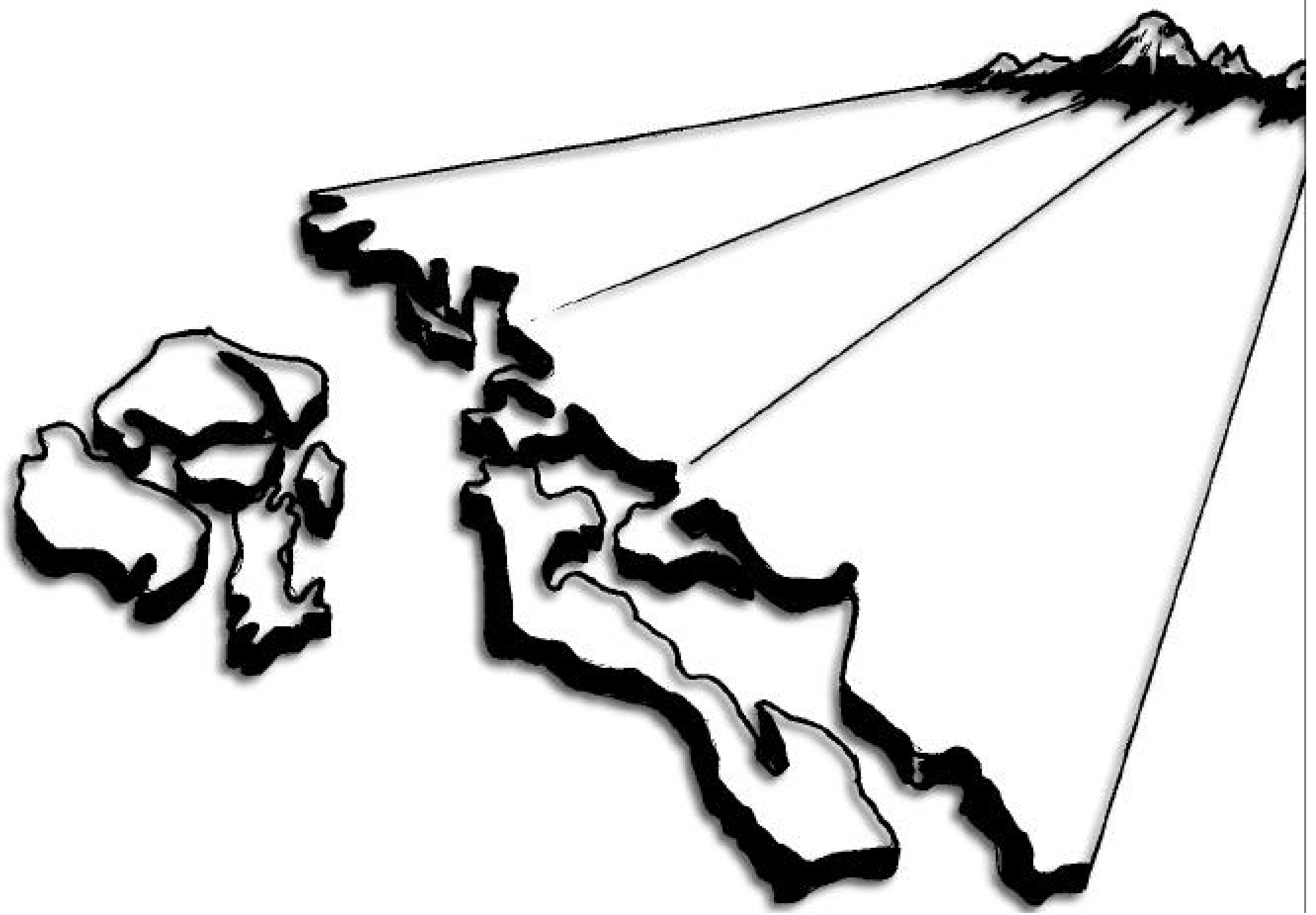


NORTH SOUND REGIONAL SUPPORT NETWORK
QUALITY MANAGEMENT AND OVERSIGHT COMMITTEE
COMMITTEE MEETING PACKET
MARCH 16, 2000

North Sound Regional Support Network
QUALITY MANAGEMENT AND OVERSIGHT COMMITTEE
March 16, 2000
12:30 – 3:00 p.m.
NSRSN Conference Room

AGENDA

	Item	Presenter	Time	Page #
1.	Call to Order & Comments from the Chair	Chair Benjamin	15 minutes	
2.	Approval of January 2000 minutes	Chair Benjamin	5 minutes	2
3.	Old Business			
	A. 2000 APN CHAP Contract Statement of Work	Mr. Adrian	25 minutes	6
	B. Case Manager / Quality of Care Study	Ms. Thompson	15 minutes	13
	C. VOA Quality Management Plan	Ms. Kipling	20 minutes	14
	D. MHD Integrated Review	Mr. Long	10 minutes	24
	BREAK		10 minutes	
4.	New Business			
	A. Tribal Liaison Report	Ms. Dempsey	5 minutes	39
	B. Meeting Evaluation Process	Chair Benjamin	5 minutes	41
	C. Proposed Meeting Schedule	Chair Benjamin	10 minutes	43
5.	Other Business		10 minutes	
6.	Adjourn	Chair Benjamin		

NORTH SOUND REGIONAL SUPPORT NETWORK
117 N. FIRST STREET, SUITE 8
MOUNT VERNON, WASHINGTON
QUALITY MANAGEMENT OVERSIGHT COMMITTEE
MEETING SUMMARY – JANUARY 26, 2000
NSRSN CONFERENCE ROOM

Members Present:

Chuck Benjamin, Chair
Chuck Albertson
Linda Benoit
Dan Bilson
Fran Collison
Lorelei Coy
Robin Grupper
Marcia Gunning
Dolores Holtcamp
Karen Kipling
Joan Lubbe
Terry McDonough
Jim Teverbaugh
Pam Benjamin for Michael Watson
Claudia D'Allegri for Russ Hardeson

Staff Present:

Merle Adrian
Annette Calder
Sharri Dempsey
Greg Long
Mike Page
Diana Striplin
Linda Vaughan
Gary Williams

Guests:

Bob LeBeau

1. CALL TO ORDER

Chair Benjamin opened the meeting at 10:00 a.m. Introductions were made.

2. COMMENTS FROM THE CHAIR

Chair Benjamin addressed the committee regarding the agenda amendments.

Ms. Collison stated that Mike Watson has resigned from QMOC due to reorganization at Lake Whatcom. Pam Benjamin and Terry Kline will alternate representing Lake Whatcom.

Mr. Bilson informed the committee that the February 15th Advisory Board meeting has been cancelled and the Advisory Board will meet in March.

Chair Benjamin stated the membership/conduct committee will be called Guiding Principles and will be an Ad Hoc committee that he will chair.

3. APPROVAL OF DECEMBER MINUTES

Chair Benjamin asked if there were any changes or amendments to the minutes of December 1st, hearing none, the minutes were accepted as written.

4. OLD BUSINESS

A. QMOC SUBCOMMITTEES

- Outcomes Subcommittee - Mr. Adrian

The Outcomes Subcommittee met on January 13th. Mr. Adrian provided the committee the report. Attachment A. Discussion followed.

- Quality Management Plan for the Year 2000 - Mr. Teverbaugh

Mr. Teverbaugh provided a synopsis of what the group has accomplished to date and stated that they may be ready to present to QMOC in February.

- Critical Incidents – Mr. Adrian

Mr. Adrian informed the committee that there would be no report at this time.

