

**NORTH SOUND  
MENTAL HEALTH ADMINISTRATION**

**QUALITY MANAGEMENT OVERSIGHT COMMITTEE  
COMMITTEE MEETING PACKET**

**May 26, 2004**

## **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

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

**May 26, 2004**

**12:30 – 2:30**

**AGENDA**

			<b>Page #</b>
<b>1. Open the meeting &amp; comments from the Chair</b>			
<b>2. Approval of April 2004 Minutes</b> <small>Action Item</small>	<b>Chair Byrne</b>	5 min	3
<b>3. Reports</b>			
<b>A. Quality Management Department Report</b> <small>FYI and Discussion</small>	<b>Ms. Klamp</b>	15 min	7
<b>B Clinical Guidelines</b> <small>FYI and Discussion</small>	<b>Ms. Klamp</b>	15 min	8
<b>C. New Complaint, Grievance, Appeal and Fair Hearing Policy - Draft</b> <small>FYI and Discussion</small>	<b>Ms. Striplin</b>	20 min	9
<b>D. Ombuds Semi Annual Report</b> <small>FYI and Discussion</small>	<b>Mr. Davis</b>	10 Min	10
<b>E. Provider Peer Review Scores for January-March 2004</b> <small>FYI and Discussion</small>	<b>Mr. McDonough</b>	15 min	11
<b>F. Crisis Review</b> <small>FYI and Discussion</small>	<b>Mr. Long</b>	15 min	12
<b>G. Proposed Changes to 2004-2005 QM Plan/QM Department</b> <small>FYI and Discussion</small>	<b>Ms. Klamp</b>	15 min	13
<b>4. Other Business</b>			
<b>A. Meeting Evaluation</b>	<b>Chair Byrne</b>	5 min	14
<b>5. Adjourn</b>			

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

**April 28, 2004**

**12:30 – 2:30**

**Draft  
MINUTES**

**Present:**

**Not Present:**

Andy Byrne, QMOC Chair, Board of Directors Representative  
Wendy Klamp, NSMHA Quality Manager  
Beckie Bacon, NSMHA QRT  
Sharri Dempsey, NSMHA Tribal Liaison/OCA Manager  
Mary Good, NSMHA Advisory Board  
Gary Williams, Whatcom County Coordinator  
Dan Bilson, Advocate from Whatcom County  
Russ Hardison, Sea Mar  
Chuck Davis, NSMHA Ombuds  
Jim Teverbaugh, Board of Directors Representative  
Joan Dudley, Assistant Director, Lake Whatcom Center  
Maile Acoba, Skagit County Coordinator  
Susan Ramaglia, Skagit NAMI  
Preston Hess, Snohomish County Mental Health ITA  
Nancy Jones, Snohomish County Coordinator  
Heather Fennell, Compass Health, APN  
Karen Kipling, VOA  
Patricia Little, NSMHA Advisory Board  
Janet Lutz-Smith Whatcom County Advisory Board  
June LaMarr, The Tulalip Tribes

Joan Lubbe, NSMHA Advisory Board

**Others Present:**

Diana Striplin  
Greg Long  
Terry McDonough  
Linda Benoit  
Rebecca Pate  
Shari Downing

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

Chair Byrne opened the meeting at 12:30 pm, and welcomed those present as well as the two new members:

- Heather Fennell, Compass Health, APN
- June LaMarr, Tulalip Tribes

Introductions were made. Chair Byrne indicated that we now have 21 members.

**2. Approval of March 2004 Minutes**

Motion to approve, seconded, all in favor, **motion carried.**

**3. Reports**

**A. Quality Management Department Report**

Ms. Klamp distributed the Quality Management Department Report for March and went over it with the group. The QM Plan has been completed and approved by the Board of Directors. The providers will now do their QM plans and we will be reviewing those in the Quality Management Committee. The NSMHA Clinical Eligibility and Care Standards were approved by QMOC. NSMHA has been invited to the Children's Integration Planning Project Stakeholder meeting and Chuck Benjamin is attending that

today. NSMHA is also participating in teleconferences with CMS for BBA preparation. The QM department has been looking at department resources and may be refiguring for the new mandates with BBA. Committee discussion followed, please see Attachment A for more details. Wendy was thanked for her report.

### **B. Critical Incident Six (6) Month Report**

Diana handed out her report to the committee and presented an overview. She prepares this report for several meetings and would like to continue on a six (6) month basis with QMOC. Overall CIRC findings are that things are stable. All Critical Incidents are reviewed by CIRC to look for any factors, trends and commonalities. In some cases, CIRC will request reviews on the incidents to obtain more detailed information. Providers identify ways to prevent incidents in the future. It is great to see the providers moving forward with quality improvement. Jim stated his appreciation and feels this will prove useful in the future. Jim thanked Diana for all her hard work. Andy invited Diana back in six (6) months and thanked Diana for her report. Andy said the committee should be informed if any trend changes are noticed within a shortened timeframe. See Attachment B for further details.

### **C Documentation Review at Compass North**

Terry McDonough welcomed new members and gave his report. He stated NSMHA recently finished a documentation review at Compass North, which consists of Skagit, Island, and San Juan counties that was done back in March on approximately 90 records. This was in response to a review last year that did not attain 90% passing score.

Documentation review form we use is from the Mental Health Division and is based on the current WACs and from this we identify the 90% standard.

Their last review they attained an overall score of 85%. We reviewed this with staff and Kelly Foster (MHD) on April 16.

In July both regional staff and Kelly Foster will be going out and looking at charts with all charts open since July 1, 2001, subject to review. We will report back to QMOC after July review with the results of this re-review. Karen Kipling asked what would happen if the agency failed a third time. Terry said if that were to happen, it would be addressed with that particular agency.

Wendy said that the meeting with Compass Health represented by Jess Jamieson, Tom Sebastian, and Stacey Alles had a really sincere, open, and honest interest in fixing these problems. They are very motivated to accomplish this task. We have narrowed down the potential cause of the factors from the previous corrective actions that they've completed. Wendy feels they really know where the issues are so it will be easier for them to address them. Some of it is philosophy that we have been struggling with for a few years in that our clinicians really want to work with the people not the paper.

With the new CMS coding and documentation rules coming online, Wendy believes that we are going to be even more motivated and providers are going to be even more interested in complying because the penalties now are not just a NSMHA contract sanction but there could be a federal audit with federal consequences. In some states they've taken back millions of dollars because documentation did not match their coded service or did not match the standards. A question was raised about how NSMHA will review older documentation that may have deficiencies. We don't expect a rewrite in charts but we expect WAC changes to be augmented and necessary changes to be made to the charts.

Question and answer period followed. Andy thanked Terry for his report.

### **D. Utilization Management (UM) Program – Linda Benoit**

Linda addressed QMOC regarding the Utilization Management Sub Committee. Linda informed the group that the UM Sub Committee was formed six (6) months ago to ensure BBA compliance. She and Terry

now spend half their time at NSMHA working on UM. The UM committee is a subcommittee of Quality Management Committee (QMC) and is responsible for developing and monitoring a UM plan every two (2) years as well as analyzing data and looking for any trends or patterns. Linda noted in December, that she, Wendy, and Terry, attended the training in Seattle to become Certified Professional Utilization Managers. The UM plan outlines the activities that we will do in order to answer two (2) primary questions. Question one deals with access to care: Are people getting the service eligible to receive? Question two is trying to determine the appropriateness as related to under or over utilization of services: Are consumers that are eligible receiving the right amount of the right service at any particular point in time? In order to answer this, data is gathered by doing chart reviews. A second task of the subcommittee has been to develop utilization tools that are specific in answering those questions. We have developed tools that look at people who are currently in service, high need people who are currently in service, people who have been denied service, and people who have been closed out and take a look at the circumstances surrounding termination of services to see if that was appropriate. The subcommittee helped develop those tools and we have already started using them around the region and we continue to revise them in this testing period. At this point in time, NSMHA is trying to review a minimum of 80 charts a month in different areas/needs. The subcommittee has begun to develop policies and procedures for utilization management and is also working with Michael White on developing a database to record and provide information to the committee. In addition to the individual chart reviews, we are also responsible for monitoring utilization management about our system as a whole. We will query for specifics such as, number of people currently in service, number of people hospitalized during the last month, and length of stay. The subcommittee will review monthly report to watch for any trends and patterns so that if we see any we can get on top of it immediately and find out what is going on. A question and answer period followed. Andy thanked Linda for her report.

#### **E Regional Training Plan (RTP)**

Wendy presented the RTP for the next two years. In December, NSMHA conducted a survey throughout the region of supervisors and management staff of the various providers that are part of this plan. The survey looked at was the plan working, what did they think about it, and what could be done to make it better. We got the results back and incorporated them in the meeting of the Regional Training Committee. This subcommittee meets monthly and incorporated the recommendations from the survey. A question and answer period followed. Refer to the plan in meeting packet for further information. Wendy was thanked for her report. It was recommended the training plan be presented to the Board of Directors for approval. Jim moved to approve with expectation that appropriate changes be made (i.e., typing errors be corrected, sources cited, etc.), seconded, and **motion carried**.

#### **4. Other Business**

None.

#### **5. ICRS Subcommittee**

Gary Williams addressed the QMOC regarding the ICRS Committee that was formed last year. It is a re-creation of a committee that previously existed and that was managed by APN. This was a result of our overall Quality Management change. NSMHA established a charter that defines the purpose of the group and defines the connection to the overall regional quality process. The ICRS committee establishes, when necessary, policies and procedures regarding crisis services, deals with various kinds of problems that occur and require some kind of ongoing review, and is a place where systems issues are brought. NSMHA went through some clarifications of our most recent contract and the group was very instrumental in dealing with some definition issues. Perhaps most important, there was an acceptance of a manual that defined documentation requirements. The manual was created by Compass Health and with some modification work done by ICRS. It establishes a basis for what we expect to see in crisis documentation throughout the region. This is important because previously there was a wide variation of forms, types of documentation, etc. We have some variation in the region as to how services are provided and with this template it gets everyone under one system as to how services are done. It fits nicely with our contract with Volunteers of

America through the care crisis line to have the opportunity to deal with triage issues and crisis dispatch issues because we have a five-county crisis line. We now have some clear standardization on how services are provided. Some challenges we are facing are some WAC revisions that are probably going to impact us in terms of looking at our regional policies and procedures. We have some real concerns about the impact of CMS and the effect of limiting resources for non-Medicaid eligible consumers and the impact that will have on our crisis system. If there are county issues, we have county crisis oversight committees in all five counties and the issues can be dealt with at the local level. If a systems issue is identified, we ask county coordinators and provider staff bring those systems issues to the regional oversight group because there could be region wide implications of what was discussed, etc. A question and answer period followed. See the manual provided with meeting packet for further information. Andy thanked Gary for his report.

## **6. Meeting Evaluation**

Chair Byrne said because of being a new group QMOC should fill out the evaluation one month and Chair Byrne will report results the next month. The evaluation is a five (5)-point scale:

- Does not meet expectations – 1
- Meets expectations – 3
- Exceeds expectations – 5

We would expect all scores, if we are doing well, to be a three (3) or above. This means in May QMOC fills out the evaluation and Chair Byrne will report results in June. This helpful to Chair Byrne and we had 10 out of 20 respond with the last evaluation. Hopefully, next time all will respond. Of the ten (10) who responded, we had one that was “below meets expectations”. “Was information received in a timely manner?” One person felt it was not. “Overall did you receive enough information to make informed choices?” One person was below. “Was information sent to the appropriate place?” Apparently it was not (this was interesting). How would you get it if not sent to appropriate place? “Did we use appropriate method; was meeting times and places convenient for you?” Two said less than. These are not huge numbers because there are a vast majority (80-90%) of us that meet expectations. This is the first time in three or four years that QMOC has had below. Let us disclose it and next month when we do the evaluation see if we can all get our evaluation filled out so we can have more sensitivity and comments that people would have. The whole idea of the evaluation is to make QMOC run as well as we possibly can for everybody’s benefit.

## **7. Adjourn**

Chair Byrne adjourned the meeting at 2:29 pm.

The Next QMOC meeting is scheduled for May 26, 12:30 pm in the NSMHA Conference Room.

Respectfully submitted,

Rebecca Pate

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 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 the month's 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: Clinical Guidelines**

**PRESENTER: Wendy Klamp**

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

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

The Balanced Budget Act of 1997 requires that the NSMHA adopt clinical guidelines that meet the following requirements:

- Are based on valid and reliable clinical evidence or a consensus of health care professionals in the particular field.
- Consider the needs of the MCO's, PIHP's, or PAHP's enrollees.
- Are adopted in consultation with contracting health care professionals.
- Are reviewed and updated periodically as appropriate.
- Are disseminated to all affected providers and, upon request, to enrollees and potential enrollees.
- Decisions for utilization management, enrollee education, coverage of services, and other areas to which the guidelines apply are consistent with the guidelines.

The North Sound Mental Health Administration's Clinical Guidelines provide a foundation to assist our mental health system in the delivery of high quality, consistent clinical services. They promote the delivery of consistent clinical care on a regional basis. These clinical guidelines have been developed for the predominant diagnosis categories served in the region in collaboration with the Associated Provider Network, Compass Health, Sea Mar, Lake Whatcom RTC, Whatcom Counseling and Psychiatric Clinic, bridgeways, Volunteers of America and the Tulalip Tribe, our contracted providers. The Clinical Guidelines Manual will be updated and added to as needed and additional guidelines for Co-Occurring Disorders and Trauma will be developed in the coming months.

**CONCLUSIONS/RECOMMENDATIONS:** QMOC will determine a timeline and process to approve the NSMHA Clinical Guidelines so that the region meets BBA standards.

### **TIMELINES:**

### **ATTACHMENTS:**

Clinical Guideline Manual

## **NSRSN COMMITTEE DISCUSSION FORM**

**AGENDA ITEM: Draft NSMHA Complaint, Grievance, Appeal, and Fair Hearing Policies**

**PRESENTER: Diana Striplin**

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

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

- Review and discussion of the draft NSMHA Complaint, Grievance, Appeal, and Fair Hearing Policies
- Review and discussion of the new state and federal requirements

### **ATTACHMENTS:**

The draft NSMHA policies will be distributed at the meeting

## **NSMHA COMMITTEE DISCUSSION FORM**

**AGENDA ITEM: Semi-annual Ombuds Report**

**PRESENTER: Chuck Davis, NSMHA Ombuds**

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

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

- Provide demographics of clients initiating Ombuds complaints & grievances.
- Show types of complaints received from both current and historical perspective. Provide breakdown by county.
- Show how complaints have been resolved.
- Provide historical perspective on grievances.

### **CONCLUSIONS/RECOMMENDATIONS:**

- QMOC members are aware of how the complaint & grievance process is going.

### **TIMELINES:**

This report is made every six months.

### **ATTACHMENTS:**

Hand out complaint definition sheet, copies of slides and statistics.

## **NSMHA COMMITTEE DISCUSSION FORM**

**AGENDA ITEM: Provider Peer Review Scores for January-March 2004**

**PRESENTER: Terry McDonough**

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

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

- Peer Reviews allow Regional Quality Assurance/Quality Improvement results to be measured internally by providers, in lieu of external reviews by NSMHA staff
- Providers are now performing Peer Reviews at their agencies and reporting results of these Reviews to the Regional Quality Management Committee quarterly
- Providers utilize Peer Review results to identify and address Quality Assurance/Quality Improvement issues at their particular agencies
- Providers have included Peer Review activities in their Quality Management Plans
- Peer Reviews address the same areas of service that NSMHA staff review in NSMHA Clinical Documentation Reviews

### **CONCLUSIONS/RECOMMENDATIONS:**

- Providers have worked hard to implement and refine their internal Peer Review procedures
- Where necessary, providers have implemented internal quality improvement activities to address Peer Review low scores
- Peer Review scores from providers for the first quarter, 2004 will be presented and discussed
- Provider review strengths and/or any corrective action necessary will be presented

### **TIMELINES:**

- Quarterly reports regarding Peer Review results to QMOC

### **ATTACHMENTS:**

- None

## **NSMHA COMMITTEE DISCUSSION FORM**

**AGENDA ITEM: Crisis Review**

**PRESENTER: Greg Long**

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

**SIGNIFICANT POINTS OR EXECUTIVE SUMMARY:**

NSMHA has been closely monitoring the crisis system for the last year. There had been significant improvement in the crisis contact sheets. The specific data on this will be forth coming in a separate email.

