



**NORTH SOUND  
MENTAL HEALTH ADMINISTRATION**

**QUALITY MANAGEMENT OVERSIGHT COMMITTEE  
COMMITTEE MEETING PACKET**

**July 27, 2005**

## 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**

**July 27, 2005  
12:30 – 2:30**

**AGENDA**

			<b>Page #</b>
<b>1.</b>	<b>Open the meeting &amp; comments from the Chair</b>		
<b>2.</b>	<b>Approval of June 2005 Minutes</b> <small>Action Item</small>	<b>Chair</b>	5 min 1
<b>3.</b>	<b>Reports</b>		
	<b>A. Quality Management Department Report</b> <small>FYI and Discussion</small>	<b>Mr. Long</b>	5 min 5
	<b>B. Utilization Management Dashboard</b> <small>FYI and Discussion</small>	<b>Mr. McDonough</b>	15 min 6
	<b>C. “Quality in Action” Agency Presentation</b> <small>FYI and Discussion</small>	<b>None</b>	
	<b>D. Recommendations from Exhibit P – Complaint, Grievance and Appeals Six-Month Report</b> <small>Action</small>	<b>Ms. Striplin</b>	20 min 7
	<b>E. Quality Management Plan Development</b> <small>Training</small>	<b>Mr. McDonough</b>	10 min 33
	<b>F. Continue Stay and Criteria for Closing an Episode of Care Policies</b> <small>FYI and Discussion</small>	<b>Mr. Long</b>	15 min 34
	<b>G. ADHD and Dementia Clinical Guidelines</b> <small>Action</small>	<b>Ms. Whitcutt Ms. Jaccard</b>	15 min 35
	<b>H. Integrated Report – DRAFT</b> <small>Action</small>	<b>Ms. Striplin</b>	15 min 40
	<b>I. Utilization Review 12-month Report Trends</b> <small>FYI and Discussion</small>	<b>Mr. McDonough</b>	10 min 41
<b>4.</b>	<b>Other Business</b>		
	<b>A. Meeting Results/Evaluations</b>	<b>Chair</b>	10 min 42
<b>5.</b>	<b>Adjourn</b>		

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

**June 22, 2005  
12:30 – 2:30**

**MINUTES**

**Present:**

Gary Williams, QMOC Chair, Board of Directors,  
Human Services Supervisor, Whatcom County  
Wendy Klamp, NSMHA Quality Manager  
Mary Good, NSMHA Advisory Board  
Nancy Jones, Snohomish County  
Terry Clark, Compass Health  
Linda Carlson, Director, VOA

**Not Present:**

Dan Bilson, Whatcom Co., AB  
Maile Acoba, Skagit County Coordinator  
Preston Hess, Snohomish County Mental Health ITA  
Dr. June LaMarr, The Tulalip Tribes  
Russ Hardison, Sea Mar

**Excused:**

Joan Dudley, Assistant Director, Lake Whatcom Center  
Janet Lutz-Smith, Whatcom County AB  
Deborah Moskowitz, Ombuds/QRT  
Susan Ramaglia, Skagit NAMI  
Chuck Davis, Ombuds  
Joan Lubbe, NSMHA Advisory Board

**Others Present:**

Tom Sebastian  
Debra Jaccard  
Diana Striplin  
Greg Long  
Terry McDonough  
Sandy Whitcutt  
Deirdre Ridgway  
Rebecca Pate

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

Gary Williams opened the meeting at 12:30 pm and introductions were made.

**2. Approval of May 2005 Minutes**

Corrections to the May minutes are that Susan Ramaglia was present and not absent and some wording changes to paragraph 2, section B, page 2. Motion to approve the minutes as amended, seconded and motion carried.

**3. Reports**

**A. Quality Management Department**

Wendy distributed her report to the committee. The report now reflects changes that coincide with the work performed by the Quality Management Department. Encounter Validation Audits will be initiated in the near future now that NSMHA has received some information from the Mental Health Division (MHD). Wendy made it known that Terry has been temporarily assigned to a supervisory position within Snohomish County, which will reflect time sensitive information within the Quality Management Department. Some discussion followed. Wendy was thanked for her report.

**B. Utilization Management Dashboard**

Terry McDonough reviewed the Utilization Management Report with the committee. The data has a lag as Terry receives it the middle of the month. This report is for comparison of trends. Terry mentioned some trends of concern were:

- Number of hospitalizations in March
- Repeat Hospitalizations
- 72-hour detentions

This is a considerable jump in all three categories and NSMHA has begun a review of data reports related to the inpatient utilization patterns of hospitals throughout the region with particular emphasis on those who are maintaining longer than average lengths of stay or more frequent than average re-admission.

There was some concern about the volume of calls to the Access line and Terri Clark thinks some of the high volume was due to test calls done when the automated system was being put into affect. Terri mentioned that there is usually a higher volume of calls in March, April and May for some reason.

Terry stated that Volunteers of America (VOA) submitted the same figures for March and April, Linda thinks she may have inadvertently reported the March's figures twice. Linda was going to check the VOA calls for April for accuracy and report back to the committee.

Benchmarks being established were discussed previously and Terry said he would review that internally. Some discussion followed. Terry was thanked for his report.

### **C. "Quality in Action" – Agency Presentation – Snohomish County, "Quality Improvement in the Involuntary Treatment Act (ITA) Program**

Terry McDonough gave a comprehensive PowerPoint presentation concerning the Snohomish County Quality Improvement in the ITA Program. This group meets on a quarterly basis to discuss areas of concern and provide feedback for improvement. Terry distributed a Crisis Response Contact Sheet Checklist that covered what is done at a Quality Assurance Case Review. Terry said lack of documentation of non-detentions is being addressed and he stated that timelines are crucial.

Terry said that 100 satisfaction survey cards for consumers were distributed with only 4 being returned. Two consumers are working with Terry to increase return of responses. Terry is awaiting feedback from the two consumers assisting in this area and is hoping that will be available soon. Stakeholder responses were better.

The court rotation survey will be distributed soon and Terry hopes to receive some good feedback from this area. The floor was opened for discussion. Terry was thanked for his report.

### **D. Exhibit P – Complaint, Grievance and Appeals Six-Month Report**

Diana distributed and reviewed her report with the committee. This covered the previous six months of information provided to MHD. The report provides statistics and how the data is used within the region. Diana has discovered that some reporting is done differently and she is going to work on standardization throughout the region. Diana was asked to return at next month's meeting with her recommendation as an action item. Some discussion followed. Diana was thanked for her report.

### **E. Compass Quality Improvement/Corrective Action Plan Report**

Tom Sebastian was present to discuss the Corrective Action Plan (CAP) submitted by Compass. Tom reminded the committee that this action came about due to an identified cluster of cases with negative outcomes. NSMHA staff met with Compass to request a corrective action plan. In particular, NSMHA is concerned about clients who are high need and/or at risk for decompensation. Compass is improving their performance evaluation process to help address accountability by all staff. Compass is developing a matrix to aid with the restructuring and ensuring that all areas of concern are addressed and dealt with appropriately. Compass has discovered that the management level has problems with communication that are being corrected. The key director positions will be made known as soon as they are available. Linda

Carlson thanked Tom for being willing to come present in such difficult times. Gary asked how the risk assessment was going to be handled and Tom said that transition would be done prior to the clinician leaving with his/her supervisor. Compass is also ensuring clinicians that if they have someone they have concerns about, they are free to make that known and put them on the “hot list”. The committee expressed that they will look forward to seeing the improvements that come forward with this process. Terri Clark commended Tom on his efforts for the changes being accomplished. Gary said this is one of the times when Quality Improvement is very evident. Some discussion followed. Tom was thanked for his report.

#### **F. NSMHA Quality Management Plan Review**

Wendy said this was to provide an overview of the current plan and in the next six months a new plan will be completed. This plan has proven to be sturdy in ensuring things are accomplished. Wendy said the work plan is what drives the process and all areas would be reviewed for improvement/changes. Wendy compared it to a treatment plan in that it is always being improved as necessary. Wendy reviewed each component of the plan and expressed how each function within the whole. One suggestion concerning the Clinical PIP is that the adult score is not equal to the state average and would probably be improved and brought before the committee for recommendation. Wendy said that she wanted feedback on whether to keep current structure or improve/change. Wendy was thanked for her report.

Gary said that he would like to see this document utilized as work source for this committee to ensure quality recommendations.

#### **G. Telesage Update**

Wendy said she spoke with Telesage staff concerning questions/thoughts expressed by this committee. Wendy noticed some changes but not what it should be. Telesage suggested that Wendy talk to other RSNs on how the high survey results were accomplished within their organizations. Wendy stated that the amount/quantity of surveys performed within each area might be different, which would result in the different trend figures. Discuss re: alcohol use was an area of concern expressed by the committee and Wendy said she would follow up with Telesage. Some discussion followed. Wendy was thanked for her report.

#### **H. QMOC Charter Final Draft**

Gary said the Board of Directors approved the revisions and those not present today would be unexcused unless prior excused absence was made known.

#### **I. Administrative Audits**

Deirdre Ridgway distributed and reviewed the audit reports for Catholic Community Services, Compass Health and *bridgeways*. Deirdre discussed the findings, which require corrective action, and recommendations concerning audits for each provider. Documentation was an area that the NSMHA review team looked at closely. Nancy suggested that the model be brought forward as a recommendation for availability for all to follow. Some discussion followed. Deirdre was thanked for her reports.

#### **J. Performance Indicators – Ad hoc Group Report**

The following recommendations were made by the group and distributed:

- Medicaid Older Adult Penetration
- Medicaid Outpatient Utilization by Adults
- Inpatient Utilization
- Location of Service for Youth-Home, School, other
- Co-occurring Disorders
- Employment Status of Adults (Susan Ramaglia recommends including an emphasis on social skills training)

The group recommends that these six indicators be further prioritized by QMOC for inclusion in all contracting, planning and quality management going forward. Wendy asked if the committee wanted these as presented or to change prioritization. Wendy stated that an email would be sent out requesting feedback on these and the order of priority. Some discussion followed.

The committee gave the recommendations approval for acceptance to the committee as a whole via email for moving forward.

**4. Other Business**

Wendy distributed some draft policies for review and for those not present they will be emailed to them for their review.