- Caseload/Quality of Care Study – Mr. Adrian

Mr. Adrian reported that this committee would meet again in February and there was nothing new to report at this time.

- MHD Integrated Review – Mr. Long

Mr. Long informed the committee that there were no direct Clinical or MIS findings. He further reported that MHD really liked the concurrent review tool, Tribal Programs and QRT. MHD stated that NSRSN is a good model for the State and was quite impressed with NSRSN.

B. CHAP PROGRAM REPORT – Mr. LeBeau and Ms. Vaughan

Mr. LeBeau, APN, addressed the committee regarding CHAP services in the five county region and how it should work. He provided copies of a letter he had sent to NSRSN regarding the CHAP program. Brief question and answer period followed. Attachment B.

Ms. Vaughan presented CHAP recommendations to the committee. Questions, answers and discussion followed. Attachment C.

Mr. Bilson requested that NSRSN contact the National Institute of Mental Health to request a report prepared by Dr. Peter Jensen regarding children and ADHD. Lengthy discussion followed.

Mr. Teverbaugh made a motion to accept the recommendations of the CHAP review team, motion seconded, brief discussion followed. Chair Benjamin called for the vote. Ms. Collison abstained, all others voted in favor. **Motion carried.**

C. SNOHOMISH COUNTY E & T – Ms. Dempsey

Ms. Dempsey presented the Corrective Action Plan for Snohomish County E&T established by NSRSN to the committee. This plan was included in the meeting packet.

At 11:50 a.m. the committee took a ten-minute break and resumed the meeting at 12:00 p.m.

5. NEW BUSINESS

A. WHATCOM COUNTY CRISIS OVERSIGHT COMMITTEE - Mr. Williams

Mr. Williams reported to the committee that the State was concerned about how information is generated around systems problems, quality of care issues, what happens to that process and how QMOC gets that information. The report was included in the meeting packet. Mr. Williams recommended that QMOC develop a standing subcommittee for County Crisis Oversight Committees that would meet and make recommendations. The subcommittee would then submit to QMOC a regional recommendation. Discussion followed. Chair Benjamin established an Ad Hoc subcommittee with Mr. Williams as the Chair of the subcommittee.

B. SERVICE LEVEL 1 – FOCUSED REVIEW – Mr. McDonough

Mr. McDonough presented the contents of the report to the committee. The report was included in the meeting packet. Followed by a question and answer period and a lengthy discussion.

OTHER BUSINESS

Chair Benjamin informed the committee that he would meet with QMOC staff to develop an annual work plan that will help to get through the whole agenda and to shorten the meetings. The plan will be presented to the committee at the next meeting.

Mr. Adrian addressed the committee regarding a critical incident in Island County. Copies of the letter were distributed. Attachment D.

Mr. Albertson provided the committee with copies of his proposed motion regarding Respite Homes. Attachment E.

C. TRIBAL LIAISON – Ms. Dempsey

Ms. Dempsey apprised the committee as to the updated status of the 7.01 plan and the changes that have been made. Updated copies were distributed. Attachments F and G.

D. OMBUDS – Ms. Grupper

Ms. Grupper distributed updated invitations to the Ombuds Service Advisory Committee meeting being held February 22nd. Attachment H.

6. ADJOURN

The meeting was adjourned at 1:05 p.m.

Attachment I – Ms. Austin's background information
Attachment J – Dr. Brown's resume

Please Note:
Regarding referenced attachments, these items were distributed at the January meeting and are attached to the file copy for the official record. If you would like copies of the attachments, please contact NSRSN at (360) 416-7013.

NSRSN COMMITTEE DISCUSSION FORM

AGENDA ITEM: Children's Hospitalization Alternative Program – Final Recommendations

PRESENTER: Merle D. Adrian

COMMITTEE ACTION: Action Item ( ) FYI & Discussion (x) FYI only ( )

SIGNIFICANT POINTS OR EXECUTIVE SUMMARY:

- Work Group / Negotiating Team met February 2nd to develop draft Statement of Work
- Draft Statement of Work forwarded to APN on February 4th
- NSRSN & APN Negotiating Teams met February 9th and 10th
- Statement of Work and APN Contract finalized February 15th

ATTACHMENTS:

- Contract attached

NORTH SOUND REGIONAL SUPPORT NETWORK
CONTRACT AMENDMENT

CONTRACT NO. NSRSN-APN-99-10-01
Amendment (5)

The above-referenced Contract between the North Sound Regional Support Network (NSRSN) and Associated Provider Network (APN) is hereby amended as follows:

1. Effective April 1, 2000 Exhibit I – Children's Hospital Alternative Program Statement of Work shall be replaced by Exhibit I-A, Children's Hospital Alternative Program Statement of Work, see attached.

2. Effective April 1, 2000 Addendum I - North Sound Regional Support Network Children's Hospital Alternative Program Standards of Care shall be incorporated as a contract requirement, see attached.

3. Exhibit G shall be replaced by attached Amended Exhibit G (5)

4. *Maximum consideration of this Amendment shall not exceed $518,193.*

ALL TERMS AND CONDITIONS OF PERFORMANCE OUTLINED IN CONTRACT NO. NSRSN-APN-99-10-01 THROUGH AMENDMENT FOUR ARE INCORPORATED BY REFERENCE AS THOUGH FULLY SET FORTH HEREIN.

THIS AMENDMENT IS EXECUTED BY THE PERSONS SIGNING BELOW, WHO WARRANT THAT THEY HAVE THE AUTHORITY TO EXECUTE THIS AMENDMENT.

NORTH SOUND REGIONAL SUPPORT NETWORK	ASSOCIATED PROVIDER NETWORK
___________________________________	___________________________________
Merle Adrian, Executive Director Date	Authorized Signature Date
___________________________________	
(Name of Authorized Signature Above – print or type)	

EXHIBIT I-A

NORTH SOUND REGIONAL SUPPORT NETWORK

CHILDREN'S HOSPITAL ALTERNATIVE PROGRAM

This Exhibit shall be effective April 1, 2000 through December 31, 2000.

PURPOSE

This Statement of Work is Exhibit I-A of the Integrated Community Support Mental Health Program Services Agreement between North Sound Regional Support Network (referred to herein as "NSRSN") and Associated Provider Network (referred to herein as "Contractor" and "APN"). The purpose of this Statement of Work is to provide Regional Children's Hospital Alternative Program Services (CHAP) to children/youth, in conjunction with DSHS-DCFS, throughout the NSRSN Service Area.

POPULATION TO BE SERVED

Services funded under this Exhibit will be available to all persons located within the NSRSN Service Area who meet program eligibility criteria, and are between the ages of 5 thru 17.

CLIENT ELIGIBILITY

Seriously emotionally disturbed children with a Children's Global Assessment (CGAS) of 40 or below and who would be compatible with and benefit from community based (foster/family based) mental health treatment program.

COMPENSATION

APN agrees to perform all services described herein for $57,577 per month, not to exceed $518,193 for the nine (9) months this Exhibit shall be in effect. This does not preclude APN utilizing other funding resources to meet the terms and conditions of this Statement of Work.

SERVICES TO BE PROVIDED

NSRSN CHAP Services shall be defined as a long-term specialized treatment foster care program that provides intensive community-based wrap around services to high-need children and families.