**CONCLUSIONS/RECOMMENDATIONS:**

Progress has been significant enough that the 100% review of charts in Whatcom County has been reduced to a random sample. All of the information and tasks have been completed in the NSMHA Crisis Services Corrective Action Plan.

**TIMELINES:**

Ongoing

**ATTACHMENTS:**

None

## **NSMHA COMMITTEE DISCUSSION FORM**

**AGENDA ITEM: Changes to Quality Management Plan/QM Department**

**PRESENTER: Wendy Klamp**

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

**SIGNIFICANT POINTS OR EXECUTIVE SUMMARY:** The NSMHA Quality Management department is challenged to meet the BBA requirements and prepare for the EQRO (External Quality Review Organization) that is planned to occur in the next few months. In order to ensure that we have the staff resources to complete all our required activities we have reviewed all planned activities to prioritize and streamline so that our resources can be used where most needed. Quality Management staff assignments are being reviewed also in order that all priority activities can be completed. Some activities included in the current QM Plan are less critical now, such as the Jail and Residential reviews, due to the pending changes from CMS and their history of high scores and are recommended to be removed for this biennium in order to best use our staff time.

**CONCLUSIONS/RECOMMENDATIONS:**

Amend the Quality Management Plan to remove the Jail and Residential Reviews

**TIMELINES:**

Immediately

**ATTACHMENTS:**

2004-2005 Quality Management Work Plan

# 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 05/26/2004      Name (optional)\_\_\_\_\_

# **North Sound Mental Health Administration**

## **Clinical Guidelines**

**Effective \_\_\_\_\_ 2004**

## Table of Contents

Statement of Intent, Mission and Values.....	
Adult-Bipolar Disorder.....	
Adult-Major Depression.....	
Adult-Schizophrenia.....	
Adult-Anxiety Disorders.....	
Adult-Co-occurring Disorders.....	<b>PENDING</b>
Adult-Trauma Disorders.....	<b>PENDING</b>
Youth- Depressive Disorders.....	
Youth- Bipolar Disorder .....	
Youth-Schizophrenia and other Psychotic Disorders.....	<b>PENDING</b>
Youth-Anxiety Disorders.....	<b>PENDING</b>
Youth-Attention Deficit/Hyperactivity Disorder.....	<b>PENDING</b>
Youth-Conduct Disorder.....	<b>PENDING</b>

## North Sound Mental Health Administration Statement of Intent, Mission and Values

**The North Sound Mental Health Administration mission statement is as follows:** *“We join together to enhance our community’s mental health and support recovery for people with mental illness served in the North Sound region, through high quality culturally competent services.”*

The North Sound Mental Health Administration’s Clinical Guidelines provide a foundation to assist our mental health system in the delivery of high quality, consistent clinical services. They promote the delivery of consistent clinical care on a regional basis.

These clinical guidelines are **not** to be construed to limit the individualization of treatment, clinician judgment or the ability of the clinician to provide treatment in the best interests of the client. Provision of treatment may be qualified by limitations of payment sources and funding.

The basis for these guidelines is the Diagnostic and Statistical Manual of Mental Disorders (DSM IV-TR) however we recognize that symptoms and clinical presentation do not always meet clear DSM IV-TR diagnostic criteria and response to clinical intervention is not uniform.

Any clinical intervention requires the clinician to adapt a treatment program individualized for each client. Guidelines are based on evolving scientific research and experience. Consequently, these guidelines will be reviewed and updated periodically.

**All should be considered guidelines only**, and we realize that adherence to them does not guarantee a successful outcome, nor should they be construed as including all the proper methods of care or excluding other acceptable methods of care aimed at the same results.

**Please note that these guidelines are qualified by the limitations of payment sources and funding as designated through current contracts and state WAC and RCW standards.**

These clinical guidelines have been developed for the predominant diagnosis categories served in our region in collaboration with the Associated Provider Network, Compass Health, Sea Mar, Lake Whatcom RTC, Whatcom Counseling and Psychiatric Clinic, bridgeways, Snohomish County ITA, Volunteers of America and the Tulalip Tribe, our contracted providers.

## CORE VALUES AND PRINCIPLES – KEY ELEMENTS OF CONSUMER CARE

### A. Eligibility / Access

- Eligible Consumers shall have timely access to medically necessary Mental Health Services and supports.
- NSMHA requires a no decline policy that assures the provision of medically necessary mental health services to eligible consumers.
- 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 (including regional crisis line).
- All parts of the mental health system will assist consumers in obtaining access to appropriate services.
- Consumer access to specific mental health support or treatment services shall not be dependent on consumer willingness to participate in other (concurrent) treatment options.  
*Exception: Shelter Plus Care*

### B. Consumer Services / Consumer Rights

- Consumer services shall, at all times, be provided with dignity, respect, courtesy, and fairness.
- Consumer participation, voice, and satisfaction with services shall be a valued goal.
- Consumer's individual and cultural differences shall be honored through culturally competent service provision.
- Continuity of care shall be provided with seamless access.
- Consumer confidentiality shall be respected and preserved.
- Consumers shall be provided with maximum alternatives and choice in matters of their care.
- There shall be an integrated inpatient/outpatient system.
- Homeless consumers shall be provided with mental health services.
- The NSMHA supports the Mental Health Division Consumer Rights at the provider level
- Active provider outreach and engagement for enrolled or unserved consumers are required.
- Mental Health crisis workers shall have access to current crisis plans and individual treatment plans at all times. The NSMHA supports a meaningful information system for all mental health professionals that provides ready access to information regarding the specific consumer's crisis plans and individualized treatment plans.
- There shall be comprehensive complaint and grievance service made available (and tracked) at all levels of the system.

### C. Strength Based Services

- Consumers' skills, capabilities, strengths, and assets will be recognized and utilized in the individual service plan. Services provided in partnership between consumer, provider and other systems.
- Families, communities, and natural supports will be valued and utilized in serving the needs of consumers.
- It is in the best interest for consumers to live as independently as possible in communities and settings of their choice. Consumers' mental health improves when they participate in and increasingly assume responsibility for their own care.
- A range of residential services and housing supports shall be provided, emphasizing least restrictive, stable living options that are age, culturally, and linguistically appropriate. "Housing" is defined in WAC 388.

- Consumers shall be assisted with engaging in meaningful daily activities. This could include volunteerism and active participation in their community and proactive assistance in educational and employment services.
- D. Mental health systems and services improve when consumers participate in planning and quality assurance at all levels.
- People with mental illness are best served by people who care about them.
- E. The NSMHA and its providers are committed to safety of:
- Public
  - Consumer
  - Staff
- F. Collaboration
- NSMHA and its contractors will work in collaboration with other systems to meet the needs of the whole person.
  - Services shall proactively follow mental health consumers, regardless of setting (wherever they are) in the mental health or physical health system.
  - Mentally ill consumers in the justice system shall have access to mental health services.
- G. Education
- The importance of community education programs about mental health issues is a core value.
  - NSMHA and its providers will educate the public about the scope of available services, service locations, crisis response services, client rights and responsibilities.
  - The NSMHA and its providers shall actively promote public education regarding mental health and stigma reduction.
- H. Consumers, family members, NSMHA and its contractors shall advocate for consumer rights, funding for services, and quality
- Both NSMHA and its Member Counties provide technical assistance to all parties in the Region.

All NSMHA providers will develop and implement policies and procedures that support these guidelines. The provider's Medical Director must approve the provider policies and procedures. When the guidelines are not felt to be desirable for a particular client, the rationale for not following the guidelines will be documented in the client's medical record.

All services are provided in accordance with the current NSMHA Clinical Eligibility and Care Standards Manual which establish access to care, continued stay and discharge criteria.

<b>Adult-Bipolar Disorders (DSM IV-TR codes 296.xx, 296.89, 301.13, 296.80)</b>	
<b>Diagnostic Features</b>	Consistent with DSM IV –TR criteria. In cases where the client is not benefiting from treatment the diagnosis will be reassessed.
<b>Assessment Components and Considerations</b>	<ol style="list-style-type: none"> <li>1. Bipolar disorder is characterized by disturbances in mood polarity with associated changes in cognition, affect, concentration, psychomotor behaviors, neuro-vegetative symptoms, self-esteem, interest and judgment.</li> <li>2. Bipolar disorder is characterized by one or more Manic or Mixed Episodes and often includes one or more Major Depressive episodes. Cyclothymia is characterized by fewer less severe periods of depressive and manic symptoms over at least a 2 year period.</li> <li>3. Disorder is equally common in both sexes.</li> <li>4. Onset is usually during adolescence or early adulthood. A first manic episode after forty indicates a possible medical or substance-related etiology.</li> <li>5. Higher prevalence of the disorder for people who have first degree biological relatives with Bipolar Disorder.</li> <li>6. Screen for other conditions that are co-morbid or may be confused with Bipolar disorder (e. g. substance use, medical conditions like Multiple Sclerosis, hypothyroidism, other mood disorders and psychotic disorders).</li> <li>7. Assess suicide risk at intake and when signs, symptoms or circumstances change such that the client is at increased risk.</li> </ol>
<b>Treatment Guidelines</b>	<ol style="list-style-type: none"> <li>1. Initial and periodic psychiatric screening to determine need for consultation, evaluation and/or medications.</li> <li>2. Treatment plan includes interventions consistent with the level of risk for self-harm.</li> <li>3. Case management services may be helpful for coordination and family support and advocacy.</li> <li>4. Individual and/or group psychotherapy can be provided to promote mood stabilization and build on mood management skills, provide skill building and support .</li> <li>5. Education about the illness, incidence and treatment options are important. Family members and significant others may be included in this process whenever appropriate and possible.</li> <li>6. Varied employment strategies including prevocational and supported employment to assist clients ready to pursue employment.</li> <li>7. Co-occurring disorder treatment as indicated.</li> <li>8. Crisis planning focusing on early signs of decompensation, safety and management strategies.</li> <li>9. Because of the chronic nature of the disorder, treatment may be long term. Relapse prevention should be included in treatment planning.</li> <li>10. Residential Treatment/Housing/Crisis beds for those requiring 24 hour care or access to appropriate community-based housing.</li> <li>11. Inpatient services for acute stabilization as necessary.</li> </ol>
<b>Optimal Outcome of Treatment</b>	The client will attain symptom relief, learn skills to prevent or manage future episodes and improve functioning in daily life.
<b>References</b>	DSM IV-TR King County Mental Health Plan Associated Provider Network Wyoming Public Mental health System Guidelines

<b>Adult- Depressive Disorders (DSM IV-TR codes 296.2x-296.3x)</b>	
<b>Diagnostic Features</b>	Consistent with DSM IV –TR criteria. In cases where the client is not benefiting from treatment the diagnosis will be reassessed.
<b>Assessment Components and Considerations</b>	<ol style="list-style-type: none"> <li>1. <b>Major Depression:</b> Characterized by disturbances in affect, interest, neuro-vegetative symptoms, concentration, psychomotor behavior and self-esteem</li> <li>2. Average age of onset is mid-twenties</li> <li>3. Disorder is more common in women</li> <li>4. Number of past episodes is predictive of likelihood of subsequent episodes (e.g. 50-60% chance of second episode after a first episode, 70% chance of third episode after a second and 90% chance of fourth episode after a third)</li> <li>5. Higher prevalence of the disorder for people with first degree biological relatives with Major Depression</li> <li>6. Screen for other conditions that may be co-morbid or may be confused with Major Depressive Disorder (e.g. substance abuse, organic conditions, dementia with older adults, other mood disorder and schizoaffective or other psychotic disorders)</li> <li>7. Assess suicide risk at intake and when signs, symptoms or circumstances change such that the client is at increased risk.</li> </ol>
<b>Treatment Guidelines</b>	<ol style="list-style-type: none"> <li>1. Initial and periodic psychiatric screening to determine need for consultation, evaluation and/or medications.</li> <li>2. Treatment plan includes interventions consistent with the level of risk for self-harm.</li> <li>3. Case management services may be helpful for coordination and family support and advocacy.</li> <li>4. Individual and/or group psychotherapy can be provided.</li> <li>5. Education about the illness, incidence and treatment options are important. Family members and significant others may be included in this process whenever appropriate and possible.</li> <li>6. Varied employment strategies including prevocational and supported employment to assist clients ready to pursue employment.</li> <li>7. Co-occurring disorder treatment as indicated.</li> <li>8. Crisis planning focusing on early signs of decompensation, safety and management strategies.</li> <li>9. Residential Treatment/Housing/Crisis beds for those requiring 24 hour care or access to appropriate community-based housing.</li> <li>10. Inpatient services for acute stabilization as necessary</li> </ol>
<b>Optimal Outcome of Treatment</b>	The client will attain symptom relief, learn skills to prevent or manage future episodes and improve functioning in daily life.
<b>References</b>	DSM IV-TR King County Mental Health Plan American Academy of Family Physicians Associated Provider Network Wyoming Public Mental health System Guidelines

<b>Adult-Schizophrenia and other Psychotic Disorders (DSM IV-TR codes 295.xx, 295.4x)</b>	
<b>Diagnostic Features</b>	Consistent with DSM IV –TR criteria. In cases where the client is not benefiting from treatment the diagnosis will be reassessed.
<b>Assessment Components and Considerations</b>	<ol style="list-style-type: none"> <li>1. Schizophrenia is not characterized by a single feature but by many disturbances in the following areas: content and form of thought, perception, affect, sense of self, volition, relationships to the external world, psychomotor behaviors.</li> <li>2. Typically there is no disturbance in the level of consciousness.</li> <li>3. Onset is usually during adolescence or early adulthood, however it may also begin in middle or late adult life.</li> <li>4. Disorder is equally common in both sexes.</li> <li>5. Higher prevalence of the disorder for people who have first degree biological relatives with Schizophrenia.</li> <li>6. Screen for other conditions that are co-morbid or may be confused with Schizophrenia (e.g. Delirium, dementia, substance use, pervasive developmental disorder and other psychotic disorders.)</li> <li>7. Clients need to be periodically assessed for substance abuse.</li> </ol>
<b>Treatment Guidelines</b>	<ol style="list-style-type: none"> <li>1. The treatment plan includes a strategy to prevent psychotic episodes. The strategy includes assisting the client and support persons in recognizing early signs and symptoms of an episode, adhering to the treatment plan (including taking prescribed medication) and accessing timely assistance. The strategy is updated as needed.</li> <li>2. The treatment plan includes at a minimum assessment of the need for medication.</li> <li>3. Case management services may be helpful for coordination and family support and advocacy.</li> <li>4. The client will be monitored for side effects and/or medication non-compliance. Should these problems occur the treatment plan will address them.</li> <li>5. For persons at risk of tardive dyskinesia, there is ongoing assessment for involuntary movements.</li> <li>6. Clients hesitant to stay engaged in mental health services may need specialized outreach sensitive to their needs and preferences.</li> <li>7. Individual intervention: Case management interventions of varying degrees of intensity based upon medical necessity to build skills and symptom management. Therapy with clients may include assisting the client to address issues of loss, previous treatment experiences, relationship issues, parenting skills, self-image and co-occurring conditions.</li> <li>8. Group Intervention: Combinations of skill building, support and educational groups to promote skill building and symptom management.</li> <li>9. Employment/Vocational Services: Varied employment strategies including pre-vocational activities to assist clients wishing to pursue employment</li> <li>10. Residential Treatment/Housing: For those requiring 24 hour care or access to appropriate community-based housing resources.</li> <li>11. Co-occurring Disorder Treatment: Integrated treatment into a standard chemical dependency program or standard chemical dependency treatment plus separate program for schizophrenia.</li> <li>12. Education: For client and significant others or support persons regarding schizophrenia, symptoms, treatment and prognosis.</li> <li>13. Crisis Planning: Individualized crisis plan focusing on early symptoms of decompensation, safety and management strategies.</li> <li>14. Inpatient Services for acute stabilization as needed.</li> </ol>
<b>Optimal Outcome of Treatment</b>	As a result of treatment, clients learn to manage their illness, live independently in their environment of choice and engage in activities of choice which are integrated in the community with minimal need for support or treatment. Ongoing satisfaction with quality of life is important to the recovery process.
<b>References</b>	<p>DSM IV-TR Wyoming Public Mental health System Guidelines  American Psychiatric Association  King County Mental Health Plan  Associated Provider Network  The Expert Consensus Guideline Series: Treatment of Schizophrenia, The Journal of Clinical Psychiatry, 1996  Surviving Schizophrenia: A Family Manual by E. Fuller Torrey</p>

