

# 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 2012-018

Date: November 30, 2012

To: Tom Sebastian, Compass Health  
Donna Konicki, Bridgeways  
Michael Watson, Lake Whatcom RTC  
Dean Wight, Whatcom Counseling and Psychiatric Center  
Kathy McNaughton, Catholic Community Services Northwest  
Claudia D'Allegri, 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: Joe Valentine, Executive Director

Subject: Revised Policies

***Policy 1009.00 – Critical Incident Reporting and Review Requirements CIRC Quality Assurance and Improvement Process***

This policy has been through all the approval processes and approved by the Executive Director November 30, 2012.

***Policy 1599.00 – Co-Occurring Disorder Screening and Assessment***

This policy has been through all the approval processes and approved by the Executive Director November 30, 2012.

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

cc: Cindy Ferraro, Bridgeways  
Heather Fennell, Compass Health  
Kay Burbidge, Lake Whatcom RTC  
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Contract File

## North Sound Mental Health Administration

### Section 1000 – Administrative: Critical Incident Reporting and Review Requirements CIRC Quality Assurance and Improvement Process

Authorizing Source: PIHP Contract; 42 CFR 482 & 42 CFR 483

Cancels:

See Also:

Providers must have a “policy consistent with” this policy

Responsible Staff: Deputy Director

Approved by: Executive Director

Date: 11/30/2012

Signature:

#### **POLICY #1009.00**

#### **SUBJECT: CRITICAL INCIDENT REPORTING AND REVIEW REQUIREMENTS CRITICAL INCIDENT REVIEW COMMITTEE (CIRC) QUALITY ASSURANCE AND IMPROVEMENT PROCESS**

#### **PURPOSE**

This policy describes the processes, circumstances, methods and timelines by which contracted providers in the North Sound Region must provide information to North Sound Mental Health Administration (NSMHA); the processes, circumstances, methods and timelines by which NSMHA must provide information to the Washington State Department of Social and Health Services (DSHS); and, the quality assurance and improvement activities involved regarding reporting and responding to critical incidents (extraordinary occurrences) affecting consumers of NSMHA services and NSMHA providers.

The purpose of the Critical Incident Reporting and Review Requirements and the NSMHA Critical Incident Review Committee (CIRC) quality improvement and assurance process is to:

1. Ensure that, in its ongoing commitment to quality assurance and improvement initiatives, NSMHA Promotes consumer safety and risk reduction by requiring the recognition and reporting of extraordinary occurrences. Specifically, NSMHA wants to ensure that:
  - a. Care and services delivered meet the requirements of the DSHS/NSMHA and NSMHA/provider contracts, including NSMHA Clinical Eligibility and Care Standards, relevant WACs (Washington Administrative Code), RCWs (Revised Code of Washington) and the CFR (Code of Federal Regulations).
  - b. There is a timely and systematic reporting mechanism that promotes appropriate responses to critical incidents/extraordinary occurrences.
2. Provide a framework, structure and set of guidelines for the timely reporting of critical incidents, as defined by DSHS.
3. Support and protect the reporting and documentation of critical incidents under NSMHA’s Coordinated Quality Improvement Program (CQIP). NSMHA maintains CQIP status through the Washington State
4. Department of Health for the purpose of improvement of the quality of health care services rendered to consumers and the identification and prevention of medical malpractice as set forth in RCW 43.70.510.
5. NSMHA 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.
6. To provide quality assurance, all documents related to critical incident reporting will contain the following language:

#### **COORDINATED QUALITY IMPROVEMENT DOCUMENT**

This is a protected Coordinated Quality Improvement document solely for the purpose of assuring Continuous Quality Improvement and Quality Assurance by the North Sound Mental Health Administration, its providers and component counties. This document is strictly confidential to the fullest extent allowed by RCW 43.70.510 and is not subject to disclosure pursuant to Chapter 43.17 RCW.

## POLICY

NSMHA appoints and supports a designated incident reporter (DIR) whose role is to:

1. Screen provider critical incident (CI) reports for appropriateness;
2. Report CI to DSHS;
3. Facilitate the Critical Incident Review Committee (CIRC) which investigates CI;
4. Follow-up with each review/investigation until a disposition is reached for each; and
5. Report investigation and follow-up activities, as well as dispositions to DSHS.

All types of CI in both CI Categories shall be reported to DSHS using the Division of Behavioral Health and Recovery (DBHR) electronic incident reporting system (EIRS). If the EIRS is unavailable for use, a DBHR standardized form will be provided by DBHR with instructions.

