



**NORTH SOUND REGIONAL SUPPORT NETWORK  
QUALITY MANAGEMENT AND OVERSIGHT COMMITTEE  
COMMITTEE MEETING PACKET  
APRIL 20, 2000**

**North Sound Regional Support Network**  
**QUALITY MANAGEMENT AND OVERSIGHT COMMITTEE**  
**APRIL 20, 2000**  
**12:30 – 3:00 p.m.**  
**NSRSN Conference Room**

**AGENDA**

	Page #	Time
1. Call to Order & Comments from the Chair	Chair Benjamin	5 minutes
2. Approval of March 2000 minutes	2-4	Chair Benjamin 5
3. Old Business		
A. Quality Management Plan 2000 minutes 5-79	Mr. McDonough	50
B. CHAP Statement of Work 80-95	Ms. Gunning	10 minutes
C. Critical Incidents 96	Ms. Thompson	5 minutes
	BREAK	10
minutes		
D. Tulalip Tribes Quality Management Plan 97	Mr. Ramey	20 minutes
4. New Business		
A. QRT Report 98-125	Ms. Holtcamp	10 minutes
5. Other Business		
A. Five Priority Issues Training Program 126	Mr. LeBeau, APN	15 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 – MARCH 16, 2000  
NSRSN CONFERENCE ROOM**

**Members Present:**

Chuck Benjamin, Chair	Lorelei Coy	Joan Lubbe
Chuck Albertson	Dave Gossett	Terry McDonough
Pam Benjamin	Marcia Gunning	Betsy Rogers
Linda Benoit	Dolores Holtcamp	Francene Thompson
Dan Bilson	Karen Kipling	Nancy Jones for Jim Teverbaugh

**Staff Present:**

Merle Adrian	Sharri Dempsey	Ardis Moa
Annette Calder	Greg Long	Gary Williams

**Guests:**

Jere LaFollette	Deborah Hollo
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**1. CALL TO ORDER & COMMENTS FROM THE CHAIR**

Chair Benjamin opened the meeting at 12:35 p.m. Introductions were made. Chair Benjamin addressed the committee regarding the revised agenda format. He further informed the committee of corrections to the meeting packet.

**2. APPROVAL OF JANUARY MINUTES**

Chair Benjamin asked if there were any changes or amendments to the minutes of January 26<sup>th</sup>. Ms. Calder stated under item 2 it should read, 'Pam Benjamin of Whatcom Counseling and Psychiatric Clinic will be representing APN'. There were no other changes and the minutes were approved as amended.

**3. OLD BUSINESS**

**A. CHAP PROGRAM REPORT – Mr. Adrian**

Mr. Adrian stated that he had planned on presenting the CHAP contract to the committee today and informed them of the contracting process to date. However, the NSRSN, County Coordinators and APN are currently trying to resolve some significant issues before going to the Board of Directors on March 23<sup>rd</sup>, and asked that his presentation be postponed at this time. A copy of the contract was provided to those in attendance, as an older version had been included in the meeting packet. For more information see attachment A.

**B. CASE MANAGER / QUALITY OF CARE STUDY – Ms. Thompson**

Ms. Thompson provided the committee with a report on the status of the study. She stated that monitoring Case Manager caseload size has been incorporated into the NSRSN Quality Management Plan 2000 that will be presented to the committee next month. Discussion followed.

**C. VOA QUALITY MANAGEMENT PLAN – Ms. Kipling**

Ms. Kipling provided the committee with an informational packet and a comprehensive background report on Volunteers of America and their Quality Management Plan. Question and answer period followed. For more information see attachment B.

**D. MHD AUDIT RESPONSE – Mr. Long**

Mr. Long presented the committee with the NSRSN response to the 1999 Mental Health Division Audit. A copy was distributed. Discussion took place. See attachment C for further information.

The committee took a ten-minute break at 2:00, reconvened at 2:10.

**4. NEW BUSINESS**

**A. TRIBAL LIAISON – Ms. Dempsey**

Ms. Dempsey provided the committee with an overview of the NSRSN 7.01 Plan and a copy of notes from the NSRSN Tribal Meeting held on March 13<sup>th</sup>. She also provided information on the upcoming NSRSN Tribal Training on Fetal Alcohol Syndrome / Fetal Alcohol Effect. Discussion followed. See attachment D for further information on the March 13<sup>th</sup> Tribal Meeting.

**B. MEETING EVALUATION – Chair Benjamin**

Chair Benjamin went over the results of the January 26, 2000 meeting evaluation with the committee. He informed the committee that the results established that participants feel safe and comfortable. Evaluations will now be held on a quarterly basis as a result of evaluation feedback.

**C. PROPOSED MEETING SCHEDULE – Chair Benjamin**

Chair Benjamin presented proposed agendas for the remainder of the year and informed the committee as to why he proposed the agendas the way he did. He thanked staff for the color-coded spreadsheet of the proposed agendas. He stated that suggestions were welcome and discussion followed. The committee agreed to follow the proposed format.

**5. OTHER BUSINESS**

Brief discussion took place regarding QMOC subcommittee activities, Advisory Board reporting process, residential licensing requirements and residential provider housing issues.

**6. ADJOURN**

Chair Benjamin adjourned the meeting at 2:40 p.m.

Respectfully submitted,

Annette Calder  
QMOC Secretary

Edited by MDA

Please Note:

Regarding the referenced attachments herein, they are on file at the NSRSN as part of the official record. If anyone would like copies of these attachments please contact the NSRSN at (360) 416-7013 extension 230.

## **NSRSN COMMITTEE DISCUSSION FORM**

**AGENDA ITEM:** NSRSN QUALITY MANAGEMENT PLAN 2000

**PRESENTER:** Terry McDonough

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

### **SIGNIFICANT POINTS OR EXECUTIVE SUMMARY:**

The attached document is the NSRSN's Quality Management Plan for 2000, prepared by the QMOC QM Plan sub-committee, Chaired by Jim Teverbaugh. Today's presentation will describe;

- the QM Plan 2000 planning process and the sub-committee's membership,
- what the sub-committee was trying to accomplish
- the values incorporated in the QM Plan 2000
- the organization of the QM Plan 2000

### **CONCLUSIONS/RECOMMENDATIONS:**

The QMOC sub-committee involved in the design of the NSRSN QM Plan 2000 recommends that QMOC review and approve the QM Plan 2000, and pass on their recommendation for approval of the Plan to the NSRSN Board of Directors.

### **TIMELINES:**

Quarterly reviews of the QM Plan 2000 will be conducted by NSRSN's Clinical/Quality Management Department throughout 2000. Results of these reviews will be presented to QMOC on May 18, August 17 and November 9, 2000, during QMOC meetings scheduled for these days.

### **ATTACHMENTS:**

NSRSN Quality Management Plan 2000

**NORTH SOUND REGIONAL SUPPORT NETWORK  
2000 QUALITY MANAGEMENT PLAN**

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 <b>Section 3: QUALITY IMPROVEMENT WORKPLAN</b>	 <b>3-1 through 3-18</b>
 <b>Section 4: TABLE OF ACCOMPLISHMENTS FOR 1999</b>	 <b>4-1 through 4-21</b>
 <b>Exhibit 1: NSRSN Organizational Chart</b>	 <b>5-1</b>
<b>Exhibit 2: Critical Incident Review Procedure</b>	<b>5-2</b>
<b>Exhibit 3: Glossary of Words and Acronyms</b>	<b>5-3 through 5-5</b>
<b>Exhibit 4: Framework For All NSRSN Contracting</b>	<b>5-6 through 5-</b>

## **PROGRAM DESCRIPTION**

### **MISSION**

As the public mental health authority for five Counties in Washington State (Island, San Juan, Skagit, Snohomish, and Whatcom), it is the mission of the North Sound Regional Support Network (NSRSN) to ensure:

- *All persons who are in need of mental health services, regardless of their ability to pay, have appropriate access to services*
- *Services meet appropriate quality standards of care and are consumer driven*
- *Effective grievance procedures and appeals processes for recipients of mental health services*
- *Comprehensive, integrated, quality behavioral healthcare services are provided throughout the region*

The mission of the Mental Health Division (MHD), Department of Social and Health Services, State of Washington is: *People of all ages experiencing mental illness can better manage their illness; achieve personal goals; and live, work, and participate in their community.* NSRSN's quality standards of care place primary importance on the active voice of the consumers in planning their care, choosing their goals, and integrating community resources into the treatment plan. In this way, NSRSN emphasizes and enhances the attainment of MHD's mission.

The NSRSN expects that all organizations contracted to provide services for the region will have and maintain mission statements which are supportive of the State and Regional mission statements. The NSRSN will support the mission of its contracted service providers by providing regional system management and oversight of the integrated delivery of services and by defining regional quality standards. See **Work Plan**.

### **SYSTEM DESIGN GUIDING PRINCIPLES**

The NSRSN will assure access to high quality and medically necessary mental health care in accordance with all state and contractual requirements. The NSRSN will also assure access to high quality and medically necessary mental health care for PHP enrollees. Our commitment is to a delivery system that is characterized by:

- community based care which is close to family and social support systems and is consumer driven
- development with input and advice from the public, consumers and family advocates
- inclusion of crisis response, case management, and housing/residential services
- focus on serving Regional Support Network (RSN) consumers who are the most seriously and persistently mentally ill or seriously emotionally disturbed
- use of the least restrictive alternative to achieve the desired outcome
- applicable programs and services will be available and culturally competent for ethnic minority service recipients
- consumers living in one county of the NSRSN will have services available to them in other counties of the NSRSN
- meeting NSRSN Work Plan standards with a target of meeting National Committee for Quality Assurance (NCQA) standards



NSRSN is committed to services that:

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

NSRSN is committed to core values and principles, key elements of consumer care, and implementation guidelines that will create a framework for NSRSN contracts. The components of this framework are specified in the document Framework For All NSRSN Contracting (see Exhibit 4).

## **SCOPE OF THE QUALITY MANAGEMENT PLAN**

### **Content**

It is the intent of NSRSN to develop the Quality Improvement Program in conformance with Washington State Mental Health Division (MHD) standards and National Committee for Quality Assurance (NCQA) standards whenever possible. The Quality Improvement Program includes:

- process of care description (separate contracted service provider document)
- review of provider performance on utilization management (access, assessment, Initial Care Plan/Care Plan, crisis planning, provision of services, discharge planning, and charting and documentation) – QM Plan 2000, Section 3, Objective 1.6
- process of care standards (key aspects of care) – QM Plan 2000, Section 2, Program Standards, pages 1-3
- access performance standards – QM Plan 2000, Section 3, Objective 1.2
- quality performance standards – QM Plan 2000, Section 3, Objective 1.6
- clinical outcome data – QM Plan 2000, Section 3, Objective 1.6
- consumer satisfaction survey data – QM Plan 2000, Section 3, Objective 1.5
- consumer involvement in planning and delivering services – QM Plan 2000, Section 3, Objective 1.2
- adequate and sufficient service capacity – QM Plan 2000, Section 3, Objective 1.6
- concurrent review (clinical records) – QM Plan 2000, Section 3, Objectives 1.2, 1.3, 1.4, 1.6, and 1.7
- oversight of provider certification and re-certification – QM Plan 2000, Section 2, page 1
- oversight of practitioner credentialing and re-credentialing – QM Plan 2000, Section 2, pages 1&2
- risk management oversight – QM Plan 2000, Section 3, Objectives 1.5, 2.1
- a process for analyzing information, making recommendations for improvement activities and analyzing results – QM Plan 2000, Section 3, Objective 2.1

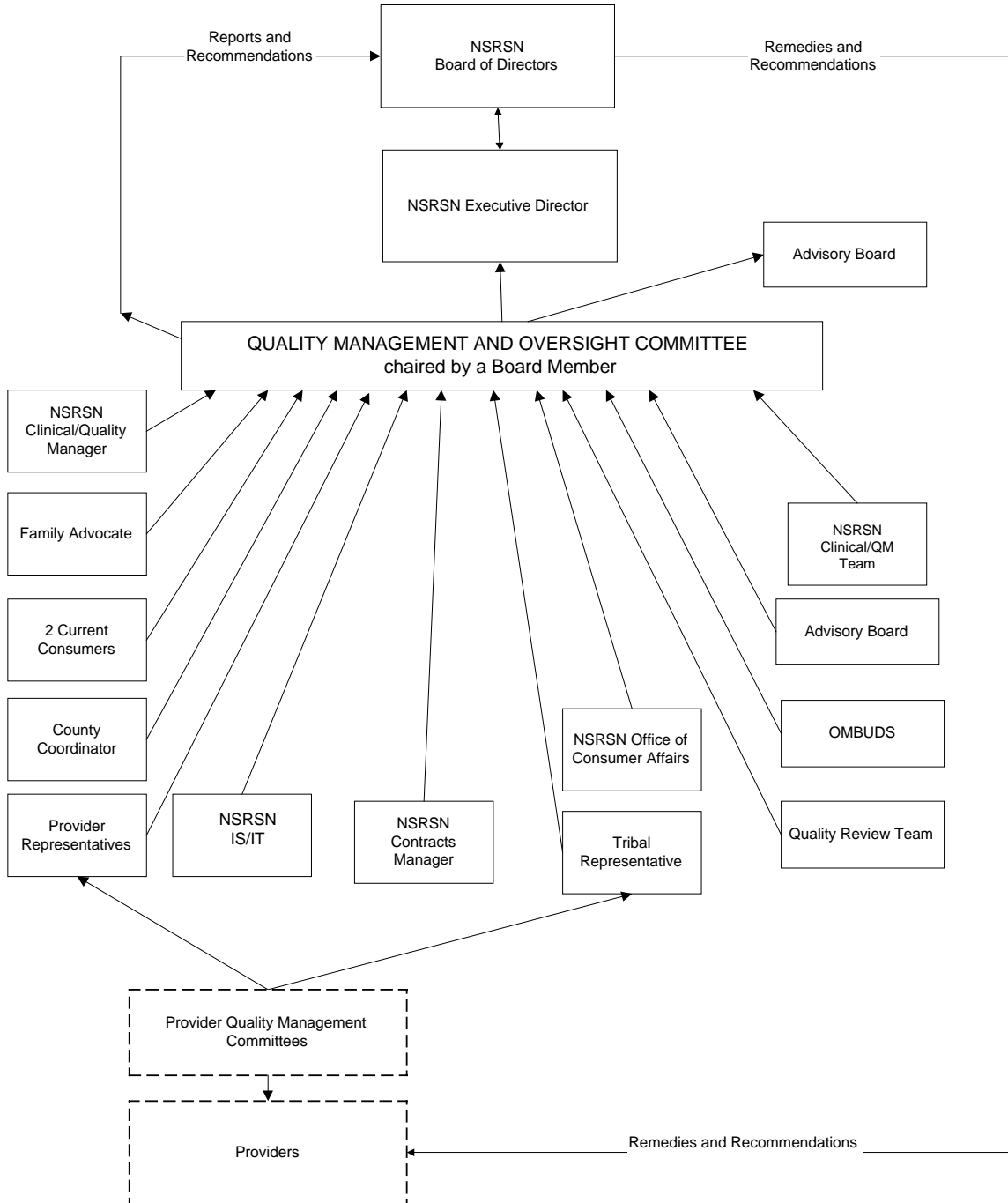
### **Quality Management System Overview**

Quality Management is an all encompassing system and process that incorporates quality assurance and quality improvement activities. Quality Assurance refers to the compliance to

minimum standards and reasonable expected levels of performance. Quality Improvement are those activities which identify need for improvement and change in program design and service delivery through the gathering and analysis of data. The oversight of all of these functions is charged to NSRSN's Quality Management Oversight Committee (QMOC). QMOC has a collateral role, as well as an integrative role, with all NSRSN and committee stakeholders, including, but not limited to consumers, family members, advocates, the Quality Review Team (QRT), Ombuds, Advisory Board, Service Providers, and Quality Management Department. QMOC is charged with integrating data collected and reported by these stakeholders into its work of identifying areas that need to be improved. Data collection functions, then, have a dual role: to assure minimum compliance on standards and to contribute to the information base of the quality improvement work. See Figure 1 on the next page for a system overview.

Figure 1

### OVERVIEW OF THE INFORMATION FLOW WITHIN THE QUALITY MANAGEMENT SYSTEM



Key:  
Dotted lines indicate entities that NSRSN is responsible for representation on QMOC but is not responsible for convening

## Covered Customers and Services

The following table describes the service populations and the types of services available to each population. The duration and amount of services provided are based on medical necessity as described in the *Level of Care Manual*.

### *Populations To Be Served*

<b>All Individuals As Needed</b>	<b>People Covered by Medicaid: Services</b>	<b>Low Income People with Chronic and Serious Mental Illness: Services</b>
Crisis Response Involuntary Evaluation and Courts including Hearings	Crisis Response	Crisis Response
Involuntary Hospitalization: <ul style="list-style-type: none"> <li>• State Hospitals</li> <li>• Community Hospitals</li> </ul>	Involuntary Hospitalization	Involuntary Hospitalization
Disaster: Immediate Crisis Response after Presidential Declaration	Disaster: Immediate Crisis Response after Presidential Declaration	Disaster: Immediate Crisis Response after Presidential Declaration
	<i>PLUS:</i> Brief Counseling On-going Treatment/Clinical Services Voluntary Community Hospitalization Voluntary State Hospitalization Rehabilitation/Support Services Including: <ul style="list-style-type: none"> <li>• Housing</li> <li>• Employment</li> </ul>	<i>PLUS:</i> Engaging High Need Populations Assistance with Entitlements Brief Counseling Ongoing Treatment/Clinical Services Voluntary State Hospitalization Rehabilitation/Support Services Including: <ul style="list-style-type: none"> <li>• Housing</li> <li>• Employment</li> </ul>

## Standards and Outcomes

The standards used by the Quality Management system are determined by the NSRSN Integrated Services Contract, the Concurrent Reviews, and the Level of Care Manual. The related outcomes will be developed during the annual work of the QMOC. Key standards of quality services are:

1. Residential Arrangement: Individuals become more independent and “normalized” during the time they are receiving ongoing treatment.
2. Parity: Under-served populations are served by the provider. Persons of color and other under-served populations shall have access to appropriate and competent services at a rate similar to that of the majority population.
3. Daily Activities (Also Known As Education and Employment): The degree to which involvement in daily activities such as work (full and part-time), school (full and part-time), and other activities which are normal for the person’s age, demonstrate a higher degree of independence during the time he/she is receiving ongoing treatment.

4. Use of Inpatient Services:
  - a) Voluntary and involuntary psychiatric hospitalizations of individuals during the time they are receiving ongoing treatment are reported.
  - b) The frequency of voluntary and involuntary psychiatric hospitalizations of individuals who have no history with NSRSN (but are determined by NSRSN to be a covered life or responsibility of the provider) is reported.
5. Access: Length of time between the first contact by an individual and his/her receipt of ongoing services from the provider is reported.
6. Consumer/Family Satisfaction: The Quality Review Team performs ongoing consumer/family satisfaction surveys is be integrated with the contracted providers' consumer/family satisfaction surveys.
7. Pre and Post Hospital Service Intensity: The increase in services by a provider, prior to, and following hospitalization of an active consumer will be measured.
8. Post Discharge Hospitalization of Past Consumers: Number of clients discharged from services and subsequently hospitalized within a twelve (12) month period of being served by the last provider of record is reported.

More details about the meanings of these measures are provided in the Integrated Contract, the Integrated Review, and NSRSN's Concurrent Review. The specifications or standards to be measured and reviewed by NSRSN are:

#### Crisis Systems

1. A region-wide crisis response system has 24 hour/7 day a week telephone screening capacity with no telephone recordings is present (there is always a live person to answer the telephone).
2. Individuals requiring emergent services receive a phone call from a trained mental health crisis staff within 15 minutes.
3. Individuals requiring face-to-face contact with a trained mental health crisis staff will receive that service within 2 hours of dispatch.
4. Individuals in service have an active crisis plan.
5. All crisis plans are reviewed in 180 days.
6. Crisis plans are utilized by the crisis system.
7. Consultation of crisis workers with Mental Health Specialists (children, minority, disability, geriatric, tribal authorities) prior to voluntary or involuntary residential or restrictive placement occurs within 12 working hours.
8. Home, community stabilization, and flexible supports are available across the region.
9. Hospital diversion services, including crisis respite and crisis residential services, are available and utilized.
10. Crisis consumers receive follow-up services when needed.
11. Crisis services are coordinated with local tribes.
12. Family/natural supports are engaged when the consumer is in crisis.
13. Crisis service staff receives appropriate training.
14. Client and community satisfaction with crisis services will increase.
15. Client rights are honored.

#### Ongoing services

1. Complaints and grievances at all levels are tracked and integrated into system planning.

2. System change occurs through corrective actions or remedies.
3. Needed services and received services fit.
4. Services incorporate the service recipient's voice.
5. Consultation of crisis workers with Mental Health Specialists (children, minority, disability, geriatric, tribal authorities) occur at appropriate intervals.
6. Services are age, culturally and linguistically competent.
7. Services are provided in the least restrictive environment.
8. Housing, employment and education options are assessed and support and services are provided.
9. Natural supports and other community resources are utilized during treatment.
10. Appropriate linkages and integration are established and maintained with other systems and services.
11. There is congruency between assessment, treatment plan, and progress notes and the actual services provided.
12. Services are available without waiting lists.
13. Advance directives are used.
14. Client rights are honored.

#### Public Safety

1. Persons with mental illness are diverted from jails, where appropriate.
2. The criminal justice system is monitored for the involvement of persons with mental illness.
3. Incarceration rates for mental health service recipients decrease.
4. Local law enforcement is assisted in screening and diagnosis of mentally ill persons.
5. Outreach and assessment occur for homeless persons.
6. Services are provided to homeless persons throughout the region.
7. Client rights are honored.

#### Inpatient Services

1. Pre-admission certification occurs.
2. Discharge planning from hospitals occurs before the recipient is due to leave the hospital.
3. Individual plans of care are developed for recipients prior to discharge from the hospital.
4. Homeless recipients of inpatient care are appropriately placed by providers.
5. Client rights are honored.

#### **Organizational Performance**

The Quality Management system will also measure, report, and make recommendations on the efficiency of NSRSN and the provider organizations. Development of the measures is part of the Quality Improvement Work Plan. The core measurements for both the NSRSN and the provider network will be the presence of annual work plans for each department, a measurement of the accomplishments in the work plan at the end of a year, and the ratio of administration expenditures to expenditures that have gone directly to consumer service. Like all quality measures in this document, the information will be integrated into the QMOC cycle of review and recommendations.

## PHILOSOPHY REGARDING ACCOUNTABILITY

### Accountability

The NSRSN is the managed care entity accountable to the Department of Social and Health Services (DSHS) to provide public oversight of the mental health service delivery system as currently delivered by all contracted providers. NSRSN has an obligation to insure that the care and services delivered by the service providers meet the Level of Care Manual and relevant WACs and RCWs. NSRSN acknowledges that it and regionally contracted service providers will each maintain procedures related to quality assurance, quality management, and utilization management. Whenever possible, these procedures will be complementary. The NSRSN recognizes and values the advocacy efforts external to the NSRSN and its contracted providers to assure quality services. External advocacy is done by consumer and family advocates, AMI groups, advisory boards, and others. The NSRSN Office of Consumer Affairs supports and solicits input from these groups.

NSRSN recommends that some parallel process of QI effort exist between the NSRSN and its contracted service providers in order to:

- provide optimal advocacy and clinical support to consumers
- provide contract and clinical oversight to insure that providers comply with all contractual mandates, with consistent reference to standards of care performance, and sanctions related to nonperformance
- guarantee to consumers and advocates that services to them will remain accessible, effective, culturally and linguistically relevant
- demonstrate to DSHS/MHD that NSRSN is meeting its contractual obligations and mandates of the State of Washington.

### Remedies, Sanctions, and Incentives

The NSRSN's Quality Management Oversight Committee and the Board of Directors are responsible for making recommendations for remedies in issues of quality. These recommendations are called remedies in this document. The spectrum of remedies can range from the creation of cross-functional work groups to undertake QI studies, action regarding provider or individual practitioner status, revisions to the overall QI program, and/or redesign of service delivery.

The process leading up to a remedy is described in ***Process of Evaluation and Recommendation*** (pages 18 and 19). Remedies are a different level of action than sanctions. Sanctions are reserved for the contractual non-compliance of the provider agencies.

