



**NORTH SOUND  
MENTAL HEALTH ADMINISTRATION**

**QUALITY MANAGEMENT OVERSIGHT COMMITTEE  
COMMITTEE MEETING PACKET**

**December 17, 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**  
**December 17, 2003**  
**12:30 – 2:30**

**AGENDA**

				<b>Page #</b>
<b>1.</b>	<b>Open the meeting &amp; comments from the Chair</b>			
<b>2.</b>	<b>Approval of November 2003 Minutes</b> <small>Action Item</small>	<b>Chair Byrne</b>		<b>3</b>
<b>3.</b>	<b>Reports</b>			
	<b>A. Quality Management Department Report</b> <small>FYI and Discussion</small>	<b>Ms. Klamp</b>	5 min	<b>7</b>
	<b>B. NSMHA PHP Audit</b> <small>FYI and Discussion</small>	<b>Mr. Benjamin</b>	20 min	<b>8</b>
	<b>C. Dale Jarvis and Barbara Mauer White Paper</b> <small>FYI and Discussion</small>	<b>Ms. Klamp</b>	15 min	<b>9</b>
	<b>D. NSMHA Organizational Chart</b> <small>FYI and Discussion</small>	<b>Ms. Klamp</b>	15 min	<b>10</b>
	<b>E. NSMHA Regional Crisis System Review</b> <small>FYI and Discussion</small>	<b>Mr. Long</b>	20 min	<b>11</b>
	<b>F. Quality Management Plan</b> <i>“What we’ve learned”</i> <small>FYI and Discussion</small>	<b>Mr. McDonough</b>	15 min	<b>12</b>
	<b>G. New Member Orientation</b> <small>Committee Discussion</small>		20 min	
<b>4.</b>	<b>Other Business</b>			
	<b>A. Meeting Evaluation Results</b>	<b>Chair Byrne</b>	5 min	
<b>5.</b>	<b>Adjourn</b>			

**North Sound Mental Health Administration  
Quality Management Oversight Committee  
NSMHA Conference Room  
November 19, 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  
Janet Lutz-Smith, Advisory Board Member  
Coordinator  
Terry McDonough, Quality Specialist  
Specialist  
James Vest, Advisory Board Member  
Chuck Davis, Ombuds  
Karen Townsend NSMHA QS  
Nancy Jones, Snohomish County Coordinator  
Pam Benjamin, APN

**Not Present:**

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

Wendy Klamp, Lead Quality

Karen Kipling, VOA  
Bob LeBeau, APN  
Joan Dudley, Lake Whatcom  
Joan Lubbe, Advisory Board

**Others Present:**

Shari Downing  
Greg Long  
Diana Striplin  
Linda Vaughan  
Heather Fennell

**1. Open the meeting & comments from the Chair**

Chair Byrne opened the meeting at 12:34 pm and welcomed those present. Greg Long will be filling in for Wendy Klamp and Chuck Benjamin today.

Chuck has been invited to meet with Amy Skei from the House Appropriations Committee and they are doing a site visit at Volunteers of America.

**2. Approval of October 2003 Minutes**

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

**3. Reports**

### **A. Quality Management Department Report**

Mr. Long distributed the Quality Management Department Report and Greg stated that there has been a significant step for the Utilization Committee. They have met and will continue to meet. They have developed a charter and work plan. Greg also talked about the great flood of 2003 and how our region was impacted. See attachment A for more details. Greg was thanked for his report.

### **B. Whatcom County Audit**

Mr. McDonough informed the group that Whatcom County was the last of the Administrative Audits scheduled during the last two-year cycle. Terry stated that the review was positive and he was impressed with the array of services and facilities that Whatcom County is connected to. There were no findings during the administrative audit performed by NSMHA. Chair Byrne thanked the providers for their services and the Advisory Board for advising. See attachment B for more details. Terry was thanked for his report.

### **C WCPC Crisis Review Update**

Mr. Long presented an update of the WCPC Crisis review. The WCPC Emergency Crisis System review was brought about because there were several high profile issues in Whatcom County, which eventually led to MHD putting WCPC and the NSMHA on a corrective action. One of the major parts of it is that we are reviewing 100% of the ICRS initial contacts sheets that crisis services are doing in the county. Then we are doing a select sample in each of the other counties, and each of the other providers. We have had over 600 contacts now going into our database. Tomorrow I will give that report to QMC, and on Friday, to the ICRS committees showing what we have found. Things are moving along in Whatcom County. Chair Byrne thanked Greg for his report.

