



**NORTH SOUND
MENTAL HEALTH ADMINISTRATION**

**QUALITY MANAGEMENT OVERSIGHT COMMITTEE
COMMITTEE MEETING PACKET**

November 19, 2003

QMOC GUIDING PRINCIPLES

The QMOC charge is to guide the quality assurance and quality improvement activities of mental health services within the NSMHA region. In assessing the necessary data and making appropriate recommendations, the QMOC members agree to the following:

- ◆ **Help create an atmosphere that is SAFE.**
- ◆ **Maintain an atmosphere that is OPEN.**
- ◆ **Demonstrate RESPECT and speak with RESPECT toward each other at all times.**
- ◆ **Practice CANDOR and PATIENCE.**
- ◆ **Accept a minimum level of TRUST so we can build on that as we progress.**
- ◆ **Be SENSITIVE to each other's role and perspectives.**
- ◆ **Promote the TEAM approach toward quality assurance.**
- ◆ **Maintain an OPEN DECISION-MAKING PROCESS.**
- ◆ **Actively PARTICIPATE at meetings.**
- ◆ **Be ACCOUNTABLE for your words and actions.**
- ◆ **Keep all stakeholders INFORMED.**

Adopted: 10-27-99
Revised: 01-17-01

DRAFT
North Sound Mental Health Administration
Quality Management Oversight Committee
NSMHA Conference Room
November 19, 2003
12:30 – 2:30

AGENDA

			Page #
1.	Open the meeting & comments from the Chair		
2.	Approval of October 2003 Minutes <small>Action Item</small>	Chair Byrne	3
3.	Reports		
	A. Quality Management Department Report <small>FYI and Discussion</small>	Ms. Klamp	5 min 6
	B. Whatcom County Audit <small>FYI and Discussion</small>	Ms. Klamp	10 min 7
	C. WCPC Crisis Review Update <small>FYI and Discussion</small>	Mr. Benjamin	15 min 8
	D. Quality Review Team 3rd Quarter Report <small>FYI and Discussion</small>	Ms. Bacon	5 min 9
	E. UM Sub Committee Report <small>FYI and Discussion</small>	Mr. McDonough	15 min 10
	F. Standards of Care <small>Action Item</small>	Ms. Vaughan	15 min 11
	G. Exhibit N <small>FYI and Discussion</small>	Ms. Striplin	15 min 12
	H. Critical Incidents <small>FYI and Discussion</small>	Ms. Striplin	15 min 13
	I. Dale Jarvis and Barbara Mauer White Paper <small>FYI and Discussion</small>	Ms. Klamp	15 min 14
4.	Other Business		
	A. Meeting Evaluation	Chair Byrne	5 min 15
5.	Adjourn		

**North Sound Mental Health Administration
Quality Management Oversight Committee
NSMHA Conference Room**

October 15, 2003

12:30 – 2:30

MINUTES

Present:

Andy Byrne, QMOC Chair, Board of Directors
Beckie Bacon, QRT
Sharri Dempsey, Tribal Liaison/OCA Manager
Mary Good, Advisory Board Member
Wendy Klamp, Lead Quality Specialist
Terry McDonough, Quality Specialist
Karen Kipling, VOA
Bob LeBeau, APN
Joan Dudley, Lake Whatcom
Chuck Davis, Ombuds
Joan Lubbe, Advisory Board
Karen Townsend, Quality Specialist

Not Present:

Claudia D'Allegrì, Sea Mar
Joe Johnson, NSMHA Board
Michael S. White, IS Specialist
Gary Williams, County Coordinator
Vacant-Advisory Board Member
Vacant-Advisory Board Member

Others Present:

Shari Downing
Greg Long

1. Open the meeting & comments from the Chair

Chair Byrne opened the meeting at 12:35 pm and welcomed those present. The last time QMOC met was in August, due to many of the participants being at the Village training in Long Beach, California.

The Board of Directors approved the QMOC charter last week. In January we will re-cast the committee with fewer NSMHA staff and more Consumers and Advocates. There won't be a lot of change in the type of items that come to this committee.