Incentives for excellent service delivery as defined by the Quality Improvement Work Plan consist of delegation of the quality improvement function to the provider network over time. Delegation is defined as a formal process by which the NSRSN gives another entity the authority to perform certain functions on its behalf, such as credentialing, utilization management, and quality improvement. Although the NSRSN can delegate the authority to perform a function, it cannot delegate the responsibility for assuring that the function is performed appropriately. The NSRSN shall assure that delegated functions are performed appropriately through the monitoring of all such functions. This monitoring may include, but is not limited to:

- concurrent, focused, quality of care, retrospective and critical incident reviews
- agency on-site reviews including administrative, quality assurance and fiscal auditing
- QRT satisfaction surveys
- Ombuds reports

- semi-annual service provider performance reviews

Once a provider has successfully attained a quality measurement, for the period of one year, the measurement and reporting on the measurement may be delegated to the provider. The definition of success on a quality measurement will be expressed as a percentage of total measurements. The percentages may vary and will be set by the Quality Management Oversight Committee. A request to delegate a quality improvement measurement may come from QMOC members or from contracted providers.

## **PROCEDURES**

### **Goals And Objectives**

The NSRSN Quality Improvement Program focuses on the following goals and objectives:

#### **Goal 1: Monitor ongoing quality standards and utilization performance data for important aspects of care**

- 1.1 Crisis system standards; measure/analyze performance and report findings
- 1.2 Standards for access to system of care; measure/analyze performance and report findings
- 1.3 Standards for cultural competency throughout the process of care; measure/analyze performance and report findings
- 1.4 Standards for integration of hospital diversion, hospital admission, residential services, and jail services; measure/analyze performance and report findings
- 1.5 Standards for consumer satisfaction; analyze and report findings.
- 1.6 Standards for the match between consumer need and services provided; analyze and report findings
- 1.7 Standards for certification of need for hospitalization

#### **Goal 2: Implement continuous quality improvement systems**

- 2.1 Maintain and improve infrastructure and process for quality improvement management
- 2.2 Recommend new quality standards and performance outcome data as necessary

How the Goals and Objectives are accomplished is described in detail in the Quality Improvement Work Plan and in the remainder of this Program Description section.

### **Structure of the Quality Improvement Program**

#### ***Board of Directors***

The Board of Directors is the governing body of NSRSN. It is comprised of elected officials (or their delegates) from Island County, San Juan County, Skagit County, Snohomish County, and Whatcom County and provisional Tribal representatives as well as ex-officio regional Advisory Board members. In regard to the Quality Improvement program, the Board is accountable for:

- adoption and oversight of the NSRSN's QI Program description
- adoption of the annual NSRSN's QI Work Plan
- review of and action regarding the annual evaluation of the NSRSN's QI Program and Work Plan



- acting upon recommendations forwarded by NSRSN's Quality Management and Oversight Committee (QMOC)

The Chief Executive of NSRSN and the Board of Directors of NSRSN delegate the detailed review and development of QI recommendations and detailed review and development of certification, re-certification, credentialing and re-credentialing criteria to the Quality Oversight Committee. The Quality Oversight Committee evaluates the implementation of the QI programs of all contracted service providers; this is spelled out in the Roles and Responsibilities section below and in the Quality Improvement Work Plan.

### **Quality Management Oversight Committee**

QMOC is responsible for the oversight of overall quality and for the design of the quality improvement systems in the entire NSRSN. The core activities of these responsibilities are the identification of the need for improvement and the need for change in program design and service delivery. QMOC uses the gathering and analysis of data and reports to recognize the need for improvement or change. The nature of data and reports is described below in the Quality Improvement Work Plan.

The Quality Management Oversight Committee (QMOC) is chaired by a Member of the Board of Directors or designated alternate. Other voting members are:

- four members appointed by the Advisory Board, which shall include current consumers and family advocates
- one Quality Review Team (QRT) member
- one Ombuds representative
- one rotating County Coordinator who reports QMOC activities to colleague county coordinators who then report to their Advisory Boards
- NSRSN's Manager of the Office of Consumer Affairs
- NSRSN's Clinical/Quality Manager
- NSRSN's Contracts Administrator
- NSRSN's Information Systems / Information Technology (IS/IT) staff member
- one NSRSN Quality Manager representing adult services
- one NSRSN Quality Manager representing children's services
- four contracted service provider representatives, from diverse geographic and service populations region wide

The members of the Quality Management Oversight Committee serve for a period of at least one year with the exception of the Clinical/Quality Manager, Contract Administrator, Office of Consumer Affairs (OCA) Manager and IS / IT staff member. The Committee meets at least quarterly. Subcommittees of QMOC will meet as often as needed to accomplish their tasks in a timely manner. The Quality Management Oversight Committee is accountable for:

- the development of an annual NSRSN QI Work Plan
- the annual evaluation of contracted providers' Work Plan and QI programs
- the identification of important aspects of care
- the development and continuous improvement of utilization management guidelines
- investigation of problem areas in care revealed by trends in data
- analysis of data
- identification of needed remedies to care

The Quality Management Oversight Committee:

- develops and approves the QI program, annual evaluation, and Work Plan, submitting these to the Board of Directors for adoption
- reviews and recommends action on reports from contracted service providers
- reviews the data from providers' measurement tools and recommends changes in tools
- makes recommendations to all providers on actions to be taken. Such action recommendations may include: creation of cross-functional work groups to undertake QI studies; action regarding provider or individual practitioner status; revisions to the overall QI program; and/or redesign of service delivery
- reviews, analyzes, and makes recommendations based on concurrent and retrospective reviews, Management IS/IT reports, consumer and advocate reports, and other relevant indicators of performance
- keeps minutes of all meetings. Keeps a record of attendance and dates of meetings of subcommittee sessions

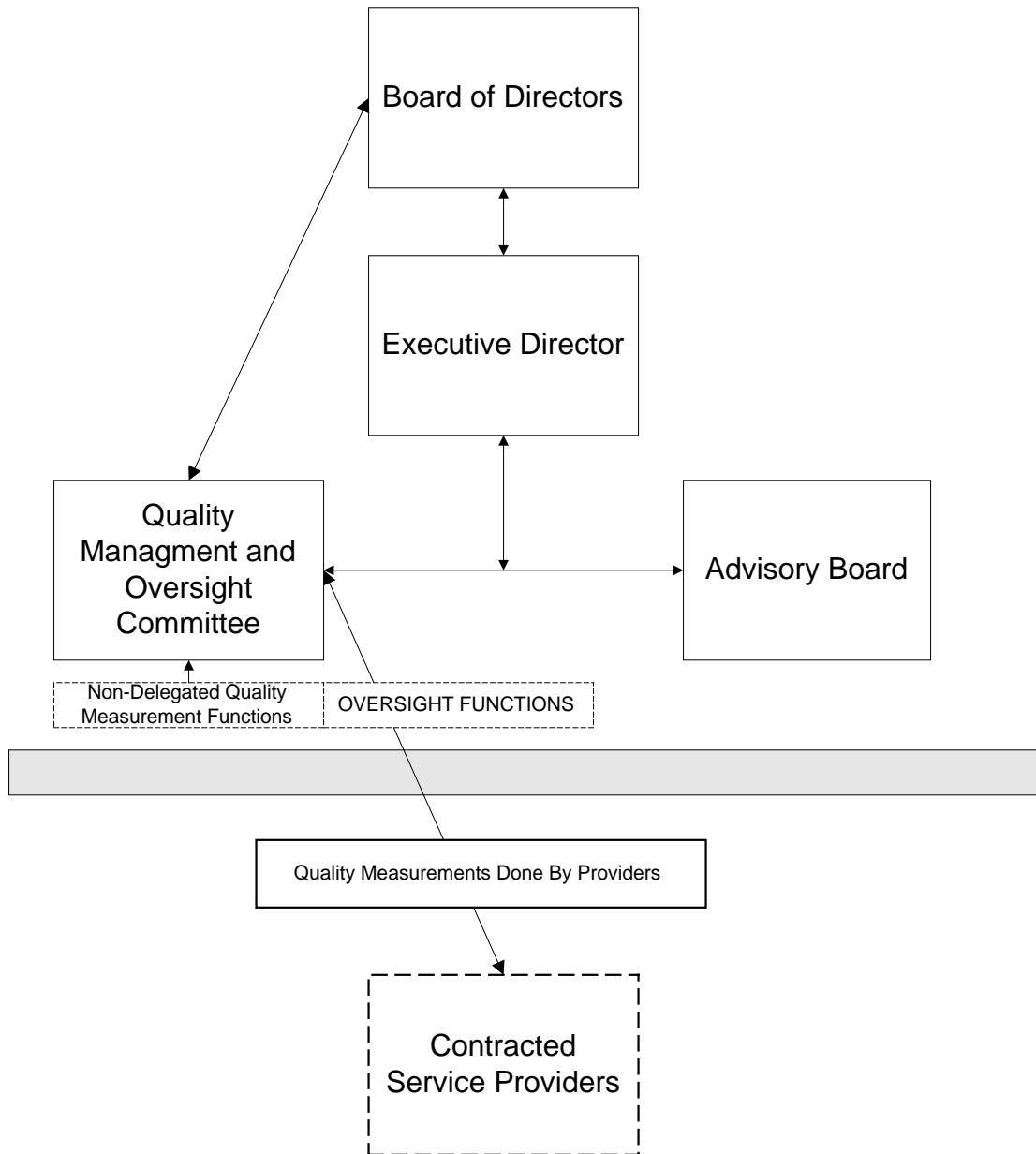
### **Contracted Service Providers**

Each contracted service provider is responsible for its individual QI Programs. They exercise full QI program activities on delegated portions of the NSRSN QI plan.

The regional quality management structure of these bodies (Board of Directors, NSRSN Quality Management Oversight Committee, and service providers) in relationship to the overall quality management plan can be seen in Figure 2: Quality Management Structure on the next page.

Figure 2

## QUALITY MANAGEMENT STRUCTURE



Key:  
Solid lines and arrows indicate  
flow of information

## **Roles and Responsibilities**

### **NSRSN Executive Director**

The Executive Director has overall accountability for all aspects of operations. In relationship to the QI program, the Executive is accountable for the preparation of materials and staff support for the QMOC. The Executive assures adequate staffing of the QMOC and any subcommittees, as well as adequate staffing for the on-site reviews required for provider certification activity. The Executive is accountable for assuring that business operations activities include quality objectives and routine measures and that information from these efforts are integrated within the QI Work Plan. Descriptions of the roles and responsibilities of NSRSN positions that are directly involved with the Quality Management Plan are below. (A diagram of the overall reporting relationships of NSRSN can be seen in Exhibit 1.)

### **Clinical/Quality Management Department**

The Clinical/Quality Management Department organizes and directs all clinical/quality issues including monitoring the quality improvement plans of NSRSN and contracted providers, staffing the Quality Management Oversight committee, evaluating and reporting on clinical and quality issues of contracted providers, and performing onsite quality assurance reviews of contracted providers.

The roles and functions of the Clinical/Quality Management Department include:

- NSRSN Quality Assurance / Quality Improvement
  - Performance and documentation of concurrent, focused, quality of care, and critical incident reviews
  - Development / Maintenance of NSRSN Clinical Standards / LOC Manual / Quality Management Plan / Outcomes (reviewing at least ten percent of a representative sample of service recipients over a year's time)
  - Technical assistance around clinical issues (internal / external)
  - Participation in Administrative On-Sight QA Reviews of contracted providers
  - Clinical input to contracting process
- Utilization / Capacity Management
  - Clinical analysis of Information Systems data
  - Screening / Management / Planning for discharge for Children's Long Term Inpatient Program
  - Coordination of CHAP admissions
  - Coordination / Management / Discharge Planning for NSRSN consumers at Western State Hospital
- Establishment and Maintenance of Cross-Systems Relationships
  - Maintaining relationships with stakeholders, such as other provider systems (i.e. DASA, DCFS, HCS, DDD, community hospitals, schools, law enforcement, etc.), advocacy organizations, consumers, local political entities, and the like.
  - Support to QMOC / Boards / other committees and work groups as assigned

The Clinical/Quality Management Department drives completion of the Work Plan and timely submission of provider and RSN information to the QMOC. It monitors all working parts of the QI system and identifies problems and successes when they occur, and leads the analysis of data in looking for significant trends, making recommendations for changes and sanctions. To accomplish these objectives, the Clinical/Quality Management Department:

- Readies and maintains NSRSN certification
- Assists in NSRSN's strategic planning process
- Acts as a liaison with the clinical leadership of contracted provider organizations
- Participates in NSRSN's management by decision-making and coordination with other departments within NSRSN
- Monitors provider agencies for contract compliance on the quality improvement programs
- Integrates information from QRT, Ombuds, Advisory Board, Resource Managers, accrued complaint and grievance incidents, and family advocates into the agenda of the QMOC and into the planning and delivery of services
- Researches, monitors and analyzes information on federal and State requirements relative to quality issues
- Plans for and responds to the Mental Health Division annual Integrated Review in regard to QI issues
- Reports analysis of concurrent / focused / quality of care review results to QMOC quarterly.
- Analyze utilization statistics for NSRSN regional services every six months. Report to QMOC

### **Consumer Affairs Manager**

This position provides development and support for the consumer/advocate voice of NSRSN. The position reports directly to the Executive Director. The Consumer Affairs Manager directly supervises the Ombudsman and the Quality Review Team. This position:

- Develops and supports consumer voice and participation throughout the Region
- Promotes awareness of NSRSN mission and programs
- Develops and distributes the NSRSN newsletter, brochures and posters
- Develops an annual campaign to promote community understanding of people with serious mental illness
- Manages Ombuds services and supervise Ombuds staff
- Manages Quality Review Team (QRT) and supervise QRT staff members

### **Tribal Liaison**

The Tribal Liaison is responsible for assuring the quality of services delivered to American Indian/Alaskan Native (AI/AN) consumers in the Region. The Tribal Liaison analyzes statistics from the IS/IT database regarding AI/AN services from PHP providers. Client clinical charts are audited for cultural and traditional treatment services provided by PHP providers which should include:

- Waivers for any clinical/cultural traditional services in client chart
- Treatment planning process for traditional spiritual need
- Documentation of consultation with tribal healers
- Consultation with tribal/extended family when any grief issues are present
- 30 day window for consultation with AI/AN Mental Health Specialist
- Documentation in AI/AN client chart of offer to be treated at a Tribal Mental Health facility

### **Ombuds Services**

The Ombuds staff members assist publicly funded mental health consumer and work with mental health providers to secure services for consumers. Ombuds staff members are important sources of aggregate information to the QMOC. The services of the Ombuds include:

- Advocate for consumers to resolve their issues from their perspective
- Educate consumers about their rights
- Investigate complaints, grievances and fair hearing requests
- Report on aggregate data on a quarterly basis
- Publicize the Ombuds Service region wide

### **Quality Review Team**

The Quality Review Team members are key sources of information to the QMOC because they measure consumer satisfaction directly. The QRT members:

- Administer consumer satisfaction surveys to assess levels of satisfaction with services
- Evaluate mental health personnel's cross-system activities for the benefit of consumers
- Participate in NSRSN's contracting activities with provider
- Report consumer satisfaction with services to all stakeholders
- Monitor the RSN and providers' quality management plan and implementation of their plans
- Meet with consumers to educate them about QRT services
- Interface with Ombuds services

### **Contracts Compliance and Fiscal Services Manager**

The Contracts Compliance and Fiscal Services Manager compiles the contractual performance of the provider network. These reports are integrated into the Quality Improvement process by quarterly reports to QMOC. Responsibilities of the Contracts Compliance and Fiscal Services Manager that are directly relevant to QMOC's work are:

- Manage the Contracts/Finance department of the NSRSN
- Develop monitoring tools and monitor compliance of upline and downline contracts
- Review and evaluate subcontractor compliance performance
- Coordinate provider certification/re-certification process with the Mental Health Division of the Department of Social and Mental Health Services
- Coordinate implementation of existing policies and procedures with NSRSN staff, state, county and contracted providers/vendors

### **Information Systems / Information Technology Services**

NSRSN is building an information system to meet the information and communication requirements of all parties. The use of the information for the purposes of the Quality Plan can be reviewed in the Measurement column of the Quality Improvement Work Plan. The information will enable NSRSN to review and analyze:

- individual client outcomes with the aim of reduction in psychiatric systems, improvement in level of functioning, and improvement in quality of life
- system outcomes
- the development of baselines and improvement measure designed to evaluate the effectiveness of the PHP

The IS/IT services' duties that directly relate to the Quality Management Plan are:

- Direct and coordinate development and production activities of computerized MIS department
- Perform advanced level analyst functions

- Write specifications, applications and programs necessary for NSRSN Management Reports
- Supervise the design and implementation of in-house database systems (e.g., concurrent review, Ombuds)
- Supervise the maintenance of the hospital and inpatient data base

## Provider Agencies

The provider agencies participate in the Quality Management activities of NSRSN via representative membership on the QMOC (see Figure 1). All NSRSN providers are required by WAC to have a quality improvement plan. The provider agencies plans will be enhanced and strengthened by their participation in NSRSN's QMOC.

## Process Of Evaluation And Recommendation

The outline of the NSRSN's process of quality improvement is:

1. QMOC members review data and reports in the QMOC meeting
2. QMOC identifies trends in the data that indicate a problem
3. When a potential problem is identified, QMOC forms a working group (subcommittee) that will:
  - theorize about the source of the problem
  - review/analyze data
  - make a recommendation(s)
4. The subcommittee presents recommendations to QMOC
5. QMOC approves or amends the recommendation and, when approved, forwards it to the Board of Directors in accordance with the Board Approval Process
6. The Board of Directors approves or amends the recommendation and sets timelines
7. The recommendation for change is sent to the NSRSN Director and QMOC
8. QMOC forwards the recommendation to the appropriate provider with a timeline for completion of the remedy
9. Providers report back to QMOC on their progress
10. QMOC monitors and reports to the Executive board

The QMOC meets at least once per quarter, and more often, if necessary. The Clinical/Quality Management Department will have organized the information for ease of review by the committee. QMOC will receive information from several sources of information:

- Trends in data about service delivery from the Information System
- Aggregate Concurrent Review information
- Reports from consumers, Ombuds, Advisory Board, QRT, family advocates, and providers about service delivery
- Reports from nonmembers who have been specially invited to QMOC to bring information to the group
- Some Critical Incidents (see Exhibit 2 for NSRSN's Critical Incident Policy)
- Contract Review Audit

The Committee members will look for trends in the data that indicate a problem in service delivery. (Individual incidents that are cause for concern are handled by other mechanisms). When a need for an investigation is identified, a subcommittee will be formed to build a theory about the problem and investigate the theory through analysis of the data and/or requesting and analyzing new data. The subcommittee may then be able to suggest a solution, that is, a change in practice that will best address the cause of the problem.

The process improvement group will act on these duties before the next meeting. At the next meeting, the subcommittee presents its recommendations. The recommendations are approved or amended by QMOC and forwarded to the Board of Directors. The Board then studies the recommendations at their monthly meeting and, in turn, approves or amends the recommendations. The Board sends its Remedies and Recommendations to the NSRSN Executive Director and QMOC. QMOC forwards the Remedies and Recommendations to the appropriate providers with a timeline for completion of the remedy. Recommendations shall be



enacted through the authority invested in the Board of Directors, Executive Director, and Advisory Board.

The providers shall then report back to the QMOC on their progress on the recommendations and the timelines. Oversight of the provider progress remains with QMOC. QMOC always disseminates quarterly reports about its analyses, recommendations, and results to the Board of Directors, Executive Director, Advisory Board, providers, Ombuds office, and QRT.

### **Quality Management Schedules**

Information is submitted to the QMOC at different frequencies. QMOC is the recipient of quarterly reports, at the minimum, from the Quality Management Department, QRT, Ombuds, and the Contracts Compliance and Fiscal Services Manager.

## **2. PROGRAM STANDARDS**

### **NSRSN Standards for Provider Quality Improvement Programs**

NSRSN is committed to development of Quality Improvement (QI) processes in provider agencies. NSRSN will focus on oversight of provider QI processes. Contracted providers' QI processes must demonstrate how they provide the following quality practices.

- there is a written program structure outlining the goals and objectives, structure and roles, scope of activities, routine monitoring activities, key aspects of care, frequency and method of evaluation, and development of annual workplan
- there is a committee, in which practitioners participate, that oversees QI activities and documents actions
- there is an annual QI workplan that includes planned projects, planned monitoring of issues over time, and planned evaluation
- the governing board provides oversight to the QI committee either directly or through formal designation of a subcommittee
- measurement, data collection and analysis are utilized to track established performance standards for key aspects of care
- the results of the QI activity are linked and coordinated with other management activities such as:
  - ethics committee/process,
  - risk management plan/safety committee and plan,
  - disaster plan, and/or
  - practice guidelines
- there is an annual written evaluation, reporting on completed activities, trending of performance data, and actions taken to achieve demonstrated performance in quality

### **Credentialing Standards for Individual Practitioners**

NSRSN will review that each individual practitioner licensed or certified by the State and providing care within the NSRSN service area will be credentialed. NSRSN will review the credentialing and recredentialing process. Credentialing includes all licensed or certified practitioners, including M.D.s, Ph.D.s, A.R.N.P.s, R.N.s and masters level therapists certified by the State. The credentialing review includes:

- license/certification verification (primary source verification)
- graduation or Board certification, if applicable (primary source verification)
- DEA certificate and state narcotics license, if applicable (primary source verification)
- history of licensure/certification loss or limitations, convictions, Medicaid/Medicare censure, liability claims, malpractice history (primary source verification)
- specialty focus [e.g., child specialist] (primary source verification)

The credentialing process will meet the following standards, based on the method of documentation identified in parenthesis:

- written policies and procedures exist, identifying those practitioners under the scope of authority of the process and the key steps in the process (program documentation)
- a credentialing committee makes recommendations regarding credentialing (program documentation)

- there is primary source verification of those items identified above (program documentation)
- there is an application by the practitioner and attestation as to the correctness/completeness of the application (program documentation)
- there is a process for the periodic verification of credentials (recredentialing) that is ongoing and up-to-date (program documentation)
- recredentialing includes review of data from consumer complaints, customer satisfaction surveys, quality performance standards, utilization management guidelines, and medical records reviews (program documentation)
- there are mechanisms for reducing the scope of practice, suspending, or terminating practitioners (program documentation)

**QMOC has the annual responsibility for reviewing that the providers are adequate in certification, recertification, credentialing and recredentialing of their staff.**

### **Standards for Clinical Records**

NSRSN has two tools that set clinical records standards. They are the *Clinical Review Rating Standards* and the *Individual Client Record Review*. These tools are employed during concurrent and retrospective reviews. The NSRSN's standards support quality care for consumers. The standards are:

- treatment records provide timely documentation of relevant aspect of consumer care in evaluation and treatment
- treatment records document consumer encounters, including initial telephone assessments, relevant clinical decisions, findings, and interventions
- treatment records that are used in quality review, measurement, and improvement activities adhere to standards of confidentiality
- each page contains the consumer's name and identification number
- each record includes the consumer's address, employer or school, home and work telephone number, marital/legal status, appropriate consent forms, and guardianship information, if relevant
- all entries in the record include the responsible clinician's name, degree, and relevant identification number, if applicable
- all entries are dated
- the record is legible
- relevant medical conditions are listed, prominently identified, and revised
- presenting problems and relevant psychological and social conditions affecting the consumer's medical and psychiatric status are documented
- special status situations are prominently noted and revised
- each record indicates what medication have been prescribed, the dosages and the dates of initial prescription or refills
- allergies and adverse reactions are clearly documented
- a lack of known allergies and sensitivities to pharmaceuticals and other substances is prominently noted
- a medical and psychiatric history is documented
- for children and adolescents: prenatal and perinatal events and a complete developmental history are documented
- for patients 12 and older, documentation includes past and present use of cigarettes and alcohol, as well as illicit, prescribed, and over-the-counter drugs
- a mental status evaluation is documented

- a DSM-IV diagnosis is documented consistent with presenting problems, history, mental status examination, and any other data
- treatment plans are consistent with diagnoses and have objective measurable goals and time frames
- the focus of treatment interventions is consistent with the treatment plan goals
- informed consent for medication and the consumer's understanding of the treatment plan is documented
- progress notes describe strengths, limitations, and barriers in achieving consumer treatment plan goals and objectives
- consumers who becomes danger to self or others or gravely disabled are referred to the appropriate level of care
- the treatment record documents preventive services as appropriate
- the treatment record reflects continuity and coordination of care between the primary clinician, consultants, ancillary providers, and health care institutions
- advance directives are included in the record and used when clinically indicated

**Section 3: QUALITY IMPROVEMENT WORKPLAN**

This workplan lays out the tasks and timelines for the quality improvement plan in the NSRSN. This is the annual plan for 2000.