**A. Meeting Results**

Gary postponed the evaluation results from the May meeting until next month.

**5. Adjourn**

Chair adjourned the meeting at 2:45 pm. The next QMOC meeting is scheduled for July 27, 2005, 12:30-2:30 pm.

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:** Greg Long, NSMHA Deputy Director

**COMMITTEE ACTION:** Action Item  FYI & Discussion  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:** Utilization Management “Dashboard”  
Report

**PRESENTER:** Terry McDonough

**COMMITTEE ACTION:** Action Item  FYI & Discussion  FYI only

**SIGNIFICANT POINTS OR EXECUTIVE SUMMARY:**

As part of the NSMHA Utilization Management plan we have developed a “Dashboard” of key utilization indicators that will be presented to QMOC on a monthly basis for review.

**CONCLUSIONS/RECOMMENDATIONS:**

Determine if any specific action or activity is needed regarding these indicators.

**TIMELINES:**

**ATTACHMENTS:**

Utilization Management Dashboard Report to be distributed at the meeting.

## NSMHA COMMITTEE DISCUSSION FORM

**AGENDA ITEM:** NSMHA COMPLAINT, GRIEVANCE, AND FAIR HEARING REPORT – October 1, 2004 through March 31, 2005

**PRESENTER:** Diana Striplin

**COMMITTEE ACTION:** Action Item  FYI & Discussion  FYI only

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

Presentation of the NSMHA Complaint, Grievance, and Fair Hearing Report for October 1, 2004 through March 31, 2005

Presentation will include:

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

### **TIMELINES:**

October 1, 2004 through March 31, 2005

### **HANDOUTS:**

NSMHA Complaint, Grievance and Fair Hearing Report – October 1, 2004, through March 31, 2005.

**NORTH SOUND MENTAL HEALTH ADMINISTRATION**  
**COMPLAINT, GRIEVANCE, APPEAL, AND FAIR HEARING REPORT SUMMARY**  
**October 1, 2004 through March 31, 2005**

- The NSMHA continues to report complaints, grievances and fair hearings filed through providers, Ombuds and the NSMHA. The NSMHA has also incorporated appeals into this report. Appeals were not incorporated into the Complaint, Grievance and Fair Hearing Report Form provided by the Mental Health Division, as the form and instructions do not yet contain information about where to count appeals.
- The number of complaint, grievance and fair hearing occurrences reported decreased from 326 to 300 since the last reporting period. The number of cases reported decreased from 287 to 250
- The number of complaints reported that involve children increased from 36 to 37
- The categories that accounted for the most complaints are: Physicians and medications 41 (14%), Consumer rights 37 (12%), Access 36 (12%), and Service—Intensity, Not Available, Coordination 34 (11%). Physicians and medications accounted for the most complaints over the past 6 months and Service—Intensity, Not Available, and Coordination accounted for the most complaints over the past year.
- The percentage of complaints reported by Ombuds services decreased since the last reporting period (67% of occurrences were reported by Ombuds services as compared with 73% during the previous reporting period).
- The percentage of cases reported by Ombuds services also decreased since the last reporting period. (63% of cases were reported by Ombuds services as compared with 70% percent during the previous reporting period).
- There were seven (7) appeals initiated with the NSMHA during this reporting period, as compared with five (5) during the previous reporting period. All seven (7) appeals regarded the denial of outpatient mental health services by the NSMHA. Five (5) appeals involved denial of service for adults and two (2) involved denial of service for children. All five (5) appeals regarding adults and one (1) appeal regarding a child resulted in the reversal of the initial NSMHA denial. For one (1) appeal regarding a child, the denial of service was upheld. The NSMHA determined that the child did not meet the eligibility requirements outlined in the State-wide Access to Care Standards and was not eligible for mental health services through the NSMHA.
- The NSMHA is continuing to work to promote a “no-blame” atmosphere in which to view complaint data---that information about complaints creates opportunities for improvement and that consumers’ voicing concerns or ideas for improvement is one form of consumer voice in a recovery based system.
- The NSMHA views data about appeals as a central part of its Quality Management Program and has begun to incorporate appeal data into its quality management processes.
- The NSMHA continues to work towards broad and consistent reporting of complaints across multiple reporting sources. Increased reporting of complaints remains a goal of the NSMHA.
- The NSMHA Internal Quality Management Committee will review the current complaint and grievance report, make recommendations for quality improvement and present these recommendations to the Regional Quality Management Committee and Regional Quality Management and Oversight Committee.
- Complaint, grievance and appeal data has been one factor in quality improvement efforts towards:
  - ✓ Providing trauma based services
  - ✓ Assuring staff is trained on Dignity and Respect and Consumer Rights
  - ✓ Clarifying procedures regarding the outpatient discharge process
  - ✓ Adopting a region-wide set of standards for the diagnostic process during outpatient assessments.

# **NORTH SOUND MENTAL HEALTH ADMINISTRATION COMPLAINT, GRIEVANCE, APPEAL AND FAIR HEARING REPORT**

**October 1, 2004 through March 31, 2005**

## **I. INTRODUCTION**

The North Sound Mental Health Administration (NSMHA) continues to report complaints, grievances and fair hearings filed through multiple reporting sources (Ombuds, providers, and the NSMHA). The NSMHA also continues to incorporate appeals into this report. Appeals were not; however, incorporated into the Complaint, Grievance and Fair Hearing Report Form (Attachment A) provided by the Mental Health Division, as the form and instructions do not yet contain information about where to count appeals.

The NSMHA is continuing to work to promote a “no-blame” atmosphere in which to view complaint data—that information about complaints creates opportunities for improvement and that consumers’ voicing concerns or ideas for improvement is one form of consumer voice in a recovery based system.

The NSMHA continues to analyze complaint and grievance data, identify system implications or trends and recommend areas for quality improvement or further study and review through the NSMHA Internal Quality Management Committee (IQMC). Recommendations are then taken to the Regional Quality Management and Quality Management and Oversight Committees (QMC, QMOC). In addition, providers incorporate information about complaints, grievances and fair hearings into their internal quality management processes.

In this report we will:

- Provide an overview of complaint, grievance and fair hearing data
- Provide an overview of appeal data
- Provide follow-up from previous Complaint, Grievance, Appeal and Fair Hearing Report, Quality Management Activates or Recommendations
- Provide an overview of internal provider quality improvement activities and Ombuds Services Recommendations
- Outline future plans

## **II. COMPLAINT, GRIEVANCE, APPEAL AND FAIR HEARING DATA OCTOBER THROUGH MARCH 2005**

### **A. Complaint, Grievance and Fair Hearing Data**

The number of complaint, grievance and fair hearing occurrences reported decreased from 326 to 300 since the last reporting period. The number of cases reported also decreased from 287 to 250 since the last reporting period. The number of complaints reported that involve children increased from 36 to 37.

The categories that accounted for the most complaints during the current reporting period are: Physicians and medications 41 (14%), Consumer rights 37 (12%), Access 36 (12%), and Service—Intensity, Not Available, Coordination 34 (11%). Physicians and medications accounted for the most complaints over the past 6 months and Service—Intensity, Not Available, and Coordination accounted for the most complaints over the past year.

The NSMHA has developed several tables to assist in identifying trends and provide information about complaints over time (see Attachment B- “NSMHA Table 1 - Complaints, Grievances and Fair Hearings Filed Reporting From 4-1-2000 through 3-31-2005 (with accompanying graphs) and Attachment C “NSMHA

1

Table 2 Complaint, Grievance and Fair Hearing Data-Past 6 Months, Past Year, Since 4-1-2000”). The NSMHA has been collecting complaint and grievance data for these tables since 4-1-1999, but has not included the period of 4-1-1999 through 3-31-2000 in these tables, as the collection methods were less standardized at that time.

The percentage of complaints reported by Ombuds services decreased since the last reporting period (67% of occurrences were reported by Ombuds services as compared with 73% during the previous reporting period).

The percentage of cases reported by Ombuds services also decreased since the last reporting period. (63% of cases were reported by Ombuds services as compared with 70% percent during the previous reporting period).

## **B. Appeal Data**

There were seven (7) appeals initiated with the NSMHA during this reporting period, as compared with five (5) during the previous reporting period. All seven (7) appeals regarded the denial of outpatient mental health services by the NSMHA. Five (5) appeals involved denial of service for adults and two (2) involved denial of service for children.

All five (5) appeals regarding adults and one (1) appeal regarding a child resulted in the reversal of the initial NSMHA denial. For one (1) appeal regarding a child, the denial of service was upheld. The NSMHA determined that the child did not meet the eligibility requirements outlined in the State-wide Access to Care Standards and was not eligible for mental health services through the NSMHA.

## **III. QUALITY MANAGEMENT RECOMMENDATIONS and ACTIVITIES FOLLOW UP FROM PREVIOUS COMPLAINT, GRIEVANCE, APPEAL and FAIR HEARING REPORTS**

### **A. Ombuds Services Complaints Regarding Discharge from Outpatient Services**

As outlined in the previous reporting period NSMHA Ombuds services received a series of complaints about discharge from outpatient services and raised this issue with the NSMHA Internal Quality Management Committee (IQMC). The NSMHA identified this as an area for further study and review.

As part of the review, NSMHA staff conducted a focused utilization review of 120 randomly selected, recently closed cases. The results showed that none of the cases had been closed against the wishes of the consumer.

The NSMHA plans further study and review of the outpatient discharge process. The NSMHA and providers have begun a sub-committee of the Regional Quality Management Committee. The subcommittee will clarify procedures regarding the requirement to give consumers 30-day written notice before terminating services, evaluate continuing stay criteria and finalize the reauthorization and discharge transition policies.

### **B. Appeals**

As outlined in the last report, the NSMHA has instituted the practice of reviewing appeals that result in the reversal of the original denial decision by the Region in order to ensure this new process is reliable, adheres to standards and identifies areas for potential quality improvement.