<b>Adult-Anxiety Disorders (DSM IV-TR 300.00, 300.01, 300.02, 300.3, 300.21, 300.22, 300.23, 300.29, 308.3 309.81,)</b>	
<b>Diagnostic Features</b>	Consistent with DSM IV –TR criteria. In cases where the client is not benefiting from treatment the diagnosis will be reassessed.
<b>Assessment Components and Considerations</b>	<ol style="list-style-type: none"> <li>1. Clients with Anxiety Disorders often self-medicate. Clinicians should assess for use or abuse of over-the-counter, prescription, or street drugs and alcohol.</li> <li>2. Clients with anxiety symptoms should also be assessed for depression.</li> <li>3. Many anxiety disorders run in families. For example, first-degree biological relatives of individuals with Panic Disorder are up to 8 times more likely to develop Panic Disorder.</li> <li>4. There is considerable cultural variation in the expression of anxiety.</li> </ol>
<b>Treatment Guidelines</b>	<ol style="list-style-type: none"> <li>1. Initial and periodic psychiatric screening to determine need for consultation, evaluation and/or medications.</li> <li>2. Many clients, due to the discomfort of the anxiety symptoms become avoidant of anxiety-inducing situations, including mental health treatment. A priority of treatment is to establish a collaborative relationship which emphasizes rapport building and hope.</li> <li>3. Treatment plan includes interventions consistent with the level of risk for self-harm.</li> <li>4. Case management services may be helpful for coordination and family support and advocacy.</li> <li>5. Individual and/or group psychotherapy can be provided to promote mood stabilization and build on anxiety management skills, and provide support .</li> <li>6. Cognitive-behavioral approaches should be considered.</li> <li>7. Education about the illness, incidence and treatment options are important. Family members and significant others may be included in this process whenever appropriate and possible.</li> <li>8. Co-occurring disorder treatment as indicated</li> <li>9. Crisis planning focusing on early signs of decompensation, safety and management strategies.</li> <li>10. Inpatient services for acute stabilization as necessary.</li> </ol>
<b>Optimal Outcome of Treatment</b>	The client will attain symptom relief, learn skills to prevent or manage future episodes and improve functioning in daily life.
<b>References</b>	DSM IV-TR King County Mental Health Plan Associated Provider Network Wyoming Public Mental health System Guidelines

<b>Youth-Depressive Disorders</b>	
<b>Diagnostic Features</b>	Consistent with DSM IV –TR criteria. In cases where the client is not benefiting from treatment the diagnosis will be reassessed.
<b>Assessment Components and Considerations</b>	<ol style="list-style-type: none"> <li>1. Higher prevalence of the disorder for people with first degree biological relatives with Major Depression</li> <li>2. Screen for other conditions that may be co-morbid or may be confused with Depressive Disorders (e.g. substance abuse, organic conditions, , other mood disorder or other psychotic disorders.</li> <li>3. Family/caregivers should be involved in the assessment process whenever possible. Family systems should be assessed to determine needs that can be met that may be contributing to the mood disorder.</li> <li>4. Assess suicide risk at intake and when signs, symptoms or circumstances change such that the client is at increased risk.</li> </ol>
<b>Treatment Guidelines</b>	<ol style="list-style-type: none"> <li>1. Initial and periodic psychiatric screening to determine need for consultation, evaluation and/or medications.</li> <li>2. Treatment plan includes interventions consistent with the level of risk for self-harm. Interventions may need to involve others beyond the youth and family, such as school personnel.</li> <li>3. Case management services may be helpful for coordination and family support and advocacy.</li> <li>4. Individual and/or group psychotherapy can be provided.</li> <li>5. Education about the illness, incidence and treatment options are important. Family members and significant others may be included in this process whenever appropriate and possible.</li> <li>6. Co-occurring disorder treatment as indicated.</li> <li>7. Crisis planning focusing on early signs of decompensation, safety and management strategies.</li> <li>8. Inpatient services for acute stabilization as necessary</li> </ol>
<b>Optimal Outcome of Treatment</b>	The client will attain symptom relief, learn skills to prevent or manage future episodes and improve functioning in daily life.
<b>References</b>	DSM IV-TR King County Mental Health Plan American Academy of Family Physicians Associated Provider Network Wyoming Public Mental Health Guidelines

<b>Youth-Bipolar Disorders (296.xx-301.13)</b>	
<b>Diagnostic Features</b>	Consistent with DSM IV –TR criteria. In cases where the client is not benefiting from treatment the diagnosis will be reassessed.
<b>Assessment Components and Considerations</b>	<ol style="list-style-type: none"> <li>1. The presentation of Bipolar Disorder in youth often differs from the presentation in adults. Youth with mania frequently present with symptoms that are considered atypical. Changes in mood, mental excitement and psychomotor agitation are often erratic. Irritability, belligerence, and mixed states are more common than euphoria. Reckless behaviors typical of Bipolar Disorder in adults may present as behavioral problems, school failure, fighting, dangerous play, and overly sexualized behaviors.</li> <li>2. Discriminating between manic symptoms and normal childhood behavior may be difficult. Therefore, consideration of current and past history regarding symptom presentation treatment response, and psychosocial stressors is important to gain a historical perspective on the youth's behavior.</li> <li>3. A family history of Bipolar Disorder should alert the clinician to consider that diagnosis.</li> <li>4. Differentiating between Bipolar Disorder and ADHD is frequently difficult. ADHD usually has an onset before age 7 and is a consistent characteristic of the youth's behavior pattern. Bipolar Disorder is usually episodic.</li> <li>5. Early onset</li> <li>6. Screen for other conditions that may be co-morbid or may be confused with Major Depressive Disorder (e.g. substance abuse, organic conditions, dementia with older adults, other mood disorder and schizoaffective or other psychotic disorders)</li> <li>7. Assess suicide risk at intake and when signs, symptoms or circumstances change such that the client is at increased risk.</li> </ol>
<b>Treatment Guidelines</b>	<ol style="list-style-type: none"> <li>1. Initial and periodic psychiatric screening to determine need for consultation, evaluation and/or medications.</li> <li>2. Youth with Bipolar Disorder are at increased risk for suicide.</li> <li>3. Treatment plan includes interventions consistent with the level of risk for self-harm.</li> <li>4. Individual and/or group psychotherapy can be provided.</li> <li>5. Education about the illness, incidence and treatment options are important. Family members and significant others may be included in this process whenever appropriate and possible.</li> <li>6. Case management services may be helpful for coordination and family support and advocacy.</li> <li>7. Co-occurring disorder treatment as indicated.</li> <li>8. Crisis planning focusing on early signs of decompensation, safety and management strategies.</li> <li>9. Because of the chronic nature of the disorder, treatment may be long term. Relapse prevention should be included in treatment planning.</li> <li>10. Inpatient services for acute stabilization as necessary</li> </ol>
<b>Optimal Outcome of Treatment</b>	The client will attain symptom relief, learn skills to prevent or manage future episodes and improve functioning in daily life.
<b>References</b>	DSM IV-TR King County Mental Health Plan American Academy of Family Physicians Associated Provider Network Wyoming Public Mental health System Guidelines

# **NORTH SOUND MENTAL HEALTH ADMINISTRATION**

## **2004-2005 QUALITY MANAGEMENT PLAN**

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# **1. 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 purpose of the North Sound Mental health Administration (NSMHA) to ensure the provision of quality and integrated mental health services for the five counties (San Juan, Skagit, Snohomish, Island, and Whatcom) served by the NSMHA Prepaid Health Plan (PIHP).

### ***NSMHA Mission Statement***

We join together to enhance our community's mental health and support recovery for people with mental illness served in the North Sound region, through high quality culturally competent services.

The NSMHA is committed to:

1. Ensuring that the mental health system of the five counties is "consumer-driven."
2. Ensuring that consumers receive services that meet their individual needs appropriately.
3. The development and management of an Integrated Delivery System.
4. Ensuring that services are accessible and locally available 24 hours a day, 7 days per week.
5. Ensuring that services are culturally sensitive, appropriate and built on recipient strengths.
6. Treating people with mental illness with respect and dignity.
7. The provision of services that are community based and designed to assist the individual maintain an optimal level of functioning.

As evidence of the NSMHA's intent to be compliant with the Quality Strategies required of all Regional Support Networks by the State of Washington's Mental Health Division (MHD), the NSMHA Quality Management Plan recognizes and incorporates the MHD Mission Statement, which is;

"The mission of the Washington State mental health system is to ensure that people of all ages experiencing mental illness can better manage their illness, achieve their personal goals, and live, work and participate in their communities. The mission of the Mental Health Division is to administer a public mental health system that promotes recovery and safety."

## **SYSTEM DESIGN GUIDING PRINCIPLES**

One of the MHD Quality Strategies expected of all Regional Support Networks is “to assess the quality and appropriateness of care and services furnished to all Medicaid enrollees and to individuals with mental illness.” An example of how the issue of quality and appropriateness of care has been addressed by NSMHA is that during 2003, NSMHA conducted a region-wide Quality Management System Review and Restructuring. This review was done in response to issues raised by consumers, stakeholders and the Mental Health Division regarding confusion about the respective quality management roles and responsibilities between the NSMHA and the Associated Provider Network. The goals of the review were to;

- improve the quality management capabilities throughout the Region by establishing a single, integrated model at the NSMHA that eliminated any duplication of quality management activities between the NSMHA and the APN, and
- hold administrative costs to a minimum so as to maximize resources to direct consumer services

As a result of the System Review, the quality management roles and responsibilities were clearly defined and NSMHA and provider staff are working collaboratively to implement the following quality management principles, established and agreed to during the System Review;

### **Principles for Quality Management in the North Sound System**

Quality Management’s overall goal is the best possible service delivery system within our financial resources. Our system will;

- Demonstrate the MHD and NSMHA Mission, Values and Principles
- Be responsive to consumers and advocates through a system that meets their needs and gives them hope
- Meet state and federal requirements
- Implement a shared vision of quality services and a system that is effective, coherent, transparent and easy to navigate
- Engage line staff and their perspectives regarding service delivery
- Assure consistency and focus over time in our service delivery models
- Acknowledge successful delivery models
- Achieve the right balance between resources devoted to service delivery and quality management activities to assure minimal impact on delivery of services, and
- Create a culture of measurement, with data driven decisions

The region-wide Quality Management system will measure, report, and make recommendations on the efficiency of NSMHA and the provider organizations quality management activities. Development of these measures is part of the Quality Management Work Plan. Quality management activities for NSMHA and provider staff will be conducted to so as to include the following principles;

- Create a collaborative approach and a “no blame” environment that minimizes overlap
- Acknowledge where we cannot be collaborative due to our roles
- Work at understanding one another’s perspectives
- Honor one another’s intrinsic roles and responsibilities
- Acknowledge the dynamic tensions in the system and seek ways to manage these
- Develop mechanisms for accountability at all levels of the system
- Celebrate successes as well as focusing on areas for improvement
- Involve consumers and advocates in the process
- Involve line staff and their perspectives regarding the quality management process
- Keep things simple and doable, don’t add complexity to what we must do to meet state and federal requirements
- Maintain a sustained focus over time that balances service delivery with quality management
- Prioritize tasks and when adding something, look at what can be taken away
- Track information reliably, with data that has integrity
- Make decisions based on data

The NSMHA will assure access to quality and medically necessary mental health care in accordance with all state and contractual requirements. The NSMHA will also assure access to quality and medically necessary mental health care for PIHP enrollees. The NSMHA will assure this access to quality care through on-going monitoring and evaluation of NSMHA-contracted provider agencies. Administrative Policies and Procedures Reviews, Critical Incident reviews, review of Complaint, Grievance and Fair Hearing data, Clinical Record reviews and utilization management reviews of NSMHA-contracted provider agencies will be conducted during the course of the NSMHA’s biennial plan, 2004-2005. These reviews, as well as others conducted by the NSMHA Ombuds and Quality Review Team will be evaluated to determine if adequate resources/services are in place to assist consumers throughout the NSMHA. Recommendations regarding the adequacy of resources/services, as well as any corrective action items or quality improvement recommendations related to NSMHA

Clinical Eligibility and Care Standards (CECS) or contract compliance issues will be presented to the NSMHA Quality Management Oversight Committee each biennial quarter (every six months).

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

It is the intent of NSMHA to develop the Quality Management Program in conformance with Washington State Mental Health Division, (MHD), and Federal requirements, as well as with the standards of the Health Insurance Portability and Accountability Act, (HIPAA). The NSMHA Quality Management Plan is a regional document, focusing on the integrated system review components that include NSMHA and contracted service providers roles and responsibilities concerning quality assurance/improvement issues. To assist in this process, the NSMHA has been certified as a Coordinated Quality Improvement Program (CQIP), in accordance with State of Washington Department of Health. CQIP is a voluntary program, which provides protection of information and documents created specifically for, and collected and maintained by an approved program as stated in RCW 43.70.510. The protected information and documents may not be subpoenaed or used in court proceedings as discovery evidence. NSMHA has intentionally pursued CQIP status in order to facilitate and protect information exchange between NSMHA and providers. CQIP status for the NSMHA allows for information to be divulged and reviewed in a “no blame” culture, that promotes the frank, open exchange of information between NSMHA and providers that engenders prompt, professionally responsible interventions designed to assure delivery of services that meet or exceed quality and appropriateness of care issues in conformance with the standards cited below under the heading “MHD/NSMHA contractual expectations regarding quality management”.

The coordination of quality improvement activities by NSMHA is implemented through monthly meetings of the NSMHA CQIP Committee, attended by NSMHA Quality Specialists, Quality Review Team members, Ombuds staff, Information System staff and the NSMHA Tribal Liaison. Quality management activities are reported, reviewed and evaluated by the various NSMHA departments to investigate the aggregate, cross-agency data generated by NSMHA quality management activities. This multi-departmental review of the aggregate data allows NSMHA staff to correlate any identified trends noted between system providers. Through this ongoing review process, the CQIP Committee is able to make timely and data-driven decisions regarding which important aspects of care warrant system-wide attention and review. Recommendations from the CQIP Committee are included in each Biennial Quarter Report prepared by NSMHA quality management staff, and are presented to the Regional Quality Management Committee, as well as to the NSMHA Quality Management Oversight Committee.

The CQIP Committee is a vital, integral part of the ongoing quality management process of NSMHA. The CQIP External Monitors Matrix tracks scheduled quality management activities, department wide, for the two-year Quality Management Plan duration. The Matrix details the results of quality management activities, including required follow up findings, recommendations or corrective action requests. It provides a timeline for completion of required follow up action and identifies NSMHA and provider staff responsible for such action. The CQIP External Monitors Matrix provides NSMHA quality management staff with a centralized database, by which to track NSMHA all quality management activities on an ongoing basis, with accountability and consistency. The CQIP External Monitors Matrix allows NSMHA quality management staff to track in a single document the status of all requested follow-up activities related to quality management issues. It affords quality management staff the ability to “close the loop” on identified quality management issues. By tracking what follow-up activities were requested and the subsequent completion status of these activities, it affords quality management staff the ability to “close the loop” on identified quality management issues.