APN shall provide the following Regional CHAP Program Services:

a) Provision of medically necessary mental health clinical services in a manner designed to avoid inappropriate use of hospitalization and inappropriate extrusion of children from the Mental Health regional system of care;

b) Development and implementation of a documented service configuration that emphasizes timely service for children with the most extensive needs, who meet client eligibility and as approved by CHAP Interagency Review Committee.

c) Implement a Regional CHAP Services Management Plan and Process that provides the flexibility for CHAP Services to be provided to those 43 children most in need, regardless of their NSRSN county of residence.

d) Coordination of the gatekeeper process with the Division of Children and Family Services ("DCFS") and NSRSN;

e) Cooperation with DCFS and NSRSN with respect to community placement decision making processes;

f) Maintain out-of-home capacity throughout the NSRSN Service Area for a minimum of 43 children per month.

g) Maintain full CHAP service capacity throughout the NSRSN Service Area for a minimum of 43 children per month;

h) Maintain full CHAP emergency and regular respite service capacity throughout the NSRSN Service Area for a minimum of 43 children per month;

i) Provide in-home CHAP services as an alternative to out-of-home placement when stipulated as the most beneficial course of child(ren)'s treatment as determined by CHAP Interagency Review Committee and/or their Individual Treatment Plan.

j) Establish standardized CHAP Interagency Review Committees throughout the NSRSN Service Area consistent with the NSRSN/DCFS Intake Process requirements. Each Committee shall:

- Implement NSRSN/DCFS developed Regional Protocols that address rules of procedures (ie., what constitutes quorum, CHAP placement approval by consensus or majority vote, who chairs the committee, confidentiality protection, membership, conflict of interest, etc.)

- Ensure membership of each Committee includes at a minimum representation from NSRSN/County, DCFS, local Tribal social services representative, individuals from local community allied systems, consumer/advocate and APN/designee.

- Maintain formal minutes;
- Maintain pre-approved CHAP placement list updated on a monthly basis. Lists shall include clients name, date of application approval and identification for in-home or out-of-home placement;
- Implement standardized NSRSN/DCFS application and referral summary;
- Meet at a frequency necessary to maintain capacity.

k) Ensure medically necessary wrap around Aftercare Services Plan is developed 30 days prior to planned discharge from CHAP Treatment Services and implemented upon discharge.

l) Conduct or provide appropriate and necessary training for CHAP staff, parents and foster parents

m) Ensure that all NSRSN CHAP services shall be provided in accordance with the NSRSN CHAP Standards of Care Manual (Addendum I, attached.

REGIONAL MONITORING TEAM

The Contractor is required to participate as an active member of the NSRSN/DCFS Regional CHAP Monitoring Team. This Team shall review CHAP services on a regular basis, identify areas of concern based on contractor's monthly performance reports and NSRSN/County Clinical Staff reviews and make recommendations regarding quality of care to the Quality Management Oversight Committee (QMOC).

In addition the CHAP Regional Monitoring Team shall work with the NSRSN Quality Review Team (QRT) to assure the design of a CHAP Consumer Satisfaction Survey that will be implemented throughout the NSRSN by August 1, 2000. This Satisfaction survey shall be given to all NSRSN CHAP clients, parents foster families and collateral systems. All completed survey will be directly submitted to the NSRSN and will be reviewed by the CHAP Regional Monitoring team

PERFORMANCE REPORTING

By the tenth work date of the month, APN shall submit to the NSRSN the following information for previous month's services by county and in aggregate:

- List of all clients receiving out-of-home CHAP Treatment Services,
- List of all clients receiving in-home CHAP Treatment Services,

- Ethnicity and any special needs of clients,

- Dates of regular/scheduled and emergency respite provided to each client during the month, and the name of respite provider,

- List of each client who has an Aftercare Plan and date of planned discharge,

- List of each client discharged, reason for discharge and where they were discharged to,

- # of children referred for CHAP services with their ethnicity and any special needs documented

- List of children on pre-approved list and date of approval,

- List of children who received intake,

- Names of children who had extensions approved and length of extension,

- Names of children hospitalized, name of hospital and dates of hospitalization,

- # nights children received CHAP Treatment Services (for example; Child is discharged March 3 at 10 a.m. - # bed nights = 2 [March 1 –2], child is hospitalized or placed in juvenile detention – count each night, as CHAP Treatment Services continue to be provided at these locations).

In addition, by the 10th work date following each contract quarter (7/15/00, 10/15/00 and 1/15/01) submit to the NSRSN copies of each Crisis log for the prior month that documents number of telephone interventions and number of face-to-face interventions provided by CHAP crisis 24-hour on-call staff after hours/weekends/holidays.

OUTCOMES

- Maintain a minimum bed night utilization rate of 85% per month,

- Aftercare Plan developed prior to discharge and implemented upon discharge for 100% of all scheduled discharged from CHAP clients,

- Scheduled respite care occurs monthly for 95% of CHAP clients,

- APN is committed to reduce the use of and dependence upon inpatient psychiatric services. During the current contract period, inpatient use by children admitted to services will be monitored closely. The NSRSN will receive monthly reports and analysis regarding number of admissions and

inpatient days used for children receiving CHAP services. This data will be used to establish in-patient bed-day targets for the next contract period.

QUALITY IMPROVEMENT

Failure to met contractually defined outcomes will result in an immediate focused joint review by the NSRSN and APN. The purpose of this review will be to gain a greater and more specific understanding of those factors that have resulted in the failure to meet contract expectations. Options available following this review include:

- Requiring a plan for corrective action which includes specific action steps and timelines for implementation;
- Repayment for bed days of service not provided
- The implementation of financial sanctions.

The NSRSN may immediately impose sanctions to Contractor when they fail to meet CHAP Treatment Services as described in this Statement of Work and the NSRSN CHAP Standards of Care, Addendum I.

The NSRSN shall withhold up to $10,000 of the monthly CHAP carveout payment for each month CONTRACTOR fails to meet CHAP Treatment Services requirements. For the purpose of this Statement of Work, these sanctions replace those specified elsewhere in the Contract. After three months, or any approved extension, liquidated damages will be equal to the full amount of withheld payments.

TERMS AND CONDITIONS OF PERFORMANCE

All terms and conditions of performance outlined in Contract No. NSRSN-APN-99-10-01 are incorporated by reference as though fully set forth herein.

Insert CHAP discussion form and documentation

NSRSN COMMITTEE DISCUSSION FORM

AGENDA ITEM: CASE MANAGER / QUALITY OF CARE STUDY UPDATE

PRESENTER: FRANCENE THOMPSON

COMMITTEE ACTION: Action Item ( ) FYI & Discussion (x) FYI only ( )

SIGNIFICANT POINTS OR EXECUTIVE SUMMARY:
Report and recommendations of Case Load Study Committee were previously presented to QMOC.
Progress on project since that update:

- Caseload data analysis inclusion in the NSRSN Quality Management Plan for the year 2000
- Aggregate data regarding complaints/grievances now being submitted twice per year from Providers.
- Plans for development of an NSRSN cross-department committee composed of Quality Management, Quality Review Team, and Ombuds
- The Information System/Information Technology (formerly referred to as MIS) Department has been expanded by inclusion of Christine Austin as BDS Liaison working in NSRSN offices two days a week. She is working with us to improve and refine procedures for data management.
- A line staff Case Manager has been recruited to participate in future activities of the committee. She is Leslie Rigg of Whatcom Counseling and Psychiatric Clinic.

CONCLUSIONS/RECOMMENDATIONS:
In addition to the above:

- Continue to periodically review APN reports as identified and requested.
- Await the work of the Outcomes group as it will assist us in evaluating quality of care.