**GOALS AND OBJECTIVES**

**Goal 1: Monitor ongoing quality standards and utilization performance data for important aspects of care**

<p><b>Objective 1.1</b></p>	<p><b>Crisis system standards; measure /analyze performance and report findings</b></p> <p>Accountability:  NSRSN Quality Management and Oversight Committee (QMOC)  NSRSN Board of Directors  Appropriate Contracted Service Provider</p>				
	<p><b>Focus/Standard</b></p>	<p><b>Measurement</b></p>	<p><b>NSRSN Accountability Department/Staff</b></p>	<p><b>Frequency/Timelines of Measurement</b></p>	<p><b>Implementation Steps</b></p>
<p>1.10</p>	<p>Successful performance of diversion from hospitalization</p>	<p>Clinical record is reviewed in Crisis System Review 2000</p> <p>And</p> <p>In-Patient System Review 2000</p>	<p>Clinical/Quality Management Dept Diana Striplin (1-1-2000)</p> <p>Clinical/Quality Management Dept Gary Williams (1-1-2000)</p>	<p>To be assessed via Focused Review, second quarter 2000</p> <p>To be conducted during third quarter 2000</p>	<p>Perform review; write report, present to QMOC during third quarter 2000, publish results. Implement appropriate Quality Assurance action, if needed</p> <p>Perform review; write report, present to QMOC during fourth quarter 2000, publish results Implement appropriate Quality Assurance action, if needed</p>
<p>1.11</p>	<p>24 hour response availability, 24 hours per day, 365 days per year</p>	<p>Clinical record is reviewed in Crisis System Review 2000</p>	<p>Clinical/Quality Management Dept Diana Striplin (1-1-2000)</p>	<p>To be assessed via Focused Review, second quarter 2000</p>	<p>Perform review; write report, present to QMOC during third quarter 2000, publish results Implement appropriate Quality Assurance action, if needed</p>

		<p>QRT to make test calls to VOA Crisis Line, both during and after business hours, during 2000</p> <p>QRT to make crisis test calls to NSRSN contracted providers, after normal business hours.</p>	<p>QRT Department Sharri Dempsey (1-1-2000)</p> <p>QRT Department Sharri Dempsey (1-1-2000)</p>	<p>To be conducted quarterly during 2000</p> <p>To be conducted quarterly during 2000</p>	<p>Perform test calls, include results in quarterly reports to QMOC during 2000 Implement appropriate Quality Assurance action, if needed</p> <p>Perform test calls, include results in quarterly reports to QMOC during 2000 Implement appropriate Quality Assurance action, if needed</p>
1.12	Response to crises across the region are clinically appropriate.	<p>Application of criteria for Crisis response and Crisis Access as measured through Clinical Record in Crisis System Review_2000</p> <p>QRT will assess this standard via survey in 2000.</p> <p>Ombuds Services/Reports</p> <p>Local Crisis Oversight Review Committee</p>	<p>Clinical/Quality Management Dept Diana Striplin (1-1-2000)</p> <p>QRT Department Sharri Dempsey (1-1-2000)</p> <p>Ombuds Department Sharri Dempsey (1-1-2000)</p> <p>Clinical/Quality Management Dept Gary Williams (1-1-2000)</p>	<p>To be assessed via Focused Review, second quarter 2000</p> <p>To be assessed via annual survey during 2000</p> <p>To be addressed on an ongoing basis during 2000</p> <p>To be assessed on a quarterly basis during 2000</p>	<p>Perform review; write report, present to QMOC during third quarter 2000, publish results Implement appropriate Quality Assurance action, if needed</p> <p>Perform survey, include results in quarterly reports to QMOC during 2000 Implement appropriate Quality Assurance action, if needed</p> <p>Provide ongoing Ombuds Services, include results in quarterly reports to QMOC during 2000 Implement appropriate Quality Assurance action, if needed</p> <p>Provide results of Local Crisis Oversight meetings to QMOC on a quarterly basis during 2000. Implement appropriate Quality Assurance action, if needed.</p>

1.13	Utilization of family/natural supports during and after a crisis.	Clinical record is reviewed in Crisis System Review 2000	Clinical/Quality Management Dept Diana Striplin (1-1-2000)	To be assessed via Focused Review, second quarter 2000	Perform review: write report, present to QMOC during third quarter 2000, publish results Implement appropriate Quality Assurance action, if needed
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<b>Objective 1.2</b>	<b>Monitor standards for access to system of care; measure/analyze performance and report findings</b> Accountability: NSRSN Quality Management and Oversight Committee NSRSN Board of Directors Appropriate Contracted Service Providers				
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	<b>Focus/Standard</b>	<b>Measurement</b>	<b>NSRSN Accountability Department/Staff</b>	<b>Frequency/Timelines of Measurement</b>	<b>Implementation Steps</b>
1.20	Consumers receive access to same types of services regardless of county of origin	QRT survey results	QRT Department Sharri Dempsey (1-1-2000)	To be assessed on an ongoing basis, via survey, during 2000	Perform survey, include results in quarterly reports to QMOC during 2000 Implement appropriate Quality Assurance action, if needed
		Ombuds Services/Reports	Ombuds Department Sharri Dempsey (1-1-2000)	To be assessed on an ongoing basis during 2000	Provide ongoing Ombuds Services, include results in quarterly reports to QMOC during 2000 Implement appropriate Quality Assurance action, if needed
		Clinical record is reviewed per Concurrent Review standards	Clinical/Quality Management Dept Terry McDonough (1-1-2000)	To be assessed during four quarterly Concurrent Reviews performed during 2000	Perform reviews, write reports, present to QMOC quarterly during 2000, publish results Implement appropriate Quality Assurance action, if needed
		Utilization of IS/IT reports from throughout the NSRSN indicating types of service available throughout the NSRSN	Information System/Information Technology Dept (IS/IT) Michael White (1-1-2000) Clinical/Quality Management Dept Terry McDonough (1-1-2000)	To be assessed on an ongoing basis during 2000	Include information from MIS reports in quarterly Concurrent Review reports presented to QMOC during 2000. Implement appropriate Quality Assurance action, if needed.

	<b>Focus/Standard</b>	<b>Measurement</b>	<b>NSRSN Accountability Department/Staff</b>	<b>Frequency/Timelines of Measurement</b>	<b>Implementation Steps</b>
1.21	Consumers receive outreach assessment when needed, i.e., if the consumer's mental illness, lack of transportation, lack of resources or physical limitations prevented an office visit.	<p>Clinical record is reviewed per concurrent Review standards</p> <p>QRT monitoring per surveys, phone calls</p> <p>Ombuds Services/Reports quarterly</p>	<p>Clinical/Quality Management Dept Terry McDonough (1-1-2000)</p> <p>QRT Department Sharri Dempsey (1-1-2000)</p> <p>Ombuds Department Sharri Dempsey (1-1-2000)</p>	<p>To be assessed during four quarterly Concurrent Reviews performed during 2000</p> <p>To be assessed on an ongoing basis, via survey, during 2000</p> <p>To be assessed on an ongoing basis during 2000</p>	<p>Perform reviews, write reports, present to QMOC quarterly during 2000, publish results Implement appropriate Quality Assurance action, if needed</p> <p>Perform survey, include results in quarterly reports to QMOC during 2000 Implement appropriate Quality Assurance action, if needed</p> <p>Provide ongoing Ombuds Services, include results in quarterly reports to QMOC during 2000 Implement appropriate Quality Assurance action, if needed</p>
1.22	Follow-up by professional staff for all persons at risk of harm to themselves and/or others or at risk of grave disability who do not keep scheduled intake appointments	<p>Clinical record is reviewed to include Clinical Contact Sheets per Concurrent review standards</p> <p>IS/IT reports</p> <p>Critical Incident Reports and Complaint and Grievance Reports</p>	<p>Clinical/Quality Management Dept Terry McDonough (1-1-2000)</p> <p>NSRSN IS/IT Dept Michael White (1-1-2000)</p> <p>Clinical/Quality Management Dept Francene Thompson (1-1-2000)</p>	<p>To be assessed during four quarterly Concurrent Reviews performed during 2000</p> <p>Information made available for Crisis System Review, Second Quarter 2000</p> <p>To be assessed on an ongoing basis, as cases arise during 2000</p>	<p>Perform reviews, write reports, present to QMOC quarterly during 2000, publish results Implement appropriate Quality Assurance action, if needed</p> <p>Review data quarterly during 2000, for inclusion in all ongoing Concurrent Reviews and Focused Review reports, as appropriate Implement appropriate Quality Assurance action, if needed</p> <p>Review data quarterly during 2000. Present results to QMOC quarterly Implement Quality Assurance action, if needed</p>



	Focus/Standard	Measurement	NSRSN Accountability Department/Staff	Frequency/Timelines of Measurement	Implementation Steps
1.23	<p><b>Appointment for non-urgent services with primary clinician offered within 10 business days after initial call to access.</b></p> <p>1</p>	<p>Clinical record is reviewed per Concurrent Review standards</p> <p>QRT Survey</p> <p><b>Ombuds Services/Reports</b></p> <p>IS/IT reports which track both the offered and actual date of appointment</p>	<p>Clinical/Quality Management Dept Terry McDonough (1-1-2000)</p> <p>QRT Department Sharri Dempsey (1-1-2000)</p> <p>Ombuds Department Sharri Dempsey (1-1-2000)</p> <p>NSRSN IS/IT Department Michael White (1-1-2000)</p>	<p>To be assessed during four quarterly Concurrent Reviews performed during 2000</p> <p>To be conducted quarterly during 2000</p> <p>To be addressed on an ongoing basis during 2000</p> <p>Reports to be generated quarterly, included in the quarterly Concurrent Review reports</p>	<p>Perform reviews, write reports, present to QMOC quarterly during 2000, publish results Implement appropriate Quality Assurance action, if needed</p> <p>Perform survey, include results in quarterly reports to QMOC during 2000 Implement appropriate Quality Assurance action, if needed</p> <p>Provide ongoing Ombuds Services, include results in quarterly reports to QMOC during 2000 Implement appropriate Quality Assurance action, if needed</p> <p>Query data, compile results, include in quarterly Concurrent Review reports to QMOC during 2000 Implement appropriate Quality Assurance action, if needed</p>

<sup>1</sup> NOTE: This Standard is materially the same as Focus Area 1.11 in APN's current QM Plan, which states that an "appointment for non-urgent Intake offered within 10 business days. APN reports that the Intake is scheduled with the clinician who will be providing on-going services to the consumer, which matches the NSRSN expectation cited in Standard 1.23 of the NSRSN QM 2000 Plan.

	Focus/Standard	Measurement	NSRSN Accountability Department/Staff	Frequency/Timelines of Measurement	Implementation Steps
1.24	<b>Appointment for urgent services are offered within 24 hours of request</b>	Clinical record is reviewed per Concurrent Review standards  IS/IT reports track both the date of service request and the date of service provided	Clinical/Quality Management Dept Terry McDonough (1-1-2000)  NSRSN IS/IT Dept Michael White (1-1-2000)	To be assessed during four quarterly Concurrent Reviews performed during 2000  Reports to be generated quarterly, included in the quarterly Concurrent Review reports	Perform reviews, write reports, present to QMOC quarterly during 2000, publish results. Implement appropriate Quality Assurance action, if needed  Query data, compile results, include in quarterly Concurrent Review reports to QMOC during 2000. Implement appropriate Quality Assurance action, if needed.

1.25	Consumer involvement in development of treatment plan	Clinical record is reviewed per Concurrent Review standards  QRT Survey  Ombuds Services/Reports	Clinical/Quality Management Dept Terry McDonough (1-1-2000)  QRT Department Sharri Dempsey (1-1-2000)  Ombuds Department Sharri Dempsey (1-1-2000)	To be assessed during four quarterly Concurrent Reviews performed during 2000  To be assessed on an ongoing basis, via survey, during 2000  To be assessed on an ongoing basis during 2000	Perform reviews, write reports, present to QMOC quarterly during 2000, publish results Implement appropriate Quality Assurance action, if needed  Perform survey, include results in quarterly reports to QMOC during 2000 Implement appropriate Quality Assurance action, if needed  Provide ongoing Ombuds Services, include results in quarterly reports to QMOC during 2000 Implement appropriate Quality Assurance action, if needed
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<b>Objective</b>	<b>Monitor standards for cultural competency throughout the process of care</b>
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1.3	Accountability: NSRSN Quality Management and Oversight Committee (QMOC) NSRSN Board of Directors Appropriate Contracted Service Providers				
	<b>Focus/Standard</b>	<b>Measurement</b>	<b>NSRSN Accountability Department/Staff</b>	<b>Frequency/Timelines of Measurement</b>	<b>Implementation Steps</b>
1.30	<p>Culturally competent staff, procedures and processes are used for crisis, access, assessment, treatment planning, in-patient services and outpatient services</p> <p>Culturally competent staff are those staff who possess "the ability to serve individuals with mental illness using methods which are responsive to their age, unique cultural background."</p> <p>Definition taken from DSHS/MHD's Integrated Services Contract with NSRSN</p>	<p>Clinical record is reviewed per Concurrent Review standards</p> <p>Percent of special population clients served by the NSRSN is in IS/IT reports</p> <p><b>Crisis System Review 2000</b></p> <p>Administrative review</p> <p>QRT Survey</p> <p>Ombuds services</p> <p>Tribal 7.01 Plan</p>	<p>Clinical/Quality Management Dept Terry McDonough (1-1-2000)</p> <p>NSRSN IS/IT Department Michael White (1-1-2000)</p> <p>Clinical/Quality Management Dept Diana Striplin (1-1-2000)</p> <p>NSRSN Contracts Dept Marcia Gunning (1-1-2000)</p> <p>QRT Department Sharri Dempsey (1-1-2000)</p> <p>Ombuds Department Sharri Dempsey (1-1-2000)</p> <p>NSRSN Tribal Liaison Sharri Dempsey (1-1-2000)</p>	<p>To be assessed during four quarterly Concurrent Reviews performed during 2000</p> <p>Information to be queried and included in quarterly Concurrent Review reports</p> <p>To be assessed via Focused Review, Second Quarter 2000</p> <p>To be conducted once every two year, per contracted provider</p> <p>To be assessed on an ongoing basis, via survey, during 2000</p> <p>To be assessed on an ongoing basis during 2000</p> <p>To be assessed on an ongoing basis during 2000</p>	<p>Perform reviews, write reports, present to QMOC quarterly during 2000, publish results Implement appropriate Quality Assurance action, if needed</p> <p>Include MIS data in quarterly Concurrent Review reports presented to QMOC Implement appropriate Quality Assurance action, if needed</p> <p>Perform review, write report, present to QMOC during third quarter, 2000, publish results Implement appropriate Quality Assurance action, if needed</p> <p>Perform Administrative review of provider agencies once every two years Implement appropriate Quality Assurance action, if needed</p> <p>Perform survey, include results in quarterly reports to QMOC during 2000 Implement appropriate Quality Assurance action, if needed</p> <p>Provide ongoing Ombuds Services, include results in quarterly reports to QMOC during 2000 Implement appropriate Quality Assurance action, if needed</p> <p>Monitor Tribal 7.01 Plan, report results to QMOC on a quarterly basis during 2000 Implement appropriate Quality Assurance action, if needed</p>

	Focus/Standard	Measurement	NSRSN Accountability Department/Staff	Frequency/Timelines of Measurement	Implementation Steps
1.31	<p>Treatment of underserved populations is at parity with the percentage of their presence in the entire region</p> <p>Underserved populations are; -minorities, children, elderly, disabled, homeless mentally ill, mentally ill people in the criminal justice system and low income persons</p>	<p>Number of special population consumers served by the NSRSN</p> <p>Reduce the percentage of not reported/unknowns regarding consumers' ethnicity</p> <p>Tribal 7.01 Plan</p>	<p>NSRSN IS/IT Department Michael White (1-1-2000)</p> <p>NSRSN IS/IT Department Michael White (1-1-2000)</p> <p>NSRSN Tribal Liaison Sharri Dempsey (1-1-2000)</p>	<p>Ongoing accumulation of data throughout 2000</p> <p>Ongoing accumulation of data throughout 2000</p> <p>Ongoing accumulation of data throughout 2000</p>	<p>Data to be gathered during 2000, Implement appropriate Quality Assurance action, if needed</p> <p>Data to be gathered during 2000, Implement appropriate Quality Assurance action, if needed</p> <p>Data to be gathered during 2000, Implement appropriate Quality Assurance action, if needed</p>
1.32	<p>Linkages to other systems for underserved and special populations</p>	<p><b>Documented evidence of on-going collaboration with allied systems, such as DCHS, DSHS, DDD, DASA, HCS</b></p>	<p>NSRSN Contracts Dept Marcia Gunning (1-1-2000)</p> <p>Clinical/Quality Management Dept Francene Thompson (1-1-2000)</p>	<p>Ongoing documentation of linkages to other systems during 2000,</p> <p>Ongoing documentation of linkages to other systems during 2000, as evidenced by meeting notes, training plans and/or other collaborative documentation</p>	<p>Establishment and/or continuance of Memorandums of Understanding, Working Agreements, Contracts with identified other systems Implement appropriate Quality Assurance action, if needed</p> <p>Establishment and/or continuance of Memorandums of Understanding, Working Agreements, Contracts, Action Plans with identified other systems Implement appropriate Quality Assurance action, if needed</p>

<b>Objective 1.4</b>	<b>Monitor standards for integration of hospital diversion, hospital admission, residential services and jail services</b> Accountability: <b>NSRSN Quality Management Oversight Committee</b> <b>NSRSN Board of Directors</b> <b>Appropriate Contracted Service Provider</b>				
	<b>Focus/Standard</b>	<b>Measurement</b>	<b>NSRSN Accountability Department/Staff</b>	<b>Frequency/Timelines of Measurement</b>	<b>Implementation Steps</b>
1.40	Continuity of care – connection to ongoing mental health services is maintained during any of the episodes cited above; i.e., hospital diversion or admission, and/or residential and jail services	<p>Clinical record is reviewed per Concurrent Review standards</p> <p>Four separate Focused Reviews during 2000;  -Crisis System,  -Residential System</p> <p>Inpatient System</p> <p>Criminal Justice System</p>	<p>Clinical/Quality Management Dept Terry McDonough (1-1-2000)</p> <p>Clinical/Quality Management Dept Crisis System Review- Second Quarter 2000 Diana Striplin (1-1-2000)</p> <p>Residential System Review- Second Quarter, 2000 Debbie Page (1-1-2000)</p> <p>Inpatient System Review-Third Quarter, 2000 Gary Williams (1-1-2000)</p> <p>Criminal Justice System Review- Fourth Quarter 2000 Terry McDonough (1-1-2000)</p>	<p>To be assessed during four quarterly Concurrent Reviews performed during 2000</p> <p>To be assessed, via Focused Review during Second Quarter 2000</p> <p>To be assessed via Focused Review during Second Quarter 2000</p> <p>To be assessed via Focused Review during Third Quarter 2000</p> <p>To be assessed via Focused Review during Fourth Quarter 2000</p>	<p>Perform reviews, write reports, present to QMOC quarterly during 2000, publish results Implement appropriate Quality Assurance action, if needed</p> <p>Perform review, write report, present to QMOC during third quarter, 2000, publish results Implement appropriate Quality Assurance action, if needed</p> <p>Perform review, write report, present to QMOC during third quarter 2000 publish results Implement appropriate Quality Assurance action, if needed</p> <p>Perform review, write report, present to QMOC during fourth quarter 2000, publish results Implement appropriate Quality Assurance action, if needed</p> <p>Perform review, write report, present to QMOC during first quarter, 2001 publish results Implement appropriate Quality Assurance action, if needed</p>

	Focus/Standard	Measurement	NSRSN Accountability Department/Staff	Frequency/Timelines of Measurement	Implementation Steps
1.40 (continued from previous page)		<p>IS/IT Reports: Monthly census reports of number of individuals admitted into a voluntary or involuntary hospital</p> <p>Utilization Review of IS/IT reports to ensure services are not disrupted during any of the episodes referenced in the Standard.</p>	<p>NSRSN IS/IT Department Michael White (1-1-2000)</p> <p>Clinical/Quality Management Dept Terry McDonough (1-1-2000)</p>	<p>Monthly IS/IT reports made available to Quality Management Dept for review, scrutiny.</p> <p>Monthly MIS reports made available to Quality Management Dept for review, scrutiny</p>	<p>Review data for inclusion in ongoing Concurrent Review, Focused Reviews and Utilization Reviews, as appropriate Implement appropriate Quality Assurance action, if needed</p> <p>Review data for inclusion in ongoing Concurrent Review, Focused Reviews and Utilization Reviews, as appropriate.</p>
1.41	Integration of medical care into treatment planning for older adults	<p>Clinical record is reviewed per Concurrent Review standards</p> <p><b>Releases of Info with primary care physician signed, in chart</b></p> <p>Coordination of mental health and physical issues evident in chart.</p>	<p>Clinical/Quality Management Dept Terry McDonough (1-1-2000)</p> <p>Clinical/Quality Management Dept Terry McDonough (1-1-2000)</p> <p>Clinical/Quality Management Dept Terry McDonough (1-1-2000)</p>	<p>To be assessed during four quarterly Concurrent Reviews performed in 2000</p> <p>To be assessed during four quarterly Concurrent Reviews performed in 2000</p> <p>To be assessed during four quarterly Concurrent Reviews performed in 2000</p>	<p>Perform reviews, write reports, present to QMOC quarterly during 2000, publish results Implement appropriate Quality Assurance action, if needed</p> <p>Monitor per Concurrent Review Tool during 2000 Include results in quarterly Concurrent Review reports to QMOC Implement appropriate Quality Assurance action, if needed</p> <p>Monitor per Concurrent review Tool during 2000 Include results in quarterly Concurrent Review reports to QMOC Implement appropriate Quality Assurance action, if needed</p>

	<b>Focus/Standard</b>	<b>Measurement</b>	<b>NSRSN Accountability Department/Staff</b>	<b>Frequency/Timelines of Measurement</b>	<b>Implementation Steps</b>
1.42	Services for homeless persons	<p>Clinical record is reviewed per Concurrent Review standards</p> <p>Chart contains record of homeless episodes</p> <p>Treatment plan is revised to address homelessness, including a mechanism for outreach &amp; engagement</p> <p>QRT Services/Reports</p> <p>Ombuds Reports</p>	<p>Clinical/Quality Management Dept Terry McDonough (1-1-2000)</p> <p>Clinical/Quality Management Dept Terry McDonough (1-1-2000)</p> <p>Clinical/Quality Management Dept Terry McDonough (1-1-2000)</p> <p>QRT Department Sharri Dempsey (1-1-2000)</p> <p>Ombuds Department Sharri Dempsey (1-1-2000)</p>	<p>To be assessed during four quarterly Concurrent Reviews performed in 2000</p> <p>To be assessed during four quarterly Concurrent Reviews performed in 2000</p> <p>To be assessed during four quarterly Concurrent Reviews performed in 2000</p> <p>To be assessed on an ongoing basis during 2000</p> <p>To be assessed on an ongoing basis during 2000</p>	<p>Perform reviews, write reports, present to QMOC quarterly during 2000, publish results Implement appropriate Quality Assurance action, if needed</p> <p>Monitor per Concurrent Review Tool during 2000 Include results in quarterly Concurrent Review reports to QMOC Implement appropriate Quality Assurance action, if needed</p> <p>Monitor per Concurrent Review Tool during 2000 Include results in quarterly Concurrent Review reports to QMOC Implement appropriate Quality Assurance action, if needed</p> <p>Provide ongoing QRT services, include results in quarterly reports to QMOC during 2000 Implement appropriate Quality Assurance action, if needed</p> <p>Provide ongoing Ombuds services, include results in quarterly reports to QMOC during 2000 Implement appropriate Quality Assurance action, if needed</p>