Based, in part, on this review the NSMHA and providers have had discussions about the need for consistent diagnostic practices and consistent use of the Global Assessment of Functioning (GAF) scale during the assessment process. In order to provide consistent, uniform and complete diagnosis the NSMHA and providers have adopted a set of standards for the diagnostic process. These standards for the assessment process include:

- A full 5-axial DSM IV-TR diagnosis that contains diagnostic justification and a diagnostic rationale per DSM IV-TR criteria for all diagnoses cited, including Rule Out diagnoses, if any.
- All diagnoses cited must document the historical factors and longitudinal course of the consumer's disorder. The diagnostic justification should reflect a picture of the current illness over time, using the patient interview and all available collateral information as substantiation of the diagnosis/diagnoses assigned.
- A brief written description of the psychosocial stressors noted on Axis IV and the numeric descriptor rated on Axis V. Give a brief rationale for the rating level.
- A brief description of all differential diagnoses considered and the rationale for why these diagnoses do not apply.
- If the individual is currently receiving mental health treatment or psychiatric medications, explain the basis for any differences in your assessments, especially if you are recommending the person not receive publicly funded mental health services at this time.

The NSMHA and providers will continue to work together to identify system implications related to the adoption of the new statewide Access to Care Standards and to ensure consistent regional application.

### C. Broad and Consistent Reporting of Complaints through Multiple Reporting Sources

As outlined in previous reports, the NSMHA has made it a goal to work towards broad and consistent reporting of complaints across multiple reporting sources. Part of this goal includes capturing concerns that occur at the provider level when consumers are not involved in Ombuds services. This objective has been incorporated into the North Sound Mental Health Administration 2004-2005 Quality Management Plan.

In order to reduce duplication in reporting, our providers are instructed to report all complaints without Ombuds involvement (Ombuds Services report all complaints). As can be seen in Table 3 below, the number of occurrences and cases, as well as the percentage of occurrences and cases reported through our providers, has increased since 4-2003.

Table 3 Percentage of Cases and Occurrences Reported by Ombuds Services and Providers 4-2003-3-2005								
Reporting Period	4-2003 through 9-2003		10-2003 through 3-2004		4-2004 through 9-2004		10-2004 through 3-2005	
	Cases	Occur	Cases	Occur	Cases	Occur	Cases	Occur
<b>Ombuds</b>								
%	80%	80%	77%	72%	70%	73%	63%	67%
#	(196)	(229)	(165)	(175)	(201)	(238)	(157)	(202)
<b>Providers</b>								
%	20%	20%	23%	28%	30%	27%	37%	33%
#	(49)	(57)	(49)	(68)	(86)	(88)	(93)	(98)
<b>Total</b>	100%	100%	100%	100%	100%	100%	100%	100%
	(245)	(286)	(214)	(243)	(287)	(326)	(250)	(300)

## 1. Reporting of Emergency Services Complaints

As noted in previous complaint and grievance reports (May 15, and November 15, 2004), there are few complaints regarding emergency services reported by some NSMHA providers. Broad and consistent reporting of emergency services complaints was identified as an area for quality improvement and addressed through the NSMHA Integrated Crisis Response System (ICRS) Committee.

Results for the latest reporting period show that emergency services complaints by some providers remains low. The overall number of complaints about emergency services decreased since the last reporting period (See Table 4 below "Reported Emergency Services Complaints by Reporting Source 4-2003 through 3-2005").

<b>Table 4 Reported Emergency Services Complaints by Reporting Source*</b>					
<b>4-2003-3-2005</b>					
<b>Reporter</b>	<b>4-3003 through 9-2003</b>	<b>10-2003 through 3-2004</b>	<b>4-2004 through 9-2004</b>	<b>10-2004 through 3-2005</b>	<b>Total</b>
NSMHA Ombuds Services	31	26	23	13	93
Volunteers of America	8	8	5	8	29
Snohomish County ITA	5	3	2	2	12
Lake Whatcom	0	0	0	0	0
Catholic Community Services	0	0	0	0	0
Sea Mar	0	0	0	0	0
Whatcom Counseling and Psychiatric Clinic	0	1	0	0	1
Associated Provider Network	0	0	0	0	0
<i>bridgeways</i>	0	0	0	0	0
Compass Health	0	0	2	0	2
<b>Total</b>	<b>44</b>	<b>38</b>	<b>32</b>	<b>23</b>	<b>137</b>

\* Complaint, Grievance and Fair Hearing occurrences have been collapsed into one category.

## 2. Reporting of Complaints that Involve Children

Broad and consistent reporting of complaints that involve children was also identified as an area for quality improvement. As noted above, the number of complaints reported that involve children increased from 36 to 37 since the last reporting period.

### D. Trauma Services

In previous reports, we identified that one example of quality improvement related to complaint and grievance data is the area of treatment for trauma and trauma-based disorders. We also reported that the contract had formally established a trauma disorder work group comprised of provider and NSMHA staff.

Initial objectives completed by the trauma committee included:

- ✓ The development and implementation of 3 trauma pilot projects, (Skagit, Whatcom, and Snohomish Counties)
- ✓ Developing recommendations for trauma screening during the assessment process,

- ✓ Drafting clinical practice guidelines for adults

Although the trauma disorder work group has ended, there is the need for continued focus in this area. The Regional Quality Management Committee will continue to work to increase the access to and quality of services for those with trauma-based disorders.

The recommendations for trauma screening and clinical practice guidelines for adults will be presented to the Regional Quality Management Committee. The Regional Quality Management Committee will also review the outstanding objectives of the trauma committee to determine the need for continued development. These objectives include developing clinical practice guidelines for children, working towards identifying outcome measures and keeping apprised of updates about the pilot projects and use of screening tools during the assessment process.

### **E. Dignity and Respect**

Dignity and respect continue to be a training priority for providers and the NSMHA and is identified on the North Sound Mental Health Administration Regional Training Plan 2004-2005. Lake Whatcom Center and Whatcom Counseling and Psychiatric Clinic have provided training in this area. Lake Whatcom center reports that they train all new staff on Client Rights (including respect and dignity) in their orientation to Lake Whatcom Center. Lake Whatcom Center also reports that respect and dignity are topics covered in both of the DSHS mandatory trainings for boarding home clinical staff. Whatcom Counseling and Psychiatric Clinic invited the NSMHA Quality Review Team staff to provide training at their agency.

## **IV. PROVIDER QUALITY IMPROVEMENT ACTIVITIES and OMBUDS RECOMMENDATIONS**

As outlined in the last report, the providers have begun to provide semi-annual information to the NSMHA about how they use complaint and grievance information in their internal quality management processes. In addition, the NSMHA Ombuds services provide a semi-annual summary of their data and recommendations for quality improvement (see Attachment D “NSMHA Complaint and Grievance Reporting Form” for the current reporting format).

The NSMHA continued to receive positive examples from providers of how consumer concerns can lead to areas for further study and review or as areas identified for continuous quality improvement. Some examples are:

- Whatcom Counseling and Psychiatric Clinic and Compass Health have revised their procedures to ensure improved documentation and tracking of complaints within their organizations that do not come to the attention of Ombuds services and are not tracked or reported through Ombuds services
- Whatcom Counseling and Psychiatric Clinic identified housing as an area for quality improvement and has provided training about Individual Treatment Planning including identifying measurable steps to assist clients in a more pro-active way to incorporate challenges in maintaining stable housing and funding to remain in subsidized housing.
- Snohomish County ITA identified a need for increased documentation when CDMHP's do not detain an individual and arrange for less restrictive alternatives.
- Sea Mar and the NSMHA Ombuds services identified receiving complaints by non-Medicaid eligible individuals who are no longer eligible for services.



The NSMHA Ombuds services also identified an emerging concern about access to prescribers and medication services. Ombuds services report complaints about the time it takes to see a prescriber following the assessment process and complaints about the process to transfer medication services from an agency prescriber to a primary care doctor. As reported above, the number of complaints related to physicians and medication services accounted for the most complaints over the past months. The NSMHA will monitor this emerging trend. In addition, Ombuds services have expressed concern about the role of the public mental health system as a safety net for consumers who are at risk and report an increased number of complaints regarding core safety and security issues for consumers, including access to housing and financial entitlements.

## **V. FUTURE PLANS**

The NSMHA continues to work towards broad and consistent reporting of complaints across multiple reporting sources.

The NSMHA Internal Quality Management Committee (IQMC) will review the current complaint and grievance report, make recommendations for quality improvement and present these recommendations to the Regional Quality Management Committee and Regional Quality Management and Oversight Committee for decisions as to any additions or changes to the NSMHA Quality Management Plan activities.

In addition to reviewing aggregate data in these reports to identify any trends; individual complaints, grievances, or appeals with system implications, or patterns or clusters of complaints, grievances, or appeals with system implications are used to generate quality improvement activities or identify areas for further study and review

The NSMHA and providers will continue to collaborate to use information about complaint, grievances, appeals and fair hearings as opportunities for quality improvement.

# Complaint Grievance and Fair Hearing Report

Attachment A

RSN Name North Sound MHA

Contact Name: Diana Striplin

Reporting Period 01 October 2004 - 31 March 2005

Contact Phone #: (360) 416-7013

(Start and end date)

Total Unduplicated  
Number of Adult Cases

215

Total Unduplicated Number  
of Children Cases

35

Occurrence	Complaints	Grievances	Fair Hearings	Outstanding
<b>Adult (21 Yrs. and over)</b>				
Access	32	1	0	0
Dignity and Respect	21	0	0	1
Quality/ Appropriateness	9	0	0	0
Phone calls not returned	9	0	0	0
Service -- Intensity, Not Available, Coordination	27	1	0	1
Consumer Rights	32	0	0	2
Physicians & Medications	35	0	0	5
Financial & Admin Svs	30	0	0	3
Residential	3	0	0	0
Housing	29	0	0	3
Transportation	2	0	0	2
Emergency Services	20	1	0	1
Other	11	0	0	0
<b>Total</b>	<b>260</b>	<b>3</b>	<b>0</b>	<b>18</b>

