

North Sound Mental Health Administration

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

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NSMHA Contract Memorandum 2010-008

Date: April 20, 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
Anne Larson, Behavioral Health Director, Interfaith
Sue Closser, CEO, Sunrise Services

From: Chuck Benjamin, Executive Director

Subject: Revised/new policy/document

Performance Improvement Project (PIP) Update Decrease in Days to First Prescriber Appointment after Request for Service

After NSMHA sent the initial numbered memorandum related to the PIP, Decrease in Days to First Prescriber Appointment after Request for Service, NSMHA received additional feedback. After due consideration of this feedback by NSMHA staff, including NSMHA's Medical Director, NSMHA has instituted some changes to the Decision Tree document. With these changes in place, NSMHA is moving forward with the PIP.

NSMHA has conducted a collaborative and systematic process over several meetings to arrive at the identified project and intervention. This included data review in conjunction with stakeholder concerns. This particular project was initially suggested as both data and concerns of Ombuds and consumers/advocates indicated need for improvement. NSMHA fully supports this project and the potential it has to have a positive impact for consumers in our region.

The purpose of this PIP is to identify, at the first ongoing appointment, those individuals who enter treatment with a need for a medication evaluation and to then start the referral process for them. The hope is that, for those individuals with an identified need, the intervention will assist in decreasing the number of days between the time an individual calls Access (request for service) and the medication evaluation appointment. We also want to note that, while we are striving for a statistically significant improvement, there is no formal adverse action associated with not achieving the desired improvement. In the PIP process, if no improvement is noted after a period of time, the project is reevaluated and a new intervention is developed.

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This PIP is *not* meant to override clinical judgment or push medications as the first and/or only line of treatment for all consumers. If a clear need for a medication evaluation referral is not identified at the first ongoing appointment, NSMHA encourages providers to follow their usual process for continuing to evaluate individuals' needs and addressing those needs with appropriate treatment interventions. Also, if it appears that someone may benefit from a medication evaluation, NSMHA is only saying that the referral process should be started. NSMHA is not directing what that referral process should look like. If that means consultation with supervisor/treatment team, information gathering, observation, etc appears warranted first, then we would only expect to see documentation of that in the chart.

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 (second 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 the 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 intention is not for the MHCP 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. Chart reviews shall be conducted to ensure utilization of the Decision Tree via documentation of the outcome on the 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.

The start date for implementation of this project is 60 days from receipt of this memorandum. The PIP 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 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

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

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.

Performance Improvement Project (PIP) Update

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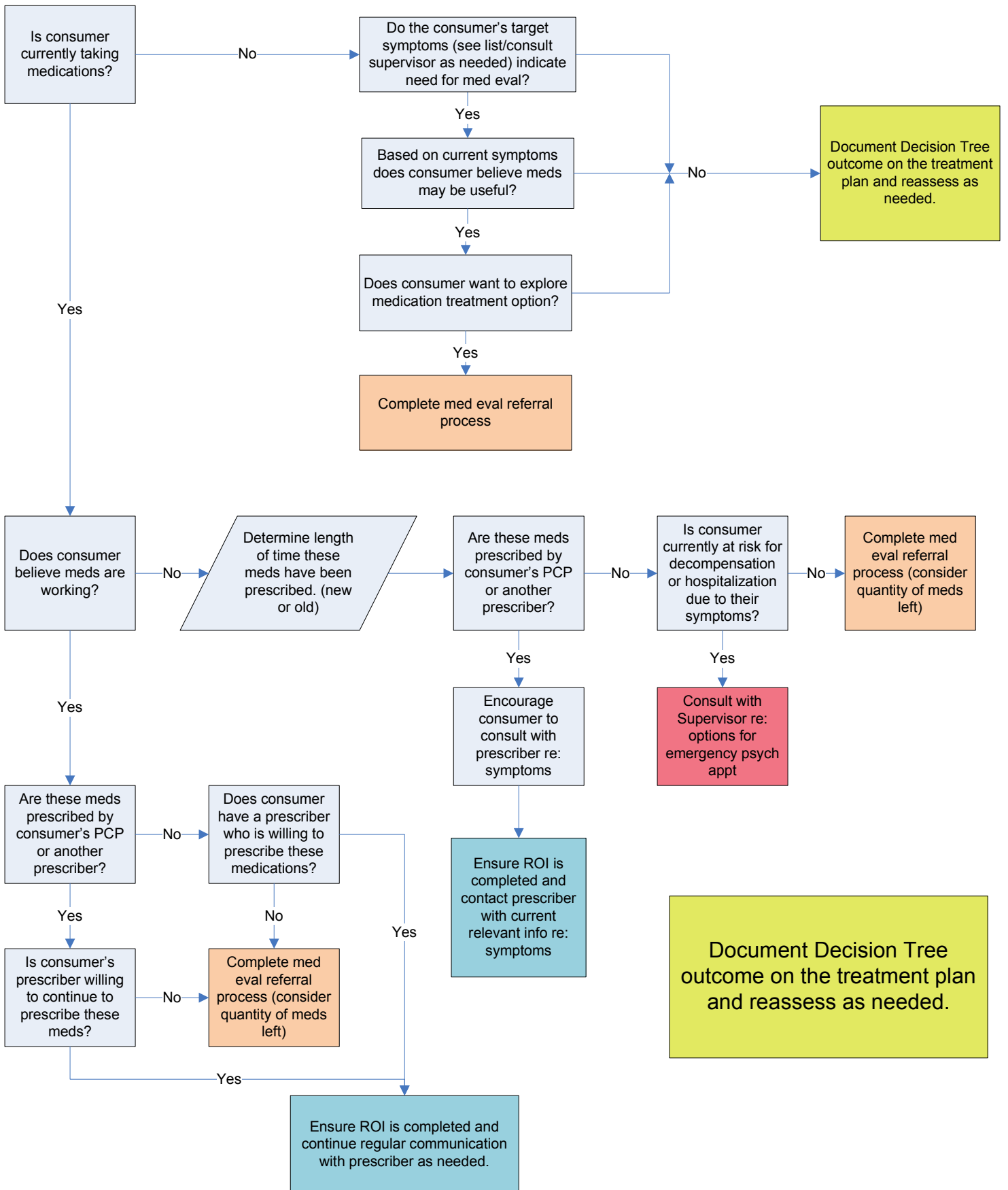
cc: Cindy Ainsley, *bridgemays*
Heather Fennell, Compass Health
Kathy McNaughton, Catholic Community Services
Kay Burbidge, Lake Whatcom
Pamala Benjamin, Whatcom Counseling and Psychiatric Center
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Contract File

Attachments

Decision Tree

Target Symptoms

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 (symptoms associated with various PDs)

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