	<b>Focus/Standard</b>	<b>Measurement</b>	<b>NSRSN Accountability Department/Staff</b>	<b>Frequency/Timelines of Measurement</b>	<b>Implementation Steps</b>
1.43	Service for persons of all ages who are involved with the criminal justice system and who are also mentally ill, whether currently connected to the mental health system or not.	<p>Clinical record is reviewed per Concurrent Review standards</p> <p>Chart contains record of jail episodes</p> <p>Treatment plan revised to address jail episode, including a mechanism for outreach and engagement.</p> <p>Criminal Justice System Focused Review</p>	<p>Clinical/Quality Management Dept Terry McDonough (1-1-2000)</p> <p>Clinical/Quality Management Dept Terry McDonough (1-1-2000)</p> <p>Clinical/Quality Management Dept Terry McDonough (1-1-2000)</p> <p>Clinical/Quality Management Dept Terry McDonough (1-1-2000)</p>	<p>To be assessed during four quarterly Concurrent Reviews performed in 2000</p> <p>To be assessed during four quarterly Concurrent Reviews performed in 2000</p> <p>To be assessed during four quarterly Concurrent Reviews performed in 2000</p> <p>To be assessed via Focused Review during Fourth Quarter 2000</p>	<p>Perform reviews, write reports, present to QMOC quarterly during 2000, publish results Implement appropriate Quality Assurance action, if needed</p> <p>Monitor per Concurrent Review Tool in 2000 Include results in quarterly Concurrent Reviews to QMOC Implement appropriate Quality Assurance action, if needed</p> <p>Monitor per Concurrent review Tool in 2000 Include results in quarterly Concurrent Review reports to QMOC Implement appropriate Quality Assurance action, if needed</p> <p>Perform review, write report. Present to QMOC during first quarter 2001, publish results. Implement appropriate Quality Assurance action, if needed</p>



1.44	Overall NSRSN plan for consumer housing. the development of this plan includes all stakeholders: Advisory Board, consumers, RSN, Counties	<b>Development of NSRSN Plan during 2000</b>  All Levels of Care have access to consumer housing opportunities	NSRSN Planning Dept Greg Long (1-1-2000)  Clinical/Quality Management Dept Terry McDonough (1-1-2000)  Residential System Review- Debbie Page (1-1-2000) Second Quarter 2000	Plan to be developed, presented to MHD during Annual audit  To be assessed during four quarterly Concurrent Reviews performed in 2000  To be assessed per Residential System Review during Second Quarter 2000	Planning Dept will develop NSRSN Plan during 2000 Implement appropriate Quality Assurance action, if needed  Monitor per Concurrent Review Tool in 2000 Include results in quarterly Concurrent Review reports to QMOC Implement appropriate Quality Assurance action, if needed  Perform system review, write report, present to QMOC during third quarter 2000, publish results Implement appropriate Quality Assurance action, if needed
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	Focus/Standard	Measurement	NSRSN Accountability Department/Staff	Frequency/Timelines of Measurement	Implementation Steps
1.45	People using residential services meet the criteria for that Level of care	Residential Systems Review during 2000  Clinical record is reviewed per Concurrent Review standards	Clinical/Quality Management Dept Residential Systems Review- Debbie Page (1-1-2000) Second Quarter 2000  Clinical/Quality Management Dept Terry McDonough (1-1-2000)	To be assessed during Residential System Review during Second Quarter 2000  To be assessed during four quarterly Concurrent Reviews performed in 2000	Perform system review, write report, present to QMOC during third quarter 2000, publish results Implement appropriate Quality Assurance action, if needed  Perform reviews, write reports, present to QMOC quarterly during 2000, publish results Implement appropriate Quality Assurance action, if needed

1.46	Availability of supported employment	Review DVR proviso quarterly report	NSRSN Planning Dept Greg Long (1-1-2000)	To be assessed on an ongoing basis during 2000	Monitor availability of supported employment, report to QMOC every six months. Implement appropriate Quality Assurance action, if needed.
			NSRSN Contracts Dept Marcia Gunning (1-1-2000)	To be assessed once every two years during the NSRSN Administrative review of contracted providers	Perform Administrative review of contracted providers once every two years. Implement appropriate Quality Assurance action, if needed
			Clinical/Quality Management Dept Terry McDonough (1-1-2000)	To be assessed during four quarterly Concurrent reviews performed during 2000	Perform reviews, write reports, present to QMOC quarterly, publish results. Implement appropriate Quality Assurance action, if needed

Objective 1.5	Identify, monitor and report standards for consumer satisfaction Accountability: NSRSN Quality Management Oversight Committee NSRSN Board of Directors Appropriate Contracted Service Provider				
	Focus/Standard	Measurement	NSRSN Accountability Department/Staff	Frequency/Timelines of measurement	Implementation Steps

1.50	Consumer survey's indicate a level of satisfaction with services and supports.	QRT conducts on-going surveys, reports results to QMOC	QRT Department Sharri Dempsey (1-1-2000)	To be assessed on an ongoing basis during 2000	Perform surveys, include results in quarterly reports to QMOC during 2000 Implement appropriate Quality Assurance action, if needed
1.51	Complaints and grievances are tracked and monitored	Ombuds report to QMOC quarterly  Aggregate reports by NSRSN contracted providers to QMOC every six months	Ombuds Department Sharri Dempsey (1-1-2000)  Clinical/Quality Management Dept Francene Thompson (1-1-2000)	To be assessed on an ongoing basis during 2000  To be assessed every six months during 2000	Provide quarterly reports to QMOC regarding complaints and grievances during 2000 Implement appropriate Quality Assurance action, if needed  Providers provide reports to QMOC every six months. NSRSN QM staff review the reports and implement appropriate Quality Assurance action, if needed

<b>Objective 1.6</b>	<b>Monitor standards for the match between consumer need and services provided</b>				
	Accountability: <b>NSRSN Quality Management Oversight Committee, NSRSN Board of Directors, Appropriate Contracted Provider</b>				
	<b>Focus/Standard</b>	<b>Measurement</b>	<b>NSRSN Accountability Department/Staff</b>	<b>Frequency/Timelines of measurement</b>	<b>Implementation Steps</b>

1.60	Sufficient services are provided for the level of need of the consumer	Clinical record is reviewed per Concurrent Review standards	Clinical/Quality Management Dept Terry McDonough (1-1-2000)	To be assessed during four quarterly Concurrent Reviews performed in 2000	Perform reviews, write reports, present to QMOC quarterly during 2000, publish results Implement appropriate Quality Assurance action, if needed
1.61	Clinical record meets Concurrent Review standards	Clinical record is reviewed per Concurrent Review standards, as defined in NSRSN QM Plan 2000.	Clinical/Quality Management Dept Terry McDonough (1-1-2000)	To be assessed during four quarterly Concurrent Reviews performed in 2000	Perform reviews, write reports, present to QMOC quarterly during 2000, publish results Implement appropriate Quality Assurance action, if needed
1.62	System capacity is adequate to meet consumer demand	Clinical record is reviewed per Concurrent Review standards,  Residential System Review 2000 and  In-patient Review 2000  Review of; -CHAP Wait List, -CLIP Wait List -Residential Services -Wait List, -Crisis Bed denials, ---E&T denials, -Medication Assessment WaitList -Paperwork Study	Clinical/Quality Management Dept Terry McDonough (1-1-2000)  Clinical/Quality Management Dept Debbie Page (1-1-2000)  Clinical/Quality Management Dept Gary Williams (1-1-2000)  Clinical/Quality Management Dept Francene Thompsom (1-1-2000)	To be assessed during four quarterly Concurrent Reviews performed in 2000  To be assessed during Residential System Review, Second Quarter 2000  To be assessed during In-patient Review, Third Quarter 2000  To be reviewed on an ongoing basis during 2000, per IS/IT reports.	Perform reviews, write reports, present to QMOC quarterly during 2000, publish results Implement appropriate Quality Assurance action, if needed  Perform review, write report, present to QMOC during third quarter 2000, publish results Implement appropriate Quality Assurance action, if needed  Perform review, write report, present to QMOC during fourth quarter 2000, publish results Implement appropriate Quality Assurance action, if needed  Review IS/IT data on a monthly basis. Include information in quarterly service reports to QMOC during 2000 Implement appropriate Quality Assurance action, if needed

<b>Objective 1.7</b>	<b>Monitor standards for certification of need for hospitalization</b> Accountability: NSRSN Quality Management Oversight Committee NSRSN Board of Directors Appropriate Contracted Provider
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	<b>Focus/Standard</b>	<b>Measurement</b>	<b>NSRSN Accountability Department/Staff</b>	<b>Frequency/Timelines of Measurement</b>	<b>Implementation Steps</b>
1.70	Available community resources, including Crisis Services, have been accessed	Clinical record is reviewed per Concurrent Review standards  Crisis System Review 2000  Inpatient System Review	Clinical/Quality Management Dept Terry McDonough (1-1-2000)  Clinical/Quality Management Dept Diana Striplin (1-1-2000)  Clinical/Quality Management Dept Garry Williams (1-1-2000)	To be assessed during four quarterly Concurrent Reviews performed in 2000  To be assessed in Crisis System Review-Second Quarter 2000  To be assessed in Inpatient System Review-Third Quarter 2000	Perform reviews, write reports, present to QMOC quarterly during 2000, publish results Implement appropriate Quality Assurance action, if needed  Perform review, write report, present to QMOC during third quarter 2000, publish results Implement appropriate Quality Assurance action, if needed  Perform review, write report, present to QMOC during fourth quarter 2000,, publish results Implement appropriate Quality Assurance action, if needed

1.71	Hospitalized consumers meet medically necessary criteria for in-patient admission	Clinical record is reviewed per Concurrent Review standards  Crisis System Review 2000  Inpatient System Review	Clinical/Quality Management Dept Terry McDonough (1-1-2000)  Clinical/Quality Management Dept Diana Striplin (1-1-2000)  Clinical/Quality Management Dept Gary Williams (1-1-2000)	To be assessed during four quarterly Concurrent Reviews performed in 2000  To be assessed in Crisis System Review-Second Quarter 2000  To be addressed in Inpatient System review-Third Quarter 2000	Perform reviews, write reports, present to QMOC quarterly during 2000, publish results Implement appropriate Quality Assurance action, if needed  Perform review, write report, present to QMOC during third quarter 2000,, publish results Implement appropriate Quality Assurance action, if needed  Perform review, write report, present to QMOC during fourth quarter 2000, publish results Implement appropriate Quality Assurance action, if needed
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**Goal 2: Implement continuous quality improvement system**

Objective 2.1	Maintain and improve infrastructure for quality improvement management				
	Focus/Standard	Measurement	NSRSN Accountability Department/Staff	Frequency/Timelines of Measurement	Implementation Steps
2.10	<p>Clearly defined QI organizational structure, policy and procedures</p> <p>Defined processes for follow up on Quality Assurance and/or Quality Improvement issues identified by the Mental Health Division during NSRSN Audits</p>	<p>Enactment of QM 2000 Plan</p> <p>Enactment of NSRSN response letter to MHD re: identified Quality Improvement recommendations Feb. 15, 2000</p> <p>Review and identify action necessary for follow-up on issues from previous MHD Audits</p>	<p>Clinical/Quality Management Dept QM 2000 Plan Review Committee Francene Thompson (1-1-2000)</p> <p>Clinical/Quality Management Dept Terry McDonough (1-1-2000)</p> <p>Ombuds Dept Sharri Dempsey (1-1-2000)</p> <p>QRT Sharri Dempsey (1-1-2000)</p> <p>NSRSN Tribal Liaison Sharri Dempsey (1-1-2000)</p> <p>NSRSN IS/IT Dept Michael White (1-1-2000)</p>	<p>Quarterly reviews of progress to date on QM 2000 Plan</p> <p>Ongoing development, definition and implementation of follow-up procedures for MHD identified Quality Improvement issues during 2000</p>	<p>Clinical/Quality Management staff will organize a QM 2000 Plan Review Committee, which will meet quarterly with identified QM Workplan staff to review and update progress on QM 2000 Plan. The Review Committee will report results to QMOC in May, August and November, 2000. Implement appropriate Quality Assurance action, if needed</p> <p>NSRSN Departments/staff will define processes for follow-up and enactment of MHD identified Quality Improvement issues. Proposed processes and plans for enactment will be presented to QMOC for recommendations and/or approval. Implement appropriate Quality Assurance action, if needed</p>

**Goal 2: Implement continuous quality improvement system**

<b>Objective 2.1</b>	<b>Maintain and improve infrastructure for quality improvement management</b>				
2.11	Clearly defined policies and procedures designed to address Continuous Quality Improvement Program issues	Development of CQIP by NSRSN QM Dept. Submission to MHD for approval, certification	Clinical/Quality Management Dept Gary Williams (1-1-2000)	Ongoing development and utilization of CQIP steps throughout 2000. Quarterly reviews of current status of plan	Clinical/Quality Management staff will pursue development, implementation of CQIP and report progress/status to QMOC as appropriate during 2000 Implement appropriate Quality Assurance action, if needed

**Goal 2:2 Recommend new quality standards and performance outcome data when necessary**

<b>Objective 2.2</b>	<b>Recommend new quality standards and performance outcome data when necessary</b>				
	<b>Focus/Standard</b>	<b>Measurement</b>	<b>NSRSN Accountability Department/Staff</b>	<b>Frequency/Timelines of Measurement</b>	<b>Implementation Steps</b>
2.20	New quality standards and/or performance outcome data are added to QM 2000 Plan as necessary	Defined processes to address identified quality standard and/or performance outcome data	Clinical/Quality Management Dept Terry McDonough (1-1-2000)	Ongoing development and implementation of needed quality standards and/or performance outcome data, as needed, throughout 2000	Clinical/Quality Management staff will develop policies, procedures protocols to address identified areas of concern. These policies, procedures and protocols will be presented to QMOC for recommendations and/or approval by Quality Management staff Implement appropriate Quality Assurance action, if needed

**AREAS OF EMPHASIS**

1. DEVELOP UTILIZATION MANAGEMENT THROUGH MIS
2. INTEGRATE UTILIZATION MGT INFO WITH PERFORMANCE (QUALITY) MEASUREMENTS FROM CONCURRENT REVIEW.
3. FOCUS ON
  - CRISIS SERVICES- SECOND QUARTER
  - RESIDENTIAL SERVICES- SECOND QUARTER
  - HOSPITALIZATION- THIRD QUARTER
  - JAIL SERVICES- FOURTH QUARTER
4. GENERAL SERVICES PROVISION FOR SPECIFIC CLIENT GROUPS- CHILDREN, ADULTS. OLDER ADULTS
5. MONITORING OF QUALITY PLAN IMPLEMENTATION AT ALL LEVELS

**1999 QUALITY IMPROVEMENT WORKPLAN ANALYSIS**

**AND**

**TABLE OF ACCOMPLISHMENTS  
1999**

**NORTH SOUND REGIONAL SUPPORT NETWORK**

**GOALS AND OBJECTIVES**



**Goal 1: Monitor ongoing quality standards and utilization performance data for important aspects of care**

<p><b>Objective 1.1</b></p>	<p><b>Crisis system standards; measure /analyze performance and report findings</b></p> <p><b>Accountability:</b>  NSRSN Quality Management and Oversight Committee (QMOC)  NSRSN Board of Directors  Appropriate Contracted Service Provider</p>		
	<p><b>Focus/Standard</b></p>	<p><b>Measurement</b></p>	<p><b>Status</b></p>
<p>1.10</p>	<p>24 hour response to a request for urgent service at a facility or in the community</p>	<p>Concurrent Review</p> <p>Information System (IS) reports on first contact to assessment</p>	<p><b>Focus/Standard: Not accomplished in 1999</b></p> <p><b>Measurement: Partially accomplished in 1999</b></p> <p><u>1999</u></p> <ul style="list-style-type: none"> <li>➤ No Concurrent Reviews addressed this question during 1999.</li> <li>➤ MIS reports that measured the time from First contact to time of Assessment were received during 1999.</li> </ul>
<p>1.11</p>	<p>2 hour response request for emergent service.</p>	<p>Concurrent Review</p> <p>IS reports on the time elapsed between the first call to first contact</p>	<p><b>Focus/Standard: Partially accomplished in 1999</b></p> <p><b>Measurement: Accomplished in 1999</b></p> <p><u>1999</u></p> <ul style="list-style-type: none"> <li>➤ Concurrent review addressed this standard on a random basis during 1999.</li> <li>➤ MIS reports were received during 1999.</li> </ul>
<p>1.12</p>	<p>Culturally competent staff are available for crisis cases</p>	<p>Clinical record is reviewed per Concurrent Review standards</p>	<p><b>Focus/Standard: Partially accomplished</b></p> <p><b>Measurement: Accomplished</b></p> <p><u>1999</u></p> <ul style="list-style-type: none"> <li>➤ Concurrent review addressed this standard on a random basis during 1999.</li> </ul>

1.13	Successful performance of diversion from hospitalization	Number of hospitalizations per number of people already in service (including crisis) submitted by IS daily	<p><b>Focus/Standard: Partially accomplished</b></p> <p><b>Measurement: Accomplished</b></p> <p><b>1999</b></p> <ul style="list-style-type: none"> <li>➤ Concurrent Review evaluated performance of this standard on a random basis throughout 1999.</li> <li>➤ No baseline has yet been established for this Focus/Standard.</li> <li>➤ MIS reports were received throughout the year.</li> </ul>
1.14	Single point of contact with RSN crisis service	1-800-number  Test calls from all parts of the region	<p><b>Focus/Standard: Accomplished</b></p> <p><b>Measurement: Accomplished</b></p> <p><b>1999</b></p> <ul style="list-style-type: none"> <li>➤ Test calls were performed by QRT</li> </ul>
1.15	24 hour response availability, 24 hours per day, 365 days per year	Conduct test cases	<p><b>Focus/Standard: Partially accomplished</b></p> <p><b>Measurement: Partially accomplished</b></p> <p><b>1999</b></p> <ul style="list-style-type: none"> <li>➤ Test cases were conducted during 1999.</li> </ul>
1.16	System wide uniformity of response	Crisis criteria assessments reviewed for consistent application across the region by <u>Concurrent Reviews</u> Crisis System	<p><b>Focus/Standard: Partially accomplished</b></p> <p><b>Measurement: Not accomplished</b></p> <p><b>1999</b></p> <ul style="list-style-type: none"> <li>➤ Crisis Response and Crisis Assessment criteria have been developed and implemented throughout the NSRSN during 1999.</li> <li>➤ Crisis criteria assessments not reviewed for regional consistency per Concurrent review during 1999</li> </ul>

1.17	Single point of access to crisis plans for ongoing clients for CDMHPs and other authorized parties	Test cases for access(qrt) <small>Document Crisis Plan online</small> Clinical records reviewed per Concurrent Review standards	<b>Focus/Standard: Accomplished</b> <b>Measurement: Accomplished</b> <u>1999</u> ➤ Test calls made by QRT during 1999 ➤ Concurrent Reviews done to verify Crisis Plans on-line at VOA during 1999 ➤ Clinical records were reviewed per Concurrent review standards during 1999 ➤ Administration/Quality Assurance on-sight audit at VOA reviewed on-line Crisis Plans.
1.18	Monitoring family involvement during crisis and monitoring specialist involvement during crisis	Clinical record	<b>Focus/Standard: Not accomplished</b> <b>Measurement: Not accomplished</b> <u>1999</u> ➤ No monitoring of this standard, per clinical record, occurred during 1999
1.19	Tracking incoming telephone calls and nature of the crisis	<u>Clinical record</u>	<b>Focus/Standard: Accomplished</b> <b>Measurement: Not accomplished</b> <u>1999</u> ➤ No NSRSN monitoring of this standard, per clinical record, occurred during 1999 ➤ VOA tracks and reports this data monthly.

Objective 1.2	<b>Monitor standards for access to system of care; measure/analyze performance and report findings</b> <b>Accountability:</b> NSRSN Quality Management and Oversight Committee NSRSN Board of Directors
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Appropriate Contracted Service Providers			
	Focus/Standard	Measurement	Status
1.20	Plan for marketing/education of public to increase awareness of eligibility of services and consumer rights through the Office of Consumer Affairs	Existence of plan	<p><b>Focus/Standard: Accomplished</b></p> <p><b>Measurement: Accomplished</b></p> <p><b>1999</b></p> <ul style="list-style-type: none"> <li>➤ The NSRSN consumer newsletter, Around The Sound, has been published</li> <li>➤ Ombuds and QRT have participated in multi-agency cross systems workshops</li> <li>➤ Public speaking and education by Office of Consumer Affairs</li> <li>➤ QRT focus groups (stigma reduction) have been held</li> <li>➤ Collaboration between Tribes, NSRSN, DSHS, Providers, and Schools has been developed and implemented</li> <li>➤ Marketing/education plan exists at the NSRSN</li> </ul>
1.21	Access to assessment is uniformly compliant in time of response over the entire system	<p>QRT surveys-</p> <p>Clinical records by Concurrent Review standards</p>	<p><b>Focus/Standard: Not accomplished</b></p> <p><b>Measurement: Accomplished</b></p> <p><b>1999</b></p> <ul style="list-style-type: none"> <li>➤ QRT surveys were done during 1999</li> <li>➤ Concurrent Reviews addressed this standard, and a region-wide average was calculated.</li> <li>➤ MIS reports access to assessment time (days) monthly.</li> </ul>
1.22	Consumers receive same access to types of services regardless of county of origin	<p>QRT survey results</p> <p>Clinical record reviewed per Concurrent Review standards IS Outreach review</p>	<p><b>Focus/Standard: Not accomplished</b></p> <p><b>Measurement: Partially accomplished</b></p> <p><b>1999</b></p> <ul style="list-style-type: none"> <li>➤ QRT surveys were done during 1999</li> <li>➤ Concurrent Reviews were conducted, but no county to county comparisons were made</li> </ul>

1.23	Consumers receive outreach assessment when needed	Clinical record reviewed per concurrent Review standards  <b>IS Outreach review</b>	<p><b>Focus/Standard: Partially accomplished</b></p> <p><b>Measurement: Partially accomplished</b></p> <p><b>1999</b></p> <ul style="list-style-type: none"> <li>➤ Concurrent Review evaluated performance of this standard on a random basis during 1999.</li> <li>➤ QRT monitored outreach assessments during 1999.</li> </ul> <p>No IS Outreach review was performed during 1999</p>
1.24	Appointment for non-urgent assessment provided within 5 business days	Clinical record reviewed per Concurrent Review standards  MIS reports	<p><b>Focus/Standard: Not accomplished</b></p> <p><b>Measurement: Accomplished</b></p> <p><b>1999</b></p> <ul style="list-style-type: none"> <li>➤ Concurrent Review evaluated performance of this standard on a random basis.</li> <li>➤ MIS reports were received.</li> </ul>
1.25	Follow-up by professional staff for all persons at risk and who do not keep scheduled intake appointments	Clinical record	<p><b>Focus/Standard: Not accomplished</b></p> <p><b>Measurement: Not accomplished</b></p> <p><b>1999</b></p> <ul style="list-style-type: none"> <li>➤ Not measured during 1999</li> </ul>
1.26	Appointment with primary clinician or residential provider made within 5 business days after assessment	Clinical record reviewed per Concurrent Review standards  QRT Survey  MIS reports	<p><b>Focus/Standard: Not accomplished</b></p> <p><b>Measurement: Accomplished</b></p> <p><b>1999</b></p> <ul style="list-style-type: none"> <li>➤ Concurrent review evaluated performance of this standard on a random basis during 1999. Data reviewed indicated this standard was not being met on a consistent basis.</li> <li>➤ QRT evaluated, via questionnaire, during 1999</li> <li>➤ MIS reports received during 1999</li> </ul>

1.27	Consumer involvement in development of treatment plan	Clinical record reviewed per concurrent Review standards	<p><b>Focus/Standard: Not accomplished</b></p> <p><b>Measurement: Accomplished</b></p> <p><b>1999</b></p> <ul style="list-style-type: none"> <li>➤ Concurrent Review evaluated performance of this standard on a random basis during 1999. Data reviewed indicated this standard was not being met on a consistent basis. QRT and Ombuds addressed this question during 1999.</li> </ul>
1.28	Culturally competent staff are involved in the development of the assessment and treatment plan	Clinical record reviewed per concurrent Review standards	<p><b>Focus/Standard: Not accomplished</b></p> <p><b>Measurement: Accomplished</b></p> <p><b>1999</b></p> <ul style="list-style-type: none"> <li>➤ Concurrent review evaluated performance of this standard on a random basis during 1999. Data reviewed indicated this standard was not being met on a consistent basis.</li> </ul>

<b>Objective</b> <b>1.3</b>	<b>Monitor standards for cultural competency throughout the process of care</b>  <b>Accountability:</b> NSRSN Quality Management and Oversight Committee (QMOC) NSRSN Board of Directors Appropriate Contracted Service Providers		
	<b>Focus/Standard</b>	<b>Measurement</b>	<b>Status</b>
1.30	Brochures for services and Ombuds are available in English and other pertinent languages	Review brochures	<b>Focus/Standard: Accomplished</b>  <b>Measurement: Accomplished</b>  <u>1999</u> ➤ Brochures were made available in 1999.
1.31	Grievance procedure is available in pertinent non-English languages	Review procedure	<b>Focus/Standard: Accomplished</b>  <b>Measurement: Accomplished</b>  <u>1999</u> ➤ Grievance procedure made available in pertinent non-English languages in 1999.
1.32	Culturally competent procedures and processes are used for crisis access, assessment, and outpatient services	Clinical record reviewed per Concurrent Review standards  Percent of special population clients served by the NSRSN is in MIS reports  Administrative review, annually	<b>Focus/Standard: Partially accomplished</b>  <b>Measurement: Accomplished</b>  <u>1999</u> ➤ MIS piece on Tribes has been checked monthly and is working with statistics ➤ Crisis Access and Assessment – Tribes – two workshops on access with cross system participation ➤ Culturally competent services – education with provider – Tribes have developed American Indian Specialist Job Descriptions and protocols for providers ➤ Providers are hiring Native American employees ➤ Concurrent review addressed this standard on a random basis during 1999. ➤ Administrative on-site reviews in 1999 addressed this standard ➤ Asian/Pacific Islander Committee formed in 1999

