve Taylor, Keith Larson, Jack Whitmer, Dan Bilson, David Jefferson, Diane Vendiola, Rick George, Jackie Mitchell

1. Call to Order; Introductions – Chair

Chair Ward Nelson convened the meeting at 1:30. Introductions were made of all present.

Stephen Bogan, DASA/DSHS presented an award from Governor Locke to Chuck Benjamin, Ward Nelson, Andrea Harding, Rogelio Riojas, and David Jefferson. The award was in recognition of the SeaMar Visions recovery house for youth. In turn, Chuck Benjamin presented a framed copy of the “Vision of Hope” 2001 poster contest winner to David Jefferson, Stephen Bogan, and Rogelio Riojas.

2. Revisions to the Agenda – Chair

None

3. Approval of Minutes – Chair

It was moved, seconded and approved to accept the May minutes, with one correction, listing Pete Kremen as Whatcom County *Executive*.

4. Comments & Announcements from the Chair

Recovery Conference November 13th, followed by the Board Retreat that evening, and on November 14th. The regular meeting of the Board of Directors will occur immediately following. Chair Nelson received correspondence from Senator Maria Cantwell, indicating she supports mental health parity.

5. Reports from Board Members

Kirke Sievers reported hearings are taking place in Snohomish County regarding methadone clinics. Marie Jubie added that the clinics need to be accessible locally to consumers, as transportation cost is an issue.

5.a Presentation: Whatcom County's Triage System Planning Project

Andy Byrne introduced Jackie Mitchell, David Wertheimer, Ursula Roosen-Runge, and Gary Williams, Project Coordinator. The group offered a PowerPoint presentation outlining the expansive project coordinated by Whatcom County Health and Human Services entitled "*Behavioral Health Crisis Triage Plan*". Areas covered in the project were:

- Purpose and Approach
- Findings – Lessons from Other Counties
- Lessons from Stakeholders
- Lessons from Population Data
- Criteria for a Successful Behavioral health Triage Program in Whatcom County
- Recommendations and Next Steps

Discussion followed the presentation. Chair Nelson thanked the group for their tremendous efforts.

6. Comments from the Public – Chair

Sharri Dempsey introduced Diane Vendiola who represents the Tribal mental Health Program for the Swinomish Tribe. Ms. Vendiola distributed

copies of “*A Gathering of Wisdoms*” and thanked Dan Bilson, Jere LaFollette, Joe Johnson, Della Hill, and Jennifer Clarke.

Jere LaFollette introduced Jeff Dyer, Steve Taylor, Keith Larson, Jack Whitmer visiting workers from the Community Farm project who spoke to the group about their positive experiences working on the project.

Dan Bilson requested the Board consider writing a letter to Governor Locke and the MHD requesting their support for PTSD training for clinicians.

7. Report from the Advisory Board – Eileen Rosman, Chair

In Ms. Rosman’s absence, Marie Jubie offered the report. She commented on the lack of consumer involvement in the planning of the Behavioral Health Conference held recently in Wenatchee. She felt it was not consumer friendly and lacked speakers from Washington. Several members of the NSRSN Advisory Board attended a visitation to the Lake Whatcom Treatment Center, where they enjoyed a lovely picnic. She thanked Sharri Dempsey and Chuck Benjamin for organizing the trip. Ms. Jubie also reported that the Advisory Board has heard a presentation by Greg Long on Enhanced Case Management. The QRT/NSRSN survey results were presented, as was the APN Annual Report.

Jim Teverbaugh questioned Ms. Jubie as to whether or not the Advisory Board recommended Board approval of the ECM Plan? She answered “yes”.

With regard to Dan Bilson’s request that a letter be written requesting support for PTSD training, Chuck Benjamin suggested writing a letter to the Governor about what we are doing currently to encourage support for the rest of the State.

8. Report from Executive/Personnel Committee – Dave Gossett, Chair

The NSRSN response to the QRT survey is being formulated and will be addressed by the Committee in July.

9. Report from the Planning Committee – Dave Gossett, Chair

The Committee will meet on July 9th. Expanded Community Services for older adults will be discussed.

10. Report from QMOC Committee – Andy Byrne, Chair

Mr. Byrne reported the June 19 meeting was well attended. They heard reports on:

- Wendy Klamp presented the QM report
- Diana Striplin presented the Complaint/Grievance Policy
- Expanded Community Services
- Critical Incidents
- HIPAA update

There was a discussion of clinical guidelines and the need to identify best practices and begin the work.

11. Report from the Executive Director – Chuck Benjamin, Executive Director

Mr. Benjamin reported briefly on:

- His concern with leadership at MHD with regard to cost shifting.
- Enhanced Coordination Between CA and MHD/RSNs. Our Region's comments have gone to RSN Administrators
- Expanded Community Services. Mr. Benjamin offered his gratitude to providers, Debbie Page, and Santiago Iscoa for their work on this project.
- Poster Contest-deadline for submissions has passed; many good submissions have been received.

11.a Presentation: Complaint, Grievance, Appeal and Fair Hearing Policy

Diana Striplin offered a brief PowerPoint presentation outlining changes made to the policy, and the addition of procedures. The policies are part of the action agenda.

12. Report from the Finance Officer – Bill Whitlock

Mr. Whitlock directed all to his report. Discussion followed.

13. Consent Agenda – Ward Nelson, Chair

Moved and seconded to approve Motions 02-017, 02-029, 02-021, 02-027, 02-024, 02-025, 02-026, all in favor, motion carried.

14. Action Items – Marcia Gunning, Contracts Compliance/Financial Services Manager

Motion 02-022 To approve North Sound Regional Support Network's Complaints, Grievance and Fair Hearing Policy and Procedure.

Motion 02-028 To approve NSRSN's Disenrollment Policy and Procedure

Moved and seconded to approve Motions 02-022, 02-028, all in favor, motion carried.

15. Emergency Action Item – Marcia Gunning, Contracts Compliance/Financial Services Manager

Motion 02-030 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.

Motion 02-032 To authorize 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.

Moved and seconded to approve Motions 02-030, 02-032, all in favor, motion carried.

16. Motions Not Yet Reviewed by the Advisory Board – Ward Nelson, Chair

Ms. Gunning directed all to review the following Introduction Items, which will be on the Action Agenda in July:

Motion IN-009 To introduce NSRSN's Critical Incident Policy and Procedure

Motion IN-016 To introduce NSRSN Financial Services Policy: 32. Consultant Contracts Amendment.

Motion IN-017 To introduce 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.

Motion IN-018 To introduce 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.

17. Executive Session - Chair

There was none

18. Reconvene - Chair

19. Adjournment – Chair

The meeting adjourned at 3:06

Respectfully submitted,

Melinda Bouldin

MEMORANDUM

REVISED

DATE: July 8, 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

None

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

Effective Date:

North Sound Regional Support Network

POLICY

Cancels: New

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

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

Action:

Contracting Service Provider

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.

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"/> Homic ide
<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:

- 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

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.

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- 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.*

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:
by: _____

Approved

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