TIMELINES:
Ongoing

ATTACHMENTS:
None

NSRSN COMMITTEE DISCUSSION FORM

AGENDA ITEM: **VOA Quality Management Plan**

PRESENTER: **Karen Kipling**

COMMITTEE ACTION: **Action Item ( ) FYI & Discussion (x) FYI only ( )**

SIGNIFICANT POINTS OR EXECUTIVE SUMMARY:
Overview of Volunteers Of America, National and Local
Care Crisis Response Services Overview
Quality Management Plan Components:
- Access Performance Standards
- Quality Performance Standards
- Community Feedback Standards
- Accreditation Process

TIMELINES:
VOA's Plan for 1999-2000

ATTACHMENTS:
Plan is attached

VOLUNTEERS OF AMERICA,
NORTHWEST WASHINGTON
CARE CRISIS RESPONSE SERVICES
QUALITY MANAGEMENT PLAN

1999-2000

Purpose

The quality management plan is designed to allow VOA to evaluate and improve it services so as to assure access to high quality and appropriate care for all NSRSN residents. It is based on our commitment to a delivery system that:

- responds to the local communities it serves, yet provides consistent services across the region.
- provides information and education to consumers and the community
- focuses on serving all community members (RSN consumers who are seriously and persistently mentally ill and the general public) who define themselves as being in a crisis situation
- offers a wide array of service choices to meet client needs in the least restrictive and most effective manner possible
- sets and maintains industry recognized best practice standards of care
- selects well qualified staff and provides the educational opportunities and work environment to maximize their effectiveness

And, based on our commitment to services that conform to NSRSN guiding values and :

- are provided with respect and dignity
- meet individual and family caregiver needs and are based on individual strengths
- are accessible 24 hrs/day, 7 days a week, 365 days a year
- are culturally sensitive, age appropriate, linguistically appropriate, and accessible to people with disabilities and special needs
- are community based and normalizing, provided in a variety of settings, in the consumer's environment and in the community
- assure continuity of care and integration with other mental health providers
- are effective and satisfactory to the consumer or purchaser

The Quality Management Plan

- access performance standards
- quality performance standards
- community feedback standards
- accreditation

Access Performance Standards

Access Performance Standard 1

VOA will monitor telephone accessibility, and ensure that

- **calls are answered by a "live" voice within 30 seconds**
- **a system is in place which limits busy signals**
- **time to pick up call is tracked**
- **dropped calls are tracked**

Indicator 1 - Calls are answered within 30 seconds

Indicator 2 - Call abandonment rate does not exceed 5%

Access Performance Standard 2

Telephone equipment for the 1-800-Crisis Service maintains the capacity to handle volume of crisis calls generated by the NSRSN service area.

Indicator 1 - Line capacity is analyzed annually

Indicator 2 – Disaster Plans are developed & implemented

Quality Performance Standards

.

Quality Performance Standard 1

Any call may be monitored at any time by the supervising mental health professional for quality assurance.

Indicator 1 All phone sets are equipped with monitoring equipment

Indicator 2 All staff are trained in the use of monitoring equipment

Quality Performance Standards

Quality Performance Standard 2

All client records are reviewed by a clinician not involved in the case to ensure that:

- Services provided are consistent with contract requirements.
- Services are consistent with regional and local protocols.
- Services are consistent with the Level Of Care Manual and established best practices .
- Treatment Records follow established (NCQA) standards when applicable.

Indicator 1

An MHP reviewer reviews MHP treatment records within 48 hours.

Indicator 2

A BA level reviewer reviews non-MHP treatment records within 24 hrs

Quality Performance Standards

Quality Performance Standard 3

All work is performed under the direct supervision of an on-site mental health professional.

Indicator 1 At least 1 supervising MHP is on-site/on-duty at all times

Indicator 2 All staff receive documented supervision time on shift with the supervising MHP.

Quality Performance Standards

Quality Performance Standard 4

Staff are well qualified and well trained

Indicator 1: All staff undergo an initial credentialing and annual re-credentialing process which includes**:**

- Licensure/certification verification
- History of Licensure/certification loss
- Graduation certification
- Specialty focus verification

The recredentialing process considers data from clinical competency evaluations, performance evaluations, consumer complaints, and supervision records.

Indicator 2 All staff are trained in accordance with AAS training standards

Recent Training Topics focused on issues raised by the Crisis Services Concurrent Review Process:

"How to Use and Document Natural Supports", September, 1999

"Eliciting Consumer Voice and Choice in Crisis Work ", October 1999

"Advance Directives for Crisis Services Clinicians", November, 1999

"Suicide Risk Assessment", December, 1999

"Do Ask, Do Tell" Sexual Minority Training, Spring 2000

Community Feedback Standards

Standard 1: **Feedback is elicited from - consumers, advocates, allied systems of care, mental health providers, funders, cross-system partners. The data is used to improve services.**

Indicator 1 A consumer satisfaction survey is developed and implemented which measures consumer feedback about services.

The survey process is as follows:

- A survey instrument will be developed or selected (completed)
- Survey methodology established (completed)
- Consumer satisfaction survey will be conducted (June 2000)
- Data analyzed (September 2000)
- Report generated and distributed to NSRSN (November 2000)

Indicator 2 Complaints and grievances are tracked; highest category is studied

The process is as follows:

- Complaint tracking form and template developed (completed)
- Begin tracking process (completed)
- Report to RSN (twice annually)

Accreditation

The American Association of Suicidology

- National Certification Body for Crisis Programs

- Establishes Industry Standards for service delivery, staff training, program administration, community integration, ethical practices.

  - Evaluates Programs by measuring them against industry standards

NSRSN COMMITTEE DISCUSSION FORM

AGENDA ITEM: NSRSN Response to Mental Health Division's 1999 Audit

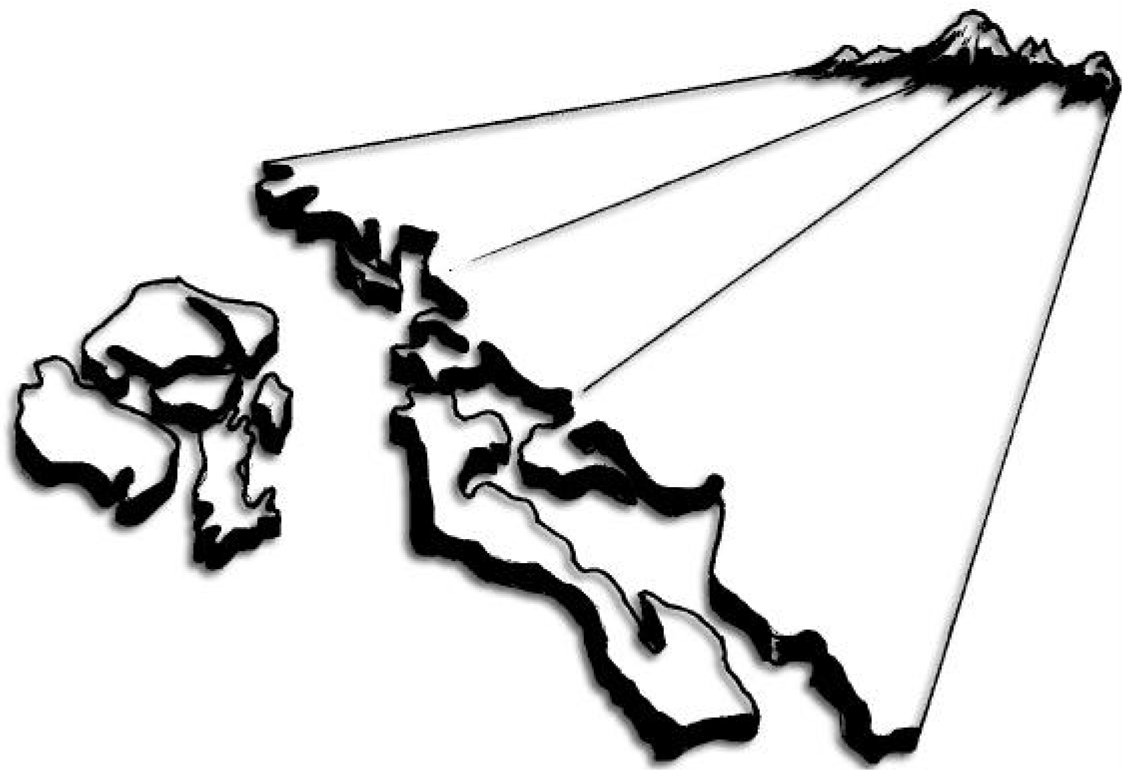
PRESENTER: Greg Long

COMMITTEE ACTION: Action Item ( ) FYI & Discussion (x) FYI only ( )

