

North Sound Mental Health Administration

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

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NSMHA Contract Memorandum 2010-001

Date: January 7, 2010

To: Tom Sebastian, CEO, Compass Health
Donna Konicki, *bridgenways*
Michael Watson, Lake Whatcom RTC
Dean Wight, Whatcom Counseling and Psychiatric Center
Rod Elin, Catholic Community Services Northwest
Claudia D'Allegrì, Sea Mar
Ken Stark, Snohomish County Human Services Director
Phil Smith, Volunteers of America
Desmond Skubi, RSN Coordinator, Interfaith
Sue Closser, CEO, Sunrise Services

From: Chuck Benjamin, Executive Director

Subject: Revised/new policy/document

As recommended at October's Quality Management Oversight Committee, the region is pursuing a Performance Improvement Project (PIP) aimed at reducing the number of days between the time an individual calls ACCESS to request services and a medication evaluation appointment. It is hoped the intervention, the use of the designated decision tree at the first ongoing appointment, will facilitate this improvement.

Attached to this numbered memorandum are two documents. The first is titled "Decision Tree at 1st Ongoing Appointment to Determine if a Medication Evaluation is Needed" (Decision Tree) and will serve as the primary document for the intervention. The second document, identified as "Target Symptoms," is a supporting document for the Decision Tree (fourth box on the first row of the Decision Tree references target symptoms).

The Decision Tree is to be utilized by the Mental Health Care Provider (MHCP) at the first ongoing appointment after intake assessment for each consumer entering a new treatment episode.* The MHCP may need to gather additional information from the consumer in order to utilize the decision tree, but the MHCP does not need to walk through the document, step by step, with the consumer. The MHCP must document the Decision Tree outcome on the consumer's treatment plan.

NSMHA's expectation is that all clinicians involved in direct consumer care shall be trained on this process and document the training on their training logs so that NSMHA may verify training has occurred as needed. Chart reviews shall be conducted to ensure utilization of the Decision Tree via documentation of the outcome on the treatment plan.

January 7, 2010

The start date for implementation of this project is 60 days from receipt of this memorandum. The performance improvement project reports will be posted on NSMHA's website under Quality Management if you want more in depth information about the projects. If you have questions, please contact Charissa Westergard at charissa_westergard@nsmha.org or 360-416-7013 x228.

***Definitions**

First ongoing appointment – the first outpatient service appointment with the Mental Health Care Provider (MHCP) after the intake assessment

Intake assessment – appointment at which information is gathered from consumer/supports and recommendation is made, based upon clinical criteria, whether to provide ongoing services or not.

Mental Health Care Provider (MHCP) – mental health clinician with primary responsibility for the consumer's ongoing services

Policy 1577.00 – Evaluation & Treatment Facilities Refusal & Review Process

This policy had one minor change in the header establishing which “Providers must have policy consistent with” notation. Nothing else in this policy was changed with the re-signing. The signed and effective date is January 7, 2010.

This revised/new policy/document will be available on the NSMHA website at www.nsmha.org for your future reference.

Please ensure this revised/new policy/document is implemented at your agency within 60 days.