## **MHD/NSMHA Contractual Expectations Regarding Quality Management**

1. NSMHA shall provide leadership, oversight and facilitation of the Regional Integrated Quality Management Process as required in Attachments IV and XXII of this agreement. NSMHA shall conduct monitoring and review its ongoing quality improvement and utilization management mechanisms to ensure continued assessment and improvements to the quality of public mental health services in the NSMHA service area and to determine the effectiveness of the overall regional system of care. (42 CFR 438.240) In addition, NSMHA shall assess:
  2. Assess the clinical appropriateness or fit between what services were needed and what services were provided;
  3. Assess the degree to which mental health services and planning incorporate consumer/family voice;
  4. Assess the degree to which mental health services are age, culturally and linguistically competent;
  5. Assess the degree to which mental health services are provided in the least restrictive environment;
  6. Assess the degree to which needs for housing, employment and education options were met;
  7. Assess the degree to which there are appropriate linkages and integration with other formal/informal systems and settings;
  8. Assess the effectiveness of mechanisms to detect both underutilization and over utilization of mental health services;
  9. Assess performance and efficiency of CONTRACTOR and CMHAs and that their performance is within current standards for mental health;
  10. Ensure relevant grievance and fair hearing results are incorporated into system improvement;
  11. Ensure the interpretation of quality improvement feedback is conveyed to CONTRACTOR AND CMHAs, NSMHA's Regional Management Council and Quality Management Committee the advisory board and other interested parties;
  12. Measure allied system satisfaction.
13. Participate with the MHD in the implementation of the Quality Strategy. The objectives of the MHD Quality Strategy include, but are not limited to;
  - Availability of services
  - Continuity and coordination of care
  - Access standards
  - Enrollee information
  - Enrollee rights and protection
  - Confidentiality and accuracy of enrollee information
  - Provider selection
  - Sub-contractual relationships and delegation
  - Practice guidelines applicable to mental health
  - Health Information Systems
  - Mechanisms to detect both under- and over-utilization
  - Quality improvement
  - Utilization management
  - Member services
  - Provider services
  - Record keeping
  - Data reporting
14. Participate with the MHD in the development and implementation of a standard set of performance indicators to measure access, quality and appropriateness. Participation shall include:
  - 1) providing all necessary data;
  - 2) participating in the analysis of results and development of system improvements based on that analysis on a statewide basis; and
  - 3) incorporating results into CMHA-specific quality improvement activities.
15. Participate with the MHD in completing the two Mental Health Statistics Improvement Project (MHSIP) surveys, one for adults and one for youth/families. Participation shall include at a minimum:
  - 1) providing consumer contact information to the MHD;
  - 2) participating in the analysis of results and development of system improvements based on that analysis on a statewide basis; and
  - 3) incorporating results into RSN specific quality improvement activities.
16. Participate with the MHD and other RSNs in the development and implementation of two statewide Quality Assessment and Improvement Projects. These projects shall include one clinical, (consumer's participation in treatment) and one non-clinical (data quality).
17. Participate with the MHD in its annual review activities (e.g. RSN certification, Medicaid managed health care reviews, CMHA licensure and certification). Participation shall include at a minimum submission of deliverables and other materials necessary for the team prior to their visit; completion of site visit protocols; assistance in scheduling interviews and agency visits.

## **NSMHA/Providers Contractual Expectations Regarding Quality Management**

NSMHA contracts with the following service providers;

- The Associated Provider Network (*bridgeways*, Catholic Community Services, Compass Health, Lake Whatcom Residential and Treatment Center, Whatcom Counseling and Psychiatric Clinic)
- Sea Mar
- Snohomish County, and
- The Volunteers of America

The NSMHA contract with all these providers contains a core, constant set of expectations regarding quality management activities that include requiring providers comply with the NSMHA Quality Management Plan. NSMHA Quality Management staff monitor each providers quality management activities during Administrative Audits as well as during case reviews, clinical record review and Utilization Management reviews and other quality management activities.

## **PHILOSOPHY REGARDING ACCOUNTABILITY**

### **Accountability**

The NSMHA is the managed care entity accountable to the Department of Social and Health Services (DSHS) for provision of public oversight of the mental health service delivery system as currently delivered by its contracted providers. NSMHA has an obligation to insure that the care and services delivered by the service providers meet the standards of the NSMHA provider contracts, Clinical Eligibility and Care Standards Manual, the State of Washington Center for Medicaid Services (CMS) Waiver, relevant Washington Administrative Codes (WACs), and the Revised Codes of Washington (RCWs). In accordance with the principles outlined in the NSMHA Quality Management System Review and Restructuring, NSMHA acknowledges that it and regionally contracted service providers will each maintain procedures related to:

- risk management,
- quality assurance,
- quality improvement,
- resource management,
- utilization review,
- credentialing and recredentialing and
- performance contracting.

The NSMHA recognizes and values the advocacy efforts external to the NSMHA and its contracted providers in assuring quality of services. External advocacy is provided by consumer, family members, advocates, NAMI groups, advisory boards, and others. The NSMHA Office of Consumer Affairs supports and solicits input from these groups. NSMHA believes that the voice of consumer, family and advocates is an essential component of the quality management process, providing vital input regarding important aspects of care from those most directly affected by such care. All providers Quality Management plans should emphasize and incorporate consumer, family members and advocates into their ongoing quality assurance and quality improvement processes.

### **Remedial Action, Recommendations and Sanctions**

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

The process of Remedial Action is as follows;

Remedial Action. Contracted providers must agree that MHD may initiate remedial action if NSMHA determines any of the following situations exist:

1. A problem exists in the CONTRACTED PROVIDERS service delivery area that negatively impacts consumers;
2. The CONTRACTED PROVIDERS has failed to perform any of the mental health services required in the contract;
3. The CONTRACTED PROVIDERS has failed to develop, produce, and/or deliver to the NSMHA any of the statements, reports, data accountings, claims, and/or documentation described in the contract;
4. The CONTRACTED PROVIDERS has failed to perform any administrative function required in the contract. 'Administrative function' is defined as any obligation other than the actual provision of mental health services;
5. The CONTRACTED PROVIDERS has failed to implement corrective action required by the State and within the NSMHA prescribed time frames.
6. NSMHA may impose one or more of the following remedial actions in response to findings of situations as outlined above:
  - a. The NSMHA may require the CONTRACTED PROVIDERS to plan and execute corrective action. Corrective action plans include:

- 1) a brief description of the finding;
  - 2) specific steps taken to correct the situation and a timetable for performance of specified corrective action steps;
  - 3) a description of the monitoring to be performed to ensure that the steps are taken;
  - 4) A description of the monitoring to be performed that will reflect the resolution of the situation.
- b. Corrective actions plans developed by the CONTRACTED PROVIDERS must be submitted to the NSMHA within 60 calendar days of notification. The may extend or reduce the time allowed for corrective action depending upon the nature of the situation as determined by the NSMHA. Corrective action plans shall be subject to approval by the NSMHA, which may accept the plan as submitted, accept the plan with modifications, or reject the plan as follows:
- 1) require modification of any policies or procedures by the CONTRACTED PROVIDERS relating to the fulfillment of its obligations pursuant to the contract;
  - 2) Withhold one percent of the next month's capitation payment and each monthly capitation payment thereafter until the corrective action has achieved resolution. The NSMHA, at its sole discretion, may return all or a portion of any or all payments withheld once satisfactory resolution has been achieved;
  - 3) compound withholdings identified above by an additional one half or one percent for each successive month during which the remedial situation has not been resolved;
  - 4) Deny any incentive payment to which the Contracted provider might otherwise have been entitled under the contract of any other arrangement by which the NSMHA provides incentives.

### **Delegation/Delegated Functions**

Delegation is defined as a formal process by which the NSMHA gives another entity the authority to perform certain functions on its behalf, such as credentialing, inpatient authorization, and quality management. Although the NSMHA can delegate the responsibility to perform a function, it cannot delegate the authority for assuring that the function is performed appropriately. The NSMHA shall assure that delegated functions are performed appropriately through the monitoring of all such functions.

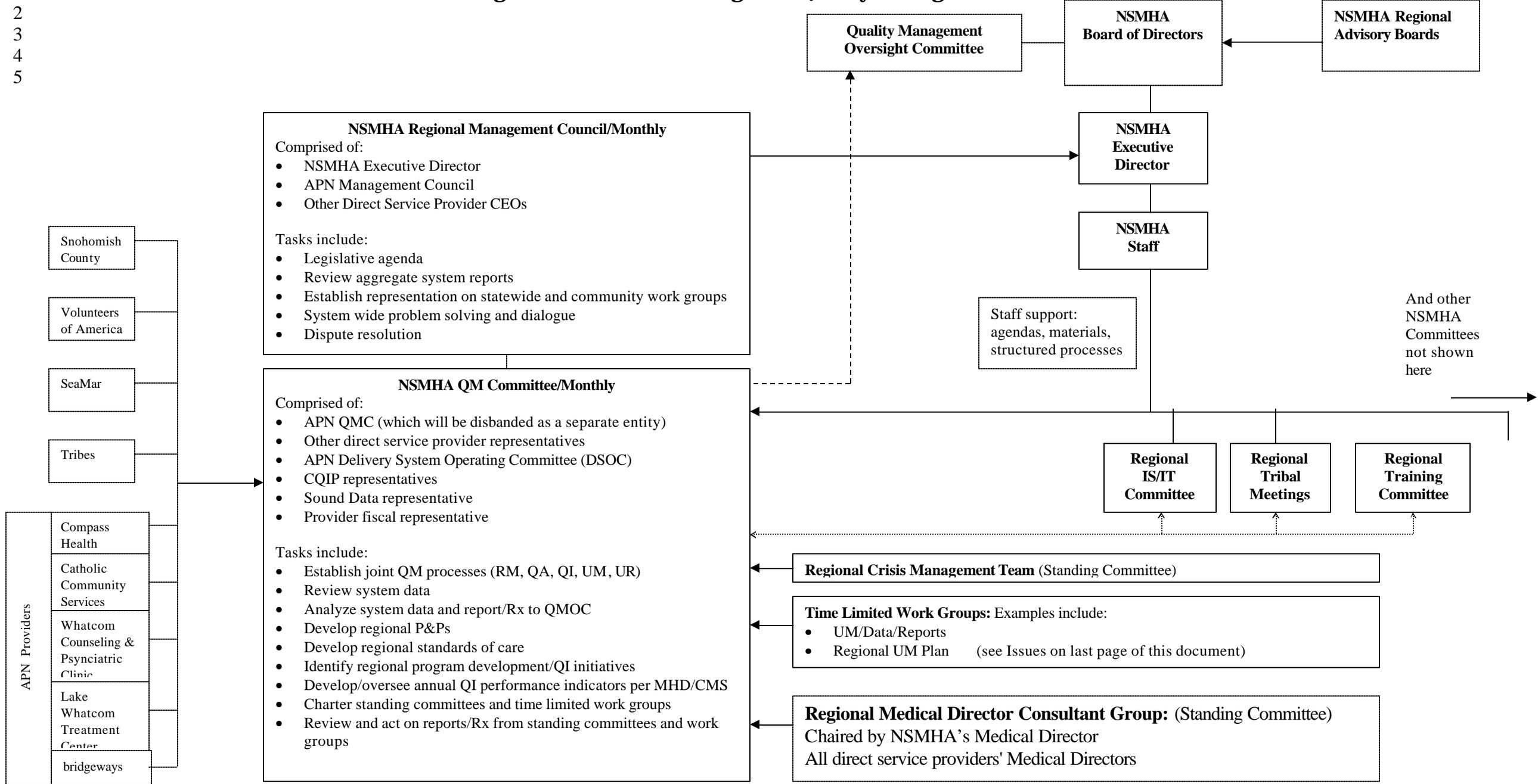
## **Structure of the Quality Management Program**

### **Quality Management System Overview**

Quality Management is an overarching system and/or process whereby quality assurance and quality improvement activities are incorporated and infused into all aspects of an organization's or system's operations. Quality assurance refers to compliance with minimum standards (i.e., rules, regulations, contract terms) as well as reasonably expected levels of performance, quality, and practice. Quality improvement focuses on activities to improve performance above minimum standards/reasonably expected levels of performance, quality, and practice.

1  
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3  
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5

### Diagram for a NSMHA Integrated Quality Management Process



## **Board of Directors**

The Board of Directors is the governing body of NSMHA. It is comprised of elected officials (or their delegates) from Island, San Juan, Skagit, Snohomish, and Whatcom Counties, Tribal representatives, along with the Chair and Vice Chair of the NSMHA Advisory Board. In regard to the Quality Management program, the Board is accountable for:

- adoption and oversight of the NSMHA's annual Quality Management Plan
- review of and action regarding the annual evaluation of the NSMHA's QM Program
- acting upon recommendations forwarded by NSMHA's Quality Management and Oversight Committee (QMOC)

The Chief Executive of NSMHA and the Board of Directors of NSMHA delegate the detailed review and development of QM recommendations to the Quality Management Oversight Committee. The Quality Management Oversight Committee evaluates the implementation of the QM programs of all contracted service providers as spelled out in the Roles and Responsibilities section below and in the Quality Management Work Plan.

## **Quality Management Oversight Committee**

The Quality Management Oversight Committee (QMOC) is a standing committee of the NSMHA Board of Directors. It is responsible for the oversight of quality management systems of the entire NSMHA, and for reviewing all quality management activities and making recommendations for quality improvement to the Board. QMOC ensures the gathering and analysis of data and reports to recognize the need for improvement or change (as outlined in the Quality Management Work Plan).

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

- six members nominated by the NSMHA Advisory Board, which shall include current consumers and family advocates, two of which shall be Advisory Board members, four of which are nominated by the Advisory Board.
- one Quality Review Team (QRT) member
- one Ombuds representative
- Three County Coordinators who report QMOC activities to colleague county coordinators who then report to their Advisory Boards
- NSMHA's Tribal Liaison
- NSMHA's Lead Quality Specialist
- Six representatives of contracted service providers, from diverse geographic and service populations region wide, two of which represent the APN, one from each of the other contracted providers (Sea Mar, Volunteers of America, The Tulalip Tribes and Snohomish County ITA.)

Members of the Quality Management Oversight Committee are approved annually by the Board of Directors. 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:

This committee:

- Oversees the development, approves, and evaluates the biennial NSRSN Quality Management Plan, submitting it to the Board of Directors for adoption, as well as any needed revisions
- reviews and recommends action on reports from contracted service providers or the NSMHA Quality Management Committee
- reviews the data from providers' measurement tools
- makes recommendations to all providers on actions to be taken.
- reviews the NSMHA quarterly and biennial quarter reports related to concurrent/retrospective reviews, consumer and advocate reports and reports on performance indicators; makes recommendations
- keeps attendance and minutes of all QMOC and subcommittee meetings.

**NSMHA Regional Management Council  
and  
Regional Quality Management Committee**

During the Quality Management Restructuring and System Review conducted by the NSMHA in 2002, the NSMHA Transition Committee met several times and proposed an "NSMHA Integrated Quality Management Process". The process includes the establishment of two (2) groups charged with the implementation of region wide quality management. These two groups are;

- The NSMHA Regional Management Council, comprised of the NSMHA Executive Director, the APN Management Council and Chief Executive Officers (CEO's) of other North Sound direct service providers. This groups tasks include;
  - Formulating a concise legislative agenda for the NSMHA to pursue
  - Reviewing aggregate quality management system reports
  - Establishing representation on statewide and community work groups
  - System wide problem solving and dialogue, and
  - Dispute resolution
  
- The NSMHA Quality Management Committee, comprised of clinical, quality management, fiscal and information system staff from NSMHA and provider staff. This group is charged with the following tasks;
  - To establish a joint, region wide quality management process
  - To review aggregate system data
  - To report recommendations based on system data to the NSMHA Quality Management Oversight Committee
  - To develop regional Policies and Procedures regarding quality management activities
  - To develop regional standards of care
  - To identify regional program development and quality improvement activities
  - To develop and oversee annual quality improvement performance indicators based on the State of Washington Mental Health Division (MHD) and the Center for Medicaid Services (CMS) guidelines
  - To charter both standing committees as well as time limited quality management work groups, and
  - To review and act on the reports/recommendations from these standing committees or work groups.

**Contracted Service Providers**

Each contracted service provider is responsible for its individual Quality Management Program. The Quality Management Program must have policies and procedures that ensure;

- An ongoing, planned, systematic, organization-wide quality management process to design, measure, assess and improve performance, including peer review of services, and to identify innovations or best practice.
- An annual update of the Quality Management Plan and process. To be in compliance with the NSMHA QM 2004-2005 Plan, providers need to review their respective QM Plans and implement any changes necessary to align them with the NSMHA QM Plan within sixty (60) days after the NSMHA QM Plan 2004-2005 is approved by the NSMHA Board of Directors.

Contracted service providers exercise full QM program activities on portions of the NSMHA QM plan that may be delegated to them. The current NSMHA contracted providers are;

- *bridgeways*
- Catholic Community Services
- Compass Health
- Lake Whatcom Residential and Treatment Center
- Whatcom Counseling and Psychiatric Center
- Sea Mar Community Mental Health
- Volunteers of America (VOA)
- Snohomish County Mental Health Involuntary Treatment Team (CDMHP's)

### **The State of Washington's Mental Health Division (MHD)**

The MHD is involved in the NSMHA's Quality Management process through the annual conduction of the MHD's External Quality Review related to the quality outcomes, timeliness of and access to the services covered under the contract between the MHD and the NSMHA. In it's Quality Management Plan, the NSMHA is responsible for demonstrating to the MHD how the NSMHA has implemented each of the MHD's seventeen (17) quality strategies.

Also, the MHD reviews the NSMHA Quality Management Plan, to determine that it meets contractual expectations, as well as conducting biennial Audits of the NSMHA to verify that the quality management strategies detailed in the Quality Management Plan have been appropriately implemented.

