

North Sound Mental Health Administration

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

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NSMHA Contract Memorandum 2007-005

Date: June 26, 2007

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From: Chuck Benjamin, Executive Director

Subject: Revised Policies

The following policies are new or have been revised:

NSMHA Policy #1702.00 – ICRS Outreach Screening, Crisis Line Pre- and Post-Dispatch policy has been revised and is effective.

The following changes were made to **Policy 1702.00**:

1. **Add** Authorizing source in the header.
2. **Change** the title from “*ICRS Outreach Safety Screening, Pre- and Post-Dispatch to an Unstaffed Location*” to “*ICRS Outreach Screening, Crisis Line Pre- and Post-Dispatch*”
3. **Change** the following under Purpose section:
 - a. **Add** “*responsive and*” between “*assure a....consistent*”.
 - b. **Add** to the end of first sentence “*as well as procedures for dispatching*”.
 - c. **Change** “*triage supervisor*” to “*triage clinician*”.

4. **Change** the Policy Section to read as follows:

“The Volunteers of American Care Crisis Response Services Triage clinician will have the responsibility of deciding when face-to-face evaluation and/or stabilization services are needed and dispatch the outreach worker/DCR/DMHP staff to a community location outside of the provider’s office. The outreach staff may not decline a referral for face-to-face services, but decides if backup or other provisions are needed to assure safety.

Outreach services shall be provided within two (2) hours of dispatch by Triage. Any exceptions shall be clearly documented in client record(s) and are subject to NSMHLA review. The disposition of all cases referred to outreach staff by Triage, whether it results in face-to-face services or consultation, will be reported to Volunteers of America by phone or fax within one (1) hour of the completion of the case.

Once the decision is made to dispatch an outreach worker, that outreach worker assumes responsibility for assessing the safety of the situation. The outreach worker must provide the most appropriate clinical intervention (via outreach) in the safest manner possible. There is an understanding that each situation is fluid, and that there is often missing information. The system allows for decisions to be re-evaluated in the face of new or different information.”

5. Under the Procedures section make the following changes:

- a. Under section I **add** subsection “C” to read as follows *“When alcohol or drugs are present, outreach staff/DMHP/DCR will not be dispatched to homes or other unstaffed locations. Arrangements will be made for person in crisis to go to the hospital emergency room, detention, or other staffed location.”*
- b. **Change** section II to read as follows: *“Outreach to community hospitals and outreach related to detoxification centers for placement in the secure Detox center.*
 - i. Subsection A reads as follows: *“Refer to Integrated Policy #1718.00”*.
- c. **Change** section II to section III. Under section III, subsection “B” **change** *“triage supervisor”* to *“triage clinician”*.
- d. **Change** subsection “C” to read as follows:
 - i. *“Safety Screening by Outreach Crisis and DMHP/DCR staff:*
 - a. *When the ICRS outreach worker has been dispatched by VOA to an unstaffed location,*
 - i. *The outreach worker must assess primary and secondary risk factors.*
 1. *Primary risk factors include:*
 - a. *Location*
 - b. *Weapons*
 - c. *History*
 - d. *Mood liability*
 - e. *Consistency of known information*
 2. *Secondary risk factors include:*
 - a. *Time of dispatch*
 - b. *Gender*
 - c. *Age*
 - d. *Presence of others at the location*

e. History of ICRS contacts

3. *The outreach worker must determine (based upon evaluated risk) how and where to see the client.*

ii. *Options to consider to increase safety include:*

- a. Arranging for family members or significant others to be present.*
- b. Moving the location of the outreach to a safer community setting.*
- c. Arranging for law enforcement to escort the outreach worker.*
- d. Conducting the outreach with a second ICRS staff person for additional safety.*

iii. *No outreach worker/DMHP/DCR staff will be required to respond alone to a home or other unstaffed community location when elevated risk is deemed to be present. The outreach worker/DMHP/DCR will have the option of:*

- a. Changing the outreach location to a more secure situation.*
- b. Taking a second person, MH worker, or up to and including law enforcement.*
- c. Accessing the crisis plans and consumer history of contact with the MH system via VOA Care Crisis Services.*

iv. *Outreach workers/DMHP/DCR staff will be provided with wireless phones and participate in annual safety training as addressed in Policy 1557.00*

NSMHA Policy #1009.00 – Critical Incident Reporting and Review Requirements CIRC Quality Assurance and Improvement Process the following changes were made:

1. **Add** Authorizing source – header only
2. **Change** Motion # to Signature header only.
3. Under subsection Purpose make the following changes:
 - a. In bullet B, **delete** “*all types of*” and **add** “*critical*” between “*reporting of...incidents*” and **delete** from the end of bullet “*including those that may involve potential negative media involvement/ community attention*” and **add** “*as defined by the Washington State Mental Health Department (MHD)*”.
4. Under Procedures section, bulleted sections **replace** old reporting requirements with new MHD requirements. Under the “**NOTE**” section **delete** text between “*critical incidents*” and “*must be reported*”, and **replace** with “*that occurred while the NSMHA client was enrolled in outpatient services, all patients detained at a NSMHA Evaluation and Treatment Facility and clients of NSMHA Integrated Crisis Services*”.
 - a. Under subsection I, bullet 1, **add** “NSMHA” between “*appropriate...provider*”, **add** “*specific*” between “*provider...critical incident*”, **add** between “*form...available online*” “*providers shall use the NSMHA Critical Incident form*” and **add** “<http://nrsn.org/Forms/index.asp>” to the end of bullet.
 - b. In bullet 3, **delete** “*When I*” from beginning of second sentence and **capitalize** the “I” in the.
 - c. In bullet 4, **delete** “*submission of the Critical Incident to include: 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*” from between “*21 business days of the ...A copy of the written report...*” and **add** “*CIRC or NSMHA request. 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”.