## PROCEDURE

**Critical Incident Reporting:** Providers shall report CI involving enrollees to NSMHA, and NSMHA shall report CI involving enrollees to DSHS in accordance with the requirements found in the CI categories, types, reporting parameters, and operational definitions (*the latter two in italics*) delineated below:

### CATEGORY I Incidents:

1. Providers shall notify the NSMHA DIR by phone immediately after becoming aware of a Category I Incident, then follow-up with a same-day written report.
2. The NSMHA DIR shall notify the DSHS Incident Manager by phone immediately after becoming aware of a Category I Incident, then follow-up with a same-day written report.
3. DSHS may also investigate or may require NSMHA to investigate Category I incidents that involve consumers who have received services from the Contractor more than 365 days prior to the incident.
  - a. **Death or serious injury of consumer, staff, or public citizen:** *Only report deaths and serious injuries that occur at a DSHS facility, or a facility that DSHS licenses, contracts with, and certifies. Serious injuries include any permanent injury, or one that requires admission to a hospital*
  - b. **Unauthorized leave (UL) of a mentally ill offender or sexually violent offender:** *Only report incidents where a UL involves a mentally ill offender or a sexually violent offender, and occurs from a Mental Health Facility, or a Secure Community Transition Facility, which includes Evaluation and Treatment Centers (E&T) or Crisis Stabilization Units (CSU) and Triage Facilities that accept involuntary consumers.*
  - c. **Violent act:** *Any alleged or substantiated non-fatal injuries, rape, sexual assault, homicide, attempted homicide, arson, or substantial property damage (> \$100,000.00), committed by a consumer.*
  - d. **Any event involving a consumer or staff that has already attracted media attention.**

### CATEGORY II Incidents:

1. Providers shall report all Category II Incidents involving consumers within one business day of becoming aware of the incident.
2. The NSMHA DIR shall report all Category II Incidents to DBHR within one business day of becoming aware of Category II Incidents.
  - a. For the purpose of reporting Category II Incidents, consumers are defined by the following:
    - i. Outpatient consumers are *those who have received an intake assessment and meet eligibility criteria for outpatient services. These individuals are considered outpatient consumers until their outpatient episode has been officially closed.*
    - ii. Crisis Services consumers are *currently being served by Crisis Services personnel, and remain so until their crisis services episode has been closed and/or they have begun receiving outpatient services.*
    - iii. Jail Mental Health Services consumers are *those who have received an initial assessment and meet eligibility criteria for Jail Mental Health Services, and remain so up to 90 days post-release, and/or they have begun outpatient services as described above.*

1. **Alleged consumer abuse or neglect of a serious or emergent nature:** *The willful action or inaction that inflicts injury, unreasonable confinement, intimidation, punishment on, or abandonment of a vulnerable adult by a DSHS employee, volunteer, licensee, contractor, or another consumer. In an instance of abuse of a vulnerable adult who is unable to express or demonstrate physical harm, pain, or mental anguish, the abuse is presumed to cause physical harm, pain, or mental anguish.*
2. **A substantial threat to facility operation or consumer safety resulting from a natural disaster.** These may include earthquake, volcano eruption, tsunami, fire, flood, an outbreak of communicable disease, etc.
3. **Any breach or loss of consumer data in any form that is considered as reportable in accordance with the Health Information Technology for Economic and Clinical Health (HITECH) Act and that would allow for the unauthorized use of consumer personal information.** *In addition to the standard elements of an incident report, the provider and NSMHA DIR will document and/or attach: 1) the Police report (when information is stolen), 2) any equipment that was lost, and 3) specifics of the consumer information. A letter of notification shall be sent to each individual whose information was breached. This notification shall occur without unreasonable delay and in no case later than 60 days after discovery of the breach.*
4. **Allegation of financial exploitation (FE) involving an agency, a consumer or other:** *The illegal or improper use of the property, income, resources or trust funds of a vulnerable adult by any person for any person's profit or advantage other than for the vulnerable adult's profit or advantage. When any allegation of financial exploitation is reported, NSMHA DIR shall notify the Medicaid Chief Criminal Investigator (CCI), and then forward a copy of the DSHS report to the CCI.*
5. **Suicide attempt requiring medical care:** *Only report suicide attempts that occur at a DSHS facility, or a facility that DSHS licenses, contracts with, and certifies, and require care from a physician.*
6. **Any event involving a consumer or staff likely to attract media attention.**
7. **Any event involving: a credible threat towards a staff member that occurs at a DSHS facility, a facility that DSHS licenses, contracts with, or certifies; or a similar event that occurs within the community. A credible threat towards staff is defined as "A communicated intent (veiled or direct) in either words or actions of intent to cause bodily harm and/or personal property damage to a staff member or a staff member's family, which resulted in a report to Law Enforcement, a Restraining/Protection order, or a workplace safety/personal protection plan.**
8. **Any incident that was referred to the Medicaid Fraud Control Unit by NSMHA or its sub-contractor.**
9. **A life safety event that requires an evacuation or that is a substantial disruption to the facility.**

**Note:** In addition to the categories described above, the DIR will utilize professional judgment and report incidents that fall outside the scope of this section.