1.33	Culturally competent staff available for crisis, access, and outpatient services	<p>Clinical record reviewed per Concurrent Review standards</p> <p>MIS: Number of special population clients served</p> <p>MIS: Number of special population consumers who have received a specialist consultation</p> <p>Administrative Review, annually</p>	<p><b>Focus/Standard: Partially accomplished</b></p> <p><b>Measurement: Partially accomplished</b></p> <p><b>1999</b></p> <ul style="list-style-type: none"> <li>➤ Concurrent Review evaluated performance of this standard on a random basis during 1999.</li> <li>➤ MIS data received, but not analyzed, during 1999.</li> <li>➤ Administrative on-site reviews in 1999 addressed this standard</li> </ul>
1.34	Interpreter services present for crisis care, assessment, and on-going care	<p>Clinical record reviewed per Concurrent Review standards</p> <p>MIS Utilization report</p>	<p><b>Focus/Standard: Partially accomplished</b></p> <p><b>Measurement: Accomplished</b></p> <p><b>1999</b></p> <ul style="list-style-type: none"> <li>➤ Concurrent Review evaluated performance of this standard on a random basis during 1999. Data indicated standard not met on all occasions.</li> <li>➤ No "Tally per incident" report was received by the NSRSN during 1999. <b>Note:</b> A "Tally per incident" report needs to be developed, sent to NSRSN by APN and other providers.</li> <li>➤ Administrative on-site reviews in 1999 addressed this standard</li> </ul> <p>MIS data available during 1999</p>
1.35	Age, culture and language competencies are addressed in the grievance process	<p>Policy</p> <p>Procedure</p> <p>Culturally competent personnel available to assist consumer in grievance process</p>	<p><b>Focus/Standard: Accomplished</b></p> <p><b>Measurement: Accomplished</b></p> <p><b>1999</b></p> <ul style="list-style-type: none"> <li>➤ NSRSN policy and procedures were not implemented in 1999 and are not currently being utilized.</li> </ul> <p>1999 NSRSN budget contained an allotment for this standard</p>



1.36	Treatment of special populations is on par with the percentage of their presence in the entire region	<ul style="list-style-type: none"> <li>• Number of special population consumers served by the NSRSN</li> <li>• Percent of not reported/unknowns regarding consumers' ethnicity</li> </ul>	<p><b>Focus/Standard: Partially accomplished</b></p> <p><b>Measurement: Partially accomplished</b></p> <p><b>1999</b></p> <ul style="list-style-type: none"> <li>➤ MIS reports have been received during 1999.</li> <li>➤ MIS reports indicate NSRSN is meeting parity requirements in most areas. Percent of not reported/unknown ethnicity's was unacceptably high in 1999.</li> </ul>
1.37	Adequate treatment planning for underserved and special populations	Clinical record reviewed per Concurrent Review standards	<p><b>Focus/Standard: Not accomplished</b></p> <p><b>Measurement: Accomplished</b></p> <p><b>1999</b></p> <p>Concurrent review evaluated performance of this standard on a random basis during 1999. Data indicated standard was not met on all cases reviewed.</p>
1.38	Geriatric liaison to State Hospital	Interview with state hospital to determine satisfaction with job performance ??	<p><b>Focus/Standard: Accomplished</b></p> <p><b>Measurement: Partially accomplished</b></p> <p><b>1999</b></p> <ul style="list-style-type: none"> <li>➤ NSRSN has a geriatric liaison to Western State Hospital, and did throughout 1999. No formal interview with Western State Hospital staff regarding satisfaction with the Geriatric liaison's occurred in 1999.</li> </ul>
1.39	Linkages to other systems for underserved and special populations	Cross system agreements –	<p><b>Focus/Standard: Accomplished</b></p> <p><b>Measurement: Accomplished</b></p> <p><b>1999</b></p> <p>Working Agreements and Memorandums of Understanding are in place with several cross systems.</p>

<b>Objective 1.4</b>	<b>Monitor standards for integration of hospital diversion, hospital admission, residential services, employment services, education services, and jail services</b> <b>Accountability:</b> NSRSN Quality Management Oversight Committee NSRSN Board of Directors Appropriate Contracted Service Provider		
	<b>Focus/Standard</b>	<b>Measurement</b>	<b>Status</b>
1.40	Continuity of care – <b>Meaning:</b> Connection to ongoing services during any of the episodes described above.	Clinical record reviewed per Concurrent Review standards MIS Reports: Monthly census reports of number of individuals admitted into a voluntary or involuntary hospital	<b>Focus/Standard: Partially accomplished</b>  <b>Measurement: Accomplished</b>  <u>1999</u> ➤ Concurrent review evaluated performance of this standard on a random basis during 1999. Standard not met in all cases reviewed. ➤ MIS reports received during 1999
1.41	Integration of medical care into treatment planning for older adults	Clinical record review per Concurrent Review standards	<b>Focus/Standard: Not accomplished</b>  <b>Measurement: Not accomplished</b>  <u>1999</u> ➤ This standard was not addressed specifically during 1999.
1.42	Establish mechanisms that are effective in getting service plans for homeless persons into care	Clinical record review per Concurrent Review standards	<b>Focus/Standard: Not accomplished</b>  <b>Measurement: Not accomplished</b> <u>1999</u> ➤ Concurrent Reviews performed during 1999 reviewed care plans for homeless persons but did not establish “mechanisms” which were effective in getting these people into care. The mechanism is the APN Housing Plan

1.43	Service plans for persons of all ages who are involved with the criminal justice system and who are also mentally ill	Clinical record review per concurrent Review standards  Chart contains record of jail episodes  Treatment plan revised to address jail episode	<p><b>Focus/Standard: Partially accomplished</b></p> <p><b>Measurement: Partially accomplished</b></p> <p><u>1999</u></p> <ul style="list-style-type: none"> <li>➤ Concurrent Reviews evaluated this standard on a random basis during 1999.</li> <li>➤ Data indicated the standard was not met in some cases reviewed.</li> </ul>
1.44	Active intervention with consumers who are in jail to get them back into treatment	Clinical record reviewed per concurrent Review standards  Number of active interventions	<p><b>Focus/Standard: Partially accomplished</b></p> <p><b>Measurement: Partially accomplished</b></p> <p><u>1999</u></p> <ul style="list-style-type: none"> <li>➤ Concurrent Reviews evaluated this standard on a random basis during 1999.</li> <li>➤ Data indicated the standard was not met in some of the cases reviewed.</li> </ul> <p>MIS did NOT report the total number of active interventions for 1999.</p>
1.45	Overall regional plan for consumer housing. the development of this plan includes all stakeholders: Advisory Board, consumers, RSN, Counties	<ul style="list-style-type: none"> <li>• Existence of written plan by June, 1999</li> <li>• All Levels of Care have access to consumer housing opportunities</li> </ul>	<p><b>Focus/Standard: Accomplished</b></p> <p><b>Measurement: Accomplished</b></p> <p><u>1999</u></p> <ul style="list-style-type: none"> <li>➤ 1997 Strategic Plan implemented. 1998-99 NSRSN Planning Committee designated In-pt savings to APN, based on their housing recommendations</li> </ul>
1.46	Overall regional plan for consumer education	All Levels of Care have access to education opportunities	<p><b>Focus/Standard: Accomplished</b></p> <p><b>Measurement: Accomplished</b></p> <p><u>1999</u></p> <ul style="list-style-type: none"> <li>➤ I am not aware of this regional plan. I do not believe it has been written yet?</li> </ul>

1.47	Titration of residential services to consumers to lesser restrictive care when possible	Number of individuals in the system whose residential arrangement has improved over the review period	<p><b>Focus/Standard: Accomplished</b></p> <p><b>Measurement: Not accomplished</b></p> <p><u>1999</u></p> <ul style="list-style-type: none"> <li>➤ Concurrent reviews evaluated this standard on a random basis during 1999.</li> <li>➤ No overall number of individuals in the system whose residential arrangement has improved over the review period was calculated.</li> <li>➤ MIS data on residential arrangement available in 1999</li> </ul>
1.48	Region-wide plan for supported employment that addresses employment barriers		<p><b>Focus/Standard: Not accomplished</b></p> <p><b>Measurement: None cited</b></p> <p><u>1999</u></p> <ul style="list-style-type: none"> <li>➤ I am not aware of any region-wide plan to address employment barriers written during 1999.</li> </ul>
1.49	Regional Criminal Justice Plan		<p><b>Focus/Standard: Not accomplished</b></p> <p><b>Measurement: None cited</b></p> <p><u>1999</u></p> <ul style="list-style-type: none"> <li>➤ NSRSN developed plan in 1999</li> <li>➤ APN developed plan in 1999 as part of their integrated application</li> </ul>

<b>Objective 1.5</b>	<b>Identify, monitor and report standards for consumer satisfaction</b>  <b>Accountability:</b> NSRSN Quality Management Oversight Committee NSRSN Board of Directors Appropriate Contracted Service Provider		
	<b>Focus/Standard</b>	<b>Measurement</b>	<b>Status</b>
1.50	Ratings on consumer satisfaction surveys	Semi-annual consumer satisfaction	<b>Focus/Standard: Accomplished</b>  <b>Measurement: Accomplished</b>  <u>1999</u> ➤ QRT performed surveys to address this standard during 1999. ➤ Ombuds addressed this standard continually during 1999.
1.51	Measurement of Provider satisfaction	NSRSN annual survey	<b>Focus/Standard: Accomplished</b>  <b>Measurement: Accomplished</b>  <u>1999</u> ➤ An annual survey of providers satisfaction with NSRSN was performed during 1999.
1.52	Complaints and grievances are tracked and monitored	MIS: Number of complaints- MIS: Number of grievances- Clinical review per Concurrent Review Tracking of the types of complaints and grievances	<b>Focus/Standard: Accomplished</b>  <b>Measurement: Accomplished</b>  <u>1999</u> ➤ MIS reports concerning the numbers of complaints and grievances were available during 1999. ➤ Concurrent Reviews evaluated this standard on a random basis during 1999.

<b>Objective 1.6</b>	<b>Monitor standards for the match between consumer need and services provided</b> <b>Accountability:</b> NSRSN Quality Management Oversight Committee, NSRSN Board of Directors, Appropriate Contracted Provider		
	<b>Focus/Standard</b>	<b>Measurement</b>	<b>Status</b>
1.60	Sufficient services are provided for the level of need of the consumer	Clinical review service level match with consumer need  Identify cases of underservice	<b>Focus/Standard: Accomplished</b>  <b>Measurement: Accomplished</b>  <u>1999</u> ➤ Concurrent reviews evaluated this standard on a random basis during 1999. A Focused Review of Service Level 1 addressed this standard during 1999
1.61	Clinical practice guidelines are the basis for service delivery	Clinical record reviewed per Concurrent Review standards	<b>Focus/Standard: Accomplished</b>  <b>Measurement: Accomplished</b>  <u>1999</u> ➤ Concurrent Reviews evaluated this standard on a random basis during 1999. ➤ A Focused Review of Service Level 1 was conducted during 1999. NSRSN Level of Care Manual updated during 2000.
1.62	Map of cross-system strengths and gaps and the responsibilities of each system –	Map exists Consumer satisfaction on cross-system coordination –  Family satisfaction of cross-system coordination	<b>Focus/Standard: Accomplished</b>  <b>Measurement: Accomplished</b>  <u>1999</u> ➤ QM Plan 1999 says a map of cross-system strengths and gaps exists. ➤ QRT evaluated consumer/family satisfaction on cross-system coordination during 1999. Ombuds evaluated consumer/family satisfaction on cross-system coordination during 1999.
1.63	System capacity is adequate to meet consumer demand	Clinical record reviewed per Concurrent Review standards No wait lists	<b>Focus/Standard: Partially accomplished</b>  <b>Measurement: Partially accomplished</b>  <u>1999</u> ➤ Concurrent Reviews evaluated this standard on a random basis during 1999. ➤ A Focused Review of Service Level 1 addressed this standard during 1999. ➤ A Case Manager/Case Load Size Study addressed this standard during 1999. The question of “Are there wait lists?” has not been satisfactorily answered, needs further clarification, definition.

<b>Objective 1.7</b>	<b>Monitor standards for certification of need for hospitalization</b>  <b>Accountability:</b> NSRSN Quality Management Oversight Committee NSRSN Board of Directors Appropriate Contracted Provider		
	<b>Focus/Standard</b>	<b>Measurement</b>	<b>Status</b>
1.70	Available community resources, have been accessed	Concurrent Review –	<b>Focus/Standard: Not accomplished</b>  <b>Measurement: Accomplished</b>  <u>1999</u> ➤ Concurrent reviews evaluated this standard on a random basis during 1999. ➤ Memorandums of Understanding established with community hospitals during 1999
1.71	The care recipient's psychiatric condition requires inpatient services under the direction of a physician	Concurrent Review	<b>Focus/Standard: Not accomplished</b>  <b>Measurement: Accomplished</b>  <u>1999</u> ➤ Concurrent reviews evaluated this standard on a random basis during 1999.
1.72	<b>Crisis services have been fully utilized by the provider prior to hospital certification</b>	Concurrent Review	<b>Focus/Standard: Not accomplished</b>  <b>Measurement: Accomplished</b>  <u>1999</u> ➤ Concurrent reviews evaluated this standard on a random basis during 1999.

1.73	Calls requesting voluntary hospital certification shall be answered by the provider within 2 hours	Concurrent Review –	<p><b>Focus/Standard: Not accomplished</b></p> <p><b>Measurement: Not accomplished</b></p> <p><b>1999</b></p> <ul style="list-style-type: none"> <li>➤ This standard was not measured, evaluated during 1999.</li> </ul>
1.74	Decision shall be made about hospital certification within 12 hours of the initial call	Concurrent Review	<p><b>Focus/Standard: Not accomplished</b></p> <p><b>Measurement: Not accomplished</b></p> <p><b>1999</b></p> <ul style="list-style-type: none"> <li>➤ This standard was not measured, evaluated during 1999.</li> </ul>



**Goal 2: Population-based, continuous quality improvement management system**

Objective 2.1	Maintain and improve infrastructure for quality improvement management		
	Focus/Standard	Measurement	Status
2.10	Clearly defined QI structures	Written plan and enactment	<p><b>Focus/Standard: Partially accomplished</b></p> <p><b>Measurement: Partially accomplished</b></p> <p><b>1999</b></p> <ul style="list-style-type: none"> <li>➤ Portions of the 1999 QM Plan and the 1999 QI Work Plan have been implemented during 1999.</li> <li>➤ Portions of the 1999 QM Plan and the 1999 QI Work Plan were not implemented during 1999.</li> <li>➤ Portions of both the QM Plan and the 1999 QI Work Plan are difficult to interpret. Both clarification of and simplification of the 1999 Plans needs to be written in to the QM 2000 Plan.</li> </ul>
2.11	System for QI process: collecting information, analyzing data, taking action, following through	Written plan and enactment	<p><b>Focus/Standard: Partially accomplished</b></p> <p><b>Measurement: Accomplished</b></p> <p><b>1999</b></p> <ul style="list-style-type: none"> <li>➤ A system for this standard exists in the 1999 QI Work Plan and has been implemented during 1999.</li> <li>➤ Results of Concurrent Reviews, Focused Review, Case Manager/Case Load Size Study, QRT, Ombuds, Critical Incidents, etc., have been presented to QMOC throughout 1999.</li> </ul>
2.12	Clearly defined QI responsibilities assigned to appropriate individuals/groups	Written plan and enactment	<p><b>Focus/Standard: Partially accomplished</b></p> <p><b>Measurement: Partially accomplished</b></p> <p><b>1999</b></p> <p>Some Work Plans were generated from the 1999 QM Plan and implemented during 1999.</p>

2.13	All vendors for contractual services are licensed and all Providers are certified	Contract review	<p><b>Focus/Standard: Accomplished</b></p> <p><b>Measurement: Accomplished</b></p> <p><b>1999</b></p> <ul style="list-style-type: none"> <li>➤ Contracts for all vendors for contractual services were reviewed to verify their licensure status during 1999.</li> <li>➤ Contract reviews of all Providers, to verify their certification status, occurred during 1999.</li> </ul>
2.14	Advisory Board is active and has adequate representation and connection to pertinent groups	Completion of tasks in <b>Implementation Steps</b> column	<p><b>Focus/Standard: Accomplished</b></p> <p><b>Measurement: Accomplished</b></p> <p><b>1999</b></p> <ul style="list-style-type: none"> <li>➤ Communicates with local boards- Yes</li> <li>➤ All counties have active membership at the regional level- Yes</li> <li>➤ Advisory Board has by-laws removing non-attending members-Yes</li> <li>➤ Quality of care information goes to Advisory Board-Yes</li> <li>➤ Advisory Board is linked with QRT and Ombuds-Yes</li> <li>➤ Advisory Board links with Advisory Boards across the state-Yes</li> <li>➤ NSRSN formalizes receipt and actions taken on Advisory Board recommendations-Yes</li> <li>➤ Recruit ethnic representatives for Advisory Board-Yes</li> </ul>
2.15	QRT's responsibility increases	Completion of tasks in <b>Implementation Steps</b> column -	<p><b>Focus/Standard: Accomplished</b></p> <p><b>Measurement: Accomplished</b></p> <p><b>1999</b></p> <ul style="list-style-type: none"> <li>➤ Work legislative issues through state-wide QRT-Yes</li> <li>➤ Include underserved groups in QRT membership-Yes</li> <li>➤ QRT impacts overall QI process by quarterly reports to QMOC-Yes</li> <li>➤ Membership on QMOC-Yes</li> </ul>

2.16	Quality Management and Oversight Committee fulfills design in <b>Program Description</b> -	Annual review of QI design and accomplishments –  QA and QI Policy and Procedures are incorporated into the NSRSN Procedure Manual	<p><b>Focus/Standard: Accomplished</b></p> <p><b>Measurement: Accomplished</b></p> <p><u>1999</u></p> <ul style="list-style-type: none"> <li>➤ QMOC has fulfilled its design from QM 1999 Plan, Program description</li> <li>➤ QM 1999 Plan has been reviewed</li> <li>➤ QA and QI Policy and Procedures are incorporated into the NSRSN's Procedure manual</li> </ul>
2.17	Confidentiality standards are included on procedures, policies, and methods	Policy and procedures	<p><b>Focus/Standard: Accomplished</b></p> <p><b>Measurement: Accomplished</b></p> <p><u>1999</u></p> <ul style="list-style-type: none"> <li>➤ Confidentiality standards included on procedures, policies and methods of NSRSN during 1999</li> <li>➤ NSRSN policy and procedures define expected confidentiality conditions</li> </ul>
2.18	Organizational performance is measured for Resource Management Team	Resource Management Team work plans	<p><b>Focus/Standard: Accomplished</b></p> <p><b>Measurement: Accomplished</b></p> <p><u>1999</u></p> <ul style="list-style-type: none"> <li>➤ Performance of resource management was measured in 1999</li> <li>➤ Resource Management workplans were in place during 1999</li> </ul>

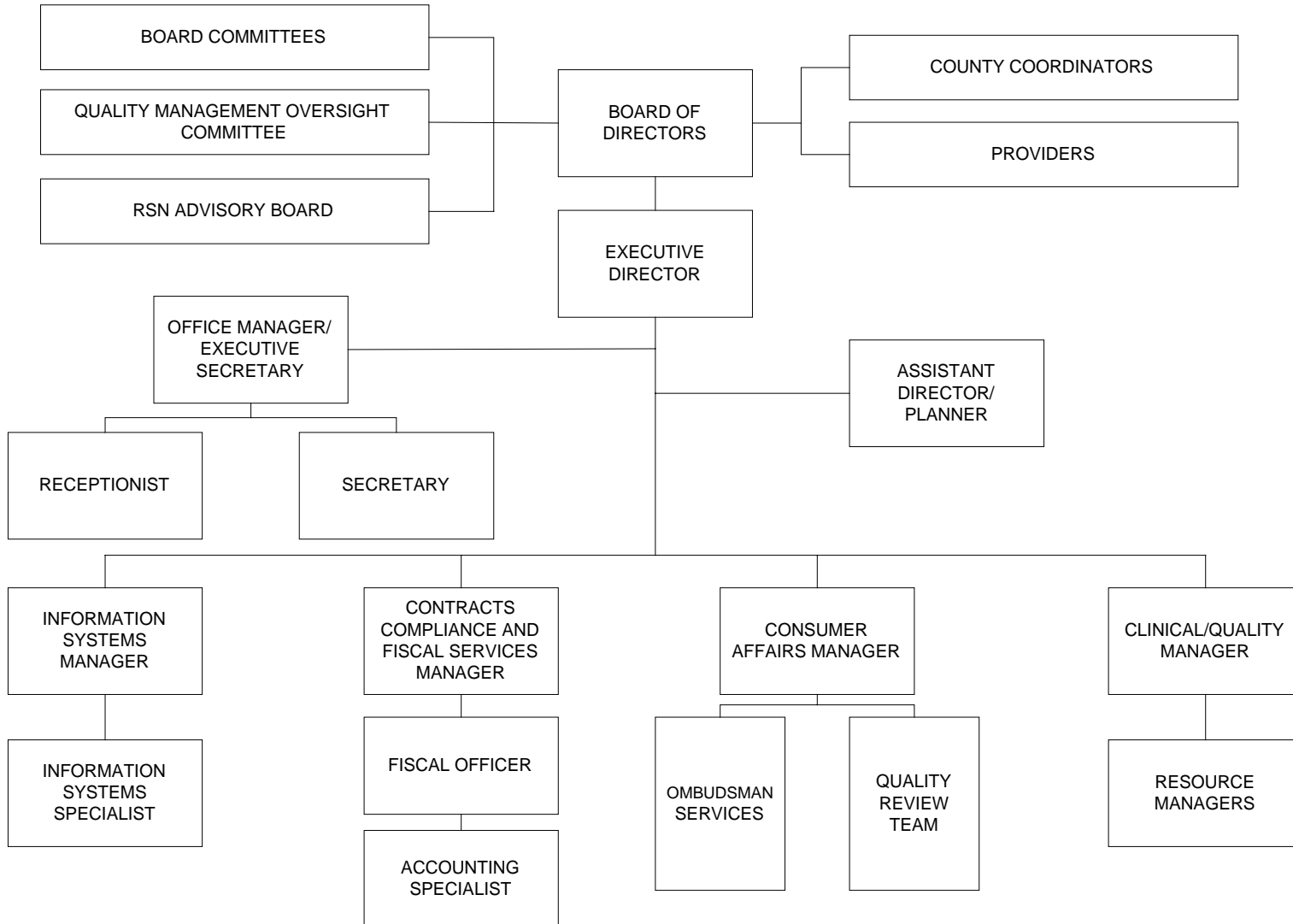
Goal 2:2 Recommend new quality standards and performance outcome data when necessary

Objective 2.2	Recommend new quality standards and performance outcome data when necessary
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## AREAS OF EMPHASIS

1. DEVELOP UTILIZATION MANAGEMENT THROUGH MIS
2. INTEGRATE UTILIZATION MGT INFO WITH PERFORMANCE (QUALITY) MEASUREMENTS FROM CONCURRENT REVIEW.
3. FOCUS ON
  - HOUSING
  - JAIL SERVICES
  - CRISIS SERVICES
  - HOSPITALIZATION
  - GENERAL SERVICES PROVISION FOR SPECIFIC CLIENT GROUPS
  - MONITORING OF QUALITY PLAN IMPLEMENTATION AT ALL LEVELS
  - DEVELOPMENT OF DATA COMMITTEE TO INTEGRATE UTILIZATION MANAGEMENT REPORTS, CONCURRENT, QRT, ETC.
4. **EXAMINE PROVIDER MISSION STATEMENTS, AND TRACK HOW MISSIONS ARE TRANSLATED INTO ACTION**
  - (EXPLORATORY THIS YEAR)**
  - ACROSS ALL LEVEL OF ORGANIZATIONS**
  - TRAINING AND ORIENTATION ISSUES**
  - CONSISTENCY WITH RSN MISSION STATEMENT**

**EXHIBIT 1  
NORTHSOUND REGIONAL SUPPORT NETWORK  
ORGANIZATIONAL CHART**



## EXHIBIT 2

### CRITICAL INCIDENT REVIEW PROCEDURE

Critical Incidents include two groups of incidents.