Occurrence	Complaints	Grievances	Fair Hearings	Grievances			Fair Hearings			Outstanding
				Foster Care	Title V	Blind/ Disabled	Foster Care	Title V	Blind/ Disabled	
<b>Children (0-20 Yrs.)</b>										
Access	3	0	0	0	0	0	0	0	0	0
Dignity and Respect	1	0	0	0	0	0	0	0	0	0
Quality/ Appropriateness	8	0	0	0	0	0	0	0	0	0
Phone calls not returned	3	0	0	0	0	0	0	0	0	0
Service -- Intensity, Not Available, Coordination	6	0	0	0	0	0	0	0	0	0
Consumer Rights	5	0	0	0	0	0	0	0	0	0
Physicians & Medications	6	0	0	0	0	0	0	0	0	0
Financial & Admin Svs	0	0	0	0	0	0	0	0	0	0
Residential	1	0	0	0	0	0	0	0	0	0
Housing	1	0	0	0	0	0	0	0	0	0
Transportation	0	0	0	0	0	0	0	0	0	0
Emergency Services	2	0	0	0	0	0	0	0	0	0
Other	1	0	0	0	0	0	0	0	0	0
<b>Total</b>	<b>37</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

Resolutions	Complaints	Grievances	Fair Hearings	Outstanding from Last Period
<b>Adult (21 Yrs. and over)</b>				
Info/Referral	86	0	0	18
Referral to QRT	0	0	0	0
Conciliation/Mediation	129	0	0	26
Arbitration	5	3	0	5
Fair Hearing	0	0	0	0
Other	3	0	0	0
Not Pursued	19	0	0	4
<b>Total</b>	<b>242</b>	<b>3</b>	<b>0</b>	<b>53</b>

Resolutions	Complaints	Grievances	Fair Hearings	Grievances			Fair Hearings			Outstanding from Last Period
				Foster Care	Title V	Blind/ Disabled	Foster Care	Title V	Blind/ Disabled	
<b>Children (0-20 Yrs.)</b>										
Info/Referral	11	0	0	0	0	0	0	0	0	0
Referral to QRT	0	0	0	0	0	0	0	0	0	0
Conciliation/Mediation	19	0	0	0	0	0	0	0	0	1
Arbitration	0	0	0	0	0	0	0	0	0	0
Fair Hearing	0	0	0	0	0	0	0	0	0	0
Other	7	0	0	0	0	0	0	0	0	0
Not Pursued	0	0	0	0	0	0	0	0	0	0
<b>Total</b>	<b>37</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>

Outstanding occurrences reported in last report:

53

Outstanding occurrences reported in last report:

1

**ATTACHMENT B**

**TABLE 1- COMPLAINTS, GRIEVANCES, FAIR HEARINGS FILED  
REPORTING FROM 4-1-2000 through 3-31-2005**

OCCURENCES- (Includes occurrences of Complaints, grievances, and fair hearings filed)	DATE																																															
	4-1-2000 through 9/30/2000				10/1/2000 through 3/31/2001				4/1/2001 through 9/30/2001				10/1/2001 through 3/31/2002				4/1/2002 through 9/30/2002				10/1/2002 through 3/31/2003				4/1/2003 through 9/30/2003				10/1/2003 through 3/31/2004				4/1/2004 through 9/30/2004				10/1/2004 through 3/31/2005				4/1/2000 through 3/31/2005							
	Adult	Child	Total	(%) Total	Adult	Child	Total	(%) Total	Adult	Child	Total	(%) Total	Adult	Child	Total	(%) Total	Adult	Child	Total	(%) Total	Adult	Child	Total	(%) Total	Adult	Child	Total	(%) Total	Adult	Child	Total	(%) Total	Adult	Child	Total	(%) Total	Adult	Child	Total	(%) Total	Adult	Child	Total	(%) Total				
Unduplicated Number of Cases													137	4	141						159	3	162		180	13	193		225	20	245		193	21	214		251	36	287		215	35	250		1360	132	1492	
Access*	17	9	26	14%	34	2	36	21%	24		24	14%	8	0	8	5%	25	0	25	15%	20	0	20	9%	37	2	39	14%	25	4	29	12%	40	4	44	13%	33	3	36	12%	263	24	287	13%				
Dignity and Respect	10		10	5%	23		23	13%	15		15	9%	26	0	26	16%	17	1	18	11%	17	2	19	9%	19	4	23	8%	7	1	8	3%	15	3	18	6%	21	1	22	7%	170	12	182	8%				
Quality/Appropriateness**	32	3	35	19%	21	3	24	14%	32	3	35	20%	35	0	35	21%	18	2	20	12%	22	4	26	12%	22	3	25	9%	5	4	9	4%	9	4	13	4%	9	8	17	6%	205	34	239	11%				
Phone Calls Not Returned	1	1	2	0%	5	1	6	3%	1	1	2	1%	2	0	2	1%	2	1	3	1%	2	0	2	1%	3	2	5	2%	7	3	10	3%	9	3	12	4%	34	11	45	2%								
Service --Intensity, Not Available, Coordination	30	5	35	19%	9	3	12	7%	19	1	20	12%	10	0	10	6%	17	0	17	10%	29	4	33	15%	20	2	22	8%	35	5	40	16%	47	9	56	17%	28	6	34	11%	244	35	279	12%				
Consumer Rights	24	1	25	14%	18		18	11%	14		14	8%	7	1	8	5%	15	0	15	9%	17	1	18	8%	19	1	20	7%	25	1	26	11%	30	2	32	10%	32	5	37	12%	201	12	213	10%				
Physicians & medications	11	2	13	7%	7	1	8	5%	12	3	15	9%	24	4	28	17%	11	0	11	7%	14	0	14	6%	29	1	30	10%	25	1	26	11%	20	2	22	7%	35	6	41	14%	188	20	208	9%				
Financial & Admin Svs.	4	2	6	3%	6	1	7	4%	7		7	4%	6	0	6	4%	8	0	8	5%	9	0	9	4%	21	1	22	8%	17	2	19	8%	55	4	59	18%	30	0	30	10%	163	10	173	8%				
Residential	1		1	0%	3		3	2%	2		2	1%	9	0	9	5%	17	0	17	10%	11	0	11	5%	7	6	13	5%	12	0	12	5%	1	0	1	0%	3	1	4	1%	66	7	73	3%				
Housing	28		28	15%	13		13	8%	6		6	3%	11	0	11	7%	8	0	8	5%	10	0	10	5%	11	0	11	4%	15	0	15	6%	27	0	27	8%	29	1	30	10%	158	1	159	7%				
Transportation					2	1	3	2%	1		1	1%	1	0	1	1%	0	0	0	0%	0	0	0	0%	0	0	0	0%	2	0	2	1%	0	1	1	0%	2	0	2	1%	8	2	10	0%				
Emergency Services		1	1	0%	12		12	7%	21	2	23	13%	14	0	14	8%	20	0	20	12%	34	1	35	16%	44	0	44	15%	38	0	38	16%	31	1	32	10%	21	2	23	8%	235	7	242	11%				
Other	4	4	8	4%	5		5	3%	8		8	5%	7	0	7	4%	8	0	8	5%	16	3	19	9%	30	5	35	12%	13	1	14	6%	8	3	11	3%	11	1	12	4%	110	17	127	6%				
<b>Total</b>	<b>162</b>	<b>27</b>	<b>189</b>	<b>100%</b>	<b>158</b>	<b>12</b>	<b>170</b>	<b>100%</b>	<b>162</b>	<b>10</b>	<b>172</b>	<b>100%</b>	<b>160</b>	<b>5</b>	<b>165</b>	<b>100%</b>	<b>166</b>	<b>3</b>	<b>169</b>	<b>100%</b>	<b>201</b>	<b>16</b>	<b>217</b>	<b>100%</b>	<b>261</b>	<b>25</b>	<b>286</b>	<b>100%</b>	<b>222</b>	<b>21</b>	<b>243</b>	<b>100%</b>	<b>290</b>	<b>36</b>	<b>326</b>	<b>100%</b>	<b>263</b>	<b>37</b>	<b>300</b>	<b>100%</b>	<b>2045</b>	<b>192</b>	<b>2237</b>	<b>100%</b>				

**Data Notes:**

\*Access-refers to the degree to which services are quickly and readily obtainable to consumers. It includes the responsiveness of the Washington State Mental Health system to individual and cultural needs and the availability of mental health services.

\*\*Quality/Appropriateness-refers to the degree that service features meet (fit) consumers needs and are free from error and deficiencies.

Complaint and Grievance data has been collected since 4-1-1999.

Beginning 10-1-2001 the data reflects both unduplicated cases (individuals at a point in time) and occurrences (each instance of a complaint, grievance, or fair hearing). If a complaint moves to an RSN grievance it is counted twice. Prior to 10-1-2001 each complaint was counted only once even if the complaint moved to a grievance or fair hearing. Comparisons of data across these reporting periods should be interpreted cautiously due to the change in reporting methods.

Beginning 4-1-2004, Provider Level Grievances were also captured as occurrences. For the purposes of this Attachment, all occurrences are rolled-up.