SIGNIFICANT POINTS OR EXECUTIVE SUMMARY:
The attached document is the NSRSN's formal response to the MHD's Clinical and Administrative Audit that took place in September of 1999. (Attachments are not included for they are nearly 100 pages. They are available upon request.) This response was made in less than the required sixty-day time frame after the Mental Health Division sent the NSRSN its Audit Report. There are three findings and twenty-six quality improvement issues.

CONCLUSIONS/RECOMMENDATIONS:
The NSRSN believes that it has addressed all of the findings and it will address all of the quality improvement issues in the next year. The quality improvement issues are being incorporated into the NSRSN Quality Management Plan for 2000.

ATTACHMENTS:
NSRSN Response to Mental Health Division



NORTH SOUND REGIONAL SUPPORT NETWORK
RESPONSE TO MENTAL HEALTH DIVISION REPORT:
NORTH SOUND REGIONAL SUPPORT NETWORK PREPAID HEALTH PLAN
FEBRUARY 15, 2000

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Ethnic Codes Data Report	Attachment N

February 15, 2000

Richard Onizuka, Ph.D.
Chief, Community Services
Mental Health Division/Department of Social and Health Services
PO Box 45320
Olympia, WA 98504-5320

Dear Mr. Onizuka:

The NSRSN values the "Mental Health Division Report-North Sound Regional Support Network Pre-Paid Health Plan, November 1999". The report gives the NSRSN our contractor's view of our successes, deficits, areas needing improvement, and our progress in providing the highest quality mental health services possible. The North Sound Regional Support Network (NSRSN) learned a great deal in preparing for the Integrated Audit and in going through the process.

All of the NSRSN staff appreciate the positive approach of your audit team. Consultation with Mental Health Division staff is of great assistance to the NSRSN throughout the year. It is vital in connection with this review process.

Attached are the NSRSN's proposed corrective actions and quality improvements. Initiatives are completed or underway to make the improvements in the identified areas in the report. Please inform me if any further actions are necessary for the NSRSN to obtain Full Certification.

The NSRSN looks forward to working collaboratively with the Mental Health Division in continually improving mental health services in the North Sound Region.

Sincerely,

Merle Adrian
Executive Director

Cc: Gloria Pierce

NSRSN Response
To the Mental Health Division Report:
North Sound Regional Support Network

Prepaid Health Plan

This report is the North Sound Regional Support Network's (NSRSN) response to the "Mental Health Division Report-North Sound Regional Support Network Pre-Paid Health Plan, November 1999"conducted by the State of Washington's Department of Social and Health Services' Mental Health Division (MHD). The Clinical Audit was conducted September 13-17, 1999 and the Administrative Audit was conducted September 21-23, 1999.

For clarity, findings are listed first and then quality improvements. MHD's findings and quality improvements are in bold type. The NSRSN responses are in Italics. The quality improvement sections follows the MHD formatting. The page numbers refer to the MHD report.

NSRSN's Corrective Actions to Findings by MHD

The MHD review team raised a quality improvement area with the RSN in its previous on-site review. The issue was that the QRT had only limited involvement with evaluating the implementation of the service provider's quality management plans. …The RSN is requested to revisit this requirement in terms of intent and scope of this requirement. The QRT level of involvement should be clearly articulated and formalized in QRT work plans. (Page 12)

The involvement of QRT with the evaluation and implementation of the service provider's quality management plan will be achieved this year and implemented by accepting the formal invitation from the Contracts Compliance/Fiscal Manager to be part of the NSRSN Provider Audits. A portion of the audit involves reviewing the provider quality management plans. The QRT will also work closely with the OCA supervisor to help provide input into all provider quality management plans as they are revised. The expectation of the QRT being involved in evaluating the implementation of the providers' quality management plans has been added to the QRT's 1999-2000 workplan. (See Exhibit I-QRT Workplan)

The Contractor's Application indicated that there would be policies and procedures developed for the functional independence of the QRT and that these would be included as part of the Contractor's Quality Management Plan. Fulfillment of this commitment has not occurred. The RSN is requested to revisit this commitment in terms of intent and scope. ***(Page 12)***

The Quality Review Team Policy and Procedure Manual has been written and approved by the Board since September 25, 1997. The functional independence of the QRT was addressed in this Policy and Procedure Manual. The QRT and OCA are currently in the process of some revision. The revised manual will be sent to the Board of Directors of the NSRSN by July, 2000 for approval. The current manual is submitted to Gloria Pierce as Attachment B of this report. Functional independence is addressed on page 3 of attachment B and will be reviewed in the revised addition.

A review of the grievance files revealed that grievances were not being responded to in a timely manner. The response time requirement is 30 days unless both the grieving party and provider agree on a longer time and this is noted in the grievance. ***(Page 16)***

The NSRSN will respond to all grievances within thirty (30) days. A Quality Manager of the NSRSN will be responsible to track the response to all grievances so they are handled on a timely basis. Diana Striplin has just accepted this additional job responsibility. Extension to response times will only occur with the written permission of the grieving party. (See Attachment C-Consumer Complaint, Grievance and Fair Hearing Policy-2d)

NSRSN's Response to Quality Improvement Recommendations

I. Consumer Voice

(1) Advisory Board Quality Improvements

Additional representation from Snohomish and Whatcom Counties on the advisory board could improve the geographical balance of the board. *(Page 10)*

Whatcom County is very well represented on the NSRSN Advisory Board. Three or more Whatcom County Advisory Board members attend every meeting. The Chairman and Vice-Chairman of the Advisory Board for 2000 are from Whatcom County. Snohomish County has steady representation. The new Advisory Board Chairman will address attendance issues in 2000.

