



North Sound Mental Health Administration

Regional Support Network for Island, San Juan, Skagit, Snohomish, and Whatcom Counties
Improving the mental health and well being of individuals and families in our communities

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NSMHA Contract Memorandum 2012-001

Date: February 22, 2012

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Kathy McNaughton, Catholic Community Services Northwest
Claudia D'Allegrì, Sea Mar
Ken Stark, Snohomish County Human Services Director
Phil Smith, Volunteers of America
Cindy Paffumi, Interfaith
Sue Closser, Sunrise Services
Christine Furman, Pioneer Human Services

From: Chuck Benjamin, Executive Director

Subject: Revised policy, Performance Improvement Project (PIP) – Decrease in Days to First Prescriber Appointment after Request for Service, Target Symptoms List and Decision Tree

The revised **Policy 1546.00 Medication Management Transfers to Primary Care Providers** has been through the complete review and approval process. It was signed by the Deputy Director February 22, 2012. It is inclusive of the two additional documents mentioned in the PIP and included with this memo.

PIP

NSMHA convened a workgroup in 2011 to develop the second intervention for the Performance Improvement Project (PIP), Decrease in Days to First Prescriber Appointment after Request for Service. The purpose of this PIP is to decrease the amount of time, for individuals with an identified medication evaluation need, to receive a medication evaluation. The first intervention (Decision Tree) was designed to assist clinicians in identifying a medication evaluation need sooner.

For the second intervention, the workgroup identified that capacity is one significant issue impacting the timeliness of medication evaluations and one method of addressing capacity is planful discharge. With the idea that discharge planning begins at admission and involves helping people develop and utilize other resources in preparation for discharge, planful discharge will assist with improving the flow of people through treatment ensuring that NSMHA system resources are available in a more timely manner. For this project, the intervention of planful discharge includes the following elements:

1. Discharge planning starts at admission
2. Referral to PCP within 30 days of first ongoing appointment for individuals who do not have a PCP
3. Contact with the PCP once a potential need for a medication evaluation is identified:

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- a. Ensure releases of information are sent by the 1st ongoing appointment
- b. Collaborate with PCP so the PCP can:
 - i. Provide the medication evaluation and ongoing medication management when appropriate; or
 - ii. Provide ongoing medication management after initial medication evaluation at CMHA; or
 - iii. Provide ongoing medication management after medication services can be appropriately transferred from the CMHA to PCP. Transfer includes ongoing communication with PCP while CMHA is prescribing and during the transition period.

The Decision Tree, including Target Symptoms list, and NSMHA Policy 1546 Medication Management Transfers to Primary Care Providers were both revised to incorporate these elements. These documents are attached to this memo.

The Decision Tree should continue 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 process for utilizing the Decision Tree has not changed, only the content has changed. Please ensure that all clinicians involved in direct consumer care are trained on the Decision Tree (process and content) and NSMHA Policy 1546 Medication Management Transfers to Primary Care Providers. NSMHA shall conduct chart reviews to verify that the Decision Tree and Policy 1546 are being utilized/followed. The start date for implementation of this project is 60 days from receipt of this memorandum.

The PIP 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 Julie de Losada at julie_de_losada@nsmha.org or 360-416-7 x223.