2. Approval of June 2003 Minutes

Motion to approve as written, seconded, all in favor, **motion carried**

3. Reports

A. Quality Management Department Report

Ms. Klamp distributed the Quality Management Department Report and commented on the incredible effort and professionalism of NSMHA staff and Providers that have been working on the SOC revisions. This has been a very collaborative process. A semi-final draft will be issued to QMC and QMOC in November. Wendy is very grateful to Linda Vaughan and Michael White who saved us on reformatting of the document when the original formatting collapsed. She also thanked Rebecca Pate for her help in the formatting also. Wendy spoke about the housing

consultant from Common Ground that came for an informal presentation with Skagit providers and the NSMHA staff. It was a good experience. The consultant selection and project are going very well at WCPC. See Attachment A for more information. Wendy was thanked for her report.

B. Volunteers of America Audit

Ms. Klamp informed the group that Volunteers of America had no findings during the administrative audit performed by NSMHA. They have many strengths including a strong Quality Management Plan, incorporating consumer voice, and excellent personnel files. It was an enjoyable experience to all. It was great to see them in action. Chair Byrne thanked Wendy for her report.

C QMC Report

Mr. Long presented an update of the QMC committee. He explained that QMC was formed out of the system review last summer. The purpose is to have unduplicated Quality Management. The first meeting was in July. Wendy Klamp chairs the committee and is very good at organizing the committee. He has heard good comments from CEO's and committee members. Ms. Klamp added that if QMC cannot reach a consensus on any item it would then go to QMOC for policy recommendation. QMC meets the 4th Thursday of the month. Group discussion followed. Mr. LeBeau asked if he could be put on the QMC mailing list. Wendy stated that he could and would be. Chair Byrne thanked Greg for his report.

D. Quality Review Team Report

Ms Bacon gave the QRT Quarterly Report to the committee. The QRT have not spotted any trends so far. She stated that crisis plans seem to be doing a lot better. See attachment B for more details. QRT did outreach to Sun Community and brought back a wish list of the items that they needed. The QRT then collected items from the community and took them to Sun. Beckie stated that she now sits on the SKAT advisory board. Funding cuts have reduced routes and consumers are not getting to their appointments. She is advocating for that. At the next meeting she will have the 3rd quarter report, which will include charts and be more in-depth. Joan Dudley stated that she appreciates the way Beckie conducts her surveys. She is very approachable. Chair Byrne thanked Beckie for her report.

E. WCPC Crisis Review Update

Mr. Long presented the WCPC Crisis Review update for Mr. Benjamin today. Greg told the committee that they would be getting an update of the Crisis Review at every meeting. He explained that MHD has placed Crisis Services in Whatcom County on probation for one year. This resulted in NSMHA sanctioning WCPC \$20,000 and using the money to hire a consultant. The name of the consultant is Patty Nelson. She has begun formally this week meeting with people, and looking at the administrative processes of crisis services in Whatcom County. Greg stated that he might have information from the consultant at the next QMOC meeting. Committee discussion followed. Greg was thanked for his report.

F. MHD Quality Strategy and NSMHA QM Plan

Ms. Klamp addressed the committee about the MHD Quality Strategy Plan. She explained that it is a vehicle to assure BBA compliance under the new Waiver. It is a very extensive plan to evaluate the RSN's in a new way. This is a new process for MHD and there will be training on the new plan for MHD as well as for us. Joan Dudley asked if QMOC has ever read Jarvis and Mauer's

“White Paper.” Committee stated that they haven’t. Wendy suggested that a presentation could possibly be given next month. Wendy was thanked for her report.

Mr. McDonough stated that with Wendy’s help, he has prepared a response to the 17-point grid for RSN Strategy Compliance. See attachment C for more details. Terry indicated that we will incorporate all 17 points into the regional QM plan. Terry added that he would like to form a regional subcommittee of advocates, consumers, QMOC, and SOC committee members. Chair Byrne asked Terry when would this be starting? Terry stated ASAP. He would initiate the proposed process via email then begin around November 1. The QM Plan is an attachment to the contracts so we need to have it in place by the end of the year. Our current plan expires on December 31, 2003. Bob asked if we could update our organizational chart of committees, subcommittees, and limited workgroups and bring it back to QMOC in November or December. Wendy stated that she would bring it in December. Joan Dudley suggested that the subcommittee spend a whole day or two and just do it. Not half days or two-hour meetings. Chair Byrne thanked Terry for his report.

G. UM Charter

Mr. McDonough informed the committee of a new on going subcommittee forming for Utilization Management. He is not sure how long or how frequently this committee would meet. He indicated that he wanted QMOC to see the Draft Charter and who the subcommittee is. Linda Benoit, Terry McDonough, Mike Watson, Dean White, and Bob LeBeau have volunteered for the subcommittee so far. Terry asked if anyone from QMOC would like to volunteer for this subcommittee. Karen Kipling stated that she would.