As positions become available on the Advisory Board, consideration should be given to obtaining representation from individuals who work with or have interest in working with children and ethnic minority populations. *(Page 10)*

The recruitment of those individuals for board members who work with or have an interest in working with children and ethnic populations will be addressed during the

February 15, 2000 Advisory Board in-service workshop. (Attachment D-Advisory Board Retreat Agenda)

Membership interest, attendance and focus appear to be challenging tasks for board leadership and the RSN. Continued efforts to build upon more structured agendas and methods of conducting Advisory Board meetings may assist in galvanizing the Advisory Board. (Page 10)

Membership interest and attendance are not a major issue for the Advisory Board. Many members are highly active. They spend enormous time and energy on Advisory Board issues. The NSRSN does agree the Advisory Board Meetings and processes can be improved. This will be addressed during the February 15, 2000 in-service retreat. The Advisory Board will be requesting a yearly joint meeting with the NSRSN Board of Directors. This process will also help meet the need for structure. (Attachment D-Advisory Board In-Service Agenda)

…There appears to be some other Advisory Board member issues and interests that are raised among themselves. But these issues do not go forward to the governing board. In order to be successful and effect consumer voice into the system it will be necessary for the advisory board to set priorities and stay focused on issues. A process for obtaining consensus among board members is essential to achieve desirable outcomes. Organization of the board into internal study groups to explore interests, values, goals and strengths of its members is a good initial plan. (Page 10)

The February 15, 2000 Advisory Board in-service workshop will be focusing on Roberts Rules of Order. This should help bring forth all ideas as well as consensus. The Advisory Board has started several committees for the purpose of fact finding and agenda building. These groups should strengthen and help solidify the goals for the Advisory Board. (Attachment E- Advisory Board Sub-Committee Membership Lists)

(2) Ombudsman Services Quality Improvements

There appears to be a need of additional administrative support for the Ombudsman service staff to assist with mailings, typing, and setting up outreaches. (Page 10)

The need for additional administrative support has been solved by hiring a .5 FTE Ombuds and the sharing of a .5 FTE support staff. There has been a strong effort to help organize and streamline the Ombuds consumer charts and all other record keeping, which has helped the Ombuds organization.

Expectations regarding the Ombudsman's involvement with the Regional Long Term Care Ombudsman program and Division of Children and Family Services Constituent Relations Office have not been clearly articulated by the RSN to the Ombudsman. More formal structure is needed to address the purpose of these requirements. Coordination and collaboration among these entities in order to reduce the duplication of services should be addressed through work plans. (Page 10)

Collaboration with Regional Long Term Care Ombuds Program and Division of Children and Family Services Constituent Relations Office is already an ongoing project. Ombuds are attending meetings with each of these departments to help with the further development of relationship and the ongoing collaboration effort. This relationship building will open a dialogue to effect non-duplication of services. This expanded collaborative effort is in the OCA/Ombuds work plan and will be implemented by April 2000. (Attachment F-Ombuds/OCA Work Plan)

There are several efforts under way to make Ombudsman reports and information more meaningful for the audiences of that information. It does not appear that there has been a significant amount of feedback and/or integration of in this information into other operational components of this organization. Since both Ombudsman attend advisory board meetings, the Contractor may want to consider discussing with Ombudsman and advisory members the idea of establishing a placeholder for the Ombudsman on the Advisory Board agenda for purposes of elevating Ombudsman information and issues. ***(Page 11)***

The Ombuds has a placeholder on both the Quality Management Oversight Committee and also the Advisory Board regular monthly meeting. All Ombuds reports first go to the QMOC and then onto the Advisory Board. The first quarterly Ombuds Oversight Advisory Committee Meeting will be held on February 22, 2000. This committee will provide a solid platform for the Ombuds department to share report format and their new policy and procedure (draft) manual. (Attachment G-Ombuds Service-Policy and Procedure Manual)

Access to services has been a reoccurring complaint to the Ombudsman. While these complaints have been resolved at lower levels, the RSN has also identified some access issues through their concurrent review process. The RSN is aware of some access issues with local standards and is encouraged to elevate this in terms of a priority for further review and action. ***(Page 11)***

The NSRSN will continue a priority focus on access in all of its quality management efforts. Access to services is an ongoing study that will continue to be a large part of the Ombuds quarterly report. This report will be presented to QMOC, Advisory Board and to the Board of Directors. In addition, the Quality Management Team is providing feedback about access issues and also a Case Management Study has been completed to provide information regarding the issues of access.

With the exception of Ombudsman outreach efforts to the local evaluation and treatment centers, local hospitals have not been a target for Ombudsman outreach. Consideration should be given to inclusion of these facilities in the Ombudsman work plan. (Page 11)

The Ombuds will be accomplishing hospital visitations starting in February 2000. This project has already been written into the Ombuds work plan. (Attached F-Ombuds Work Plan)

The RSN and Ombudsman are encouraged to develop policies and procedures that will address this (retaliation towards consumers who have complained) **in a more formalized manner. An interim step that could be taken would be to have the Ombudsman provide follow-up with consumers who have complained to test for signs of possible retaliation.** (Page 11)

The attached Policy and Procedure manual has addressed retaliation by following the appropriate follow-up procedures when complaints enter the Ombuds department and also after resolution of complaints with follow-up services. Please be aware this manual is in the very beginning stages and is strictly a DRAFT document at this time. (Attachment G-Ombuds Service Manual)

(3) Quality Review Team (QRT) Quality Improvements

…It does not appear that the results of their (QRT) work has effectively found its way into other levels of the RSN organization Quality Management Oversight Committee (QMOC) where systemic issues, if any are identified and addressed. …The RSN and QRT are encouraged to explore ways of improving the quality of input and utilization of information in the larger quality management process.
(Page 11)

A major effort of the NSRSN is to increase the influence and activity level of its Quality Management Oversight Committee. The QRT will share its reports, information, and recommendations with the QMOC regularly. The Quality Review Team is currently sharing all final reports resulting from the survey process with the NSRSN Executive Director, Quality Management Team, Quality Management and Oversight Committee and the Advisory Board.

Some work has been done by the QRT to evaluate the relationship between the RSN and allied systems (DASA, DCFS, and DDD). However, the RSN indicated that it was not clear about the role of the QRT with respect to this type of evaluation. This may suggest that working partnerships between the RSN and cross-system providers including goals and objectives and the evaluation of these may not be fully understood by the QRT. The statewide System Implementation Group (SIG) has identified some performance indicators that begin to address this. Further review of these by the QRT and RSN may be a step toward improving the process for evaluating these relationships. (Page 11)

The QRT has been provided with SIG indicators and will include its allied systems evaluation process in their work plan starting in July 2000. The QRT has been provided with community meeting invitations for DASA, DCFS and DDD. This process has helped familiarize the team with these allied systems. In addition, the QRT has also been active in the Tribal/NSRSN monthly meetings. This meeting many times includes DASA, DCFS, DDD, Counties, and other local organizations that work closely with the tribes. This process has helped QRT become familiar with various allied systems throughout the Region and has assisted the evaluation of collaboration by the NSRSN.

Consideration should be given to incorporating a planned focus on this (elderly) population into the QRT work plans. (Page 12)

The QRT have incorporated a focus on the elderly into their work plan and have also surveyed many of the elderly in our service population. There was a misunderstanding by the QRT when asked about elderly population while the audit team was present during the September 1999 audit. The QRT have documented the survey of elderly from September through December 1999 of 6.8%. The team surveyed 440 consumers and 30 of the surveyed population were elders. (Attachment H-Surveys of Older Adults)

From MHD review team's perspective, the current capacity (two QRT members) may be inadequate to carry out contract expectations for QRT members of a large five county RSN.
(Page 12)

The NSRSN believes the quality of QRT work has been improved by increasing of supervision and support and by obtaining experienced, professional survey research consultation for the QRT. The QRT is also being included in other quality management efforts to provide them with more support and to make their jobs more successful. Increased supervision over the last eight months has already increased QRT staff members' productivity and job satisfaction.

II. Cross System Collaboration

Quality Improvements

The RSN may consider further work with tribes to collect the necessary information that will allow them to identify those Native Americans who have exempted out from receiving services from North Sound RSN/PHP. (Page 14)

The issue of tribal member and/or ICHS enrolled exemption has and will continue to be addressed during the Tribal/NSRSN monthly meetings. The Tribal Liaison will work closely with the tribes during the year 2000 to help facilitate the identification of American Indian/Alaskan Natives who have been exempted from services provided by PHP providers.