CI reports shall include:

1. A description of the incident;
2. Date and time of the incident;
3. Incident location;
4. Incident type;
5. Name and age (if known) of each individual involved in the incident;
6. Service history with NSMHA providers, if any, of the individuals involved;
7. Immediate actions taken by the provider to minimize further loss or harm;
8. Future actions planned by the provider to prevent the type of incident from occurring again, with the individual involved and/or others; and,
9. Any legally required notifications made by the provider.

## **PROCEDURE:**

### **Critical Incident Reporting**

1. Providers fax the completed NSMHA CI Form (available online at <http://www.nsmha.org/forms/index.asp>) to NSMHA.
2. The NSMHA DIR or designee will utilize the DSHS electronic incident reporting system. If/when the electronic incident reporting system is unavailable for use, the DIR will complete a DSHS standardized form, and attach it to an encrypted email addressed to the DBHR Incident Manager.
3. Providers shall submit any additional information necessary to understanding the incident to NSMHA via fax or encrypted email as it becomes known. The DIR shall forward this additional information to the DBHR Incident Manager in an encrypted email as appropriate.
4. Additional reporting and review requirements for DSHS reportable critical incidents for the NSMHA DIR:

Notify County Coordinators and NSMHA Board Chair via a blinded copy of the DSHS critical incident report, and NSMHA Executive Director with an unblinded copy. Notification shall occur within one (1) business day of NSMHA's receipt of the provider critical incident report.

5. DSHS may require the DIR to report and initiate an investigation that has not yet been reported by a NSMHA provider.
6. The DIR will fully cooperate with any investigation initiated by DSHS and provide any information requested by DSHS within the timeframes specified within the request.
  - a. If the DIR does not respond according to the timeframe in DSHS's request, DSHS may obtain information directly from any involved party and request their assistance in the investigation.
  - b. DSHS may request medication management information.
  - c. DSHS also may investigate or may require the CIRC to investigate incidents that involved consumers who have received services from NSMHA providers more than 365 days prior to the incident.

### **Critical Incident Investigation Requirements & Quality Improvement Process**

1. NSMHA maintains a Critical Incident Review Committee (CIRC) whose purpose is to review all critical incidents submitted. The NSMHA CIRC membership will include a NSMHA Clinical Oversight Quality Specialist with expertise in adult services who serves as the DIR, a NSMHA Clinical Oversight Quality Specialist with expertise in child/youth services, a non-clinical NSMHA staff member, and a NSMHA support staff member. The NSMHA Medical Director shall consult as requested in manners pertaining to medical/psychiatric matters when requested. The CIRC will meet regularly to review all critical incident reports, request written follow-up reports from providers, investigate critical incidents utilizing internal selective reviews and make quality improvement recommendations related to critical incidents to the NSMHA Quality Management Oversight Committee, the NSMHA Leadership Team, &/or the Clinical Oversight Team for further appropriate action.
2. During the regularly scheduled CIRC meeting, the DIR shall facilitate review and discussion 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.
3. During a CIRC review, the committee members shall address each incident in the following context:
  - i. Does the description of the critical incident and/or subsequent information warrant concern about quality or appropriateness of care delivered by the provider?
  - ii. Does the incident report indicate that appropriate action was taken immediately after the incident to lessen or prevent consumer loss or harm?
  - iii. 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 again?
  - iv. Can/should any further action be pursued by NSMHA or the provider?