## **Roles and Responsibilities**

### **NSMHA Executive Director**

The Executive Director has overall accountability for all aspects of NSMHA operations. In relationship to the QM 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 QM Work Plan. Descriptions of the roles and responsibilities of NSMHA positions that are directly involved with the Quality Management Plan are below.

### **Quality Management Department**

The Quality Management Department organizes and directs all clinical issues including monitoring the quality management plans of NSMHA and contracted providers during the NSMHA Administrative Audit, staffing the Quality Management Oversight committee, evaluating and reporting on clinical and quality issues of contracted providers, and performing onsite clinical quality assurance reviews of contracted providers.

The roles and functions of the Quality Management Department include performance of the seven key quality management processes defined in the NSMHA Quality Management System Review and Restructuring. The specific duties of NSMHA quality management staff related to these processes are:

- Risk Management- Performance of Critical Incident Reviews, Implementation of HIPAA privacy and security activities, Participation on the Regional Integrated Crisis Response System Committee and Coordination of Public Safety
- Quality Assurance- Tracking, responding to and resolving complaints and grievances, conducting consumer satisfaction surveys, preparing the Integrated Report concerning NSMHA quality management activities every six months, conducting Coordinated Quality Improvement Committee meetings monthly, reporting to the Quality Management Oversight Committee monthly and implementing the quality assurance activities, as defined in the NSMHA Quality Management Plan
- Quality Improvement- conducting regional Advisory Board meetings monthly, implementing the schedule prepared by the Regional Training Committee, pursuing individual staff training on an ongoing basis, organizing Concurring Disorders and Post Traumatic Stress Disorder trainings, work groups and advocacy throughout the Region, implementing Recovery Model principles, assisting in the Strategic Planning process for the Region, participating in regional Program Development activities and participating in state-wide work groups
- Resource Management- Development and implementation of the regional Clinical Eligibility and Care Standards, participation on community coordination teams, development of inpatient and outpatient utilization management strategies, development of high-utilizer of care strategies, participation in cross-system coordination activities, determination of Medicaid personal care eligibility, participation in Children's Hospital Alternative Program and Children's Long-Term Inpatient planning regarding admissions to and oversight of these programs, performance of discharge planning functions for Regional consumers admitted to Western State Hospital
- Utilization Review- performance of concurrent, focused and selective reviews regarding service provision throughout the Region
- Credentialing and Recredentialing- verification of provider credentials and Mental Health Professional exception waivers during Administrative Audits conducted at provider agencies
- Performance Contracting- Review and advocacy of proposed state, federal and Mental Health Division's policies, Contract development and overview, Fiscal oversight and management, Clinical Eligibility and Care Standards development, outcomes and Performance Indicators development, participation in the Mental Health Division's audit of NSMHA, onsite Administrative Audits of service providers, Fraud and Abuse prevention and compliance monitoring

NSMHA quality management staff will develop and implement review tools that are valid and reliable. These review tools will be designed according to a standard format and will reference the sources from which they are developed or which substantiate their reliability or appropriateness. Such sources may include the WAC's, MHD quality strategies, BBA requirements, CMS regulations/guidelines, etc. NSMHA staff will plan and schedule review activities at provider sites so as to be minimally disruptive of providers regularly scheduled job duties and activities. Any Corrective Action requests resulting from reviews will be presented in a standard reporting format, to include timelines for response, staff responsible for responding and timelines for NSMHA to respond to submitted Corrective Action steps.

- NSMHA Quality Management
  - Performance and documentation of concurrent, focused, selected, retrospective and critical incident reviews
  - Development / Maintenance of NSMHA Clinical Standards / Clinical Eligibility and Standards of Care Manual / Quality Management Plan / Outcomes
  - Technical assistance around clinical issues (internal / external)
  - Participation in Administrative On-Sight Reviews of contracted providers
  - Clinical input to contracting process
- NSMHA Utilization 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 NSMHA consumers at Western State Hospital

The 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 QM system, identifies problems and successes when they occur, leads the analysis of data, looks for significant trends, and makes recommendations for changes and sanctions. To accomplish these objectives, the Quality Management Department:

- Participates in the MHD's External Quality Review of the NSMHA annually. This review is related to quality outcomes, timeliness of and access to the services covered in the NSMHA/MHD contract
- Develops and revises as necessary the NSMHA Clinical Eligibility and Care Standards document
- Conducts monthly Coordinated Quality Improvement Program meetings, to track quality management activities throughout the Region, to analyze trends in the provision of services and to identify important aspects of care
- Reads and maintains NSMHA certification
- Assists in NSMHA's strategic planning process
- Acts as a liaison with the clinical leadership of contracted provider organizations, and provides technical assistance as requested
- Participates in NSMHA's management by decision-making and coordination with other departments within NSMHA
- Monitors provider agencies for contract compliance on quality assurance issues
- Integrates information from QRT, Ombuds, Advisory Board, the Quality Management Department, accrued complaint/grievance and critical incident reports, 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 QM issues
- Reports analysis of concurrent / focused / quality of care review results to QMOC each biennial quarter.
- Analyzes utilization statistics for NSMHA regional services and reports to QMOC each biennial quarter.

## **Consumer Affairs Manager**

The Consumer Affairs Manager advocates and provides leadership for mental health consumers throughout the North Sound Region. The Manager handles inquiries from consumers and advocates, directly supervises the *NSMHA Ombuds and Quality Review Team programs*, (4) Regional Support Network staff, coordinates public relations, and oversees agency publications within area of assignment.

- Develops and supports consumer voice and participation throughout the Region
- Promotes awareness of NSMHA mission and programs
- Develops and distributes the NSMHA newsletter, brochures and posters
- Develops and promotes stigma reduction projects
- Assures that the Ombuds staff has access to the Executive Director
- Encourages and supports consumer and advocate involvement at all levels of NSMHA including Advisory Board, committees and work groups
- Organized and Supports Advisory Board and other consumers to participate in conferences, site visits and other educational opportunities
- Hires, supervises and coordinates both Ombuds and QRT services
- Supervises and coordinates support staff

## **Tribal Liaison**

The Tribal Liaison consults and advocates government to government between the eight sovereign nations within the North Sound Regional area. Collaborates with the eight sovereign nations to facilitate the yearly 7.01 plan and follow-ups on all points of the 7.01 plan. Provides subsequent action on 7.01 reporting, auditing, and tribal quarterly follow-up presentations, and performs the following functions:

- Facilitates treatment planning and consultation for traditional spiritual needs
- Provides monthly tribal meeting with tribal leaders, tribal mental health departments and NSMHA
- Provides consultation with tribal/extended family when any grief issues are present
- Audits PIHP providers for 30 day window for consultation with AI/AN Mental Health Specialist
- Provides consultation and technical assistance and support between Region III sovereign nations mental health departments, NSMHA, and PIHP providers.
- Organizes and formulates policy to direct Regional 7.01 planning
- Organizes and provides tribal workshops and training, including collaborate with all other DSHS Divisions

## **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 help resolve their issues
- Educate consumers about their rights and how to maintain them
- Investigate and pursue complaints, grievances and fair hearings
- Report aggregate data on an annual and biennial quarterly basis
- Publicize the Ombuds Service region wide through various outreach efforts
- Foster cooperation and assistance in Ombuds issues and promote the standardization of RSN Ombuds offices statewide
- Develop effective formal and informal communications with provider agencies to ensure a smooth flow of information and communication through all channels
- Counter the stigma suffered by the mentally ill through such things as the annual Ombuds Poster Contest and working with NAMI and peer counseling and support groups

- Maintain a wide base of cooperation and support among collaborative agencies in other social services such as the Division of Developmental Disabilities, Chemical Dependency treatment organizations and the Criminal Justice System.
- Actively participate on the NSMHA's Critical Incident Review Committee to ensure the rights of consumers involved

### **Quality Review Team**

The Quality Review Team members are key sources of information to QMOC, providing direct measurements of consumer satisfaction. The QRT members:

- Fairly and independently administers consumer satisfaction surveys to assess levels of satisfaction regarding:
  - Physical safety (food, health, housing),
  - Emotional safety (honest respectful services, freedom from coercion, retaliation and intimidation), and
  - Service recipient satisfaction.
- QRT, in the process of assessing systemic customer service issues, visits and assesses and evaluates the services regarding:
  - The system quality of care
  - The degree to which services are consumer –focused/directed, and
  - The extent of development of alternatives to hospitalization, cross-system coordination and range of treatment options.
- Evaluate mental health personnel's cross-system activities for the benefit of consumers including but not limited to schools, state and local hospitals, jails and shelters.
- Participate in NSMHA's Administrative Review of contracted 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 Ombuds and QRT services
- Educate the public regarding mental health services and stigma reduction marketing
- Interface with Ombuds services
- Works as Ombuds Fill-in at the request of the OCA Manager

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

The Contracts Compliance and Fiscal Services Manager plans, coordinates, implements and manages the contractual and financial policies, procedures and operations of the North Sound Regional Support Network. Responsibilities of the Contracts Compliance and Fiscal Services Manager that are directly relevant to QMOC's work include:

- Develop administrative, fiscal, basic agreement and quality management monitoring tools and monitor compliance of up-line and down-line contracts;
- Review and evaluate subcontractor contract compliance performance, recommending appropriate corrective measures;
- Develop and negotiate contracts;
- Ensure down-line contracts are professional, legal, outcome based, meet minimum up-line contractual obligations of NSMHA and can be systematically monitored.
- Coordinate the implementation of existing policies and procedures with other NSMHA staff, with state/county divisions and departments and with contracted providers/vendors as necessary;
- Develop and present financial projections and models to assure the continuing financial stability and viability of the NSMHA;
- Coordinate NSMHA financial activities with those of contracted providers/vendors, state and county offices and/or divisions;
- Ensure NSMHA fiscal systems services and records are accurate, timely, and performed in a manner showing the NSMHA as competent stewards of public funds;
- Perform on-site administrative audits of contracted provider agencies;
- Perform on-site audits of entities requesting certification/licensing and recommend/not recommend to State MHD. Review, process, and recommend/not recommend renewals;
- Research and develop information on State legislation of interest to the NSMHA/PIHP; analyze and monitor relevant new legislation; and

- Research, monitor and analyze information on Federal and State requirements relating to mental health service compliance issues.
- Monitors and reconciles inpatient expenses.

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

NSMHA's Information Systems/Information Technology Department (IS/IT) maintains an information system to meet the data and communication requirements of all parties. The use of the information for the purposes of this Quality Management Plan may be reviewed in the Measurement column of the Quality Management Work Plan. This information will enable NSMHA to review and analyze:

- individual client outcomes with the aim of reduction in psychiatric hospitalizations, improvement in level of functioning, and improvement in quality of life
- system outcomes
- the development of baselines and improvement measures designed to evaluate the effectiveness of the PIHP
- provide information for Regional utilization/capacity management

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 NSMHA Management Reports
- Supervise the design and implementation of in-house database systems (e.g., concurrent review, Ombuds)

### **Contracted Service Providers**

- The provider agencies participate in the quality management activities of NSMHA via representative membership on the QMOC (see Figure 1). All NSMHA providers are required by WAC to have a quality management plan. This plan must match the NSHMA quality management plan. Each contracted service provider is responsible for its individual Quality Management Program.

### **State of Washington's Mental Health Division (MHD)**

Through its Quality Strategy, the MHD establishes a process by which to assess, monitor and measure for improvement the mental health services provided to members served by RSN's contracting with the MHD. To meet its quality strategy goals, the MHD requires the development of a process through which the MHD and the RSN's work in a collaborative manner to establish objectives and timetables for improvement of health care service and delivery if and when needed. The quality strategy also seeks to improve Medicaid Managed Care's ability to meet the priorities of the MHD, Medicaid program and Medicaid managed care programs in Washington State.

## **2. PROGRAM STANDARDS**

### **NSMHA Standards for Quality Management Programs**

NSMHA is committed to the development of Quality Management (QM) processes in provider agencies. NSMHA will focus on oversight of provider QM processes. Contracted providers' QM 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 an annual work plan
- there is a committee, in which practitioners participate, that oversees QM activities and documents actions
- there is an annual QM work plan that includes planned projects, planned monitoring of issues over time, and planned evaluation
- the governing board provides oversight to the QM 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 these QM activities are linked and coordinated with other management activities such as:
  - risk management committee/plan
  - safety committee/plan,
  - clinical 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
- ensure consumer, advocate and family representatives are included in its ongoing process of decision-making and policy setting in the planning, implementation, operation and evaluation of provider network.
- creates an ongoing work group that focuses on involvement of consumers, advocates and family members and evaluates their current involvement.

#### **2.1 Standards for Record Reviews**

NSMHA staff perform Concurrent Reviews of provider's clinical records using the review instrument developed by the State of Washington's Mental Health Division (MHD). This instrument is the *Voluntary and Involuntary Outpatient Record Review Tool*. APN providers perform agency-wide Peer reviews, using a version of this instrument that is nearly identical to the MHD document, but that they have slightly modified for use by their clinical staff.

In addition to Concurrent Reviews by NSMHA staff and Peer Reviews by provider staff, NSMHA staff plan to develop additional review instruments for Region-wide usage. NSMHA staff will use these review instruments to assist them in their ongoing utilization review activities. Potential areas to be reviewed include, but are not limited to; Crisis Plan reviews, Inpatient Services reviews, Supervised Living reviews and High-Utilizer of service reviews. All review instruments developed by NSMHA staff will conform to certain principles, such as;

- All review instruments developed will be based on specific sources, such as the WAC's, the contract between NSMHA/MHD, the contract between NSMHA/providers, the NSMHA Clinical Eligibility and Care Standards, the RCW's, etc. All review instruments will contain specific references to the sources that have been cited in the tool development.
- All review instruments will be developed in collaboration with providers. Drafts will be shown to providers and their input will be solicited. Review instruments will be pre-tested with providers prior to their implementation at provider agencies. No review results will be reported based on instruments that have not been tested for both reliability and validity by NSMHA staff.

## QUALITY ASSURANCE STRATEGIES

**FOCUS AREA:** Process of Care

**Goal:** To determine that services which meet or exceed all standards are delivered to consumers

Organization	Objectives	Activities/Tasks	Responsible Department/Agency Contact	Output	Measures/ Data Sources	Benchmarks	Timeline	System Feedback
<u>NSMHA</u>	<p><b>Objective 1</b> Documentation of outpatient services delivered meets standards defined in the Washington Administrative Codes(WAC's)</p> <p>90% is the expected compliance rate with defined standards</p>	Concurrent Reviews (Number of reviews to be determined)	NSMHA Quality Management staff	Results to be reported in each NSMHA Biennial Quarter Integrated Report	Concurrent Review- MHD Outpatient Record Review Tool	90% scoring on questions in MHD Outpatient Record Review Tool	<p>Each Biennial Quarter (every six months)</p> <p>Initial report regarding review results due during 1<sup>st</sup> Biennial Quarter 2004</p>	<p>Reports to NSMHA Coordinated Quality Improvement Committee (CQIP), Regional Quality Management Committee (RQMC) and Quality Management Oversight Committee (QMOC)</p>

## QUALITY ASSURANCE STRATEGIES

**FOCUS AREA:** Process of Care

**Goal:** To determine that services which meet or exceed all standards are delivered to consumers

Organization	Objectives	Activities/Tasks	Responsible Department/Agency Contact	Output	Measures/Data Sources	Benchmarks	Timeline	System Feedback
<b>Providers</b>	<p><b>Objective 1</b> Documentation of outpatient services delivered meets standards defined in the Washington Administrative Codes (WAC's)</p> <p>90% is the expected compliance rate with defined standards</p>	Peer Reviews- One per clinician per quarter	Per Provider Quality Management Plan	<p>Quarterly reports by each provider to the Regional Quality Management Committee</p> <p>1<sup>st</sup> report- 2-04</p> <p>2<sup>nd</sup> report- 5-04</p> <p>3<sup>rd</sup> report- 8-04</p> <p>4<sup>th</sup> report- 11-04</p> <p><b>Note:</b>Any cluster, aggregate (or as appropriate individual question score) that falls below the 90% standard requires a provider Quality Improvement action to address the scoring deficiency.</p>	<p>Provider Peer Review Tool*</p> <p>* Providers are currently using a Review Tool slightly different from the MHD Review Tool. Per provider agreement with NSMHA, when the new WAC's are finalized, providers will adopt and implement the revised MHD Review Tool so NSMHA and provider staff are using identical Review Tools</p>	90% scoring on questions in Peer Review Tool	Calendar quarter (every three months), February, May, August and November 2004	Reports to RQMC