Chart 1 -  
**Access**

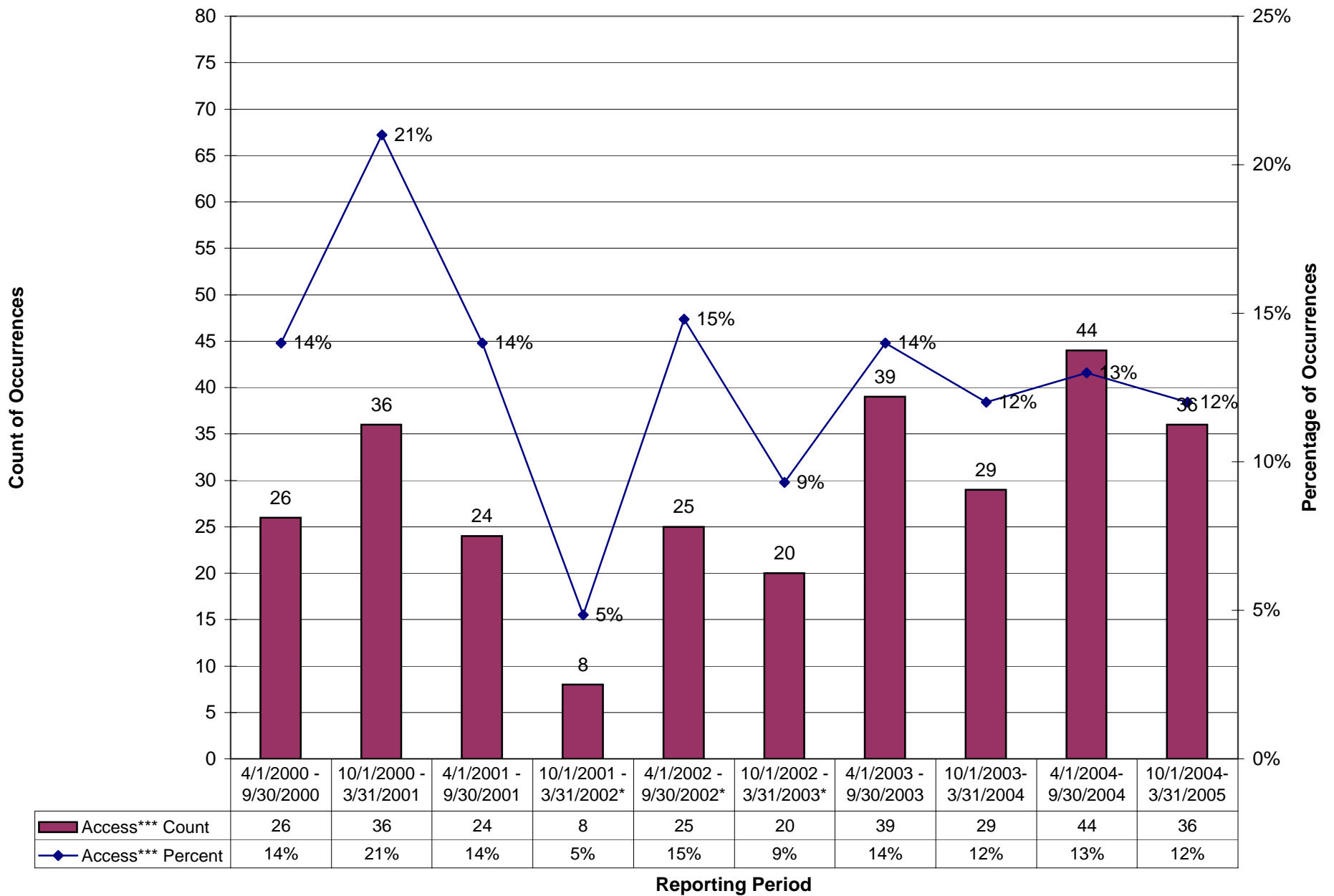


Chart 2 -  
**Dignity and Respect**

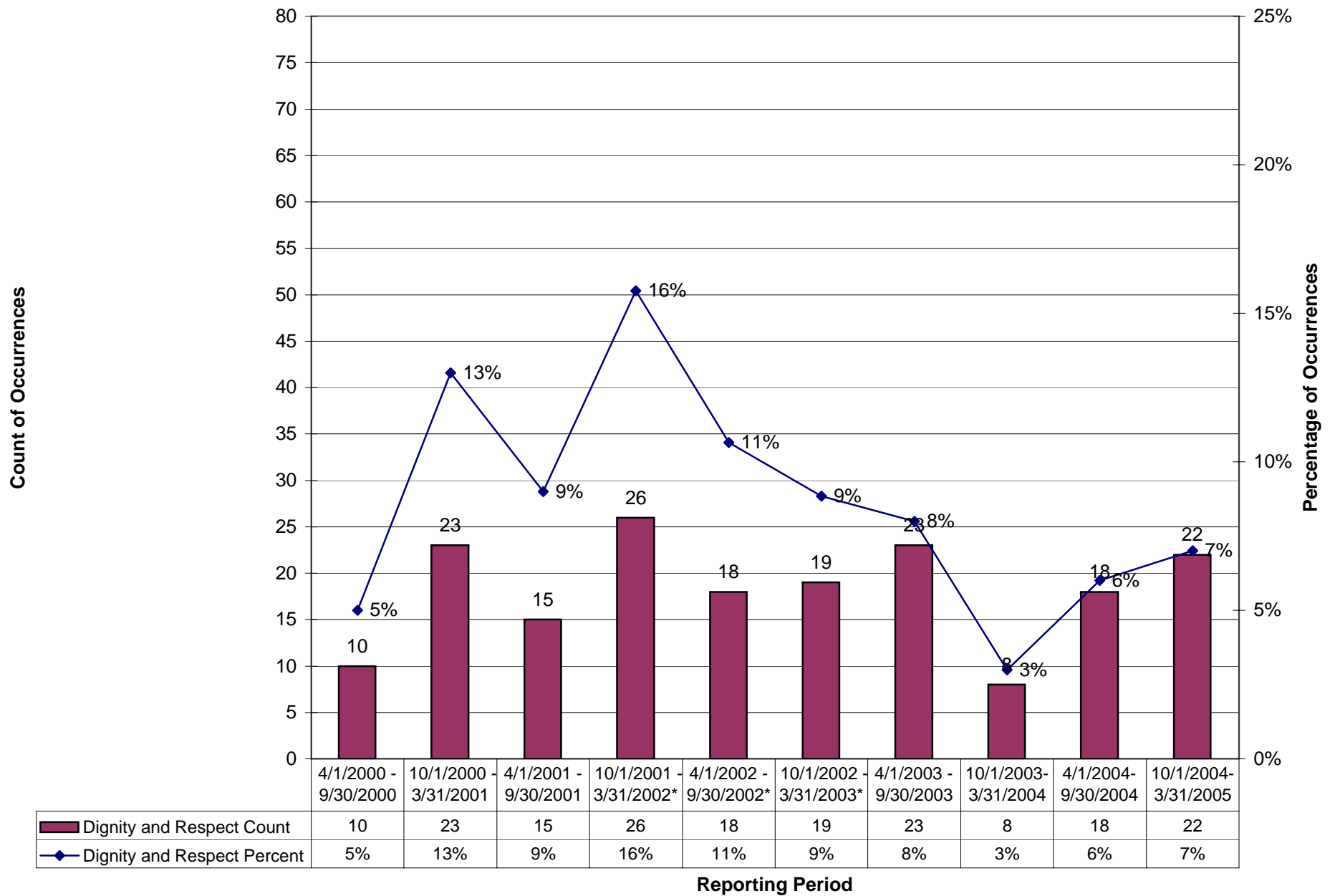


Chart 3 -  
**Quality/Appropriateness**

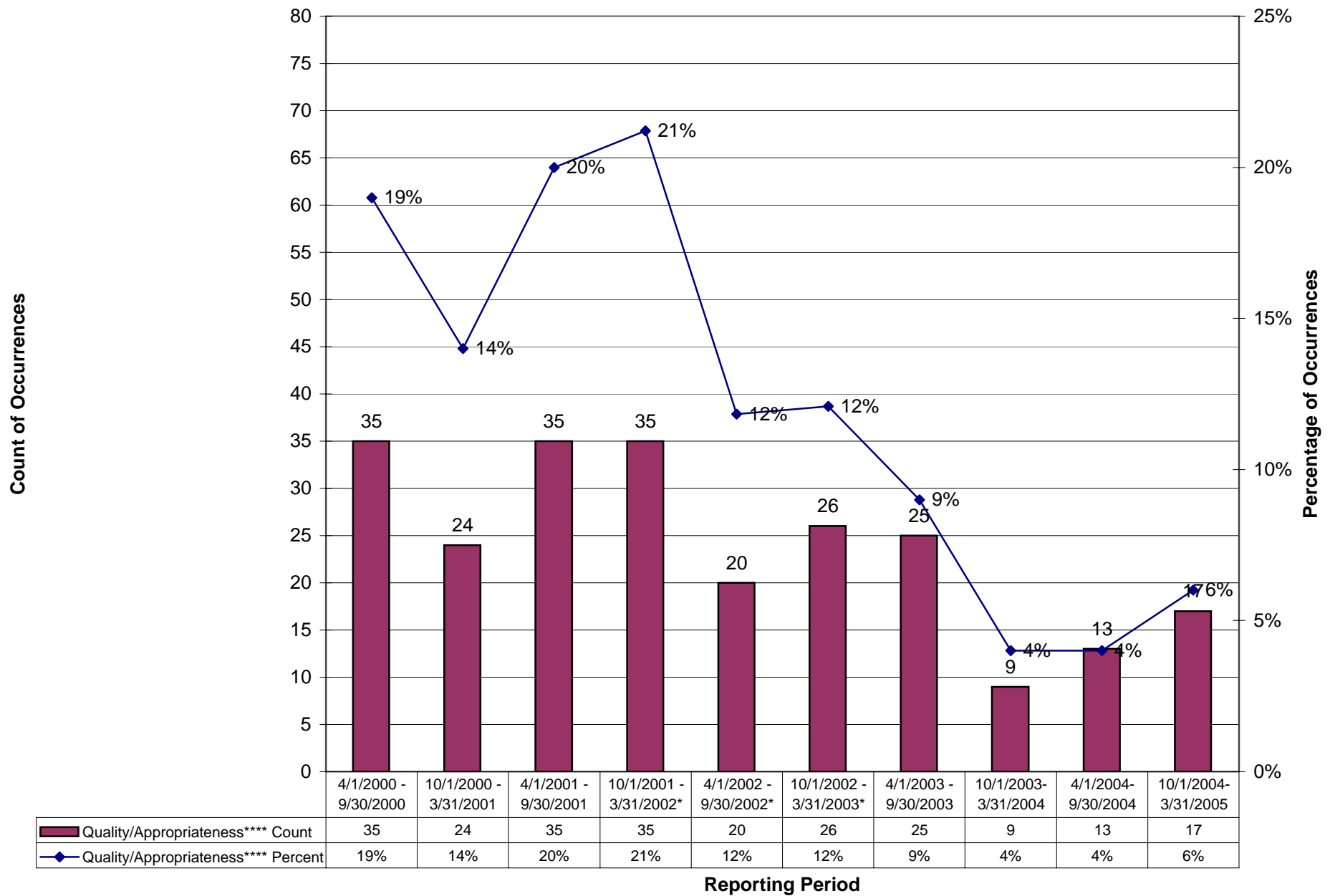