The issue of formal collaborative efforts with DASA, and mental health is continuing to be foremost when workgroups and training is provided to the eight tribes. The last training included all local DASA providers, regional and state DASA administrators, seven tribes and seventeen regional agencies, which included; schools, law enforcement and four other DSHS divisions. This collaborative effort will continue very strongly into the year 2000. (Attachments-I, J, K)

Note the extensive collaboration of the NSRSN with DASA in conducting tribal trainings as discussed in the prior response.

Continue to seek formal collaborative efforts with DASA for the provision of improved chemical dependency and mental health services in the community.
(Page 14)

The NSRSN has had one formal half-day meeting on January 20 with DASA and DDD aimed at developing meaningful working relationships and meaningful partnerships. Another meeting is scheduled. (Attachment L-DASA/DDD/NSRSN Meeting Summary Notes)

There is a need for ongoing education and collaboration with Martin Center, Ryther Child Center, and Children's Home who have high potential for accessing crisis services. (Page 14)

After consultation with MHD staff, the NSRSN understands that there is a need for community crisis plans to be developed and in effect when children are in residential treatment and immediately after their discharge. The children are sometimes sent home on weekends and for breaks. These are all key times when good crisis plans and current information can enhance treatment goals and prevent relapses. The NSRSN will encourage and direct it's community providers to collaborate with the residential treatment providers to update the online crisis plans when children are in and being discharged from residential treatment. This will be included as part of the NSRSN's goal to improve the quality of online crisis plans.

III Quality Management Quality Improvements

The RSN has made progress in the development and implementation of its quality management system, particularly with regard to its concurrent review. However, when care falls below standards it is unclear how issues will be addressed in terms of expectations, structure and process. Since standard of care have been developed it appears that issues arising from these will become a quality assurance issue rather than a quality improvement (best practice) concern. ***(Page 15)***

The NSRSN is committed to develop a high quality mental health system so it reviews for both quality assurance and quality improvement issues. If provider performance falls below contractual agreements, the performance would be a deficit in performance and thus a quality assurance issue. However, the NSRSN Concurrent Review was developed to measure both quality assurance and quality improvement. On the basic Concurrent Review instrument all questions scored at 3 are considered meeting quality assurance standards and rating of 4 or 5 are considered measures of quality improvement. On the crisis concurrent review tool being developed specific questions are focused and noted as quality assurance while other questions are considered quality improvement for they do not measure specific contractual goals.

The NSRSN is now establishing a clear concurrent review process aimed assuring continuous quality improvement as outlined below:

1. **Quality Management Team randomly selects clinical charts.**
2. **Quality Managers review all randomly selected charts.**
3. **NSRSN Information Specialist tabulates the results.**
4. **Quality Management Team reviews the data and results and then develops findings and quality improvement. A draft Quality Management Report is developed**

5. The Draft Quality Management Report is presented to the management team.
6. The Draft Quality Management Report is presented to APN and Providers.
7. Quality Management Team revises and clarifies the draft report.
8. Quality Management Team presents adraft Report of findings and quality improvement issues to Quality Management Oversight Committee with time scheduled for corrective actions and improvements.
9. APN and providers present their response to the report to QMOC.
10. QMOC may accept or modify the report.
11. Quality Management Team reviews another random sample of charts monitoring for corrective actions and improvements.

There appears to be potential structural barriers in the RSN mental health system that will need to be addressed before desired outcomes can be achieved. Basic to this is the contractual relationship between the APN (administrative entity) and the service providers affiliated with the APN. …The RSN, APN and the provider network are strongly encouraged to reassess these potential barriers in organizational relationships, which could impede or be subject to challenge in meeting mutually agreed upon standards with resultant outcomes. ***(Page 15-16)***

The NSRSN believes it took a progressive and innovative step in contracting with a coordinated network of providers (APN). The NSRSN is currently re-evaluating the effectiveness and efficiency of its alignment between the NSRSN, APN, Providers, and Counties. The first meeting of this alignment evaluation process is scheduled for February 22, 2000.

The RSN would like to propose a revision to the original Application related to the inability to review fifty percent (50%) of inpatient cases in its utilization review. …The RSN will need to submit to the MHD for approval, its desire for amendments or revisions to the original Application, including an explanation for the change. ***(Page 16)***

The NSRSN believes that reviewing 50% of all of its inpatient cases is an unnecessarily high number and thus wasteful of valuable staff time. The NSRSN proposes reviewing a randomly selected sample of 10% of all inpatient cases. The NSRSN is planning to do a review of both ITA and Voluntary Hospitalization Services. In addition, the NSRSN will be conducting hospital utilization studies.

(2) Clinical Care Quality Improvements

The Application mentions an "RSN Residential Clinical Review Tool" to be developed and implemented. The tool has been developed but not implemented. Implementation is scheduled for the fourth quarter of this year. The RSN is encouraged to continue efforts toward implementation. ***(Page 18)***

The NSRSN was not able to complete the Residential Review Tool, but NSRSN Quality Managers are arranging a committee of consumers, advocates, and residential providers

to review a draft of the residential tool. It is the NSRSN's intention to conduct a Residential Review in 2000.

There was a need for a closer supervision and clinician attention to assessing consumer need and voice to ensure appropriate modalities are being provided. This would increase the consideration for risk factors during treatment and discharge planning. ***(Page 18)******

The NSRSN will work with providers in better assessing consumer need and voice (self-identified needs) through the concurrent review process and other quality improvement processes and meetings.

The NSRSN is aware the online Crisis Plans need improvement including the assessment of risk factors section. The NSRSN is addressing this with its providers.

It was very difficult to assess and track the engagement and involvement of consumer voice at an individual clinical level. ***(Page 18)***

The NSRSN has identified consumer voice as a key area of improvement. This was already identified as an area for quality improvement from the NSRSN Concurrent Review process. This issue has been presented to providers. APN has identified it as an issue in its Quality Management Plan and an area for staff training. APN has responded to the importance of consumer voice by making "Strengthen client voice and ownership" the second of their Strategic Goals for 2000.

Consumer surveys appear to point toward a need for more consumer voice and involvement in discharge planning and a need for other treatment options. ***(Page 18)***

NSRSN will work with its QRT and providers to encourage a higher level of customer orientation throughout the service process, including discharge planning. The NSRSN is initiating a strategic planning process which will include a survey of consumers, as well as advocates, allied systems and community members. There will also be community meetings to gather input. This survey requests information on what types of services are desired.

The North Sound Region has a variety of providers and programs aimed at assuring consumer choice. Consumers have the right to choose their primary care provider and to change primary care providers if they are dissatisfied. Consumers have several agencies to choose services from in most Counties in the Region. In addition, the NSRSN has included in its contracts the use of flex funds to purchase treatment options not available through our contracted providers.

An approach the NSRSN will encourage to improving consumer choice would be for the Providers to identify specialists within the providers. Consumers could then choose to see a specialist focusing on their particular concern.

There is a need for ongoing education and collaboration with critical allied systems within the region (Martin Center, Ryther Children's Home, MICA programs) who have high potential for accessing regional crisis services. ***(Page 18)***

The NSRSN will direct its crisis providers to contact and meet with allied systems within the Region to educate them about the North Sound Crisis System. On February 3, 2000, the Regional Crisis Management Team will be meeting with Home and Community Services in the NSRSN/HCS Regional Meetings.