## QUALITY ASSURANCE STRATEGIES

**FOCUS AREA:** Process of Care

**Goal:** To determine that services which meet or exceed all standards are delivered to consumers

Organization	Objectives	Activities/Tasks	Responsible Department/Agency Contact	Output	Measures/Data Sources	Benchmarks	Timeline	System Feedback
<b>NSMHA</b>	<b>Objective 2</b> Adequate inter-rater reliability between NSMHA and provider staff performing Concurrent Reviews and Peer Reviews, respectively	Reviews by NSMHA staff of records reviewed by provider staff during provider Peer reviews	NSMHA Quality Management Department staff • Quality Specialists	Results to be reported in each NSMHA Biennial Quarter Integrated Report	MHD Outpatient Record Review Tool	To be determined	Each Biennial Quarter	Reports to NSMHA CQIP, RQMC and QMOC
<b>Providers</b>	<b>Objective 2</b> Same as in Objective 1	Same as in Objective 1	Same as in Objective 1	Same as in Objective 1	Same as in Objective 1	Same as in Objective 1	Same as in Objective 1	Same as in Objective 1

## QUALITY ASSURANCE STRATEGIES

**FOCUS AREA:** Process of Care

**Goal:** To determine that services which meet or exceed all standards are delivered to consumers

Organization	Objectives	Activities/Tasks	Responsible Department/Agency Contact	Output	Measures/ Data Sources	Benchmarks	Timeline	System Feedback
<b>NSMHA</b>	<p><b>Objective 3</b> Provider agency meets defined contract expectations regarding Administrative, Fiscal and Quality Assurance and Improvement requirements</p> <p>90% is the expected compliance rate with defined contract expectations</p>	NSMHA Administrative Audits	<p>NSMHA Contracts and Fiscal Compliance staff</p> <p>NSMHA Quality Management staff</p> <p>NSMHA Quality Review Team staff</p>	Results to be reported in each NSMHA Biennial Quarter Integrated Report	NSMHA Administrative Audit On-Site Monitoring Tool	<p>Any Provider <b>Finding*</b> resulting from the Admin Audit will necessitate a provider Corrective Action Plan that must be reviewed and accepted by NSMHA</p> <p>*A <b>Finding</b> occurs when an agency fails to comply with Federal or State regulations and contract terms and conditions governing contract awards, and which could subject them to failed State Mental Health Licensing review, audit disallowances, debarment, or contract noncompliance. The NSMHA applies the 90% compliance rule established by the MHD in reporting findings.</p>	All providers are reviewed once during the QM Plan two year cycle	Reports to CQIP, RQMC and QMOC

## QUALITY ASSURANCE STRATEGIES

**FOCUS AREA:** Process of Care

**Goal:** To determine that services which meet or exceed all standards are delivered to consumers

Organization	Objectives	Activities/Tasks	Responsible Department/Agency Contact	Output	Measures/ Data Sources	Benchmarks	Timeline	System Feedback
<b><u>Providers</u></b>	<p><b>Objective 3</b> Provider agency meets defined contract expectations regarding Administrative, Fiscal and Quality Assurance and Improvement requirements</p> <p>90% is the expected compliance rate with defined contract expectations</p>	Completion of NSMHA Administrative, Fiscal and Quality Assurance and Improvement On-Site Monitoring Questionnaire	Per Provider QM Plan	Submission of NSMHA On-Site Monitoring Questionnaire	NSMHA Administrative Audit On-Site Monitoring Tool	Same as Benchmark identified above	All providers are reviewed once during the QM Plan two year cycle	Per Provider QM Plan
<b><u>The Tribes</u></b>	<p><b>Objective 3</b> Agencies meet contract expectations defined in The Tribes 7.01 Plan</p>	Compliance with 7.01 Plan requirements	Per Tribal QM Plan	Reporting of documentation to verify 7.01 Plan compliance	Tribal 7.01 Plan	Tribal 7.01 Plan compliance	The Tribal 7.01 Plan will be reviewed once during the NSMHA QM Plan 2004-2005 cycle	Per Tribal QM Plan

**QUALITY ASSURANCE STRATEGIES**

**FOCUS AREA:** Process of Care

**Goal:** To determine that services which meet or exceed all standards are delivered to consumers

<b>Organization</b>	<b>Objectives</b>	<b>Activities/Tasks</b>	<b>Responsible Department/Agency Contact</b>	<b>Output</b>	<b>Measures/ Data Sources</b>	<b>Benchmarks</b>	<b>Timeline</b>	<b>System Feedback</b>
<b><u>NSMHA</u></b>	<b>Objective 4</b> To develop and implement two specific MHD statewide Quality Assessment and Improvement Projects (QAPI's)	Participate in one clinical QAPI designed to measure consumer participation in treatment  Participate in one non-clinical QAPI designed to improve data quality	NSMHA Quality Management staff	Reports detailing the results of each QAPI	To be developed in conjunction with MHD and implemented in conjunction with Providers	To be developed in conjunction with MHD and implemented in conjunction with Providers	Both QAPI projects will be implemented during the course of the NSMHA QM Plan 2004-2005	
<b><u>Providers</u></b>	<b>Objective 4</b> Same as above	Same as above	Per Provider Quality Management Plan	Per Provider Quality Management Plan	Same as above	Same as above	Per Provider Quality Management Plan	Per Provider Quality Management Plan

## QUALITY ASSURANCE STRATEGIES

**FOCUS AREA:** Process of Care

**Goal:** To determine that services which meet or exceed all standards are delivered to consumers

Organization	Objectives	Activities/Tasks	Responsible Department/Agency Contact	Output	Measures/ Data Sources	Benchmarks	Timeline	System Feedback
<b><u>NSMHA</u></b>	<b><u>Objective 5</u></b> Crisis Plans reviewed meet WAC and NSMHA defined standards	Crisis Plan reviews (number to be determined)	NSMHA Quality Management staff	Report regarding Crisis Plans reviewed	Crisis Plan reviews using MHD Outpatient Record Review Tool, Crisis Plan cluster	90% scoring on MHD Crisis Plan Cluster	1 <sup>st</sup> Biennial Quarter 2004-2005	Reports to RQMC and QMOC
<b><u>Providers</u></b>	<b><u>Objective 5</u></b> Same as above	Same as above	Per Provider Quality Management Plan	Same as above	Provider Peer Review Tool	90% scoring on Crisis Plan cluster in Provider Peer Review Tool	Per Provider Quality Management Plan	Per Provider Quality Management Plan
<b><u>NSMHA</u></b>	<b><u>Objective 6</u></b> Services provided to mental health consumers involved in the Criminal Justice System meet WAC and contract standards	Jail Services Review	NSMHA Quality Management staff	Jail Services Review by NSMHA	NSMHA Jail Episode of Care Review Tool	90% overall score for NSMHA Jail Episode of Care Review Tool	Review to be performed once during the QM Plan 2004-2005 In the 4 <sup>th</sup> BQ	Report to RQMC and QMOC
<b><u>Providers</u></b>	<b><u>Objective 6</u></b> Same as above	Per Provider Quality Management Plan	Per Provider Quality Management Plan	Per Provider Quality Management Plan	Per Provider Quality Management Plan	Per Provider Quality Management Plan	Per Provider Quality Management Plan	Per Provider Quality Management Plan

## QUALITY ASSURANCE STRATEGIES

**FOCUS AREA:** Process of Care

**Goal:** To determine that services which meet or exceed all standards are delivered to consumers

Organization	Objectives	Activities/Tasks	Responsible Department/Agency Contact	Output	Measures/Data Sources	Benchmarks	Timeline	System Feedback
<b><u>NSMHA</u></b>	<b><u>Objective 7</u></b> Services provided to mental health consumers receiving Supervised Living Services from Providers meet WAC and contract standards	NSMHA Supervised Living Services Review	NSMHA Quality Management staff	Supervised Living Services Review report	NSMHA Supervised Living Services Review Tool	90% overall scoring on the NSMHA Supervised Living Services Review Tool	Review to be performed once during the QM Plan 2004-2005 In 3 <sup>rd</sup> BQ	Report to RQMC and QMOC
<b><u>Providers</u></b>	<b><u>Objective 7</u></b> Same as above	Per Provider Quality Management Plan	Per Provider Quality Management Plan	Per Provider Quality Management Plan	Per Provider Quality Management Plan	Per Provider Quality Management Plan	Per Provider Quality Management Plan	Per Provider Quality Management Plan

## QUALITY ASSURANCE STRATEGIES

**FOCUS AREA:** Process of Care

**Goal:** To determine that services which meet or exceed all standards are delivered to consumers

Organization	Objectives	Activities/Tasks	Responsible Department/Agency Contact	Output	Measures/ Data Sources	Benchmarks	Timeline	System Feedback
<b><u>NSMHA</u></b>	<b><u>Objective 8</u></b> Services provided to mental health consumers receiving in-patient services at Regional Evaluation and Treatment Facilities (E&T's) meet WAC and contract standards	NSMHA E&T Review	NSMHA Quality Management staff	NSMHA E&T Review report	NSMHA E&T Review Tool	90% overall scoring on NSMHA E&T Review Tool	Review to be performed once during the QM Plan 2004-2005 In the 2 <sup>nd</sup> BQ	Report to RQMC and QMOC
<b><u>Providers</u></b>	<b><u>Objective 8</u></b> Same as above	Per Provider Quality Management Plan	Per Provider Quality Management Plan	Per Provider Quality Management Plan	Per Provider Quality Management Plan	Per Provider Quality Management Plan	Per Provider Quality Management Plan	Per Provider Quality Management Plan

## QUALITY ASSURANCE STRATEGIES

**FOCUS AREA:** Process of Care

**Goal:** To determine that services which meet or exceed all standards are delivered to consumers

Organization	Objectives	Activities/Tasks	Responsible Department/Agency Contact	Output	Measures/Data Sources	Benchmarks	Timeline	System Feedback
<b>NSMHA</b>	<b>Objective 9(A)</b> Crisis Services throughout the Region meet WAC standards and comply with the NSMHA Crisis System Corrective Action Plan currently in place	NSMHA Crisis System Review and Corrective Action Plan	NSMHA Quality Management staff	Crisis System Review report	NSMHA Corrective Action Plan and NSMHA Crisis Contact Review Tool	Crisis System services must meet Corrective Action Plan requirements	Regional Crisis System Review to continue until June 2004	Reports to MHD, RQMC and QMOC and NSMHA Board of Directors
<b>Providers</b>	<b>Objective 9(A)</b> Same as above	Providers will review a percentage of Crisis System contacts at their own individual agencies	Per Provider Quality Management Plan	Per Provider Quality Management Plan	Per Provider Quality Management Plan	Per Provider Quality Management Plan	Regional Crisis System Review to continue until June 2004	Per Provider Quality Management Plan

**QUALITY ASSURANCE STRATEGIES**

**FOCUS AREA:** Process of Care

**Goal:** To determine that services which meet or exceed all standards are delivered to consumers

<b>Organization</b>	<b>Objectives</b>	<b>Activities/Tasks</b>	<b>Responsible Department/Agency Contact</b>	<b>Output</b>	<b>Measures/ Data Sources</b>	<b>Benchmarks</b>	<b>Timeline</b>	<b>System Feedback</b>
<b><u>NSMHA</u></b>	<b><u>Objective 9(B)</u></b> Crisis Services and accompanying documentation at Whatcom Counseling and Psychiatric Clinic (WCPC) meet Corrective Action Plan conditions	100% review of WCPC Crisis Services and documentation	NSMHA Quality Management staff	NSMHA report regarding Service and documentation review	Regional Corrective Action Plan	Crisis System services must meet Regional Corrective Action Plan requirements	Regional Crisis System Review to continue until June 2004	Reports to MHD, RQMC and QMOC and NSMHA Board of Directors
<b><u>Provider</u></b>	<b><u>Objective 9(B)</u></b> Same as above	WCPC Crisis Services staff submit documentation to NSMHA for review	WCPC Crisis Services and Management staff	WCPC staff will comply with the Corrective Action Plan conditions	Regional Corrective Action Plan	Crisis System services must meet Regional Corrective Action Plan requirements	Regional Crisis System Review to continue until June 2004	Per Provider Quality Management Plan

## QUALITY IMPROVEMENT STRATEGIES

**FOCUS AREA:** Consumer satisfaction

**Goal:** To ensure areas of consumer satisfaction/dissatisfaction are incorporated into system improvement activities throughout the Region

Organization	Objectives	Activities/Tasks	Responsible Department/ Agency Contact	Output	Measures/ Data Sources	Benchmarks	Timeline	System Feedback
<b>NSMHA</b>	<b>Objective 1</b> Quality Review Team (QRT) Consumer Satisfaction surveys conducted throughout the Region will indicate 90% satisfaction with services received from providers	QRT Conduct Consumer Satisfaction surveys at provider sites throughout the Region	NSMHA Quality Management staff- Quality Review Team	Consumer Satisfaction survey results are reported quarterly  <u>Report due:</u> April 2004, 2005 July 2004, 2005 October 2004, 2005 January 2005, 2006	NSMHA Consumer Satisfaction surveys	Satisfaction defined by 90-100% positive response  Area of Concern defined by 11-13% dissatisfaction  Area of Finding defined by 14% or more dissatisfaction	Reports presented to CQIP monthly and to RQMC, QMOC and NSMHA Advisory Board and Board of Directors quarterly	Reports to CQIP, the RQMC, QMOC and the NSMHA Advisory Board and Board of Directors
<b>Providers</b>	<b>Objective 1</b> Consumer Satisfaction monitoring by providers will identify areas of consumer satisfaction and dissatisfaction at their particular agency	Providers will perform monitoring of consumer satisfaction on a routine and regular basis, at a minimum of once per year, through the use of agency specific tools (e.g., comment cards, surveys, focus groups, etc.)	Per Provider Quality Management Plan	Consumer Satisfaction survey results reported to the RQMC in January 2005 and January 2006	Provider Consumer Satisfaction surveys	Providers to define	Per Provider Quality Management Plan	Per Provider Quality Management Plan

## QUALITY IMPROVEMENT STRATEGIES

**FOCUS AREA:** Consumer satisfaction

**Goal:** To ensure areas of consumer satisfaction/dissatisfaction are incorporated into system improvement activities throughout the Region

Organization	Objectives	Activities/Tasks	Responsible Department/ Agency Contact	Output	Measures/ Data Sources	Benchmarks	Timeline	System Feedback
<b>NSMHA</b>	<b>Objective 2(A)</b> Complaints are settled at the lowest possible level	Assist and advocate for consumers who file complaints and/or grievances with the NSMHA	NSMHA Ombuds staff  NSMHA Quality Management staff	<u>NSMHA Ombuds</u> Record and track consumer complaints and/or grievances.  Present quarterly reports regarding complaints and/or grievances received  <u>Reports due:</u> April 2004, 2005 July 2004, 2005 October 2004, 2005 January 2005, 2006  <u>NSMHA QM staff</u> Prepare a Complaint and Grievance Report that tracks trends in both current and aggregate data and is submitted to MHD every six months  <u>Reports due:</u> May 2004, 2005 November 2004, 2005	NSMHA Consumer Complaint and Grievance Policy	100% reporting and tracking of complaints and/or grievances received	Monthly internal reports to NSMHA  Quarterly reports to RQMC and QMOC	Monthly reports to NSMHA CQIP  Quarterly reports to RQMC and QMOC  Submit Complaint and Grievance to MHD every six months

## QUALITY IMPROVEMENT STRATEGIES

**FOCUS AREA:** Consumer satisfaction

**Goal:** To ensure areas of consumer satisfaction/dissatisfaction are incorporated into system improvement activities throughout the Region