Chart 4 -  
**Phone Calls**

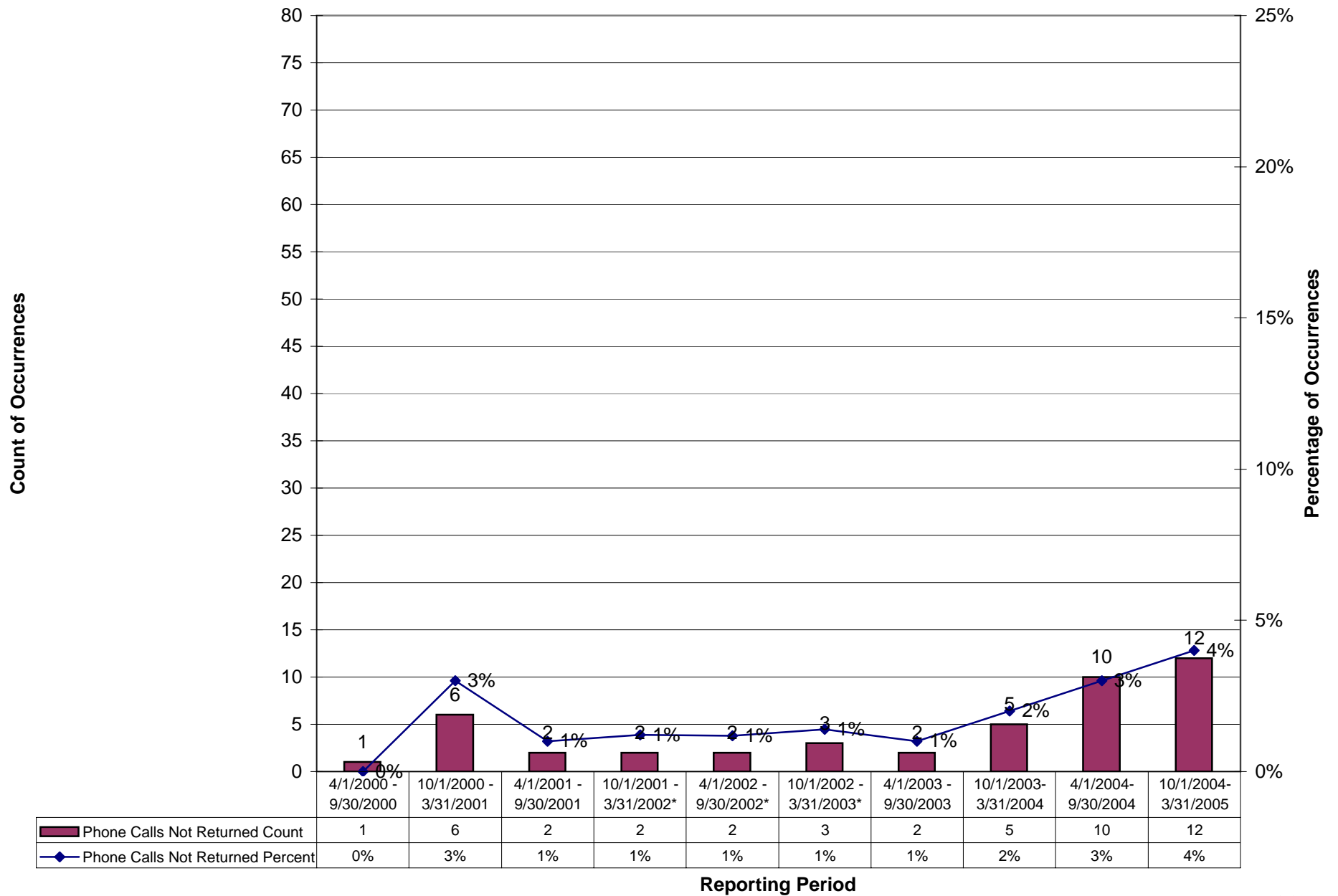


Chart 5 -

**Service -- Intensity, Not Available, Coordination**

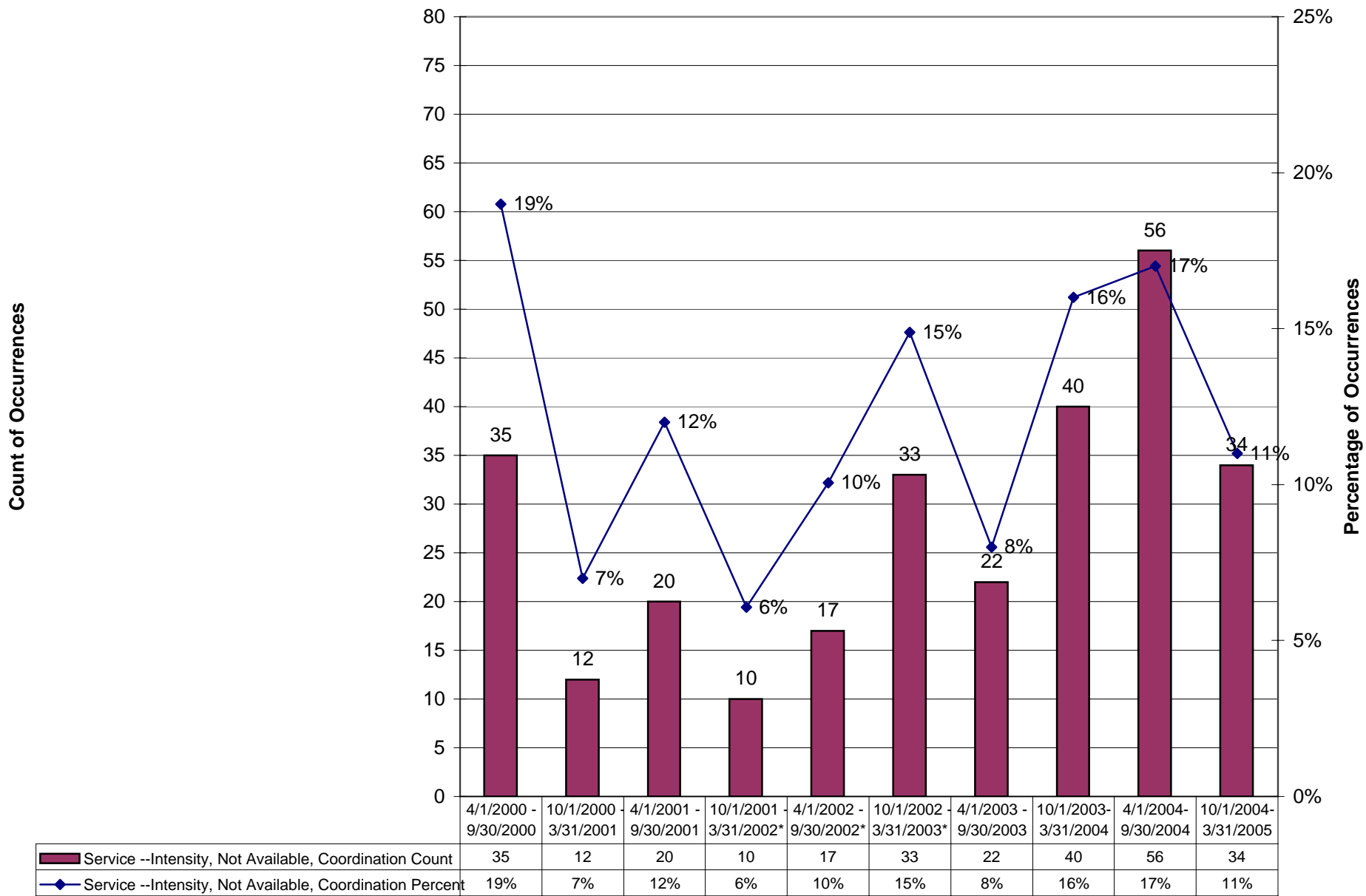




Chart 6 -  
**Consumer Rights**

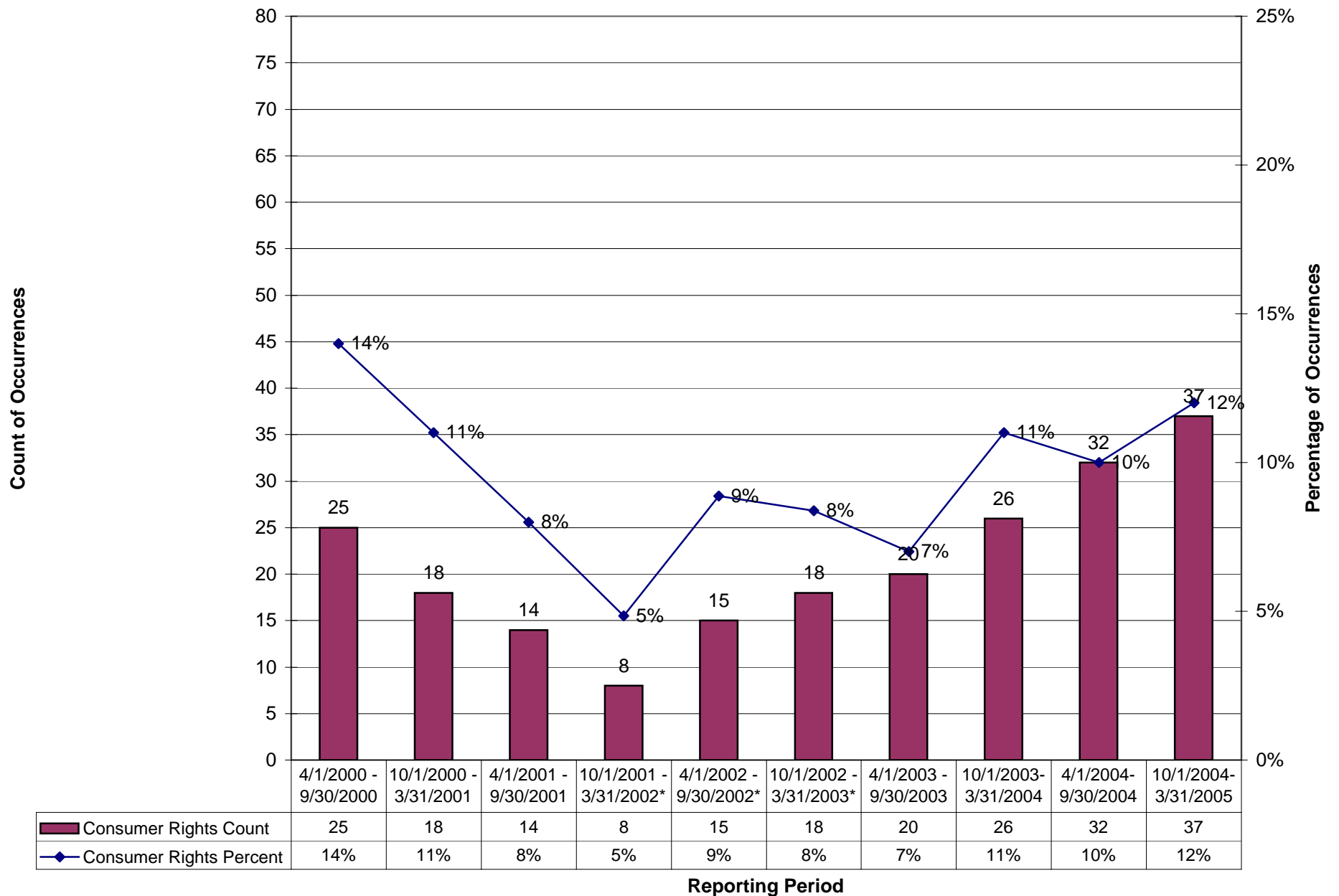