### **D. Quality Review Team 3<sup>rd</sup> Quarter Report**

Ms Bacon gave the QRT Quarterly Report for July to September 2003 to the committee. Beckie informed the committee about the six (6) site visits and the two hundred and five (205) face to face interviews that the QRT did last quarter. Twelve (12) reports are still in process waiting for provider response and will be included in next quarter's report when finished. The QRT did a survey of the Volunteers of America Care Crisis Line. Karen Kipling and her staff help develop the survey. There were some areas of concern that Karen has responded to and the QRT are satisfied with the response. See attachment C for more details. Chair Byrne thanked Beckie for her report.

### **E. UM Sub Committee Report**

Mr. McDonough explained that the Utilization Management (UM) subcommittee is a subcommittee of and has been approved by the Regional Quality Management Committee (QMC), which is a group of providers and NSMHA staff that meet monthly to address quality management issues on a region wide, coordinated, collaborative, interactive basis. The UM subcommittee was formed to address the need for Utilization Management in our region and to develop the Regional Utilization Management Plan. Fifteen (15) people did volunteer for the subcommittee and met on November 16, 2003 from 1:00 PM until

5:00PM. The subcommittee plans to have another meeting on December 5<sup>th</sup> 2003. After that they will meet for two (2) hours on the last Friday of each month throughout 2004. The subcommittee plans to start with adult and child inpatient queries from June of 2002 through June of 2003. The subcommittee plans to look at total bed days, recidivism, cluster of diagnoses and voluntary vs. involuntary. He will update the QMOC committee at the December 17<sup>th</sup> meeting. Sharri Dempsey asked Terry if the committee plans on looking at the cluster of diagnoses around trauma issues, we have a trauma piece to our contracts now, and she would like him to look at demographics and see if we can find some clusters around that. Also particularly age, gender, and some of the ethnic pieces because that can generate a trauma cluster around that. With this we could have some good information and back up of what we have been working on here for a really long time. Terry agreed, and stated that they will address those issues. Terry was thanked for his report.

#### **F. Standards of Care**

Ms. Vaughan reminded the committee that this is an action item today and would like the committee's approval of the document to go to the Board of Directors in December, and implementation in January. Linda pointed out that the name of the document has gone through some changes. It started out as the Level of Care, then the Standards of Care, now it is called the North Sound Mental Health Administration Clinical Eligibility and Care Standards for Publicly-Funded Mental Health Community Outpatient (Non-Emergent) Services. This last change is significant because we have removed the crisis portion and made it a separate document. Linda thanked all of the providers, stakeholders and staff that have been involved. This was not an easy process, as some of the states documents are not yet finalized. When they are, the SOC committee will meet again and probably make some revisions. She feels that this is a better document that it used to be as we have now incorporated the States Access to Care Standards verbatim. What the committee tried to do was crosswalk between the contract and the Care Standards so the wording should be identical or removed. Sharri Dempsey stated that the Tribes had a question about the regional service requirements related to assessment. That's what refers back to cultural competency and also the 7.01 plan, which is a bit different than the state WAC it's stronger and broader. But, I don't see that in adult outpatient care or children's inpatient care and they are very concerned about that. The requirement is not throughout the document only in assessment, and that was a real concern of the tribes in this region. The tribes want it throughout this document. The tribes feel that it has minimized the importance of 7.01 planning that has been done in this region for years because it does not speak directly to them. Committee discussion followed. See attachment D for more information.

We move to recommend approval to the Board of Directors of the North Sound Mental Health Administration Clinical Eligibility and Care Standards for Publicly-Funded Mental Health Community Outpatient (Non-Emergent) Services with one amendment as follows: “**On every service requirement section, under source of requirement we would have an asterisk (\*) and that asterisk (\*) would state that source requirements will be listed as they are clarified in the WAC, with the exception of the NSMHA 7.01 plan, which will be implemented as written within**”. *Moved, seconded and passed unanimously.*

**Additional motion: put the definition of the term “assultive” in the glossary that accompanies the contract as it refers to the exclusion criteria for Adult Residential Rehabilitation Centers. Moved, seconded, passed unanimously.**

Greg wanted to thank Linda Vaughan for the extra time, multiple meetings and seeing the process through. She has done an excellent job. Chair Byrne thanked Linda for her report.

**G. Exhibit N**

Ms. Striplin explained to the committee one of our requirements is to report to the Mental Health Division aggregate data of the complaints, grievances and fair hearings in our region every six (6) months. The NSMHA has been reporting all complaints and grievances to the state since 1999. Ombuds and providers region wide submit data to Diana and she sends an unduplicated report to the state. She has seen an increase in this reporting period. There were two hundred forty five separate individuals with two hundred eighty six complaints. Diana stated we need to refine our data. She has requested from Hank Balderrama instructions on how they want the forms filled out, and that we need better definitions for Quality Improvement. Committee discussion followed. Diana was thanked for her report.