5. Under Procedures, subsection II, **delete** previous text and **replace** with “*The following 14 categories shall be reported to MHD:*
 1. *Allegation of rape (perpetrator)*
 2. *Allegation of rape (victim)*
 3. *Allegation of sexual assault (perpetrator)*
 4. *Allegation of sexual assault (victim)*
 5. *Allegation of financial exploitation*
 6. *Act of violence (perpetrator)*
 7. *Act of violence (victim)*
 8. *Assault of an RSN or subcontracted staff resulting in hospitalization*
 9. *Assault by an RSN or subcontracted staff resulting in hospitalization*
 10. *Attempted homicide(perpetrator) resulting in arrest*
 11. *Attempted homicide (victim) resulting in arrest*
 12. *Homicide (perpetrator) resulting in arrest*
 13. *Homicide (victim) resulting in arrest*
 14. *Suicide or death under unusual circumstances*

Initial notification and any follow up shall be provided to MHD by NSMHA using the MHD electronic incident reporting system. If the electronic reporting system is unavailable, MHD will provide a standardized form with instructions on how to submit.

NSMHA shall notify the MHD Incident Manager within one working day of becoming aware of events involving a person who has an open case and is the alleged victim or perpetrator of any of the aforementioned MHD reportable incident types.

NSMHA shall notify the MHD Incident Manager within one working day of any incident that was referred to the Medicaid Fraud Control Unit by the RSN or its subcontractor.

In addition to all incidents described above, NSMHA shall utilize professional judgment and report incidents that fall outside the scope of this section.”

6. Under Procedures section, subsection NSMHA Staff Designee, make the following changes:
 - a. Under bullet 2, **add** “*the electronic incident reporting system or the standardized form if indicated*” to the end of bullet.
 - b. **Add** “*critical incidents*” between “*Tracks...reported to MHD*” and **add** “*and*” between “*database...timeline*”.
7. Under Procedures section, subsection CIRC Quality Improvement Process, make the following changes:
 - a. Under bullet 1, **add** “*(CIRC)*” between “*Committee...whose*”. In second sentence, **delete** “*Committee*” from between “*CIRC...membership*” and **delete** “*Management*” from between “*Lead Quality...Specialist*”.
 - b. **Add** bullets 2 and 3, with sub-bullets a-f under 3

June 26, 2007

- i. Bullet 2 – *“During the regularly scheduled CIRC meeting, the Lead Quality Specialist will facilitate review and discuss of each new critical incident and critical incidents from previous months on which the committee determined further review was required before proper disposition of the case could be determined”.*
- ii. Bullet 3 – *“During a CIRC review, the following questions shall be answered by the committee:*
 - 1) *Does the description of the critical incident and/or subsequent supplemental information warrant concern about quality or appropriateness of care delivered by the provider?*
 - 2) *Does the incident report indicate that appropriate action taken immediately after the incident to lessen or prevent client loss or harm?*
 - 3) *Does the incident report indicate that an appropriate plan for future action has been made to decrease the likelihood of this type of incident occurring in the future?*
 - 4) *Can/should any further action be pursued by NSMHA or the provider?*
 - 5) *When the CIRC members reach a consensus that the critical incident report and any follow up documentation/information answers the preceding question negatively, the incident is considered “closed”.*
 - 6) *When NSMHA deems further action is warranted in the case of a particular critical incident or group of incidents, action may include a NSMHA Selective Review. (See Procedure 1009B). Examples of other actions may include, but are not limited to:”*
 - 7) **Reformat** the sub-bullets following “f”.
- c. **Add** bullet 4 – *“CIRC will develop a summary report and trend analysis each biennial quarter. Report of these quality improvement activities will be distributed to NSMHA Board of Directors, NSMHA Advisory Board, NSMHA Quality Management Oversight Committee (QMOC) and County Coordinators.*

NSMHA Policy 1557.00 – Safety Policy was an urgent needs policy that had to be signed and implemented prior to July 1.

NSMHA Policy 1558.00 – Mental Health Specialist was another urgent needs policy that had to be signed and implemented prior to July 1.

These above policies were pushed through the process as urgent needs policies. Some will be coming back through the policy subcommittees of QMC/QMOC and ICRS for re-review and any additional changes. They will also be reviewed by QMC and QMOC committees for input. However, they must be implemented as written for the present.

Please ensure that the policies are implemented or revised at your agency within sixty days. The policies may be found at <http://66.114.134.5/Policies/Default.asp>.

cc: Heather Fennell, Compass Health
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Contract File