IV. Management Information Systems Quality Improvements

The RSN is working to decrease the variance between the number of ITA investigations and detentions reported via the manual reporting system and the MHD-CIS. As a quality check on the data, the RSN is establishing a process so that all manually collected ITA detention data will be sent to the RSN before being sent to the State. ***(Page 19)***

The NSRSN began process with providers January 1, 2000 of having the providers send their manually collected ITA data to the NSRSN. This data will come to the NSRSN by the 15th day of the following month. The NSRSN Information System Specialist will check this data against the electronically collected data in the NSRSN/MHD Databases. When the manually collected data is in accordance with the electronically collected data, the manual data will be sent to MHD. (Attachment M-MEMO on processing ITA Data)

The RSN is also working on a standard definition of detentions that takes into account continuations of detentions. ***(Page 19)***

The NSRSN is working with its providers to assure consistency in the definition of detentions. It is believed that there have been differences in the reporting of continuations of detentions amongst different providers. This will be addressed to assure the quality of NSRSN ITA data.

During FY1999, 31.8% of the consumers had ethnic codes that show as "Other" or Unknown. The RSN and State with continue to monitors this area. ***(Page 19)***

The NSRSN believes that it has identified the problem and has taken steps to reduce the number of "other" or unknown in the ethnic codes data. Our 24- hour crisis line in the past did not ask for ethnic data. Therefore, over 90% of the data that the crisis line entered were "Other/unknown". They have agreed to ask crisis line consumers for this information. They are now getting this data on 50% of their consumers. The NSRSN will continue to monitor this data and work with providers to reduce the percentage of "unknown/other" code. The crisis line has agreed to continue to work with their staff to develop techniques to obtain this data in appropriate and culturally sensitive ways. The NSRSN has dropped the percentage on "Other/Unknown" from 31.8 % in FY 1999 to 25.7% for the last six months of 1999. The NSRSN is confident that this number can be reduced significantly more. (Attachment N- –Ethnic Identity Code Data.)

The Case Managers and consumer Case Manager Weekly Status Report shows a high number of case managers who are flagged as having some invalid and/or missing data. …The RSN is meeting with providers and is directing them to keep the case manager

information current and accurate. The RSN anticipates that this will take 90 days to correct and is an area for continued monitoring. ***(Page 19)***

The NSRSN has reviewed this problem and has decided that it will have each agency assign a single case manager number for all consumers for their agency in the CMLS field in the NSRSN/MHD database. After hours the regional crisis line number will be listed.

Any mental health professional in the State will then be able to call the provider or the after hours crisis line to obtain detailed information on a consumer 24 hours a day/365 days a year.

NSRSN COMMITTEE DISCUSSION FORM

AGENDA ITEM: Tribal – Fetal Alcohol Syndrome and Effect Workshop for MH Professionals and Chemical Dependency Counselors

PRESENTER: Victoria McKinney and Jocie DeVries, The Fetal Alcohol Syndrome Family Resource Institute

COMMITTEE ACTION:Action Item ( ) FYI & Discussion (x) FYI only ( )

SIGNIFICANT POINTS OR EXECUTIVE SUMMARY:

This workshop will be broken into:

- Latest Research Developments and Resource
- Strategies and Interventions
- The Four-Track Developmental Profile: New Communication Tool

CONCLUSIONS/RECOMMENDATIONS:

This is the first of several seminars and conferences that will be presented by the Tribal Liaison during 2000. The final plan will be to help the tribes obtain a Mobile Diagnostic Unit through private foundations and other grants which will facilitate a diagnosis and treatment plan for the American Indian/Alaskan Native in Region III. The current waiting list for a diagnostic appointment at either University of Washington or Children's Hospital is currently up to eighteen months for those who are Medicaid eligible.

TIMELINES:

This workshop/training will be held on March 22, 2000 and at least quarterly they're after.

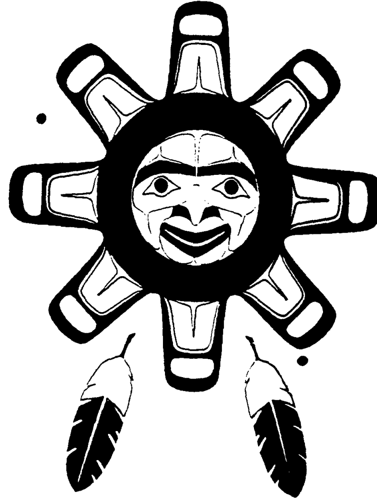
ATTACHMENTS:

Training Flyer – Workshop for MH Professionals and Chemical Dependency Counselors

North Sound Regional Support Network
117 North First Street, Suite 8
Mount Vernon, WA 98273-2858

Place
Stamp
Here

North Sound Regional Support Network
and the
Tribes of the North Sound Region



present

Fetal Alcohol Syndrome and Effect

A Training Workshop for MH Professionals & Chemical Dependency Counselors

March 22, 2000
8:30 AM – 1:00 PM

North Sound Regional Support Network
117 North First Street, Suite 8
Mount Vernon, Washington

For more information contact:
Sharri Dempsey 360-416-7013#226

4 CEU's Available!

Agenda

8:00 – 8:30	Registration
8:30 – 9:30	Latest Research Developments & Resources
9:30 – 10:30	Strategies and Interventions
10:30 – 11:00	Break
11:00 – 12:30	The Four-Track Developmental Profile: A New Communication Tool
12:30 – 1:00	Questions
1:00	Adjourn

Limited space available

To reserve your seat, please RSVP
(postcard enclosed) by March 13.

Jocie DeVries, Executive Director
Victoria McKinney, Co-Director
Fetal Alcohol Syndrome Family Resource Institute

The Fetal Alcohol Syndrome Family Resource Institute is a grassroots non-profit partnership of parents and professionals working to support families raising individuals disabled by prenatal alcohol exposure.

Jocie DeVries, Executive Director and Institute co-Founder, is a prominent author, educator, and advocate for FAS/E children and adults, called to testify before the legislature on FAS from 1991 to 1999. She co-authored ***FAS: A Standard of Care for Toddlers, Children, Adolescents and Adults***, presented to the Centers for Disease Control, the National Institute on Alcohol Abuse and Alcoholism, and the Federal Task Force on FAS/E. She also served on the Governor's FAS/E Advisory Panel.

Victoria McKinney, Co-Director, developed the young adult education and prevention program, "Prevention at its Earliest," presented to more than 15,000 young adults throughout Washington State. She was a charter member of the FAS Diagnostic Clinical Network of Washington State, established by the University of Washington, and which established seven FAS/E diagnostic clinics throughout the state. She was a co-author of the FAS Standard of Care with Jocie Devries, and also served on the Governor's Committee on Fetal Alcohol Syndrome.

NSRSN COMMITTEE DISCUSSION FORM

AGENDA ITEM: **Meeting Evaluation**

PRESENTER: **Chair Benjamin**

COMMITTEE ACTION: **Action Item ( ) FYI & Discussion (x) FYI only ( )**

SIGNIFICANT POINTS OR EXECUTIVE SUMMARY:

- Information is distributed in a timely manner and in the appropriate fashion
- Meetings are held at a convenient location and conducted in such a way that participants feel safe and comfortable
- Evaluations will take place on a quarterly basis

CONCLUSIONS/RECOMMENDATIONS:

Chair recommends that meeting evaluations continue on a quarterly basis

TIMELINES:

- Evaluations will be conducted quarterly

ATTACHMENTS:

- Evaluation of January 26, 2000 meeting

January meeting evaluation form available by contacting the NSRSN at (360) 416-7013 extension 230

proposed agendas spreadsheet available by contacting the NSRSN at (360) 416-7013 extension 230