4. Other Business

A. Meeting evaluation results

Chair Byrne reviewed the last meetings evaluation results with the committee.

5. Adjourn

Chair Byrne adjourned the meeting at 2:35 p.m.

Next QMOC meeting scheduled for November 19, 2003 12:30pm.

Respectfully submitted,

Shari Downing

Please Note:

The attachments referenced herein are part of the official record and attached to the file copy.

Please contact the NSMHA at 1-800-684-3555 extension 243 if you have any questions, comments or concerns.

NSMHA COMMITTEE DISCUSSION FORM

AGENDA ITEM: Quality Management Department Report

PRESENTER: Wendy Klamp, NSMHA Lead Quality Specialist

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

SIGNIFICANT POINTS OR EXECUTIVE SUMMARY:

- ✓ Summaries of October activities of the Quality Management Department and Quality Specialist staff will be provided at the meeting.

CONCLUSIONS/RECOMMENDATIONS:

- ✓ A summary of Quality Management Department activities will be given to the QMOC on a monthly basis

TIMELINES:

- ✓ Ongoing

HANDOUTS:

- ✓ The reports will be distributed at the meeting.

NSMHA COMMITTEE DISCUSSION FORM

AGENDA ITEM: Whatcom County Audit

PRESENTER: Wendy Klamp

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

SIGNIFICANT POINTS OR EXECUTIVE SUMMARY:

The NSMHA Administrative Audit Team completed the Administrative, Fiscal, and Quality Assurance Audit of Whatcom County on October 30, 2003

CONCLUSIONS/RECOMMENDATIONS:

The audit documented a variety of strengths and positive activities. There were no findings or recommendations.

TIMELINES:

N/A

ATTACHMENTS:

NSMHA Administrative, Fiscal and Quality Assurance/Improvement Monitoring Report will be handed out at the meeting.

NSMHA COMMITTEE DISCUSSION FORM

AGENDA ITEM: WCPC Emergency/Crisis Services Update

PRESENTER: Charles R. Benjamin

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

SIGNIFICANT POINTS OR EXECUTIVE SUMMARY:

As reported previously, Whatcom Counseling & Psychiatric Clinic's Crisis Response System is under close monitoring as follows:

1. Mental Health Division (MHD) has placed this program on probation for one year.
2. NSMHA has:
 - a. Requested a Corrective Action Plan to ensure 24/7 Emergency Services.
 - i. Part of plan requires WCPC and NSMHA to conduct daily reviews of crisis system "event sheets."
 - b. Issued a \$20,000 sanction to APN/WCPC.
 - c. Sanction funds to be used to contract with an independent consultant to assess the management and functioning of the Emergency Services Program.

CONCLUSIONS/RECOMMENDATIONS:

NSMHA has hired an independent consultant.

A contingency plan from APN has been received, reviewed and is being revised with input from MHD and NSMHA.

An update on the monitoring of the "event sheets" is indicating improvement.

NSMHA will report back to QMOC once we receive a report.

These efforts need to be integrated with the NSMHA's review/survey of the Crisis System throughout the North Sound.

TIMELINES:

N/A

ATTACHMENTS:

N/A

NSMHA COMMITTEE DISCUSSION FORM

AGENDA ITEM: QRT Quarterly Report for 3rd Quarter

PRESENTER: Beckie Bacon

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

SIGNIFICANT POINTS OR EXECUTIVE SUMMARY:

- List of Duties and Activities Performed

CONCLUSIONS/RECOMMENDATIONS:

None

ATTACHMENTS:

Quarterly Report for Calendar Period July - September 2003 will be handed out at the meeting.

NSMHA COMMITTEE DISCUSSION FORM

AGENDA ITEM: Utilization Management Sub-Committee Report

PRESENTER: Terry McDonough

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

SIGNIFICANT POINTS OR EXECUTIVE SUMMARY:

- The Utilization Management Sub-Committee met on Nov 6 for its first planning meeting
- The Sub-Committee's task was to identify and prioritize goals for the UM Plan and also to identify responsibilities for completing tasks outlined in the UM Plan

CONCLUSIONS/RECOMMENDATIONS:

- Progress made regarding each of the tasks described above will be presented to QMOC at the Nov 19 QMOC meeting.