Chart 7 -  
**Physicians & Medications**

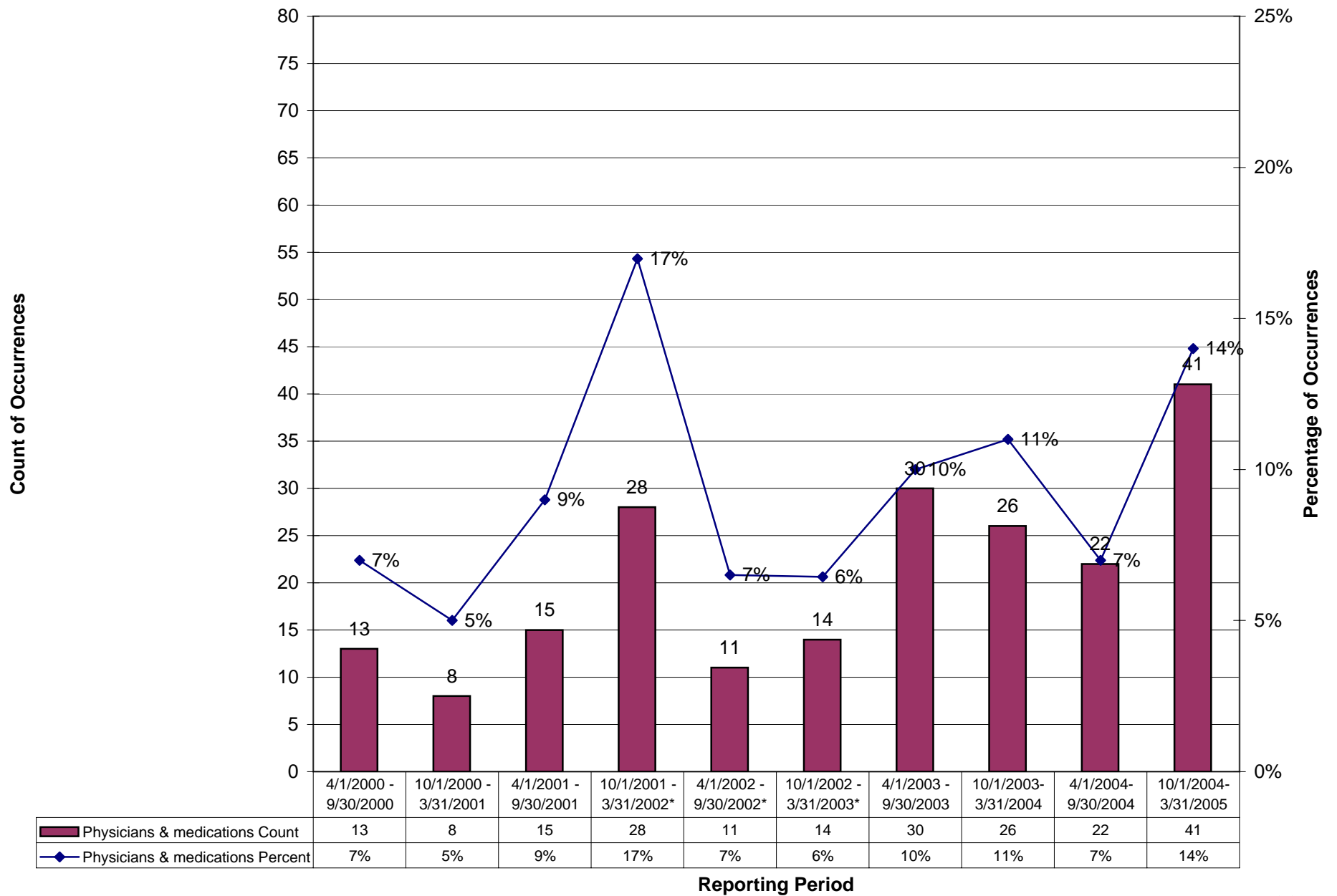


Chart 8 -  
**Financial & Admin. Services**

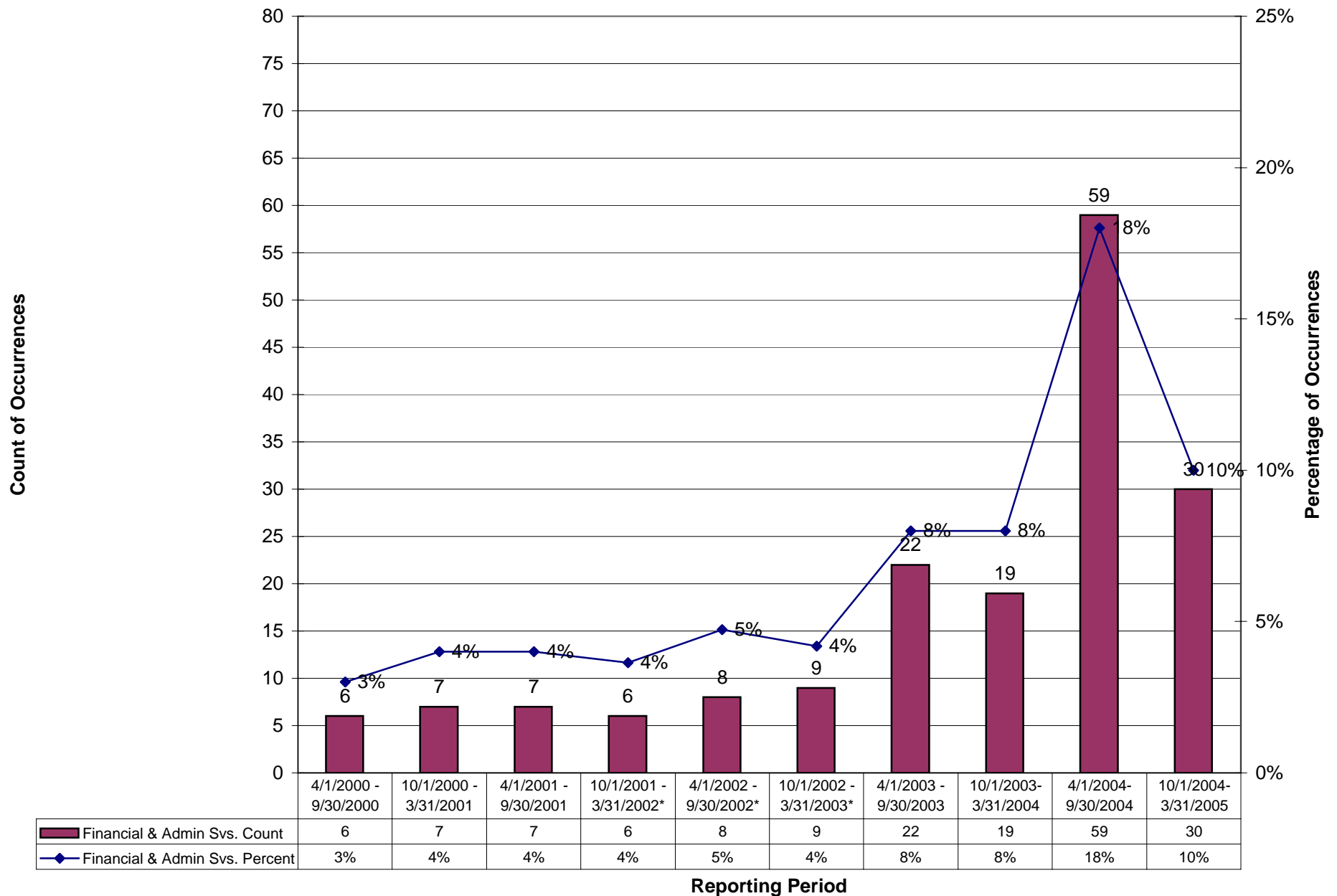


Chart 9 -  