4. When the CIRC members reach a consensus that the critical incident report and any follow-up information answer the preceding questions satisfactorily, the incident is considered “closed.”
5. NSMHA may deem further action is warranted in the case of a particular critical incident or group of incidents. Actions may include but are not limited to:
  - i. NSMHA selective review
  - ii. Request for provider internal case review
  - iii. Request for parts of or complete medical records
  - iv. Request for special meetings or quality initiatives (e.g., Root Cause Analysis) regarding quality concerns involved
  - v. Request for provider initiated quality assurance and improvement activities based on incidents or groups or types of incidents
  - vi. Other requests as deemed necessary
6. Incident Review and Follow-up: CIRC will review and follow-up on all incidents reported. CIRC will provide sufficient information, review, and follow-up to take the process and report to its completion. An incident will not be categorized by DSHS as complete until the following information is provided:
  - i. Summary of any incident debriefings or review process dispositions;
  - ii. Present physical location of the consumer if known. If the consumer cannot be located, the DIR will document in the incident reporting system the steps that the Contractor took to attempt to locate the consumer by using available local resources;
  - iii. Documentation of whether the consumer is receiving or not receiving mental health services from the provider at the time the incident is being closed;
  - iv. In the case of a death of the consumer, the provider must provide either a telephonic verification from an official source or via a death certificate.
    - a) In the case of a telephonic verification, the provider will document the date of the contact and both the name and official duty title of the person verifying the information.
    - b) If this information is unavailable, the attempt to retrieve it will be documented.
  - v. 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 shall be reported to CIRC within 21 days of becoming available.
 

Additionally, the provider 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.
7. CIRC will develop a semi-annual summary report and data analysis each July and January. Copies of the semi-annual report will be distributed &/or presented to NSMHA Board of Directors, NSMHA Advisory Board, NSMHA Quality Management Oversight Committee (QMOC) and County Coordinators.

## ATTACHMENTS

None

Effective Date: -12/3/2007, 9/27/2007  
Revised Date: 10/22/12  
Review Date: 11/29/2012

## North Sound Mental Health Administration

### Section 1500 – CLINICAL: Co-Occurring Disorder Screening and Assessment

Authorizing Source: RCW 70.96C, WAC 388-865-0420 (d)(iii)

Cancels:

See Also:

Providers must comply with this policy and individualized implementation guidelines may be developed by CMHAs

Responsible Staff: Deputy Director

Approved by: Executive Director

Signature:

Date: 11/30/2012

## **POLICY#1559.00**

### **SUBJECT: CO-OCCURRING DISORDER SCREENING AND ASSESSMENT**

#### **PURPOSE**

To provide an integrated, comprehensive and routine screening and assessment process for chemical dependency and mental health disorders throughout the North Sound Region.

#### **POLICY**

Providers will assure that all consumers age 13 and above at admission are asked to complete the statewide approved screening and assessment tool, GAIN-SS (Global Appraisal of Individual Needs-Short Screener).

#### **PROCEDURE**

1. The Provider must attempt to screen all individuals aged 13 and above through the use of the Department of Social and Health Services (DSHS) provided GAIN-SS during:
  - a. All new intakes and re-admits at CMHAs for individuals including children who turn 13 (between 13<sup>th</sup> birthday and the next recovery plan review).
  - b. The initial evaluation at free-standing, non-hospital evaluation and treatment facilities.
  - c. The provision of each crisis episode of care including Involuntary Treatment Act (ITA) investigations services , except when:
    - i. The service results in a referral for an intake assessment.
    - ii. The service results in an involuntary detention under RCW 71.05, 71.34, or 70.96B.
    - iii. The contact is by telephone only.
    - iv. The clinician conducting the crisis intervention or ITA investigation has information that the individual has completed a GAIN-SS screening within the previous 12 months.
2. The GAIN-SS screening must be completed as self-report by the individual and signed by the individual on the DSHS-GAIN-SS form located at <http://www1.dshs.wa.gov>. If the individual refuses to complete the GAIN-SS screening, or if the clinician determines the individual is unable to complete the screening for any reason, this must be documented on the GAIN-SS form.
3. The results of the GAIN-SS screening, including refusals and unable-to-complete, must be reported to DSHS through the Consumer Information System (CIS).
4. The Provider must complete a co-occurring mental health and chemical dependency disorder assessment, consistent with training provided by DSHS and outlined in the Substance Abuse and Mental Health Services Administration (SAMHSA) Treatment Protocol 42, to determine a quadrant placement for the individual when the individual scores a two (2) or higher on either of the first two scales (Internalizing Disorder Screener & Externalizing Disorder Screener) and a two (2) or higher on the third scale (Substance Disorder Screener).

The assessment, to include quadrant placement, shall be completed as part of the initial intake evaluation process at CMHAs and free-standing, non-hospital evaluation and treatment facilities. The assessment is not required during crisis episodes of care including ITA investigations. The quadrant placements are defined as:

- a. Less severe mental health disorder/less severe substance disorder
  - b. More severe mental health disorder/less severe substance disorder
  - c. Less severe mental health disorder/more severe substance disorder
  - d. More severe mental health disorder/more severe substance disorder
5. The quadrant placement must be reported to DSHS through the CIS system.

## **ATTACHMENTS**

None