***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 care

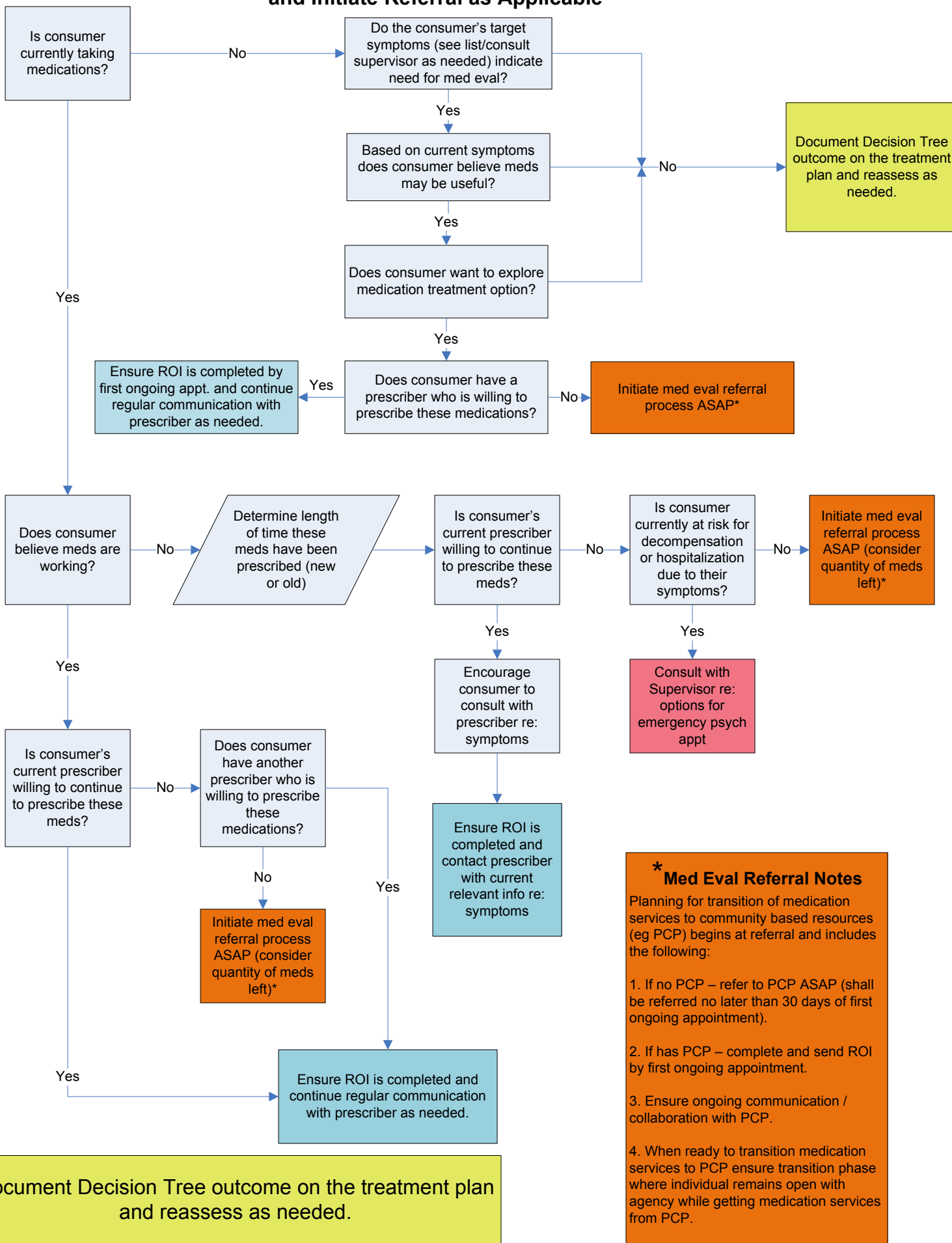
Full implementation of these revised/new policies should occur no later than 60 days after this memo.

cc: Cindy Ferraro, Bridgeways
Heather Fennell, Compass Health
Kay Burbidge, Lake Whatcom RTC
Pamala Benjamin, Whatcom Counseling
and Psychiatric Center
Pat Morris, Volunteers of America
David Small, Sea Mar
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Contract File

Decision Tree

Complete at 1st Ongoing Appointment to Assess Medication Evaluation Need and Initiate Referral as Applicable



*** Med Eval Referral Notes**

Planning for transition of medication services to community based resources (eg PCP) begins at referral and includes the following:

1. If no PCP – refer to PCP ASAP (shall be referred no later than 30 days of first ongoing appointment).
2. If has PCP – complete and send ROI by first ongoing appointment.
3. Ensure ongoing communication / collaboration with PCP.
4. When ready to transition medication services to PCP ensure transition phase where individual remains open with agency while getting medication services from PCP.

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