#### Group A.

1. The death of any consumer who is in active treatment.
2. The death of any individual within five days after their last being seen by Mental Health Crisis Services.
3. The death of any individual within five days of their death having had contact with the Crisis Line, Crisis Triage, Emergency Services, Access Line and 24 hour care benefit services.
4. The serious injury of any consumer in active treatment (life threatening).
5. The death or serious injury of another caused by a consumer in active treatment.
6. Fires set or occurring at any contracted facility or consumer residence.
7. Any other incident deemed by the contractor and/or NSRSN staff to be reported to the Board of Directors.
8. Any criminal act committed by any provider staff member on a consumer.

#### Group B.

1. The arrest of any active consumer on a felony charge involving violence.
2. Any consumer who is the victim of an assault.
3. Any consumer charged with an act of arson.
4. Any incidents that require medical attention for a consumer or staff member at a contracted residential facility or when being transported by a contracting provider.
5. The death of any consumer within 90 days of being terminated from active services.
6. The death or serious injury of another caused by a consumer within 90 days of being terminated from active services.

The contracted provider immediately investigates any of these critical incidents. Group A requires the 2-hour Critical Incident Reporting procedure to be followed. Group B requires that the incident is reported to the NSRSN Director on the next business day following the incident.

The Executive Director of the contracted provider shall provide the NSRSN Executive Director with a written statement of the facts within 48 hours of the incident and shall include copies of all relevant writing (police reports, hospital records, clinic records, etc.). The NSRSN Executive Director, in consultation with the Chairman of the board, the Medical Director, and appropriate staff shall review and decide whether or not further information or action is required. If further action/information is necessary to maintain quality of care to clients in NSRSN, the Executive Director, the Chairman of the Board, and Legal Counsel shall decide what further steps are needed. In some cases, referral to an ad hoc committee of QMOC for investigation, study, and recommendations to the Executive Director and the Board of Directors will occur. It is QMOC's responsibility to follow through.

**GLOSSARY and ACRONYMS**

**Advisory Board** means the Regional Advisory board made up of the local Advisory Boards from Snohomish, Whatcom, Island, San Juan, and Skagit counties.

**Contracted Providers** means those providers that have contracts with NSRSN to provide mental health services. The contracted providers in NSRSN are Associated Provider Network (APN), SeaMar, Tulalip Tribes, Volunteers of America, and Snohomish County Involuntary Treatment Act Services.

**Culturally Competent Staff** means those staff who possess the ability to serve individuals with mental illness using methods which are responsive to their unique cultural background.

**Initial Care Plan/Care Plan** is the treatment plan that the provider and consumer create together that states the types of services, the amount of services, and the frequency of services to be delivered to the consumer

**Managed Health Care**

A system that uses financial incentives and management controls to direct patients to providers who are responsible for giving appropriate care in cost-effective treatment settings. Such systems are created to control the cost of health care. Note that there is no direct reference to quality in this definition.

**Medical Necessity Criteria** are the standards that spell out conditions eligible for services and the appropriate level of care to be provided for the conditions in accordance with NSRSN's Level of Care Manual.

**Medically Necessary Services** are services that:

- are appropriate and necessary for the symptoms, diagnosis, or treatment of the medical condition;
- are provided for the diagnosis or direct care and treatment of the medical condition;
- meet the standards of good medical practice within the medical community in the service area;
- are not primarily for the convenience of the consumer or provider; and
- are the most appropriate level of service which can safely be provided.

**Mental Health Division (MHD)** means a division of the Department of Social and Health Services of the state of Washington that is authorization by the state to administer the provision of publicly funded mental health services.

**National Committee for Quality Assurance (NCQA)** is an independent, non-profit organizational that assesses the quality of managed care plans. NCQA's primary function is to develop and apply oversight processes and measures of performance for managed health and managed behavioral health programs.

**Prepaid Health Plan (PHP)** means an organization that provides and/or pays for Medicaid mental health services provided to an eligible enrolled consumer for a prepaid capitated rate.

**Primary Clinician** is the therapist or case manager who is consumer's the principal contact in an agency.

**Quality Assurance** refers to a wide range of internal and external methods used to assess the incidence or levels of quality problems and assure that quality is achieved.

**Quality Improvement** refers to a set of specific approaches to improving performance, as indicated by:

- objective measures
- using techniques such as organizational redesign, cross-functional management, and/or processes of continuous improvement
- focus on customer-oriented objectives.

**Quality Management Oversight Committee (QMOC)**

This is one of the bodies charged with monitoring and improving the quality of services received in North Sound Regional Support Network. This committee reviews reports from representatives of all the parts of the mental health delivery system, determines when performance is below standard, investigates the performance, and makes recommendations for change of performance to the Board of Directors.

**Regional Support Network (RSN)** means a county authority or group of county authorities recognized by the state of Washington that enter into joint operating agreements to contract with the state under Washington Administrative Code Chapter 275-57 (Community Mental Health Programs).

**North Sound Regional Support Network** is the body recognized by the state, representing a group of five county authorities, to administer the provision of community mental health programs, funded by the state, to the five counties.

**Underserved Populations** means minorities, children, elderly, disabled, homeless mentally ill, mentally ill people in the criminal justice system, and low income persons.

**Washington Administrative Code (WAC) 275-57** is the chapter which translates the laws of the state into guidelines for the implementation of a locally-managed community mental health program to help people experiencing mental disorders retain or gain respected and productive positions in their community or, when appropriate, to achieve and maintain their optimal level of functioning.



## ACRONYMS

**ARNP:** A Nurse Practitioner who is licensed to prescribe medication

**CAVO:** Consumer Access Voice and Ownership

**CDMHP:** County Designated Mental Health Professional

**DASA:** Division of Alcohol and Substance Abuse

**DDD:** Division of Developmental Disabilities

**DCFS:** Division of Child and Family Services

**DEA:** United States' Drug Enforcement Agency

**DSHS:** Washington State Department of Social and Health Services

**GED:** High school equivalency test

**ICP/CP:** Initial Care Plan/Care Plan

**IS:** Information System

**MHD:** Mental Health Division

**MICA:** Mentally Ill Chemical Abuser

**MD:** Medical Doctor

**MIS:** Management of Information Systems

**NCQA:** National Committee for Quality Assurance

**NSRSN:** North Sound Regional Support Network

**QMOC:** Quality Management Oversight Committee

**QI:** Quality Improvement

**PhD:** Doctor of Psychology

**QRT:** Quality Review Team

**RCW:** Revised Code of Washington

**RSN:** Regional Support Network

**WAC:** Washington Administrative Codes

# FRAMEWORK FOR ALL NSRSN CONTRACTING

Modified March 23, 1999

The NSRSN proposes the following core values and principles, key elements of consumer care, and implementation guidelines that will create a framework for NSRSN contracts. These assumptions are based on a consumer driven mental health services model and the provision of responsive, effective, and improved services throughout the region.

## I. CORE VALUES AND PRINCIPLES

- A. Eligible consumers having an eligible mental illness shall receive Mental Health Services.  
*Clarification: See NSRSN Level of Care Manual and No Decline Policy.  
See Mental Health Division Contract.*
- B. Consumers shall, at all times, be treated with dignity, respect, courtesy, and fairness.
- C. Consumer voice is a core value.
- D. Consumer satisfaction with services is a core value.
- E. Maximization of alternatives and choice are a core value.
- F. Consumers have skills, capabilities, strengths, and assets that need to be recognized and utilized in the course of treatment.
- G. Families and natural supports will be utilized in serving the needs of mental health consumers.
- H. Consumer strengths and needs shall drive clinical care decisions.
- I. Consumers shall have timely access to all medically necessary services.
- J. Consumer satisfaction and individual conditions improve when they participate in their own care.

## **I. CORE VALUES & PRINCIPLES (Cont.)**

- K. Consumer confidentiality is a core value.
- L. Mental health systems and services improve when consumers participate in planning and quality assurance.
- M. People with mental illness are best served by people who care about them.
- N. Consumer access to specific mental health support or treatment services shall not be dependent on consumer willingness to participate in other (concurrent) treatment options.
- O. Consumer's individual and cultural differences shall be honored through culturally competent service provision.
- P. Commitment to consumer and public safety is a core value.
- Q. Continuity of care shall be provided with seamless access. Therein, services shall proactively follow mental health consumers, regardless of setting (wherever they are) in the mental health or physical health system.
- R. It is in the best interest for consumers to live as independently as possible in their communities of choice.
- S. NSRSN and its contractors will work in conjunction with other systems to meet the needs of the whole person.
- T. The region's community mental health system shall be responsible for assuring public confidence in its ability to serve consumers.
- U. The importance of community education programs about mental illness is a core value.
- V. To best serve consumers, NSRSN and its contractors must provide and promote advocacy (within the political system) for consumer rights, funding for services, and quality.

**I. CORE VALUES & PRINCIPLES (Cont.)**

W. Both NSRSN and its Member Counties provide technical assistance to all parties in the Region.

*Clarification: Technical assistance and all parties are defined broadly to reflect any assistance relevant to mental health required by Consumers, Advocates, Families, Service Providers and other Stakeholders as appropriate.*

## II. KEY ELEMENTS OF CONSUMER CARE

The following are key elements that will guide the development of consumer care programs.

A. The system shall provide consumers with maximum alternatives and choice in matters related to care.

B. The system shall provide a single access, 24 hour, 365-day crisis response system<sup>1</sup>.

*Clarification: Mental Health Division Contract requirement and WAC requirement.*

C. The system shall provide 24 hour, 365-day screening and assessment.<sup>2</sup>

*Clarification: Mental Health Division Contract requirement and WAC requirement.*

D. Related to Crisis Services, the system shall ensure access on a seven day a week, twenty four hours a day basis, to information regarding clients receiving services, access to their individual plans by Designated Mental Health Professionals, Evaluation and Treatment Facilities, etc.<sup>3</sup>

*Clarification: Mental Health Division Contract requirement.*

*NSRSN Mental Health Crisis workers shall have 24 hour, 365-day “current, readily accessible information, regarding the specific consumer’s crisis plans and individualized treatment plans.*

E. There shall be an integrated inpatient/outpatient system.

F. Mentally ill consumers in the justice system shall receive mental health services<sup>4</sup>.

*Clarification: Mental Health Division Contract Requirement.*

*See Board and MHD Approved NSRSN Integrated Application Plan*

G. Homeless consumers shall be provided with mental health services<sup>5</sup>.

*Clarification: Mental Health Division Contract Requirement.*

*See Board and MHD Approved NSRSN Integrated Application Plan.*

H. Active provider outreach services are required<sup>6</sup>.

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<sup>1</sup> Derived directly from the NSRSN-MHD Contract.

<sup>2</sup> Ibid

<sup>3</sup> Ibid

<sup>4</sup> Ibid

<sup>5</sup> Ibid

<sup>6</sup> Ibid

## II. KEY ELEMENTS OF CONSUMER CARE (Cont.)

- I. A range of residential services shall be provided, emphasizing least restrictive, stable living options that are age, culturally, and linguistically appropriate<sup>7</sup>.

*Clarification: Residential Alternatives shall include Intensive Housing ( twenty-four hour supports), Moderate Housing (group focus with less intensive supports), Housing Supports, Adult and Child Foster Care, Respite Care, and Community Based Crisis Housing. NSRSN Board Approved Strategic Plan. See WAC 275-57-430*

*Housing shall include activities that promote consumer access to, and choice in, safe, decent, and affordable housing, which is integrated into the community and appropriate to the age, culture, and residential needs of the person. Such activities shall include maintaining an inventory of housing stock for consumers, etc...See WAC 275-57-140.*

- J. Consumers shall be assisted with engaging in meaning full daily activities (including volunteerism and active participation in their community) and proactive assistance in educational and employment services such as obtaining and retaining employment, provision of GED and other education and training information about SSDI/SSI, and technical assistance to consumer operated businesses<sup>8</sup>.

*Clarification: Mental Heath Division Contract Requirement.*

- K. Natural supports are to be utilized wherever possible. Such supports include, but are not limited to; Churches, food banks, friends, neighborhoods, peers, relatives, United Way programs, YMCAs, and the like<sup>9</sup>.

- L. There shall be comprehensive grievance procedures available (and tracked) at all levels of the service system<sup>10</sup>.

- M. Consumers shall receive access to services within contractually prescribed time lines. NSRSN requirements may be more restrictive than MHD requirements.

- N. NSRSN is committed to a no decline policy that assures the provision of medically necessary mental health services.

*Clarification: See NSRSN Level of Care Manual.*

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<sup>7</sup> Ibid

<sup>8</sup> Derived directly from the NSRSN-MHD Contract.

<sup>9</sup> Ibid..

<sup>10</sup> Ibid

## II. KEY ELEMENTS OF CONSUMER CARE (Cont.)

- O. Utilization Management services, independent of service providers, will be required<sup>11</sup>.  
*Clarification: Mental Heath Division Contract Requirement.*  
*Utilization Management is defined as insuring that services provided are sufficient, but not excessive, and are predicated on the individual needs of the person with respect to that person's age, culture, language and abilities.*
- P. Services shall be individualized and tailored to meet the needs and strengths of each consumer<sup>12</sup>.  
*Clarification: Mental Heath Division Contract Requirement.*
- Q. There shall be a single entry point by which services are most easily accessed. Such entry point shall be provided on a 24 hour, 365-day basis throughout the region.  
*Clarification: NSRSN Board Strategic Plan*
- R. There will be “no wrong door” on which consumers may knock in seeking services.  
*Clarification: NSRSN Board Strategic Plan*
- S. NSRSN and its providers will educate the public about the scope of available services, service locations, crisis response services, client rights and responsibilities, stigma reduction, and other pertinent issues<sup>13</sup>.

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<sup>11</sup> Ibid

<sup>12</sup> Ibid

<sup>13</sup> Ibid

### III. IMPLEMENTATION GUIDELINES

The following implementation guidelines will drive all NSRSN contract activities:

A. Innovation and creativity in service program design and delivery will be required to realize continuous quality improvement in the Regions' mental health services programs.

B. Each provider shall demonstrate its financial capability for providing services.

*Clarification: Financial Capability is defined as being capable of effective and efficient processing of all fiscal matters within a system of service delivery including: Proof of adequate protection against insolvency; Documented willingness to accept financial responsibility and risk; And the ability to pay for all expenses incurred during the contract period. See MHD Contract.*

*Criteria to be used: 42 CFR 434.50, GAAP and BARS.*

C. Each provider shall demonstrate its financial capability for accepting financial sanctions without disrupting contracted services.

*Clarification: Financial Capability is defined as being capable of effective and efficient processing of all fiscal matters within a system of service delivery including: Proof of adequate protection against insolvency; Documented willingness to accept financial responsibility and risk; And the ability to pay for all expenses incurred during the contract period. See MHD Contract.*

*Criteria to be used: 42 CFR 434.50, GAAP and BARS.*

D. Sanctions will be clearly defined in all contracts, to include processes, proportionality, penalties, and other terms. Financial sanctions shall be utilized when contractors fail to meet contractual obligations.

E. NSRSN is committed to a "Single Pool" concept for its major inpatient/outpatient contract.

*Clarification: Single Pool is defined as a combining of Inpatient Savings and Outpatient Funding, less Board Approved Carveouts.<sup>14</sup>*

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<sup>14</sup> To include the region's Children's Hospitalization Program (CHAP) Services



### III. IMPLEMENTATION GUIDELINES (cont.)

F. NSRSN is committed to “Risk” contracting with its major contractors.

*Clarification: Risk is defined as the possibility that a contractor may incur a loss because the cost of providing services may exceed the payments made to the contractor for said services.*

G. Both NSRSN and its providers shall maximize resources from third party payers.

H. The NSRSN and its contractors shall balance the proportion of resources that goes for direct client services.

I. NSRSN is committed to eliminating unnecessary and/or inappropriate administrative expenditures throughout the system.

J. NSRSN and its contractors shall understand and honor all established policies and procedures that assure public process.

K. NSRSN is committed to a consumer-defined, outcome-based contracting model that addresses, at a minimum, consumer satisfaction, reductions in inappropriate/unnecessary hospitalizations, development of residential and housing alternatives, meaningful daily activities in the lives of consumers, grievance processes and cultural sensitivity/competency.

*Clarification: Residential Alternatives shall include Intensive Housing ( twenty-four hour supports), Moderate Housing (group focus with less intensive supports), Housing Supports, Adult and Child Foster Care, Respite Care, and Community Based Crisis Housing. NSRSN Board Approved Strategic Plan. See WAC 275-57-430*

*Housing shall include activities that promote consumer access to, and choice in, safe, decent, and affordable housing, which is integrated into the community and appropriate to the age, culture, and residential needs of the person. Such activities shall include maintaining an inventory of housing stock for consumers, etc...See WAC 275-57-140.*

L. Accurate and timely data shall be required of all providers.

M. All parties are expected to make decisions based on accurate data.

### **III. IMPLEMENTATION GUIDELINES (cont.)**

N. All eligible consumers shall receive the required level of medically necessary mental health services.

*Clarification: See NSRSN Level of Care Manual.  
See MHD Contract*

O. NSRSN is committed to biennial contracting when possible and appropriate.

P. Contractors shall be held responsible for compliance with all contractual obligations.

Q. Contractors shall be held fully responsible for the contractual obligations performed by its Members, Subcontractors, or Affiliates.

R. NSRSN is committed to dispute resolution processes being honored.

S. Contractors shall not charge NSRSN consumers for Representative Payee Services.



**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.

#### **I. 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.

#### **II. 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.

#### **III. 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.

#### **IV. 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.

#### **V. 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.

## **VI. 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

## **VII. 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 10<sup>th</sup> 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.

## **VIII. 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.



## **IX. QUALITY IMPROVEMENT**

Failure to meet 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.

## **X. 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.

## ADDENDUM I

# NORTH SOUND REGIONAL SUPPORT NETWORK CHILDREN'S HOSPITAL ALTERNATIVE PROGRAM

## STANDARDS OF CARE

### Definition

The Children's Hospital Alternative Program (CHAP) is a treatment foster care program that is intended to provide intensive, community-based, wraparound services to children/youth with serious emotional/behavioral disturbances and their families. The values inherent in the CHAP philosophy define the practice. Values, policies and practice are inextricably linked. Core values include, child/family voice (the parent/child are heard and listened to at all junctures of planning) and choice (the parent/child had a valid option at inclusion in the decision making process), integration of services and systems, flexibility in approaches to working with families, care that is unconditional, individualized, strengths-based, family-centered, culturally competent, and community-based.

### Eligibility Criteria

Children/youth ages 5 through 17 with serious emotional/behavioral disturbances  
Global Assessment of Functioning of 40 or below  
Compatibility with a community-based program  
Voluntary

### Intake Process

CHAP staff will record all incoming calls requesting information and/or services in a CHAP Intake Log. At the point of first inquiry, no screening will occur. It is the role of CHAP staff to accept referral information and to mail out applications and written program descriptions.

The Intake Log will include:

- Name of caller,
- Date of call,
- Phone number of caller,
- Name of child/family needing services,
- Child's existing DCFS/NSRSN connections, and
- Disposition (i.e., date that Program information packet and application was mailed out).

When the completed application is received by the Program, CHAP staff will copy and mail to both the designated DCFS and NSRSN representatives within 5 working days. This activity will be recorded in the Intake Log.

*The DCFS and NSRSN CHAP representatives will meet monthly to review applications and following that review, CHAP intake staff will be advised to take the following next steps, which will also be recorded in the Intake Log:*

- schedule that child for review by the Inter-Agency Review Committee and add supplemental information (including DCFS Group Care packet, CHAP interviews with key informants, CHAP summary of information to assist Committee with screening decisions ) to the application packet in preparation for the upcoming Committee meeting  
Or.....
- inform referral source of decision not to pursue CHAP at this time.

#### Inter-Agency Review Committees

Each CHAP program will develop and maintain a consistent Inter-Agency Review Committee that will meet at a frequency needed to maintain capacity and accomplish the tasks defined below.

The Committees will be comprised (at a minimum) of the following members, with each group represented having one vote:

- A regular delegate from DCFS, or their designee (1 vote)
- A regular delegate from NSRSN/Snohomish county, or their designee (1 vote)
- CHAP program staff to include only: The program manager or designee, the Clinical Director, the program Intake Staff, the foster home recruiter, and the support staff recorder (1 vote)
- A tribal representative – for those programs whose county's incorporate tribes (1 vote)
- Representative from an independent family or consumer/advisory group (1 vote) and
- Representatives from at least one local allied system, i.e. DDD, Juvenile Justice, schools, etc. (1 vote each)

CHAP Inter-agency Review Committees will be expected to represent the diversity of the communities they serve and to develop Committees that include at least six diverse groups, i.e., (DCFS, NSRSN, provider, Tribal representative, consumer advocate/family advocates and at least one other local child-serving system).

CHAP staff will chair Committee meetings and take adequate steps to assure confidentiality during this process.

Decisions will be made by majority vote. Four voting members will constitute a quorum. Of that quorum, the funders (DCFS and NSRSN/Snohomish County) and the CHAP provider must be represented, along with at least one other voting member of the Committee.

#### *Role of Inter-agency Review Committees*

1. Determine eligibility and compatibility with the program model for applications that have been screened and referred by DCFS and/or NSRSN
2. Make program acceptance/denial decisions
3. Advocate for safety and supervision needs
4. Suggest alternative treatment approaches and referrals for children and families denied by this Committee
5. Brainstorm treatment approaches for children accepted
6. Review Program updates – discharges, etc.
7. Review waitlists of children previously accepted and make service recommendations
8. Review requests for service extensions, make recommendations and extension decisions.
9. Keep formal meeting minutes

#### **Formal minutes of Inter-Agency Review Committee Meetings will include:**

- Members in attendance or absent
- Program updates (i.e., program issues)
- Waiting list updates and committee recommendations
- Updates on child/youth currently being served in CHAP
- Referrals/applications with committee decisions
- Extension requests with committee decisions
- Next meeting date

#### **Program Standards**

##### **1) Self-Contained Treatment Team**

- a) Services shall be provided by a treatment team of skilled CHAP clinicians who share a common identity and purpose and serve a limited number of clients. CHAP clinicians will have expertise in serving children/youth with serious emotional/behavioral disturbances, and be trained and supported to implement the CHAP model.
- b) Programs will provide sufficient staff to support the service plan and the child's success in the home/foster home.

##### **2) Crisis Response**

- a) Crisis services shall be provided on a 24-hour basis by CHAP staff who are familiar with the children and their families.
- b) Children/youth in the program and their families (biological and foster) shall have 24-hour direct access to an on-call staff member who is available for telephone and/or face-to-face intervention.

- c) Every child/youth will have a crisis plan that contains specific interventions/strategies (i.e., who does what, when). This plan will be updated as dictated by changing circumstances, but at least every 180 days.

### **3) Foster-home based Treatment Model**

- a) Each child/youth accepted into the program shall be matched with a specific family who will provide either the out-of-home placement and/or the ongoing respite (regularly scheduled and emergency) for that child, regardless of their in-home or out-of-home status.
- b) Foster parents are professional team members. They are active participants in the treatment planning process and play a key role in the implementation of those in-home treatment strategies which are part of the overall treatment plan.
- c) Foster parents are supported with respite (both regularly scheduled and emergency), frequent face-to-face contact with clinical staff, assistance during crisis, ongoing training, peer support groups and other necessary services to prevent burnout.

### **4) Respite**

- a) A minimum of two nights (48 hours) respite per month shall be provided for every CHAP client, regardless of in-home or out-of-home status.
- b) Emergency respite shall be available to all CHAP clients. Emergency respite shall be provided by the child's regular respite provider whenever possible.

### **5) Intensity of Services**

- a) A comprehensive array of therapeutic services shall be provided at the level of intensity necessary to stabilize the child and family, promote positive change and assure successful community integration.
- b) Staff will have the flexibility to use resources as needed to intensify services.
- c) Treatment teams will have the capability to change strategies and revise the service mix in order to achieve desired outcomes.

## **6) Psychiatric Services**

- a) The CHAP psychiatrist shall evaluate all children at intake and shall participate in all subsequent 90-Day Reviews/Quarterly Meetings.
- b) The psychiatrist provides medication evaluation and ongoing management/monitoring or consultation with community prescribers/primary care providers, as needed, for all CHAP clients.
- c) The psychiatrist shall be available for consultation with CHAP staff a minimum of one hour per week, and for emergency consultations as needed.