Organization	Objectives	Activities/Tasks	Responsible Department/ Agency Contact	Output	Measures/ Data Sources	Benchmarks	Timeline	System Feedback
<b>Providers</b>	<b>Objective 2(A)</b> Complaints are settled at the lowest possible level	Providers will report all consumer complaints (as defined in the NSMHA Complaint and Grievance Policy) received, will increase the percentage of complaints settled at the provider level and refer the consumer to NSMHA Ombuds if needed	Per Provider Quality Management Plan	Providers will report all complaints (as defined in the NSMHA Complaint and Grievance Policy) received to NSMHA	NSMHA Consumer Complaint and Grievance Policy	Reporting and tracking of all complaints(as defined in the NSMHA Complaint and Grievance Policy) and/or grievances received	Per Provider Quality Management Plan	Per Provider Quality Management Plan
<b>NSMHA</b>	<b>Objective 2 (B)</b> Regional Complaint processes meet Balanced Budget Act standards	Develop a Regional Complaint, Grievance and Appeal process consistent with Balanced Budget Act (BBA) standards	NSMHA Quality Management staff	NSMHA Complaint, Grievance and Appeal Process that meets BBA standards	Balanced Budget Act	Balanced Budget Act	During course of NSMHA QM Plan 2004-2005	Reports to RQMC and QMOC
<b>Providers</b>	<b>Objective 2 (B)</b> Provider Complaint processes meet BBA standards	Develop Complaint, Grievance and appeal processes consistent with the NSMHA policy	Per Provider Quality Management Plan	Per Provider Quality Management Plan	Balanced Budget Act	Balanced Budget Act	Per Provider Quality Management Plan	Per Provider Quality Management Plan

## QUALITY IMPROVEMENT STRATEGIES

**FOCUS AREA:** Consumer satisfaction

**Goal:** To ensure areas of consumer satisfaction/dissatisfaction are incorporated into system improvement activities throughout the Region

Organization	Objectives	Activities/Tasks	Responsible Department/ Agency Contact	Output	Measures/ Data Sources	Benchmarks	Timeline	System Feedback
<b><u>NSMHA</u></b>	<b>Objective 3</b> Participate in the MHD Mental Health Statistics Improvement Project (MHSIP) survey, one for Adults, one for Children	Provide consumer contact information to the MHD  Participate in the analysis of results and the development of system improvement based on that analysis on a statewide basis  Incorporate the results into Regionally specific quality improvement activities	NSMHA Quality Management Department staff	Documentation of compliance with survey requirements	MHD Mental Health Statistics Improvement Project survey	Youth satisfaction level as measured in the MHD 2003 survey was 87.5%  Adult satisfaction level as measured in the MHD 2002 survey was 73.9%	One MHSIP survey will be conducted each year; one year for Adults, one year for Children	Survey results will be reported to the RQMC and to QMOC
<b><u>Providers</u></b>	Same as above	Same as above	Per Provider Quality Management Plan	Per Provider Quality Management Plan	Same as above	Same as above	Same as above	Per Provider Quality Management Plan

## QUALITY IMPROVEMENT STRATEGIES

**FOCUS AREA:** Consumer satisfaction

**Goal:** To ensure areas of consumer satisfaction/dissatisfaction are incorporated into system improvement activities throughout the Region

Organization	Objectives	Activities/Tasks	Responsible Department/ Agency Contact	Output	Measures/ Data Sources	Benchmarks	Timeline	System Feedback
<b><u>NSMHA</u></b>	<b>Objective 4</b> NSMHA will conduct a Satisfaction survey to determine how satisfied Allied Systems are with NSMHA services	Conduct a Satisfaction Survey of NSMHA allied system providers	NSMHA Quality Management Department	Allied System Satisfaction Survey Report prepared by NSMHA Quality Management Department	Allied System Satisfaction Survey to be developed by NSMHA	None	Survey to be conducted last six months of 2004	Survey results will be presented by NSMHA to the RQMC and QMOC.
<b><u>Providers</u></b>	No Provider expectations regarding this Objective	No Provider expectations regarding this Objective	No Provider expectations regarding this Objective	No Provider expectations regarding this Objective	No Provider expectations regarding this Objective	No Provider expectations regarding this Objective	No Provider expectations regarding this Objective	No Provider expectations regarding this Objective

## QUALITY IMPROVEMENT STRATEGIES

**FOCUS AREA:** Services for and service delivery to Children and Youth

**Goal:** To ensure Children and Youth with multiple needs receive necessary services

Organization	Objectives	Activities/Tasks	Responsible Department/ Agency Contact	Output	Measures/ Data Sources	Benchmarks	Timeline	System Feedback
<b><u>NSMHA</u></b>	<b><u>Objective 1</u></b> To monitor the performance of Children's Hospital Inpatient Reduction Projects (CHIRPS) throughout the Region	Participate in the Children's Hospital Inpatient Reduction Project (CHIRP)	NSMHA Quality Management staff	Reports detailing the results of the CHIRP's	To be developed in conjunction with cross-system service providers	To be developed in conjunction with cross-system service providers	Ongoing throughout the course of the NSMHA QM Plan 2004-2005	Results will be reported to RQMC and QMOC as appropriate
<b><u>Providers</u></b>	<b><u>Objective 1</u></b> To provide reports regarding CHIRP's in a format agreeable to NSMHA	Same as above	Per Provider Quality Management Plan	Per Provider Quality Management Plan	Same as above	Same as above	Per Provider Quality Management Plan	Per Provider Quality Management Plan

## QUALITY IMPROVEMENT STRATEGIES

### FOCUS AREA: Crisis System Services

**Goal:** To ensure NSMHA Crisis System is able to meet current and future needs

Organization	Objectives	Activities/Tasks	Responsible Department/ Agency Contact	Output	Measures/ Data Sources	Benchmarks	Timeline	System Feedback
<b><u>NSMHA</u></b>	<b>Objective 1</b> Crisis System services throughout the Region meet conditions described in the <i>NSMHA Regional Crisis System Review Committee Charter</i>	A review of Crisis Services performed throughout the Region is conducted	NSMHA will facilitate a System-wide Work Group	NSMHA Quality Management staff conduct an ongoing review of Regional Crisis Services and prepare a report regarding their findings and recommendations to NSMHA Board of Director's (BOD)	NSMHA Crisis Contact Review Document	Crisis Services comply with expected Regional contract standards	Report by NSMHA to NSMHA BOD by May, 2004	Reports to RQMC and QMOC upon completion of System Review
<b><u>Providers</u></b>	<b>Objective 1</b> Crisis System services throughout the Region meet conditions described in the <i>NSMHA Regional Crisis System Review Committee Charter</i>	Participate in the Integrated Crisis Response System Committee	Provider agency staff	Internal review by Providers of their Crisis System Services data	<i>NSMHA Regional Crisis System Review Committee Charter</i>	To be determined	To be determined	To be determined

## QUALITY IMPROVEMENT STRATEGIES

### FOCUS AREA: Crisis System Services

**Goal:** To ensure NSMHA Crisis System is able to meet current and future needs

Organization	Objectives	Activities/Tasks	Responsible Department/ Agency Contact	Output	Measures/ Data Sources	Benchmarks	Timeline	System Feedback
<b><u>NSMHA</u></b>	<b><u>Objective 2</u></b> Crisis System processes and documentation are performed/ prepared in a uniform manner throughout the Region	A Sub-Committee of NSMHA and provider staff will review Crisis System processes and documentation to implement uniform procedures and documentation	NSMHA Quality Management staff	Participation in the Regional Integrated Crisis Response System (ICRS) Documentation Sub-Committee	To be developed by the ICRS Sub-Committee	Regional Crisis Services and documentation comply with expected Regional contract standards	Monthly meetings of the ICRS Documentation Sub-Committee	Quarterly reports to RQMC and QMOC
<b><u>Providers</u></b>	<b><u>Objective 2</u></b> Same as above	A Sub-Committee of NSMHA and provider staff will review Crisis System processes and documentation to implement uniform procedures and documentation	Provider staff who are members of the Sub-Committee	Participation in the Regional Integrated Crisis Response System (ICRS) Documentation Sub-Committee	To be developed by the ICRS Sub-Committee	Regional Crisis Services and documentation comply with expected Regional contract standards	Ongoing	To be determined

## QUALITY IMPROVEMENT STRATEGIES

### FOCUS AREA: Crisis System Services

**Goal:** To ensure NSMHA Crisis System is able to meet current and future needs

Organization	Objectives	Activities/Tasks	Responsible Department/ Agency Contact	Output	Measures/ Data Sources	Benchmarks	Timeline	System Feedback
<b><u>NSMHA</u></b>	<b>Objective 3</b> The number of Crisis Outreach services throughout the Region is monitored using the NSMHA Crisis Services Contact Review document	Monitoring of Crisis Services Contact Review document  Monthly review by ICRS Sub-Committee of Outreach data. Investigation of opportunities to expand community based outreach services.	NSMHA Quality Management staff  NSMHA and Provider ICRS Sub-Committee members	NSMHA Quality Management staff review Crisis Service Contact sheets and record the location of Crisis Services	NSMHA Crisis Contact Review Document	To be determined	Monthly reports by NSMHA Quality Management staff	Monthly reports to RQMC and QMOC
<b><u>Providers</u></b>	<b>Objective 3</b> The number of Crisis Outreach services throughout the Region is monitored	Crisis Outreach services are performed at settings other than hospital Emergency Rooms or on-site at provider agencies	Provider Crisis Services staff	Provider Crisis Services staff will document the location of Crisis Service provision	ICRS Crisis Service Contact sheets	To be determined	Ongoing	To be determined

## QUALITY IMPROVEMENT STRATEGIES

### FOCUS AREA: Crisis System Services

**Goal:** To ensure NSMHA Crisis System is able to meet current and future needs

Organization	Objectives	Activities/Tasks	Responsible Department/ Agency Contact	Output	Measures/ Data Sources	Benchmarks	Timeline	System Feedback
<b><u>NSMHA</u></b>	<b><u>Objective 4</u></b> The involvement of natural supports for the consumer in crisis is monitored throughout the Region	Monitoring of Crisis Services Contact review document	NSMHA Quality Management staff	NSMHA Quality Management staff review Crisis Service Contact sheets and record the inclusion of the consumer's selected natural support sources	NSMHA Crisis Contact Review Document	To be determined	Monthly reports by NSMHA Quality Management staff	Monthly reports to RQMC and QMOC
<b><u>Providers</u></b>	<b><u>Objective 4</u></b> Same as above	Per Provider Quality Management Plan	Per Provider Quality Management Plan	Provider Crisis Services staff will document the incorporation of consumer's selected natural support sources into the course of Crisis Service provision	Per Provider Quality Management Plan	To be determined	Per Provider Quality Management Plan	Per Provider Quality Management Plan
<b><u>Providers</u></b>	<b><u>Objective 5</u></b> Communication between ICRS staff and out-patient provider staff is monitored	Monitor the communication between Crisis Outreach Workers and out-patient provider staff	Per Provider Quality Management Plan	Per Provider Quality Management Plan	Per Provider Quality Management Plan	Per Provider Quality Management Plan	Per Provider Quality Management Plan	Per Provider Quality Management Plan

**QUALITY IMPROVEMENT**

**FOCUS AREA:** Outcomes

**Goal:** To ensure services are effective

<b>Organization</b>	<b>Objectives</b>	<b>Activities/ Tasks</b>	<b>Responsible Department/ Agency Contact</b>	<b>Output</b>	<b>Measures/ Data Sources</b>	<b>Benchmarks</b>	<b>Timeline</b>	<b>System Feedback</b>
<b><u>NSMHA</u></b>	<p><b>Objective 1</b> Participate in the development and implementation of effective outcomes and support providers in their activities to achieve this objective</p> <p>Seek to continuously improve outcomes compliant with Federal and State statutes and requirements</p>	Telesage Project	NSMHA Quality Management staff	Develop Telesage Project Report	To be developed	To be developed	Ongoing	Reports to RQMC and QMOC
<b><u>Providers</u></b>	<p><b>Objective 1</b> Same as above</p>	Per Provider Quality Management Plan	Per Provider Quality Management Plan	Per Provider Quality Management Plan	Per Provider Quality Management Plan	Per Provider Quality Management Plan	Per Provider Quality Management Plan	Per Provider Quality Management Plan

## QUALITY IMPROVEMENT

**FOCUS AREA:** Outcomes

**Goal:** To ensure services are effective

Organization	Objectives	Activities/ Tasks	Responsible Department/ Agency Contact	Output	Measures/ Data Sources	Benchmarks	Timeline	System Feedback
<b>NSMHA</b>	<b>Objective 2</b> Improve the accuracy, quality, timeliness and completeness of Critical Incidents throughout the Region	Gather Critical Incident data, review at NSMHA Critical Incident Review Committee  Notify the MHD of any incident where the potential for negative media coverage exists Within two weeks of the original report, regarding such incidents, provide information regarding efforts designed to prevent or lessen the possibility of similar incidents	NSMHA Quality Management staff	Critical Incidents Reports to MHD every three months, immediate notification if necessary  Annual meetings between NSMHA and providers, more if necessary, to assist them in understanding the Critical Incident process	NSMHA Critical Incident Policy	MHD Quality Strategy Document	Ongoing, per Incident of Occurrence, quarterly summary reports to MHD	Reports to NSMHA CQIP Committee, RQMC and QMOC
<b>Providers</b>	<b>Objective 2</b> Same as above	Same as above	Per Provider Quality Management Plan	Per Provider Quality Management Plan	NSMHA Critical Incident Policy	MHD Quality Strategy Document	Ongoing, per Incident of Occurrence	Per Provider Quality Management Plan

# QUALITY IMPROVEMENT

## FOCUS AREA: Risk Management

**Goal:** To ensure individual and community safety

Organization	Objectives	Activities/Tasks	Responsible Department/Agency Contact	Output	Measures/Data Sources	Benchmarks	Timeline	System Feedback
<u>NSMHA</u>	<b>Objective 1</b> Continue to maintain current Coordinated Quality Improvement Program (CQIP) status with State of WA Dept. of Health	Monthly meetings to review, discuss and strategize regarding risk management issues	NSMHA Quality Management staff	CQIP data is included in the NSMHA Integrated Reports that are prepared every six months	Data sources for CQIP come from the NSMHA Quality Management Dept, the Office of Consumer Affairs and the Ombud Dept.	That all issues related to individual and community safety are addressed and followed up on in a responsible and professional manner	Ongoing throughout the course of the QM Plan 2004-2005	Reports to RQMC and QMOC
<u>Providers</u>	<b>Objective 1</b> Providers are encouraged to consider seeking CQIP status	At Providers discretion	At Providers discretion	At Providers discretion	At Providers discretion	At Providers discretion	At Providers discretion	At Providers discretion
<u>NSMHA</u>	<b>Objective 2</b> To explore the establishment of an NSMHA Ethics Committee	To be determined	To be determined	To be determined	To be determined	To be determined	To be determined	To be determined
<u>Providers</u>	No Provider expectation here							

**Quality Improvement**

**FOCUS AREA:** Training

**Goal:** To ensure the provision of appropriate and professional ongoing training opportunities

<b>Organization</b>	<b>Objectives</b>	<b>Activities/Tasks</b>	<b>Responsible Department/Agency Contact</b>	<b>Output</b>	<b>Measures/ Data Sources</b>	<b>Benchmarks</b>	<b>Timeline</b>	<b>System Feedback</b>
<b><u>NSMHA</u></b>	<b><u>Objective 1</u></b> Staff training opportunities are in place and appropriate to enhance professional development	Identification of staff training needs and preferences	NSMHA Quality Management staff	NSMHA Training Plan, produced every two years and reviewed annually	NSMHA Training Plan	NSMHA Training Plan	Ongoing throughout the course of the QM Plan 2004-2005	To be determined
<b><u>Providers</u></b>	<b><u>Objective 1</u></b> Same as above	Providers shall collaborate with NSMHA to implement, maintain and revise the Regional Training Plan and any successors	Per Provider Quality Management Plan	Per Provider Quality Management Plan	Per Provider Quality Management Plan	Per Provider Quality Management Plan	Per Provider Quality Management Plan	Per Provider Quality Management Plan

**This UM Plan identifies NSMHA Objectives  
Individual Provider responsibilities are not specifically identified  
Providers will participate and/or cooperate with the NSMHA UM Sub-Committee recommendations**

**FOCUS AREA:** INPATIENT UTILIZATION

**Goal:** Utilization of voluntary hospitalization is appropriate

<b>Organization</b>	<b>Objectives</b>	<b>Activities/ Tasks</b>	<b>Responsible Department/ Agency Contact</b>	<b>Output</b>	<b>Measures/ Data Sources</b>	<b>Benchmarks</b>	<b>Timeline</b>	<b>System Feedback</b>
NSMHA	<p>To monitor regional utilization &amp; identify patterns &amp; trends</p> <p>To monitor for over/under utilization of inpatient resources</p> <p>To ensure consistent application of eligibility criteria for determination of voluntary inpatient admissions</p> <p>To identify system needs &amp; opportunities for development of hospital alternatives so as to provide potential alternatives and avoid in-patient hospitalization</p> <p>To monitor voluntary in-patient capacity and ensure adequate resources are available to meet the need</p> <p>To develop a plan and protocol to deal with high utilizers of inpatient services</p>	<p>Collection &amp; analysis of IS data</p> <p>Prospective, Concurrent and Retrospective Reviews</p> <p>Targeted reviews of high utilizers, ie., consumers who have been hospitalized two or more times in a year</p>	Quality Management Department	<p>Reports of regional inpatient utilization and identification of trends/patterns</p> <p>Recommendations for system improvements</p>	<p>IS reports</p> <p>Certification data sheets</p> <p>Clinical charts</p>		Quarterly	Report to Quality Management Committee