**H. Critical Incidents**

Ms. Striplin announced to the committee that she has taken over the critical incident reporting, and chairs the CIRC committee since Mike Page retired. She creates a report every month and one every six-months on the critical incidents in our region and gives these reports to the counties. Diana went over her reports with the committee. Committee discussion followed. Chair Byrne thanked Diana for her report.

**I. Dale Jarvis and Barbara Mauer White Paper**

Mr. Long handed out the White paper, gave a brief overview, and encouraged all to read it. The discussion of White Paper will be postponed until the next meeting.

**4. Other Business**

**A. Meeting evaluation**

Chair Byrne asked the committee to please fill out the committee evaluation form.

**5. Adjourn**

Chair Byrne adjourned the meeting at 2:51 p.m.

Next QMOC meeting scheduled for December 17, 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.

## **NSRSN COMMITTEE DISCUSSION FORM**

**AGENDA ITEM: NSMHA PHP Audit**

**PRESENTER: Charles R. Benjamin, Executive Director**

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

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

Annually, the Mental Health Division conducts a medical and administrative audit of the NSMHA. The report summarizes the results of the on-site review activities for NSMHA's performance and conformance with the 1915b Federal Waiver for mental health services.

I will be presenting more detailed information at the QMOC meeting on Innovative Services, Contract Performance Highlights, Pre-paid Health Plan (PHP) Medical Audit, PHP Administrative Review, and Actions Required by the NSMHA.

### **CONCLUSIONS/RECOMMENDATIONS:**

Overall, the audit is very good. We still have some findings from the Medical Audit that will be presented at the QMOC meeting.

A NSMHA Corrective Action Plan is due 60 days from the date of the report. Greg Long, Deputy Director is taking the lead on this effort.

We have been re-certified as a PHP through June 30, 2004.

### **TIMELINES:**

### **ATTACHMENTS:**

North Sound RSN/PHP Report will be handed out 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.

## **NSMHA COMMITTEE DISCUSSION FORM**

**AGENDA ITEM: NSMHA Committee Organizational Chart**

**PRESENTER: Wendy Klamp**

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

**SIGNIFICANT POINTS OR EXECUTIVE SUMMARY:**

I will be presenting an organizational flow chart at the meeting, detailing all of North Sound Mental Health Administration's committees and subcommittees.

**CONCLUSIONS/RECOMMENDATIONS:**

N/A

**TIMELINES:**

N/A

**ATTACHMENTS:**

The NSMHA Organizational Chart will be handed out at the meeting.

## **NSMHA COMMITTEE DISCUSSION FORM**

**AGENDA ITEM: Regional Crisis System Review**

**PRESENTER: Greg Long**

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

**SIGNIFICANT POINTS OR EXECUTIVE SUMMARY:**

The NSMHA has been requested to conduct a review of our Regional Crisis System by the Executive Committee of our Board of Directors. The review will be a comprehensive review of the system. Attached is the draft charter for the committee working on this review.

**CONCLUSIONS/RECOMMENDATIONS:**

This will be a major initiative of the RSN over the next 5 months to re-examine our crisis service system

**TIMELINES:**

N/A

**ATTACHMENTS:**

Charter for Regional Crisis System Review will be handed out at the meeting.

## **NSRSN COMMITTEE DISCUSSION FORM**

**AGENDA ITEM: NSMHA Quality Management Plan 2002-2003-  
“What We’ve Learned”**

**PRESENTER: Terry McDonough**

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

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

- Ongoing review of the QM Plan Work Plan activities occurred
  - Monthly Coordinated Quality Improvement Committee meetings, all NSMHA QM Departments involved
  - Integrated Reports every six months to QMC, QMOC
- Areas determined to be going well:
  - Supervised Living, Jail Services, Access Call Center
- QM components in place that need to continue:
  - NSMHA Administrative Audits, Concurrent Reviews, Peer Reviews, QRT surveys, Ombuds activities
- Quality Improvement strategies to address in 2004-05 QM Plan:
  - Crisis System Review-ongoing
  - Clinical Practice Guideline implementation
  - Increased Complaint/Grievance reporting
  - Improved Critical Incident reporting procedures
  - Improved new NSMHA policies implementation follow up
  - An effective, comprehensive Regional UM Plan

### **CONCLUSIONS/RECOMMENDATIONS:**

- We have learned much valuable quality improvement information during the past two years and are designing the 2004-05 QM Plan to incorporate what we’ve learned.

### **TIMELINES:**

- NSMHA QM Plan 2004-05 will be presented to QMOC in January 2004

**ATTACHMENTS:** None