## **7) Community-Based Services**

- a) The majority of CHAP services shall be provided in the home or in other community environments, rather than in the office. CHAP staff shall provide intensive modeling and training through face-to-face interventions in community settings.
- b) Services shall include the development and enhancement of natural supports. The community is enlisted to provide support and assist the family with problem solving. The goal is for families to become more independent and self-reliant, in preparation for transition to less intensive services.

## **8) Individualized Treatment Plan**

- a) Each CHAP client shall have an individualized treatment plan.
- b) Treatment plans shall be individualized, developed in collaboration with the child and family, and build upon child/family strengths.
- c) The treatment plan will outline a clear strategic plan that will be used to guide the provision of service and focus the team's efforts on achieving specific goals.
- d) The treatment plan will break goals into do-able steps that enable the child and family to recognize and celebrate progress at each accomplishment.
- e) Treatment plans will be updated as needed to reflect the changing circumstances of the child/family and revisions in treatment strategies.

## **9) Quarterly Team Meetings and Progress Reports**

- a) Quarterly team meetings will be scheduled for all CHAP clients.
- b) A Quarterly Report summarizing progress and detailing goals/strategies for the next quarter will be generated from this meeting and distributed to all team members.
- c) Discharge/Aftercare planning is addressed at each Quarterly Review.

- d) The final Quarterly Report will include a summary of treatment progress and recommendations for future services.

## **10) Extension Requests**

- a) All requests for extensions beyond the expected length of stay (six months for in-home, twelve months for out-of-home), shall be submitted in writing to the Interagency Review Committee.
- b) All requests shall include a summary of the progress to date, rationale for extended treatment, and a specific plan for accomplishing the identified needs.
- c) The CHAP team is responsible for formulating an alternate discharge plan in the event that an extension is denied by the Committee.

## **11) Discharge to Aftercare**

Aftercare is a six-month transitional period that follows the completion of formal CHAP services. The purpose of Aftercare is to gradually reduce services and continue to support the child/family as they transition to outpatient or less intensive services.

- a) All CHAP clients shall have an Aftercare Plan developed prior to discharge from CHAP Treatment Services.
- b) The CHAP team will formulate an individualized Aftercare Plan that is based on the specific needs of the child/family.
- c) The CHAP team either implements the follow-up plan directly or arranges for its effective implementation. CHAP continues to offer consultation as needed.
- d) All CHAP team members are formally notified when Aftercare services will begin.
- e) All team members are informed about service expectations, team members' responsibilities, and goals for this phase of treatment.
- f) The CHAP treatment team assures a planful transition into Aftercare services.





## EXHIBIT G (5)

### NORTH SOUND REGIONAL SUPPORT NETWORK APN ESTIMATED CONTRACT FUNDING

The available amounts to APN from primary funding sources during the term of this Agreement shall be as follows:

#### 1. **PHP Funding**

The RSN/PHP Title XIX funding from the State of Washington which the NSRSN is entitled to receive based on Medicaid recipients. Said amount shall vary monthly based on Medicaid rates, Service Area Population by type of Eligible Recipient, and the State of Washington's capitated consolidated calculation. Funding is based on the estimated PHP Title XIX Upper Payment Limit Payment 7/1/99 through 6/30/2001, less estimated State Consolidated Funds not required for Federal Title XIX Match, which amounts to approximately \$64,892,616 less NSRSN Board approved carve-outs.

#### 2. **State Consolidated Funds not required for Federal Title XIX Match**

The Contractor shall provide medically necessary community mental health program services for the chronically mentally ill, severely emotionally disturbed and seriously disturbed adults, youth/children who are at risk for hospitalization, jail, losing their homes or access to basic human needs and not eligible for Medicaid.

#### 3. **Federal Block Grant Funding**

The Contractor shall provide medically necessary community mental health program services for the chronically mentally ill, severely emotionally disturbed and seriously disturbed adults, youth/children who are at risk for hospitalization, jail, losing their homes or access to basic human needs and not eligible for Medicaid. Maximum consideration shall not exceed \$640,274.

#### 4. **Inpatient Savings**

Per Board Motion #98-066, the NSRSN shall distribute 85% the current NSRSN Inpatient Savings Fund Balance and any ongoing Inpatient Savings funds received from the Mental Health Division to Contractor. This funding shall be paid to the Contractor in the following manner:

- 85% of the funds accumulated to date for payment to Contractor shall be paid out in 24 equal monthly payments,
- 85% of monthly State Inpatient Savings payments received by NSRSN shall be paid out each month to contractor,
- 85% of any monthly State reconciliation's (additions or deductions) received by NSRSN for Inpatient Services will be added or deducted from Contractor's monthly payment.

#### 5. **NSRSN Carveout – CHAP Services**

NSRSN shall purchase Children's Hospital Alternative Program Services for 43 children per month as described required in Exhibit I of this Agreement for a nine (9) month period of time at \$1,339.00 per month per child. Effective March 1, 2000 NSRSN shall purchase Children's Hospital Alternative Program Services for 43 children per month as described required in Exhibit I-A of this Agreement for a nine (9) month period of time at \$1,339.00 per month per child. Total payment to Contractor for the 18 month period shall not exceed \$1,036,386.

#### 6. **NSRSN Reserves**

NSRSN shall distribute a portion NSRSN Unreserved Undesignated Reserves and Undesignated Interest earned on NSRSN Reserves to Contractor in the following manner:

- 85% of the interest accrued on accumulated Inpatient Savings funds (at 6/30/99) and Unreserved Undesignated Fund Balance (at 6/30/99) shall be paid out to Contractor in 24 equal monthly payments,
- 100% of Unreserved Undesignated fund balance at 12/31/98 less 1999 Adopted Budget Allocation (\$306,573 - \$34,260) shall be paid out to Contractor in 24 equal monthly payments.

#### 7. **SAMSHA Grant No 1 KD1 Funds**

The Contractor shall provide Gatekeeper Model of Case Finding of At risk Older Adults services as described in Exhibit J of this Contract, Amendment (2) for a twelve month period, July 1, 1999 through June 30, 2000. Total payment to contractor shall not exceed \$13,266 (100% of the Grant funds available to the NSRSN for the 12 month time period.

The estimate is not a guaranty. The available amount from funding sources is subject to change at the discretion of the State of Washington. Funding is subject to increase, decrease or termination, and may be deducted, withheld or recouped by NSRSN at any time. NSRSN reserves the right to adjust carve-outs upon a good faith determination of necessity by the NSRSN Board of Directors.

The following Table represents NSRSN Estimated Funding, Carve-outs, and APN Annual Payment:

### APN ESTIMATED FUNDING TABLE

7/1/1999 – 6/30/2001

<i>DESCRIPTION</i>	<b>1999-2001 ANNUALIZED ESTIMATED \$</b>	<b>TOTAL ESTIMATE BIENNIAL \$</b>
<b>NSRSN PHP Outpatient:</b>		
1. Estimated PHP/Title 19 Payment	31,366,308	62,732,616
2. Estimated State Consolidated Funding not required for Federal Match	1,080,000	2,160,000
Less: E & T	0	0
Inpatient Certification	0	0
Total Estimated PHP Outpatient Funding	32,446,308	64,892,616
<b>Additional Funding:</b>		
1. E & T	0	0
2. Inpatient Certification	0	0
3. Federal Block Grant	513,270	1,026,540
4 Designated Reserves:		
. Inpatient Savings – 85% estimated Fund Balance at 6/30/99	526,073	1,052,147
. Inpatient Savings – 85% Monthly Estimated Payment	918,000	1,836,000
<i>* Note: estimated payments (based on APN invoicing) to APN at 6/30/99 = \$336,000</i>		
5. SAMSHA Grant (At risk Older Adults)	13,266	13,266
6. Unreserved Undesignated Reserves		
. Unreserved Undesignated Fund Balance – 100% of estimated NSRSN Undesignated Fund balance at 12/31/98 less 1999 Budget allocation.	136,156	272,313
. Interest Earned – 85% Estimated Accumulated Interest Earned from NSRSN Undesignated Fund Balance and Inpatient Savings at 6/30/99	27,444	54,888
. Unreserved Undesignated Fund Balance		
Total Estimated Additional Funding	2,134,209	4,255,154
Total Estimated NSRSN Funding	34,580,517	69,147,770
<b>Estimated NSRSN/PHP Carve-outs</b>		
1. NSRSN Operating Budget - 4.75% County Payments from NSRSN Operating Budget (annual):		
Island       \$13,064		
San Juan     \$47,492		
Skagit       \$18,064		
Snohomish   \$50,000		
Whatcom     \$ -0-		
	1,541,200	3,082,400
2. MIS		
• BDS		186,099
• SeaMar	93,050	
• VOA	11,656	23,312
• APN	9,409	18,818
	130,734.5	261,469
3. Snohomish Co. Crisis ITA	639,003	1,278,006
4. Snohomish Co. E & T Loan and Maintenance	71,175	142,350
5. VOA Triage/Care Crisis Response	518,976	1,037,952

<i>DESCRIPTION</i>	<b>1999-2001 ANNUALIZED ESTIMATED \$</b>	<b>TOTAL ESTIMATE BIENNIAL \$</b>
6. Snohomish Co. CMH, QA Utilization/Clinical Services	362,429	724,858
7. Western State Liaison	0	0
8. San Juan Co. CMH	2,508	5,016
9. Island Co. CMH	36,924	73,848
10. Skagit Co. CMH	41,521	83,042
11. Whatcom Co. CMH	93,642	187,284
12. Department of Vocational Rehabilitation (APN Allocation Request)	129,300	258,600
13. Sedro Woolley E & T Lease	81,880	163,760
14. CHAP Services (43 served mos x \$1,339)	690,924	1,381,848
15. Board Designated Mental Health Services Projects:	125,000	250,000
• Island           \$ 12,085		
• San Juan       \$ 2,517		
• Skagit          \$ 39,855		
• Snohomish     \$ 142,817		
• Whatcom       \$ 52,726		
16. SEA MAR	471,240	942,480
Total NSRSN/PHP Carve-outs	5,050,722	10,101,444
<b>Carve-out Payments to APN</b>		
CHAP Services - July 1, 1999 – September 30, 1999	172,731	172,731
- October 1, 1999 – December 31, 1999	172,731	172,731
- January 1, 2000 – March 31, 2000	172,731	172,731
- April 1, 2000 - December 31, 2000		<u>518,193</u>
Total	690,924	1,036,386
MIS Carveout Allocation	130,734.50	261,469
<b>Estimated Federal Block Grant Carve-outs</b>		
1. SEA MAR – Whatcom, Skagit	26,984	53,968
2. Tulalip Tribes	81,840	163,680
3. Snohomish County – Community Team for Children	66,000	132,000
4. Whatcom County – Geriatric Peer Support	18,309	36,618
Total FBG Carve-outs	193,133	386,266
<b>Estimated Annual APN Payment</b>	30,158,320	59,957,915
<b>Average Monthly APN Payment</b>	2,513,194	

## **NSRSN COMMITTEE DISCUSSION FORM**

**AGENDA ITEM: CRITICAL INCIDENT SUBCOMMITTEE**

**PRESENTER: Francene Thompson**

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

### **SIGNIFICANT POINTS OR EXECUTIVE SUMMARY:**

A proposal has been received from APN for modifications of current policies and procedures for Critical Incident reporting. This proposal places most of the responsibility for handling of Critical Incidents on APN. Important points from that document include:

- Definition of Critical Incidents to clearly specify and possibly limit the categories of events which must be reported
- Notification of both APN and NSRSN Quality Management within 24 hours of event
- A period of thirty days for provider agencies to conduct their own internal reviews and forward documentation to APN
- Review by APN Quality Management and inclusion in a semi-annual report of all Critical Incidents to both the APN Quality Management Committee and the NSRSN
- APN QM Director may require additional information, case review, and/or corrective action from the Provider

### **CONCLUSIONS/RECOMMENDATIONS:**

A meeting of the Critical Incident Sub-Committee is being scheduled this month to review these recommendations.

### **TIMELINES:**

Ongoing work by the sub-committee will address this proposal and modification of the NSRSN Critical Incident Policy, as appropriate.

### **ATTACHMENTS:**

None.

## **NSRSN COMMITTEE DISCUSSION FORM**

**AGENDA ITEM:** The Tulalip Tribes, Quality Management Plan 2000

**PRESENTER:** Gary Ramey, The Tulalip Tribes, Mental Health Supervisor

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

### **SIGNIFICANT POINTS OR EXECUTIVE SUMMARY:**

The Tulalip Tribes Quality Assurance/Quality Improvement plan is divided into five general goals:

1. Access
2. Standard of treatment
3. Coordination of services
4. Advocacy and program development
5. Clinical quality assurance and quality improvement

### **CONCLUSIONS/RECOMMENDATIONS:**

The Tulalip Tribes Quality Assurance/Quality Improvement plan for 2000-2001 is based on its commitment to the holistic healing of the individual through healing the spirit, the family and the community.

The Tulalip Family/Mental Health Services program offers educational, consultative and other support services to promote prevention of mental and emotional disorders. It also offers early intervention to restore and improve the level of functioning.

Through its work, the mental health program undertakes to support the on-going process of recovery, growth and empowerment, so the Tulalip individuals will be able to reach for a model of health for themselves and their families.

### **TIMELINES:**

This QA/QI plan is currently in draft form and will become policy during for 2000-2001.

### **HANDOUTS:**

- ◆ Primary focus
- ◆ Draft QI/QA plan
- ◆ Annual report to the Governing Council, The Tulalip Tribes

## **NSRSN COMMITTEE DISCUSSION FORM**

**AGENDA ITEM: New surveys and survey site process**

**PRESENTER: Dolores Holtcamp, Quality Review Team**

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

**CONCLUSIONS/RECOMMENDATIONS: All input is welcome**

### **ATTACHMENTS:**

- **The Survey Process – Beginning to End**
- **Provider sites to visit & goals – 2000**
- **Agency QRT contact info. sheet**
- **Letter – explaining site visit dates etc.**
- **Flyer- for consume'rs survey date info.**
- **E-Mail from Aaron Ignac – stamp of approval**
- **7 types of surveys**
- **Observation sheet for QRT info.**
- **FYI – 1999 Overview of consumer surveys and QRT accomplishments**

# **The Survey Process – Beginning to End**

The Quality Review Team put together a packet to share with you about how the NSRSN QRT handle the survey process yearly. There are approx. 44 sites we visit, not counting the hospitals, jails, schools and homeless shelters, etc. who we will also be in contact with. This is how we start and complete the survey process. This is information QRT also shares with other QRT's at their request.

- QRT decide which group of facilities we had the most complaints about last year, and start there. Or we may get information from our QA or from Ombuds expressing concerns they have been alerted to. We make those sites our priorities through out the year as well as all the others.
- Using our Agency Contact Sheet for Survey Visits, we call the agency and start setting up appointments about a month or more ahead of time. We request a high volume day, ask for a private room and make sure we are clear on the kind of services they provide and how many consumers they serve.
- Two weeks or more ahead of the site visit time we send approx. ten (10) Case Management Letters, to be shared with all staff, explaining our intent in the survey process, date and time. Also approx. ten (10) colorful informational Flyers to be placed appropriately for all consumers to view and case managers to distribute to their clients, and one (1) large flyer.
- When we arrive QRT introduce themselves to the receptionist and any staff that are around letting them know who we are and it would be much appreciated if they would encourage consumers to talk to us. We set our large reader board up in view of those who come in and are waiting for an appointment.
- We set up our seating in the private room provided for confidentiality, and start respectfully approaching consumers in the waiting area. We explain who we are and what we are doing. We hope to talk to about 5% of the consumers receiving services at that particular site.
- We also look around the facility making sure consumer rights are posted and that there are QRT, Ombuds and RSN brochures available and updated.
- When our visit time is up (usually 3 to 4 hours) we seek out the contact person, or supervisor and thank them and let them know how our visit went. We tell them that a report of the consumer surveys will be sent to them. At that time we may let them know that we are disappointed with the low numbers of clients getting services that day, if that was the case, and we may leave them self addressed stamped envelopes with the survey attached to hand out to consumers. Or we may schedule to come back and get a better number of surveyed consumers.
- After our site visit we send a letter of thanks to the facility for their cooperation in the survey site visit and process.

- We write up the report and include all the comments that the consumers shared with us. The included comments that are taken straight from the consumers help to validate our report findings or content.
- We run a draft of our completed report past our OCA who checks over our grammar and makes suggestions. But she leaves the content and decisions up to us. We finalize the reports, and mail them to the Providers.
- We request a written response from the Provider if there are findings within thirty (30) days of receiving our report. We make recommendations and request a timeline and appropriate plan as to how they will make services better for consumers.
- After the Provider has received the reports we share them with the RSN, the Advisory Board, the APN, the Quality Management Oversight Committee and all other interested parties. QRT shares the completed reports by giving overhead presentations. And hand out the full packets to all those attending the meetings. And mail them to other interested parties.
- If there are serious concerns found during a site visit we alert the NSRSN and APN and any other appropriate persons to help check into the situation. If we have received reports of abuse at an adult home through the survey process. The Ombuds are contacted and we call the Licensing Dept for Residential Care Services to check into this situation. We also make unannounced visits back to the site several times to make contact with these people and encourage them to contact the Ombuds.
- The QRT request a response from the facility listing the actions that will be taken to resolve any problems and continue to check back with the facility and consumers if possible to assure the problems have been resolved. We don't go away until we are satisfied that respectful quality services are in place. Otherwise we return to the sites on a yearly basis. We have a lot of work to do.
- There will be shared Quarterly Reports and an Annual Report, and then we start the survey process all over again.

QRT hope this information is helpful to you. Please give us a call if you have any questions what so ever. We can be reached at 360-416-7013 or 1-800-684-3555 at ext. 241 or 232.



**QRT**  
**Mental Health Provider – Survey Site Visits**  
**& Goals for 2000**

1. Compass – 20 sites (first of March into May)
2. Sea Mar – 3 sites (June)
3. Community Mental Health Services – 10 sites (July – August)
4. Rainbow Resources – 2 sites (September)
5. Whatcom Counseling & Psychiatric Clinic - 1 site (September)
6. Sun House Residential – 1 site (October)
7. Lake Whatcom Residential & Treatment – 2 sites (October)
8. Catholic Community Services – 2 sites (November)
9. Rainbow Center – 1 site (November)

= \_\_\_\_\_  
44 RSN contracted site visits

10. Jails – contact jail liaisons all five counties connect to mentally ill
11. Schools – all counties – informative mental health message
12. Forums – for families/consumers/staff all counties a chance to speak
13. Hospitals – survey consumers in psychiatric wards all counties
14. Advisory Board – Annual Report for 1999 and final site reports
15. Board of Directors meeting- attend
16. Quality Oversight Management Committee – 1 QRT attends

**Agency contact sheet for Survey Visits**  
**QRT** \_\_\_\_\_

**Agency Name:** \_\_\_\_\_

**Type of services provided:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Date of Contact:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_

**Date of Survey Visit:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**Directions:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Letter and Posters mailed out:** \_\_\_\_\_

**Thank you sent:** \_\_\_\_\_ **Report sent:** \_\_\_\_\_

**Clients Receiving Services:** \_\_\_\_\_ **#Surveyed:** \_\_\_\_\_

**Agency Information**

- Identify yourself as a Quality Review Team Member from the NSRSN.
- Explain what we do – we are Consumers, Family Members or Advocates, we conduct face to face interviews with Consumers to find out how satisfied they are with their Mental Health Services.
- We need to know how many consumers are served.
- Let them know that all information is confidential, we take no names for surveys.
- Make it clear that we need a high volume day to make contact and survey as many consumers as possible on our visit. The information we gather goes to the Agency, RSN and State in a Quarterly Report.
- If there are sites other than the Main Office, will another contact need to be made in order to establish coordinated visits.
- If an agency works with children, we need to know because parental consent is necessary, we have a parental and child's survey.
- Let the phone contact know of the importance Case Managers can play in getting the flyers out to the consumers so they can participate in the survey process if they choose.
- Explain the need for a secluded room or area for the survey process. This is necessary for the confidentiality of participants.
- Once again participants identity is confidential.

**QUALITY REVIEW TEAM**  
**North Sound Regional Support Network**  
**117 North First Street, Suite 8**  
**Mount Vernon, WA 98273**  
**1-800-684 3555 or 360-416-7013**

April 14, 2000

QA Person or Contact  
Provider Site  
At a lot of numbers  
Somewhere in the 5 Counties, WA 98000

Dear Contact Person and Staff:

The North Sound Regional Support Network Quality Review Team will survey consumers and family members at your facility on \_\_\_\_\_. The QRT is mandated by the Federal Medicaid Waiver and WAC 275-57-150 to survey a percentage of the mental health population.

We will appreciate your cooperation by informing consumers about this confidential opportunity to voice their level of satisfaction with their mental health services. Please share a copy of this letter with all staff and consumers and post the attached flyer in a visible area.

The QRT will also need a private room from \_\_\_\_\_ for surveying. The survey-interview will take each participant a short time to complete.

When the scheduled time has been completed, the QRT will take a few minutes to meet with the provider contact for debriefing of the survey results. A formal report will be sent to you and other interested parties when it is complete.

Thank you for your assistance. Our goal is to survey approximately 5% of your agency's consumer population.

Sincerely,

\_\_\_\_\_  
Dolores Holtcamp  
Quality Review Team Lead

\_\_\_\_\_  
Beckie Bacon  
Quality Review Team Member

# CONSUMERS OF MENTAL HEALTH SERVICES

*The Quality Review Team*  
North Sound Regional Support Network  
1-800-684-3555

## Satisfaction Survey

Location: \_\_\_\_\_

Date: \_\_\_\_\_

Time: \_\_\_\_\_

We survey Mental Health Consumers and Family Members in order to advocate for improvement of quality of services.

We educate consumers for self-empowerment.



From: Ignac, Aaron [AIgnac@peacehealth.org]  
Sent: Thursday, February 17, 2000 8:57 AM  
To: Holtcamp, Dolores  
Subject: stamp of approval

Good Morning, Dolores and Beckie

I looked over your surveys last night. They look great! Start using them. I'm excited that the project is moving smoothly (at least from my perspective) and that we're moving on to the next step of data collection.

Great job! The surveys look good, and hopefully will be easy to use for you. Somewhere down the line, we'll need to discuss data entry (who will do it, how it will be done, etc). Having an Excel file for each of the surveys works just peachy.

For the analysis part, I'll need an absolute minimum of 30 completed surveys, but would prefer at least 50. I'm not sure the volume you do, so 30 might be the best we can do. If it's possible to do more, that would be great.

As you're doing the interviews, maybe you could let me know the numbers for each survey every once in awhile. Kind of a status check. As we get closer to getting the right numbers, we'll talk about how to get the data to me, etc.

I hope things are going well. Please do not hesitate to contact me for anything at any step along the way. I'm excited to be progressing through the stages of the project. Good luck with your interviews!

Aaron C. Ignac

PeaceHealth Measurement Analyst  
Information Management & Quality Improvement  
Outcomes Measurement Team  
phone: (360) 715-6459  
fax: (360) 715-6406

-----Original Message-----

From: Holtcamp, Dolores [mailto:DoloresH@NSRSN.ORG]  
Sent: Monday, February 14, 2000 4:45 PM  
To: 'Aignac@peacehealth.org'  
Subject:

Hey Aaron,

I have a new QRT working with me at this time. Beckie is in training for a while. We have the surveys ready for you to look over. We are pretty serious now about getting this completed. We need your honest opinion as to if these survey questions will work out. We have put the statements into question form, and also included the level of satisfaction choices.