**FOCUS AREA: CRISIS SERVICES**

**Goal:** To ensure crisis services are provided in community settings unless precluded by safety and/or medical reasons

Organization	Objectives	Activities/ Tasks	Responsible Department/ Agency Contact	Output	Measures/ Data Sources	Benchmarks	Timeline	System Feedback
NSMHA	To monitor location of voluntary and involuntary services to insure that services are being provided in community settings [WAC 388-865-0452 (1)(a)]	Collection & analysis of IS data  Monthly reviews of crisis contact sheets	Quality Management Department  Quality Specialists	Report on "Place of Service" for voluntary & involuntary crisis services	IS reports  Crisis contact sheets		Monthly	Report to QMC  Report to MHD for NSMHA corrective action plan

**FOCUS AREA: Crisis Services**

**Goal:** To assure the availability of in-home crisis stabilization services and/or flexible supports

Organization	Objectives	Activities/ Tasks	Responsible Department/ Agency Contact	Output	Measures/ Data Sources	Benchmarks	Timeline	System Feedback
NSMHA	To monitor the provision of in-home stabilization services provided (including use of in-home stabilization aides) [WAC 388-865-0452 (3)]	Collection & analysis of IS data  Monthly review of crisis contact sheets  Concurrent and/or Retrospective Reviews	Quality Management Department  Quality Specialists	Report of crisis stabilization services provided in the consumer's home/place of residence	IS reports		Monthly	Report to QMC  Report to MHD for NSMHA corrective action plan

**FOCUS AREA:** Outpatient services to Children and Youth

**Goal:** To ensure that children/youth receive services in the appropriate location

Organization	Objectives	Activities/ Tasks	Responsible Department/ Agency Contact	Output	Measures/ Data Sources	Benchmarks	Timeline	System Feedback
NSMHA	To insure that requests for emergent services are provided within two (2) hours of request  To insure that requests for urgent services are provided within twenty-four (24) hours of request	Collection & analysis of IS data  Review of crisis contact sheets  Concurrent and/or Retrospective Reviews	Quality Management Department  Quality Specialists	Report on response time for crisis services requests	IS reports		Monthly	Report to QMC  Report to MHD for NSMHA corrective action plan

**FOCUS AREA:** CRISIS SERVICES

**Goal:** To ensure appropriate utilization of crisis respite resources

Organization	Objectives	Activities/ Tasks	Responsible Department/ Agency Contact	Output	Measures/ Data Sources	Benchmarks	Timeline	System Feedback
NSMHA	To monitor adult crisis respite utilization for over/under-utilization  To monitor for the consistent application of adult crisis respite admission criteria across the region	Collection & analysis of IS data  Concurrent and/or Retrospective Reviews	Quality Management Department  Utilization Managers  Regional ICRS Oversight Committee	Report on adult crisis respite utilization by county	IS reports  Crisis respite records  Clinical charts		Quarterly	Report to QMC

**FOCUS AREA:** Outpatient services to Children and Youth

**Goal:** To ensure that children/youth receive services in the appropriate location

Organization	Objectives	Activities/ Tasks	Responsible Department/ Agency Contact	Output	Measures/ Data Sources	Benchmarks	Timelines	System Feedback
NSMHA	To monitor location of services provided to children/youth	Collection & analysis of IS Data  Concurrent and/or Retrospective Reviews	Quality Management Department  Utilization Managers	Report on location of outpatient services provided to children/youth	IS reports		Quarterly	Report to QMC

**FOCUS AREA:** Outpatient Services

**Goal:** To ensure that access to outpatient services meet contract and WAC requirements

Organization	Objectives	Activities/ Tasks	Responsible Department/Agency Contact	Output	Measures/ Data Sources	Benchmarks	Timeline	System Feedback
NSMHA	To monitor number of business days between request for outpatient services and first offered appointment	Collection & analysis of IS data	Quality Management Department  Utilization Managers	Report on average number of days between request for services and first offered appointment	IS reports		Quarterly	Report to QMC

**FOCUS AREA:** Overall Service Utilization

**Goal:** To ensure that consumers receive services in accordance with the NSMHA Clinical Eligibility and Care Standards document

Organization	Objectives	Activities/ Tasks	Responsible Department/ Agency Contact	Output	Measures/ Data Sources	Benchmarks	Timeline	System Feedback
NSMHA	<p>To monitor provision of services to determine appropriateness between needs and services provided</p> <p>To monitor for under/over utilization of outpatient services</p>	<p>Collection &amp; analysis of IS Data</p> <p>Concurrent and/or Retrospective Reviews</p> <p>Jail Episode of Care Review</p> <p>Supervised Living Review</p> <p>Inpatient Episode of Care Review</p>	<p>Quality Management Department</p> <p>Utilization Managers</p>	<p>Report on average number of hours of service per consumer per year</p> <p>Report on results of chart reviews re: match between identified needs and intensity of services provided</p>	<p>IS reports</p> <p>Clinical charts</p>	<p>NSMHA Clinical Eligibility and Care Standards document</p>	<p>Every six months</p>	<p>Report to QMC</p>

**FOCUS AREA:** Hospitalization Follow-up Services

**Goal:** To assure timely contact post-hospitalization

Organization	Objectives	Activities/Tasks	Responsible Department/Agency Contact	Output	Measures/Data Sources	Benchmarks	Timeline	System Feedback
NSMHA	<p>To monitor number of consumers who receive outpatient services within 7 days of being discharged from the hospital</p> <p>To monitor number of consumers who receive outpatient services within 30 days of being discharged from the hospital</p>	<p>Collection &amp; analysis of IS data</p> <p>Concurrent and/or Retrospective Reviews</p>	<p>Quality Management Department</p> <p>Utilization Managers</p>	<p>Report on average length of time between hospital discharge and first face-to-face contact with outpatient provider</p>	<p>IS reports</p> <p>Clinical charts</p>		<p>Quarterly</p>	<p>Report to QMC</p>

**FOCUS AREA:** Performance Indicators

**Goal:** To ensure that Inpatient recidivism is analyzed and followed up on appropriately

<b>Organization</b>	<b>Objectives</b>	<b>Activities/Tasks</b>	<b>Responsible Department/Agency Contact</b>	<b>Output</b>	<b>Measures/ Data Sources</b>	<b>Benchmarks</b>	<b>Timelines</b>	<b>System Feedback</b>
NSMHA	<p>To monitor number of clients re-admitted to an inpatient facility within 30 days of discharge</p> <p>To monitor outpatient services &amp; impact on recidivism</p> <p>To monitor for over-utilization of inpatient resources</p>	<p>Collection &amp; analysis of IS data</p> <p>Focused reviews</p>	<p>Quality Management Department</p> <p>Utilization Managers Terry McDonough Linda Benoit</p>	<p>Report on hospital recidivism rate</p> <p>Report on patterns of outpatient service provision to consumers discharged from the hospital</p>	<p>IS data</p> <p>Clinical charts</p>		Quarterly	Report to QMC

**FOCUS AREA:** Access to Services

**Goal:** To ensure access to mental health services for eligible individuals

<b>Organization</b>	<b>Objectives</b>	<b>Activities/Tasks</b>	<b>Responsible Department/Agency Contact</b>	<b>Output</b>	<b>Measures/Data Sources</b>	<b>Benchmarks</b>	<b>Timeline</b>	<b>System Feedback</b>
NSMHA	<p>To monitor for consistent application of eligibility standards across the region</p> <p>To monitor for under/over utilization of services by all age groups</p> <p>To monitor for timeliness of service provision</p>	<p>Review service authorizations for compliance with established eligibility criteria</p> <p>Review service denials for compliance with established exclusionary criteria</p>	<p>Quality Management Department</p> <p>Utilization Managers</p>	<p>Reports on service utilization by age group</p> <p>Report on consistency in application of eligibility criteria across providers</p> <p>Report on reasons for service denials</p>	<p>IS reports</p> <p>Service authorization and service denial documentation</p>		Every six months	Report to QMC

**FOCUS AREA:** Monitoring of delegated UM functions

**Goal:** To ensure all delegated UM functions are performed in accordance with expected standards

<b>Organization</b>	<b>Objectives</b>	<b>Activities/Tasks</b>	<b>Responsible Department/Agency Contact</b>	<b>Output</b>	<b>Measures/Data Sources</b>	<b>Benchmarks</b>	<b>Timeline</b>	<b>System Feedback</b>
<b>NSMHA</b>	<u>Objective 1</u> Monitoring of all utilization management functions delegated to providers	Access to Services  In-patient Authorization, to include Denial of Service decisions  Continued Stay Reviews for In-patient and Outpatient Services  Children's Hospitalization Alternative Program (CHAP)	NSMHA Quality Management staff	Conduct monitoring reviews of all delegated utilization management functions	Measurement Tools to be developed by NSMHA	To be determined	Reports of each monitoring exercise	Reports to RQMOC and QMOC

## EXHIBIT 3

### 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.

**Coordinated Quality Improvement Plan** is a voluntary program certified by the State of Washington Department of Health. The CQIP requires a variety of components to be in place such as the Quality Improvement Plan, complaints and grievance policies and procedures, Ombuds, QRT and many, many others. Approval as a CQIP is based upon documenting that these components are in place. Further information on the CQIP program can be found by referring to RCW 43.70.510 and WAC 246-50-020

**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.

**HIPAA** means Health Insurance Portability and Accountability Act of 1996. It is a federal law (Public Law 104-191) pertaining to portability of health insurance, standardized electronic transactions and privacy and security of patient health information.

**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.

**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 Inpatient Health Plan (PIHP)** 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 or Primary Care Provider (PCP)** is the individual therapist or case manager who is the consumer's the principal contact in an agency, responsible for implementing an individualized plan for care.

**Quality Assurance (QA)** refers to a focus on compliance to minimum requirements (e.g., rules, regulations, contract terms) as well as reasonably expected levels of performance, quality and practice.

**Quality Improvement (QI)** refers to a focus on activities to improve performance above minimum standards/reasonably expected levels of performance, quality and practice.

**Quality Management (QM)** refers to an overarching system and/or process whereby quality assurance and quality improvement activities are incorporated and infused into all aspects of an organization's or system's operations

**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.

**Recovery** is the process by which a person with mental illness can recover self-esteem, self worth, dreams pride, choice, dignity and life meaning. The NSRSN values services that help people achieve their personal goals toward recovery, and that enhance their connections with family, work and community.

**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 388-865 (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) 388-865** 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

**AI/AN:** American Indian/Alaskan Native

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

**BBA:** Balanced Budget Act

**CAVO:** Consumer Access Voice and Ownership

**CDMHP:** County Designated Mental Health Professional

**CECS:** Clinical Eligibility and Care Standards

**CHAP:** Children's Hospital Alternative Program

**CIS:** Consumer Information System

**CLIP:** Children's Long Term Inpatient Program

**CQIP:** Coordinated Quality Improvement Program

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

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

**DDD:** Division of Developmental Disabilities

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

**DMIO:** Dangerous Mentally Ill Offender

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

**GED:** High school equivalency test

**HCFA:** Health Care Financing Administration (US Dept. of Health and Human Services)

**HCS:** Home and Community Services

**HIPAA:** Health Insurance Portability and Accountability Act

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

**IS:** Information System

**IS/IT Dept:** NSRSN Information Systems/Information Technology Department

**MD:** Medical Doctor

**MHD:** Mental Health Division

**MICA:** Mentally Ill Chemical Abuser

**MIS:** Management of Information Systems

**NCQA:** National Committee for Quality Assurance

**NSMHA:** North Sound Mental Health Administration

**OCA:** Office of Consumer Affairs

**Ph.D:** Doctor of Philosophy

**PIHP:** Prepaid Inpatient Health Plan

**QA:** Quality Assurance

**QI:** Quality Improvement

**QM:** Quality Management

**QMOC:** Quality Management Oversight Committee

**QRT:** NSRSN Quality Review Team

**QS:** Quality Specialists

**RCW:** Revised Code of Washington

**RSN:** Regional Support Network

**VOA:** Volunteers of America (Care Crisis Services)

**WAC:** Washington Administrative Codes

## FRAMEWORK FOR ALL NSMHA ACTIVITIES

Adopted by the NSMHA Board of Directors on October 25, 2001, Motion #01-068

**The NSMHA proposes the following core values and principles and key elements of consumer care. This framework will be the basis for all NSMHA activities and contracts. It is also intended that all NSMHA activities and sub-contracted services shall be in compliance with applicable RCW, WAC, MHD contract(s) and NSMHA contracts. These assumptions are based on a consumer driven mental health services Recovery Model focusing on strength-based concepts and the provision of responsive, effective, and improved services throughout the region.**

### CORE VALUES AND PRINCIPLES – KEY ELEMENTS OF CONSUMER CARE

#### . **Eligibility / Access**

- Eligible Consumers shall have timely access to medically necessary Mental Health Services and supports.
- NSMHA requires a no decline policy that assures the provision of medically necessary mental health services to eligible consumers.
- 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 (including regional crisis line).
- All parts of the mental health system will assist consumers in obtaining access to appropriate services.
- Consumer access to specific mental health support or treatment services shall not be dependent on consumer willingness to participate in other (concurrent) treatment options. *Exception: Shelter Plus Care*

#### . **Consumer Services / Consumer Rights**

- Consumer services shall, at all times, be provided with dignity, respect, courtesy, and fairness.
- Consumer participation, voice, and satisfaction with services shall be a valued goal.
- Consumer's individual and cultural differences shall be honored through culturally competent service provision.
- Continuity of care shall be provided with seamless access.
- Consumer confidentiality shall be respected and preserved.
- Consumers shall be provided with maximum alternatives and choice in matters of their care.
- There shall be an integrated inpatient/outpatient system.
- Homeless consumers shall be provided with mental health services.
- The NSMHA supports the Mental Health Division Consumer Rights at the provider level
- Active provider outreach and engagement for enrolled or unserved consumers are required.

- Mental Health crisis workers shall have access to current crisis plans and individual treatment plans at all times. The NSMHA supports a meaningful information system for all mental health professionals that provide ready access to information regarding the specific consumer's crisis plans and individualized treatment plans.
- There shall be comprehensive complaint and grievance service made available (and tracked) at all levels of the system.

• **Strength Based Services**

- Consumers' skills, capabilities, strengths, and assets will be recognized and utilized in the individual service plan. Services provided in partnership between consumer, provider and other systems.
- Families, communities, and natural supports will be valued and utilized in serving the needs of consumers.
- It is in the best interest for consumers to live as independently as possible in communities and settings of their choice. Consumers' mental health improves when they participate in and increasingly assume responsibility for their own care.
- A range of residential services and housing supports shall be provided, emphasizing least restrictive, stable living options that are age, culturally, and linguistically appropriate. "Housing" is defined in WAC 388.
- Consumers shall be assisted with engaging in meaningful daily activities. This could include volunteerism and active participation in their community and proactive assistance in educational and employment services.

• **Mental health systems and services improve when consumers participate in planning and quality assurance at all levels.**

- People with mental illness are best served by people who care about them.

• **The NSMHA and its providers are committed to safety of:**

- Public
- Consumer
- Staff

• **Collaboration**

- NSMHA and its contractors will work in collaboration with other systems to meet the needs of the whole person.
- Services shall proactively follow mental health consumers, regardless of setting (wherever they are) in the mental health or physical health system.
- Mentally ill consumers in the justice system shall have access to mental health services.

. **Education**

- The importance of community education programs about mental health issues is a core value.
- NSMHA and its providers will educate the public about the scope of available services, service locations, crisis response services, client rights and responsibilities.
- The NSMHA and its providers shall actively promote public education regarding mental health and stigma reduction.

. **Consumers, family members, NSMHA and its contractors shall advocate for consumer rights, funding for services, and quality**

- Both NSMHA and its Member Counties provide technical assistance to all parties in the Region.