cc: Anji Jorstad, *bridgeways*

Heather Fennell, Compass Health

Kathy McNaughton, Catholic Community Services

Kay Burbidge, Lake Whatcom

Pamala Benjamin, Whatcom Counseling and Psychiatric Center

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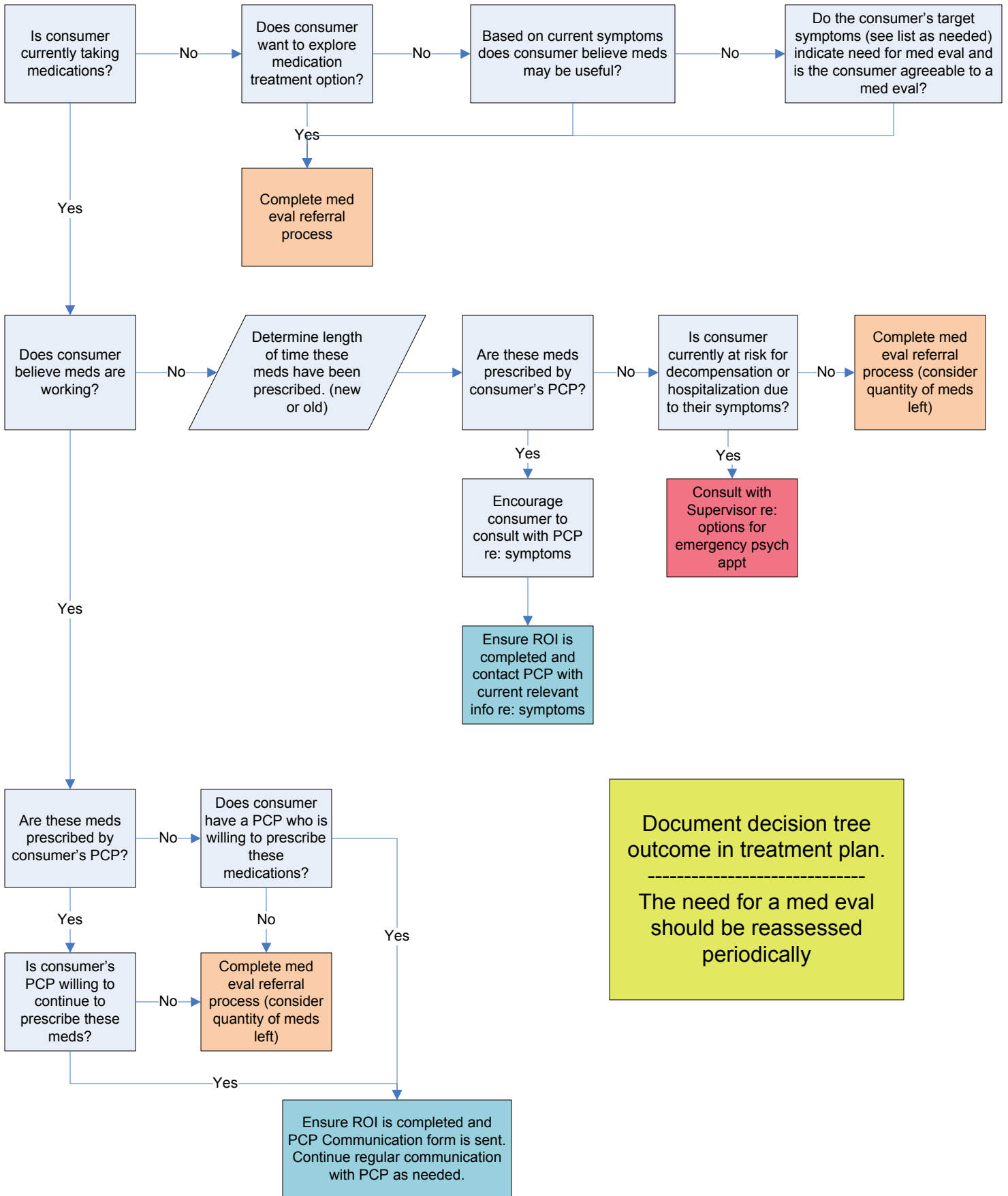
Anne Deacon, Whatcom County Coordinator

Jackie Henderson, Island County Coordinator

Susan Schoeld, Snohomish County Coordinator

Contract File

Decision Tree at 1st Ongoing Appointment to Determine if a Medication Evaluation is Needed:



Target Symptoms

This should not be considered an exhaustive list of symptoms or the only circumstances under which an individual may benefit from receiving a medication evaluation. Please consult with your supervisor when needed.

Depression Symptoms

1. insomnia
2. loss of appetite
3. anhedonia
4. low energy
5. hopelessness
6. suicidal ideation
7. irritability

Mania

1. mood lability
2. agitation
3. irritability
4. psychosis

Psychotic Symptoms

1. hallucinations and perceptual disturbance
2. delusions
3. disorganized thought process

Anxiety Symptoms

1. panic attacks
2. phobias
3. generalized anxiety: autonomic response to apprehension, worry or fear
4. PTSD: nightmares, anxiety

Aggression (hot aggression - with affect, agitation, or anger v. cold aggression - premeditated)

1. irritability
2. explosive outbursts
3. mood lability

Impulse Control Disorders

1. impulsivity
2. explosive outbursts

ADHD

1. impulsivity
2. inattention and distractibility
3. aggression
4. hyperactivity

Personality disorders

1. psychosis (brief psychotic episodes)
2. depressive sx (see above)
3. anxiety sx (see above)
4. mood lability