We need your stamp of approval, because we are ready to move ahead actually surveying consumers in the field. See attached and please give us your input as soon as possible. Will it be safe for us to go ahead and set up appointments two weeks out from now? <<Copy of Activity Center.doc>> <<Copy of Adults and Adolescents.doc>> <<Copy of Copy of Children.doc>> <<Copy of Evaluation and Treatment.doc>> <<Copy of Family member of adult.doc>> <<Copy of Parents of children 0 - 12.doc>> <<Copy of Residential Services.doc>> Thanks Dolores @ Beckie QRT's

**Adult and Adolescent Consumers 13+  
NSRSN QRT survey 2000**

\_\_\_\_\_  
Mental Health Provider

\_\_\_\_\_  
Date

**1. Were you, satisfied with the length of time it took to begin mental health services?**

dissatisfied    somewhat dissatisfied    neutral    somewhat satisfied    satisfied

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**2. Are you satisfied with the availability of your case manager?**

dissatisfied    somewhat dissatisfied    neutral    somewhat satisfied    satisfied

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**3. Are you satisfied with the crisis plan provided for you?**

dissatisfied    somewhat dissatisfied    neutral    somewhat satisfied    satisfied

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**4. Are you satisfied with your involvement in the development of your treatment plan?**

dissatisfied    somewhat dissatisfied    neutral    somewhat satisfied    satisfied

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**5. Are you satisfied staff followed through with all commitments to you?**

dissatisfied    somewhat dissatisfied    neutral    somewhat satisfied    satisfied

**6. Are you satisfactorily informed of your "Rights" as a mental health consumer?**

dissatisfied    somewhat dissatisfied    neutral    somewhat satisfied    satisfied

**7. Are you satisfied with how easy it is to get the care you need?**

dissatisfied    somewhat dissatisfied    neutral    somewhat satisfied    satisfied

**8. Are you satisfied with the help you receive from this mental health facility?**

dissatisfied    somewhat dissatisfied    neutral    somewhat satisfied    satisfied

**9. Are you satisfied your gender, race, age, language, sexual orientation, and handicap needs are respected?**

dissatisfied    somewhat dissatisfied    neutral    somewhat satisfied    satisfied

**10. Do you feel satisfied that the staff is confidential with your personal information?**

dissatisfied    somewhat dissatisfied    neutral    somewhat satisfied    satisfied

**11. Are you satisfied the mental health staff treats you with dignity and respect?**

dissatisfied    somewhat dissatisfied    neutral    somewhat satisfied    satisfied

**12. Are you satisfied with the assistance your receiving for appropriate and affordable housing if needed?**

dissatisfied    somewhat dissatisfied    neutral    somewhat satisfied    satisfied

**13. What would you change about the way mental health services are provided for you?**

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**Consumer Demographics**

**Gender:**    Male                   Female

**Age:**         13 – 17               18 – 59                   60 +

**Race:**         American Indian/Alaskan Native       Asian/Pacific Islander  
 African American/Black                       White/Caucasian  
 Hispanic/Spanish                                   Other \_\_\_\_\_

**Needs:**       Developmentally disabled                   Co-occurring disorders



**Family Member of Adult & Adolescent Consumer  
NSRSN QRT survey 2000**

\_\_\_\_\_  
Mental Health Provider

\_\_\_\_\_  
Date

**1. Were you satisfied with the length time, it took your family member to begin mental health services?**

dissatisfied    somewhat dissatisfied    neutral    somewhat satisfied    satisfied

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**2. Are you satisfied with the availability of your family member's case manager?**

dissatisfied    somewhat dissatisfied    neutral    somewhat satisfied    satisfied

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**3. Are you satisfied with the crisis plan provided for your family member?**

dissatisfied    somewhat dissatisfied    neutral    somewhat satisfied    satisfied

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**4. Are you satisfied with your family member's involvement in the development of their treatment plan?**

dissatisfied    somewhat dissatisfied    neutral    somewhat satisfied    satisfied

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**5. Are you satisfied staff followed through with all commitments for your family member?**

dissatisfied    somewhat dissatisfied    neutral    somewhat satisfied    satisfied

**6. Are you satisfied your family member has been informed of their "Rights"?**

dissatisfied    somewhat dissatisfied    neutral    somewhat satisfied    satisfied

**7. Are you satisfied with how easy it is to get the care you need for your family member?**

dissatisfied    somewhat dissatisfied    neutral    somewhat satisfied    satisfied

**8. Are you satisfied with the help your family member receives from this mental health facility?**

dissatisfied    somewhat dissatisfied    neutral    somewhat satisfied    satisfied

**9. Are you satisfied your family member's gender, race, age, language, sexual orientation, and handicap needs are respected?**

dissatisfied    somewhat dissatisfied    neutral    somewhat satisfied    satisfied

**10. Do you feel satisfied that the staff is confidential with your family member's personal information?**

dissatisfied    somewhat dissatisfied    neutral    somewhat satisfied    satisfied

**11. Are you satisfied the mental health staff treats you and your family member with dignity and respect?**

dissatisfied    somewhat dissatisfied    neutral    somewhat satisfied    satisfied

**12. Are you satisfied with the assistance your family member is receiving for appropriate and affordable housing if needed?**

dissatisfied    somewhat dissatisfied    neutral    somewhat satisfied    satisfied

**13. What would you change about the way mental health services are provided for your family member?**

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**Consumer Demographics**

**Gender:**       Male                       Female

**Age:**             13 – 17       18 – 59       60 +

**Race:**       American Indian/Alaskan Native                       Asian/Pacific Islander  
 Black/African American                                       White/Caucasian  
 Hispanic/Spanish     Other \_\_\_\_\_

**Needs:**       Developmentally disabled                                       Co-occurring disorders



**Guardians of Children 12 & Under  
NSRSN QRT survey 2000**

\_\_\_\_\_  
Mental Health Provider

\_\_\_\_\_  
Date

**1. Were you satisfied your child's mental health services were provided in a timely manner?**

dissatisfied    somewhat dissatisfied    neutral    somewhat satisfied    satisfied

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**2. Are you satisfied your child's counselor will be available to meet their needs?**

dissatisfied    somewhat dissatisfied    neutral    somewhat satisfied    satisfied

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**3. Are you satisfied you know the appropriate people to contact if your child has a mental health crisis?**

dissatisfied    somewhat dissatisfied    neutral    somewhat satisfied    satisfied

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**4. Are you satisfied with your involvement in the development of your child's treatment plan?**

dissatisfied    somewhat dissatisfied    neutral    somewhat satisfied    satisfied

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**5. Are you satisfied the staff followed through with all commitments for your child?**

dissatisfied    somewhat dissatisfied    neutral    somewhat satisfied    satisfied

**6. Are you satisfactorily informed of your child's "Rights" as a mental health consumer?**

dissatisfied    somewhat dissatisfied    neutral    somewhat satisfied    satisfied

**7. Are you satisfied with how easy it is to get the care your child needs?**

dissatisfied    somewhat dissatisfied    neutral    somewhat satisfied    satisfied

**8. What is your satisfaction with the staff's professionalism toward you and your child?**

dissatisfied    somewhat dissatisfied    neutral    somewhat satisfied    satisfied   13

**9. Are you satisfied mental health services provided are helpful to your child?**

dissatisfied    somewhat dissatisfied    neutral    somewhat satisfied    satisfied



**Adult Activity Center Program  
NSRSN QRT survey 2000**

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**Mental Health Provider**

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**Date**

- 1. Are you satisfied with the noise level at the Center?**  
 dissatisfied    somewhat dissatisfied    neutral    somewhat satisfied    satisfied
- 2. Are you satisfied that everyone does their part to keep the Center running smoothly?**  
 dissatisfied    somewhat dissatisfied    neutral    somewhat satisfied    satisfied
- 3. Are you satisfied with the way consumers conduct themselves at the Center?**  
 dissatisfied    somewhat dissatisfied    neutral    somewhat satisfied    satisfied
- 4. Are you satisfied, with the help you receive when you have a mental health crisis?**  
 dissatisfied    somewhat dissatisfied    neutral    somewhat satisfied    satisfied
- 5. Are you satisfied the food meets your needs?**  
 dissatisfied    somewhat dissatisfied    neutral    somewhat satisfied    satisfied
- 6. Are you satisfied you know your mental health "RIGHTS" at the Center?**  
 dissatisfied    somewhat dissatisfied    neutral    somewhat satisfied    satisfied
- 7. How satisfied are you with the Activity Center Programs?**  
 dissatisfied    somewhat dissatisfied    neutral    somewhat satisfied    satisfied
- 8. Are you satisfied that all the staff conduct themselves appropriately?**  
 dissatisfied    somewhat dissatisfied    neutral    somewhat satisfied    satisfied
- 9. Are you satisfied that services provided are helpful to you?**  
 dissatisfied    somewhat dissatisfied    neutral    somewhat satisfied    satisfied
- 10. Are you satisfied that your gender, race, age, language, sexual orientation, and handicap needs are respected?**  
 dissatisfied    somewhat dissatisfied    neutral    somewhat satisfied    satisfied
- 11. Do you feel satisfied that the Center staff treats you with dignity and respect?**  
 dissatisfied    somewhat dissatisfied    neutral    somewhat satisfied    satisfied



**Residential - Adult  
NSRSN QRT survey 2000**

\_\_\_\_\_  
Mental Health Provider

\_\_\_\_\_  
Date

**1. Were you, satisfied with the amount of time it took to access residential services?**

dissatisfied    somewhat dissatisfied    neutral    somewhat satisfied    satisfied

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**2. Are you, satisfied with the availability and support you receive from your case manager?**

dissatisfied    somewhat dissatisfied    neutral    somewhat satisfied    satisfied

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**3. Are you satisfied with the crisis plan provided for you?**

dissatisfied    somewhat dissatisfied    neutral    somewhat satisfied    satisfied

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**4. Are you satisfied with your involvement in the development of your treatment plan?**

dissatisfied    somewhat dissatisfied    neutral    somewhat satisfied    satisfied

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**5. How satisfied are you that meals meet your dietary needs?**

dissatisfied    somewhat dissatisfied    neutral    somewhat satisfied    satisfied

**6. Are you satisfied with your roommate(s)?**

dissatisfied    somewhat dissatisfied    neutral    somewhat satisfied    satisfied

**7. Are you satisfied staff followed through with all commitments for you?**

dissatisfied    somewhat dissatisfied    neutral    somewhat satisfied    satisfied



- 8. Are you satisfactorily informed of your residential/mental health “Rights”?**  
 dissatisfied  somewhat dissatisfied  neutral  somewhat satisfied  satisfied
- 9. Are you satisfied with how easy it is to get the care you need?**  
 dissatisfied  somewhat dissatisfied  neutral  somewhat satisfied  satisfied
- 10. What is your satisfaction with the residential staff’s professionalism towards you?**  
 dissatisfied  somewhat dissatisfied  neutral  somewhat satisfied  satisfied
- 11. Are you satisfied residential services are helpful to you?**  
 dissatisfied  somewhat dissatisfied  neutral  somewhat satisfied  satisfied
- 12. Are you satisfied your gender, race, age, language, sexual orientation, and handicap accessibility needs are met and respected?**  
 dissatisfied  somewhat dissatisfied  neutral  somewhat satisfied  satisfied
- 13. Do you feel satisfied that the staff is confidential with your personal information?**  
 dissatisfied  somewhat dissatisfied  neutral  somewhat satisfied  satisfied
- 14. Are you satisfied the residential staff treats you with dignity and respect?**  
 dissatisfied  somewhat dissatisfied  neutral  somewhat satisfied  satisfied
- 15. Are you satisfied with the offered assistance in finding appropriate and affordable housing if needed?**  
 dissatisfied  somewhat dissatisfied  neutral  somewhat satisfied  satisfied
- 16. What would you change about the way residential services are provided for you?**

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**Consumer Demographics**

- Gender:**       Male                       Female
- Age:**             13 – 17             18 – 59             60 +
- Race:**           American Indian/Alaskan Native     Asian/Pacific Islander  
 Black/African American                       White/Caucasian  
 Hispanic     Other \_\_\_\_\_
- Needs:**         Developmentally disabled             Co –occurring disorders

**Evaluation & Treatment Center - Adults  
NSRSN QRT survey 2000**

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Mental Health Provider \_\_\_\_\_

\_\_\_\_\_ Date

- 
- 1. Are you satisfied, with the availability and support you receive from your case manager?**  
 dissatisfied    somewhat dissatisfied    neutral    somewhat satisfied    satisfied
- 
- 2. Were you satisfied with the physical examination you were given within 24 hours of your admission?**  
 dissatisfied    somewhat dissatisfied    neutral    somewhat satisfied    satisfied
- 
- 3. Are you satisfied with the planned therapeutic activities throughout the day?**  
 dissatisfied    somewhat dissatisfied    neutral    somewhat satisfied    satisfied
- 
- 4. Do you feel actively involved in the development of your treatment plan?**  
 dissatisfied    somewhat dissatisfied    neutral    somewhat satisfied    satisfied
- 5. Are you satisfied medical attention is available to you if needed?**  
 dissatisfied    somewhat dissatisfied    neutral    somewhat satisfied    satisfied
- 6. Are you satisfied the mental health staff treats you with dignity and respect?**  
 dissatisfied    somewhat dissatisfied    neutral    somewhat satisfied    satisfied
- 7. Are you satisfied while in restraints or seclusion you were given access to the restroom and water/food?**  
 dissatisfied    somewhat dissatisfied    neutral    somewhat satisfied    satisfied
- 8. Are you satisfied new medications are explained to you?**  
 dissatisfied    somewhat dissatisfied    neutral    somewhat satisfied    satisfied
- 9. Are you satisfactorily listened to about any side effects of your medications?**  
 dissatisfied    somewhat dissatisfied    neutral    somewhat satisfied    satisfied
- 10. How satisfied are you that meals meet your dietary needs?**  
 dissatisfied    somewhat dissatisfied    neutral    somewhat satisfied    satisfied
- 11. Are you satisfied that being hurt or treated roughly has not occurred during your stay here?**  
 dissatisfied    somewhat dissatisfied    neutral    somewhat satisfied    satisfied

**12. Are you satisfactorily informed of your “Rights” as a mental health consumer?**

- dissatisfied    somewhat dissatisfied    neutral    somewhat satisfied    satisfied

**13. What is your satisfaction with staff’s professionalism towards you and your family member?**

- dissatisfied    somewhat dissatisfied    neutral    somewhat satisfied    satisfied

**14. Are you satisfied with the help you receive from mental health services?**

- dissatisfied    somewhat dissatisfied    neutral    somewhat satisfied    satisfied

**15. Are you satisfied the staff makes it easy to get the care you need?**

- dissatisfied    somewhat dissatisfied    neutral    somewhat satisfied    satisfied

**16. Are you satisfied with the level of privacy when personal matters are discussed?**

- dissatisfied    somewhat dissatisfied    neutral    somewhat satisfied    satisfied

**17. Are you satisfied that staff followed through with all commitments for you?**

- dissatisfied    somewhat dissatisfied    neutral    somewhat satisfied    satisfied

**18. Are you satisfied your gender, race, age, language, sexual orientation, and handicap accessibility needs are met and respected.**

- dissatisfied    somewhat dissatisfied    neutral    somewhat satisfied    satisfied

**19. Do you feel satisfied that the staff is confidential with your personal information?**

- dissatisfied    somewhat dissatisfied    neutral    somewhat satisfied    satisfied

**20. Has your right to have visitors been satisfactory?**

- dissatisfied    somewhat dissatisfied    neutral    somewhat satisfied    satisfied

**21. What would you change about the way mental health services are provided for you?**

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**Consumer Demographics**

- Gender:**    Male                       Female                       Other  
**Age:**         13 – 17                       18 – 59                       60 +  
**Race:**         American Indian/Native Alaskan    Asian/Pacific Islander  
                     African American/Black                       Northern European/White  
                     Hispanic/Spanish                                       Other \_\_\_\_\_  
**Needs:**         developmentally disabled                       co-occurring disorders



**QUALITY REVIEW TEAM – FACILITY OBSERVATIONS  
& RECOMMENDATIONS  
1999**

**Provider Site:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Rights Posted?** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Brochures accessible?** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**QRT flyer posted?** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Waiting Room appearance?** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Receptionists - (friendly, respectful, attentive)?** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Privacy Area for surveys?** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Other Observations and Recommendations:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## **Overview of 1999 Annual Site Visits by QRT NSRSN**

### **10 Compass Sites: 131 consumers surveyed**

#### Strengths -

- 105 consumers felt treated with respect
- 22 consumers stated services were helpful
- 17 consumers stated they were respected with gender, race, age, language etc.

#### Findings –

- 2 consumers had problems with access to services
- 1 child not informed of rights
- 1 parent not included in treatment plan

#### Concerns –

- 8 consumers at E & T's complained of lack of activities
- 5 consumers had trouble with access
- 4 residents stated food is not appealing

### **10 Community Mental Health Service Sites:123 consumers surveyed**

#### Strengths:

- 39 stated they were treated with respect
- 27 consumers stated services are helpful
- 13 felt satisfied with services
- 12 stated care is easy to get

#### Findings:

- 10 consumers are concerned about facility closing and lack of info. as to where they will go for services
- 4 stated it is not easy to get the care they need

#### Concerns –

- 5 more time with case management/therapist
- 1 services not helpful
- 1 too much paper work

### **2 Rainbow Resource Sites: 29 consumers surveyed**

#### Strengths -

- 14 feel encouraged to be independent
- 9 consumers satisfied with services

#### Findings -

- 6 unaware of client grievance procedure
- 2 residential showers need fixing
- 1 inappropriate behavior from room mate
- 1 abused by night staff

#### Concerns –

- 1 residential unsanitary room

24

### **1 Sun Community Service Site: 3 consumers surveyed**

#### Strengths -

- 3 consumers satisfied with services
- 3 stated easy access

#### Concern –

- no QRT or Ombuds brochures available

## **2 Lake Whatcom Res. and Treatment Sites: 43 consumers surveyed**

Strengths –

- 42 consumers at the Residential and Treatment sites felt treated with respect

Concerns –

- 15 consumers were concerned with money/ food/ transportation
- 8 residential consumers stated lack of activities

## **2 Catholic Community Service Sites: 24 consumers surveyed**

Strengths –

- 17 consumers felt treated with respect
- 12 felt services were helpful to them
- 5 were satisfied with the services provided

## **1 Rainbow Center Site: 20 consumers surveyed**

Strengths –

- 20 consumers are satisfied with the services
- 20 consumers feel services are helpful
- 20 feel treated with respect
- 19 stated it was easy to access

## **1 Sea Mar Site: 7 consumers surveyed**

Strengths –

- 7 consumers felt treated with respect
- 7 stated they were satisfied with services
- 7 feel services are helpful

### **Over-all view of Provider site results:**

- **Strengths** that stood out came from the question “Does your provider treat you with respect?” This was the most positive response that stood out over-all in the surveys.
- **Findings** were varied and did not seem to carry through with any one theme standing out through out the entire survey process. There were many different kinds of findings. As you will see by the Provider responses at the end of each report. All of the findings have been addressed or are in the process of reaching acceptable solutions by the NSRSN and Quality Review Team.

## Completed Quality Review Team Survey Site Visits Providers and number of consumers surveyed at sites - 1999

### Other:

1. 5/99 – North Sound Regional Support Network Survey Performance Survey - **290** mail outs – **94** responses
2. 5/99 – VOA – Staff survey interview .....**17** staff interviewed

**(Number of consumers getting services at each site & numbers of consumers surveyed at each site)**

3. 5/99 – Shelter Care Plus (gathered information)..... **135** sent – **37** returned

### Compass:

4. 6/9/99 - North Sound E & T – S.W. ....	<b>13</b>	consumers		<b>6</b>	surveyed
5. 6/28/99 - Greenhouse (adult ext Res.) Ev.....	<b>18</b>		“	<u><b>7</b></u>	“
6. 6/30/99 - Snoh. E & T @ Mukilteo.....	<b>13</b>		“	<u><b>5</b></u>	“
7. 7/7/99 - Edmonds Adult Extended.....	<b>500</b>		“	<u><b>20</b></u>	“
8. 7/7/99 - Edmonds Children /Youth ext. ....	<b>110</b>		“	<u><b>9</b></u>	“
9. 7/21/99 – Compass Campus (main bldg.).....	<b>600</b>		“	<u><b>18</b></u>	“
10. 7/26/99 - Smokey Point Ext. adult.....	<b>169</b>		“	<u><b>4</b></u>	“
11. 7/28/99 - Smokey Point Prim. Care (kids).....	<b>200</b>		“	<u><b>5</b></u>	“
12. 9/16/99 - Marysville Adult Extended.....	<b>150</b>		“	<u><b>11</b></u>	“
13. 9/17/99-(revisit) Snoh. E & T @ Mukilteo,.....	<b>11</b>		“	<u><b>4</b></u>	“

### Community Mental Health Services:

14. 9/9/99 - Behavioral Health Services.....	<b>256</b>	“		<u><b>10</b></u>	“
15. 9/20/99 – Adult Community Support .....	<b>600</b>	“		<u><b>24</b></u>	“
16. 9/23/99 – (revisit) Behavioral Health Services.....	<b>104</b>	“		<u><b>4</b></u>	“
17. 9/27/99 – Children’s Services.....	<b>000</b>	“		<u><b>0</b></u>	“
18. 9/30/99 – Older Adult Services .....	<b>230</b>	“		<u><b>10</b></u>	“
19. 10/4/99 – Co-occurring disorders & Vocational.....	<b>35</b>	“		<u><b>13</b></u>	“
20. 10/5/99 – Garden House – Oak Harbor.....	<b>7</b>	“		<u><b>10</b></u>	“
21. 10/12/99 – North Island Mental Health .....	<b>200</b>	“		<u><b>13</b></u>	“
22. 10/14/99 – (revisit) Children’s Services.....	<b>245</b>	“		<u><b>12</b></u>	“
23. 10/18/99 – Island County Mental Health .....	<b>526</b>	“		<u><b>27</b></u>	“

### Rainbow Resources:

24. 10/21/99 – Rainbow - Sno-Alp house.....	<b>4</b>	“		<u><b>9</b></u>	“
25. 10/21/99 – Rainbow – Madison House .....	<b>35</b>	“		<u><b>10</b></u>	“
26. 11/2/99 – (revisit) Sno-Alp house .....	<b>13</b>	“		<u><b>10</b></u>	“



**Whatcom Counseling & Psych. Clinic:**

27. 10/26/99 – Whatcom Counseling & Psych.....1300 “ 22 “

**Sun House Residential:**

28. 11/1/99 – Sun House – Residential..... 6 “ 3 surveyed

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**Lake Whatcom Residential & Treatment Center:**

29. 11/4/99-Lake Whatcom Res.& Tr. Ct.- case man.....300 “ 18 “

30. 11/8/99 – Lake Whatcom Res. & Tr. Ct.– Res.....67 “ 26 “

**Catholic Community Services:**

31. 11/17/99 – Catholic Comm. Services, Skagit.....175 “ 12 “

32. 12/2/99 – Catholic Comm. Services, Whatcom.....288 “ 12

**Rainbow Center:**

33. 11/29/99 – Rainbow Center - Clubhouse.....90 “ 20

**Sea Mar:**

34. 12/7/99 – Sea Mar – Whatcom.....90 “ 7 “

**Compass:**

35. 12/13/99 – Adult Ext./Older Adult.....450 “ 10 “

36. 12/13/99 - Adult Ext. Care Services.....475 “ 17 “

37. 12/15/99 – Smokey Point Primary Care (revisit).....200 “ 10 “

38. 12/20/99 – Smokey Point Adults (revisit).....30 “ 5 “

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- **Total consumers getting services at each provider site - 7435**
- **Total consumers surveyed at each provider site - 440**
- **Percentage of consumers surveyed at all sites - 6%**

## DEMOGRAPHICS OF CONSUMERS SURVEYED IN 1999

Breakdown of the 440 consumers surveyed by the Quality Review Team

### Gender

- **Male:**.....200
- **Female:**.....207

### Age

- **Under 13:**.....48
- **13 – 17:**.....18
- **18 – 59:**.....319
- **60 & up:**..... 30

### Ethnicity

- **American Indian/Alaskan Native:**..24
- **Black/African American** .....8
- **Asian/Pacific Islanders:**.....5
- **Hispanic/Spanish:**.....25
- **White/Caucasian:**.....336
- **Other:**.....12

( not all consumers want to fill out the demographics)

# **FYI**

**TO: The Quality Management Oversight Committee  
& all Interested Parties**

**RE: 1999 MHD Annual Quality Review Team Report**

**DATE: April 20, 2000**

**These are the first 7 pages of the MHD annual Overview Report for 1999 that has been sent to MHD by the QRT. In this information I did not include the entire packet with the large quantity of survey reports. QRT will make up a packet for anyone who requests it. Due to the large quantity of paper that would be used we would like to share the entire report packet by request.**

**Thank you-**

**The NSRSN, Quality Review Team**

## **NSRSN COMMITTEE DISCUSSION FORM**

**AGENDA ITEM:** Five Priorities Training Program

**PRESENTER:** Bob LeBeau, APN

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

### **SIGNIFICANT POINTS OR EXECUTIVE SUMMARY:**

- The QMOC Outcomes Committee identified five priority areas regarding Services Delivery and related issues.
- APN has initiated a training program to address these issues.
- APN has requested to briefly inform the committee of this program.

### **CONCLUSIONS/RECOMMENDATIONS:**

None.

### **TIMELINES:**

None.

### **ATTACHMENTS:**

None.