TIMELINES:

- The UM Plan Sub-Committee will be continuing to meet on a regular basis

ATTACHMENTS:

None

NSMHA COMMITTEE DISCUSSION FORM

**AGENDA ITEM: Revised Clinical Eligibility and Care Standards
(Contract Attachment) aka, the “SOC”**

PRESENTER: Linda Vaughan

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

SIGNIFICANT POINTS OR EXECUTIVE SUMMARY:

The process:

- Meeting MHD requirements – period of many changes
- Provider, consumer consensus

The products:

- CECS – Outpatient (Non-emergent) Services
- Incorporation of the State’s (proposed) Access to Care Standards
- Crisis Service Standard

- The process for future changes:
QMC, QMOC, Board approval

CONCLUSIONS/RECOMMENDATIONS:

QMOC approval

TIMELINES:

The contract was introduced to the NSMHA Board of Directors in October for approval at their December meeting.

ATTACHMENTS:

The Clinical Eligibility and Care Standards (Attachment 3) will be available at the QMOC meeting.

NSMHA COMMITTEE DISCUSSION FORM

AGENDA ITEM: NSMHA Complaint, Grievance, and Fair Hearing Report- April 1, 2003 through September 30, 2003

PRESENTER: Diana Striplin

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

SIGNIFICANT POINTS OR EXECUTIVE SUMMARY:

Presentation of the NSMHA Complaint, Grievance, and Fair Hearing Report- April 1, 2003 through September 30, 2003

The presentation will include an overview of:

- Complaints, grievance, and fair hearing data
- Complaints in a recovery based system
- Analysis of trends and quality improvement

TIMELINES:

April 1, 2003 through September 30, 2003

HANDOUTS

Will be distributed at the meeting

NSMHA COMMITTEE DISCUSSION FORM

AGENDA ITEM: NSMHA Critical Incident Report-January 1, 2003 through June 30, 2003

PRESENTER: Diana Striplin

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

SIGNIFICANT POINTS OR EXECUTIVE SUMMARY:

Presentation of the NSMHA Critical Incident report for January 1, 2003 through June 30, 2003.

The presentation will include an overview of:

- Critical Incident Data
- Next steps for using critical incident data for continuous quality I improvement

TIMELINES:

January 1, 2003 through June 30, 2003

HANDOUTS

Will be distributed at the meeting

NSMHA COMMITTEE DISCUSSION FORM

AGENDA ITEM: Dale Jarvis / Barbara Mauer White Paper

PRESENTER: Wendy Klamp

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

SIGNIFICANT POINTS OR EXECUTIVE SUMMARY:

This well researched document examines the potential impact of the Final Rules for Medicaid Managed Care on the Washington Public Mental Health System and provides context to understand how the future quality efforts will be shaped.

CONCLUSIONS/RECOMMENDATIONS:

N/A

TIMELINES:

N/A

ATTACHMENTS:

White Paper will be handed out at the meeting.

QUALITY MANAGEMENT OVERSIGHT COMMITTEE MEETING EVALUATION FORM

Please complete this form and turn it in at the end of the meeting to the secretary.

1. Receipt of Information:

A. Was information received in a timely manner?

1 2 3 4 5
Does not meet expectation Meets expectation Exceeds expectation

B. Overall, did you receive enough information to make informed decisions?

1 2 3 4 5
Does not meet expectation Meets expectation Exceeds expectation

C. Was information sent to the appropriate place?

1 2 3 4 5
Does not meet expectation Meets expectation Exceeds expectation

D. Did we use the appropriate method? (Fax, mail, etc.)

1 2 3 4 5
Does not meet expectation Meets expectation Exceeds expectation

2. Meeting Logistics:

A. Are meeting times convenient for you? ___Yes ___No

B. In order of priority (1, 2, 3) would you rather meet
 ___morning or ___afternoon or ___evening?

C. Are meeting places convenient for you?

1 2 3 4 5
Does not meet expectation Meets expectation Exceeds expectation

3. Are meeting agendas complete and understandable?

1 2 3 4 5
Does not meet expectation Meets expectation Exceeds expectation

4. Are meetings conducted in such a way to allow you to speak and participate with a sense of safety and comfort?

1 2 3 4 5
Does not meet expectation Meets expectation Exceeds expectation

5. Are there any special accommodations you need that would be helpful to you? If so, what are they?

- Yes
 No

Please provide any additional comments you may have.

Total Score_____

Meeting Date 11/19/03 Name (optional)_____