**Residential**

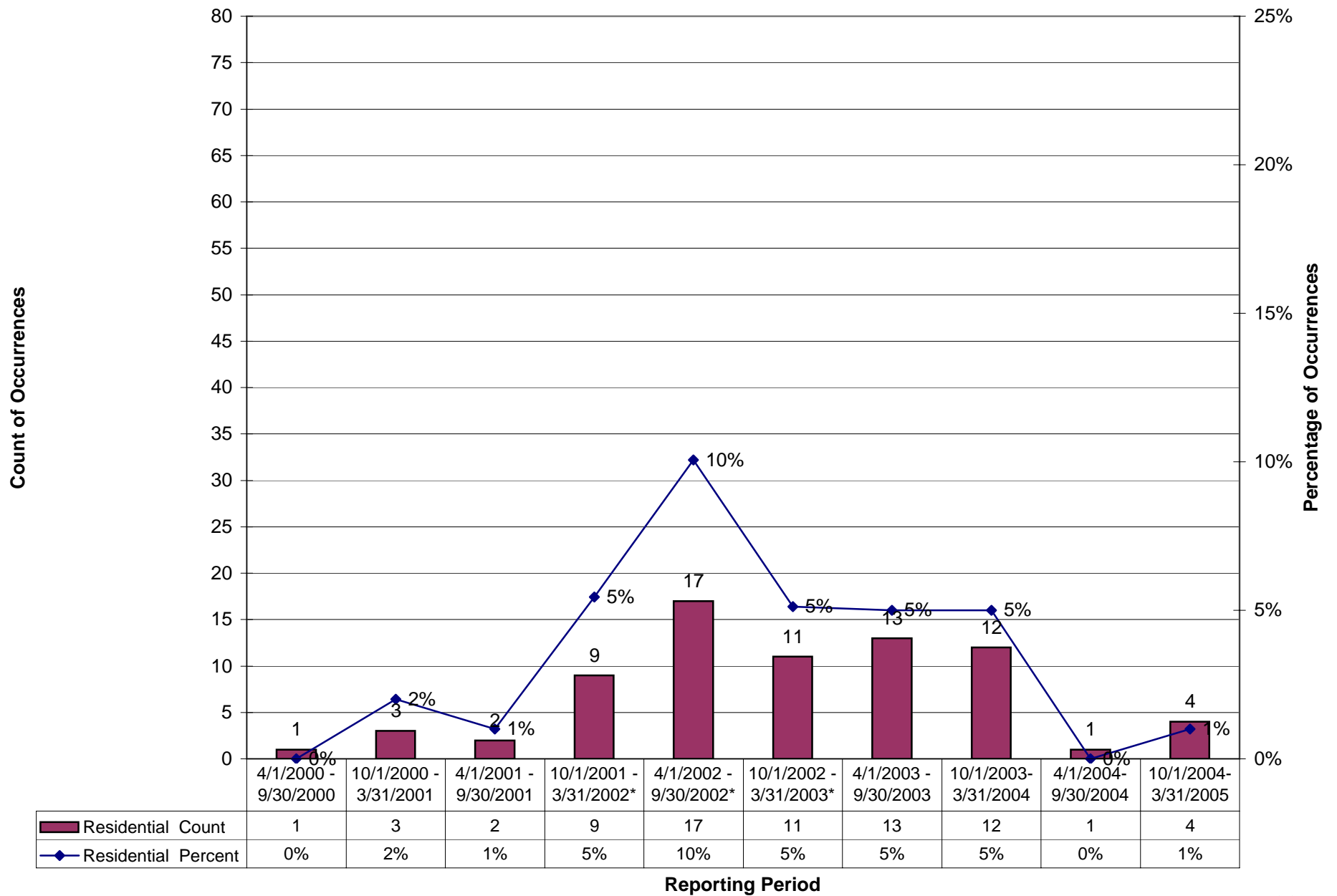


Chart 10 -  
**Housing**

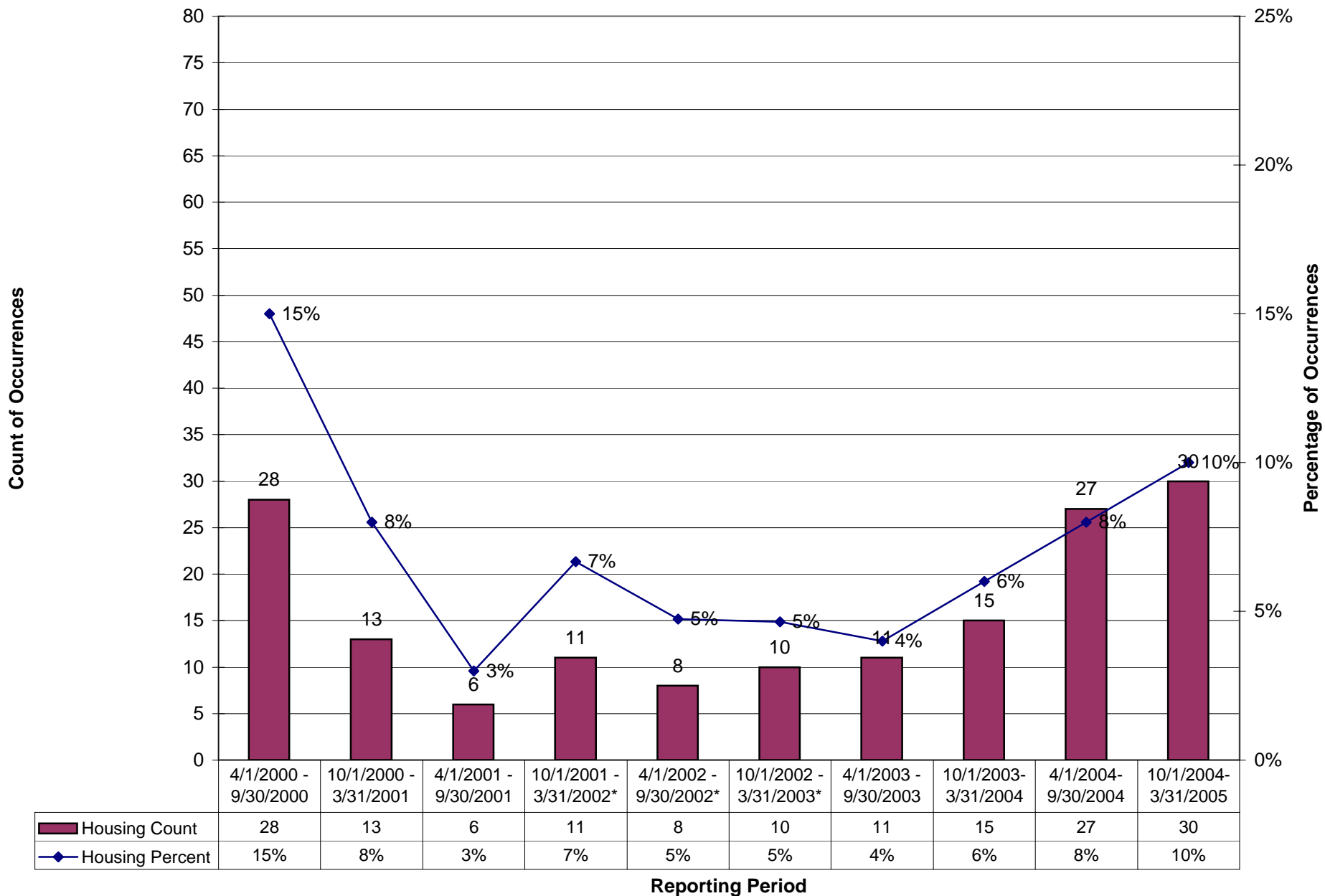


Chart 11 -  
**Transportation**

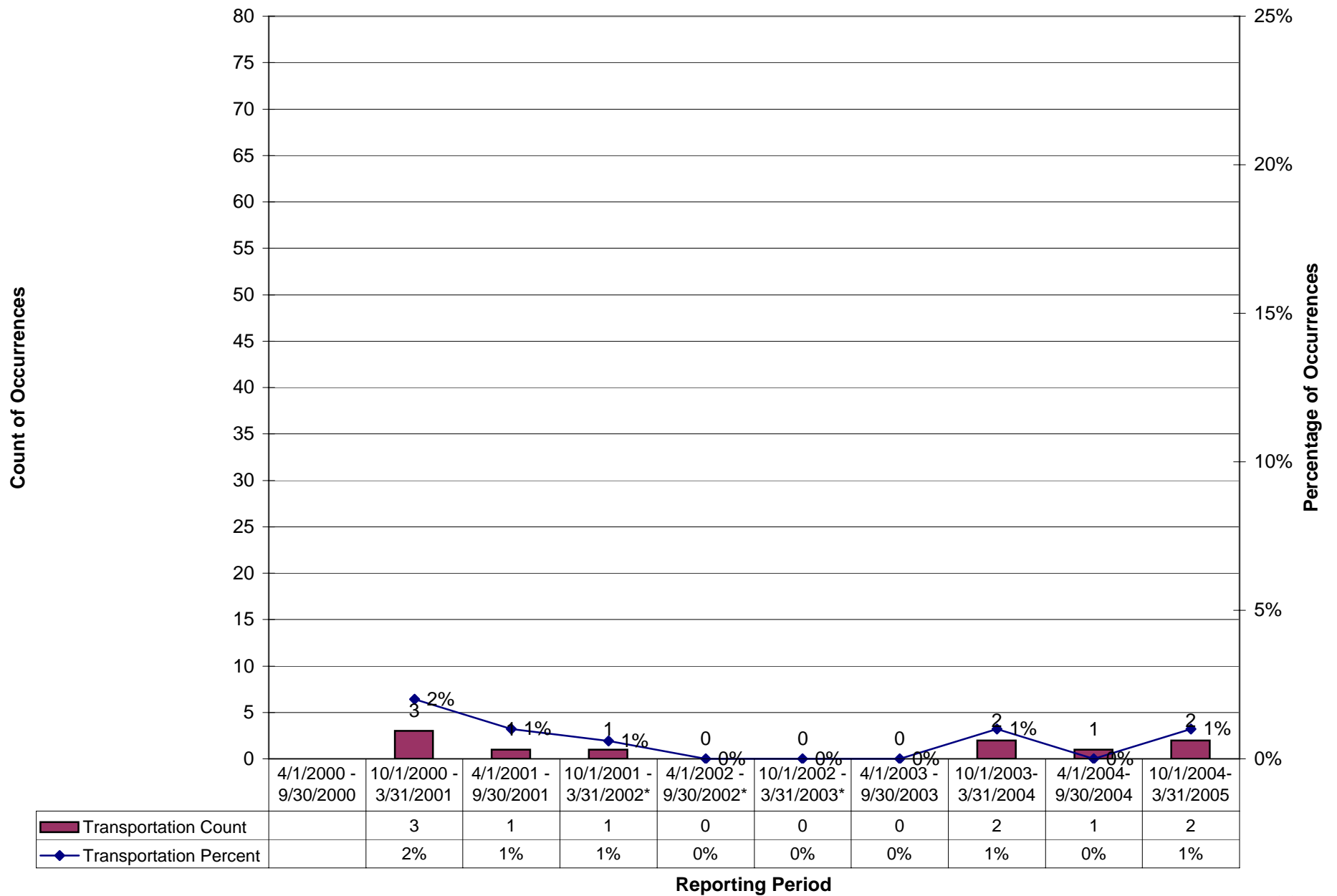


Chart 12 -  
**Emergency Services**

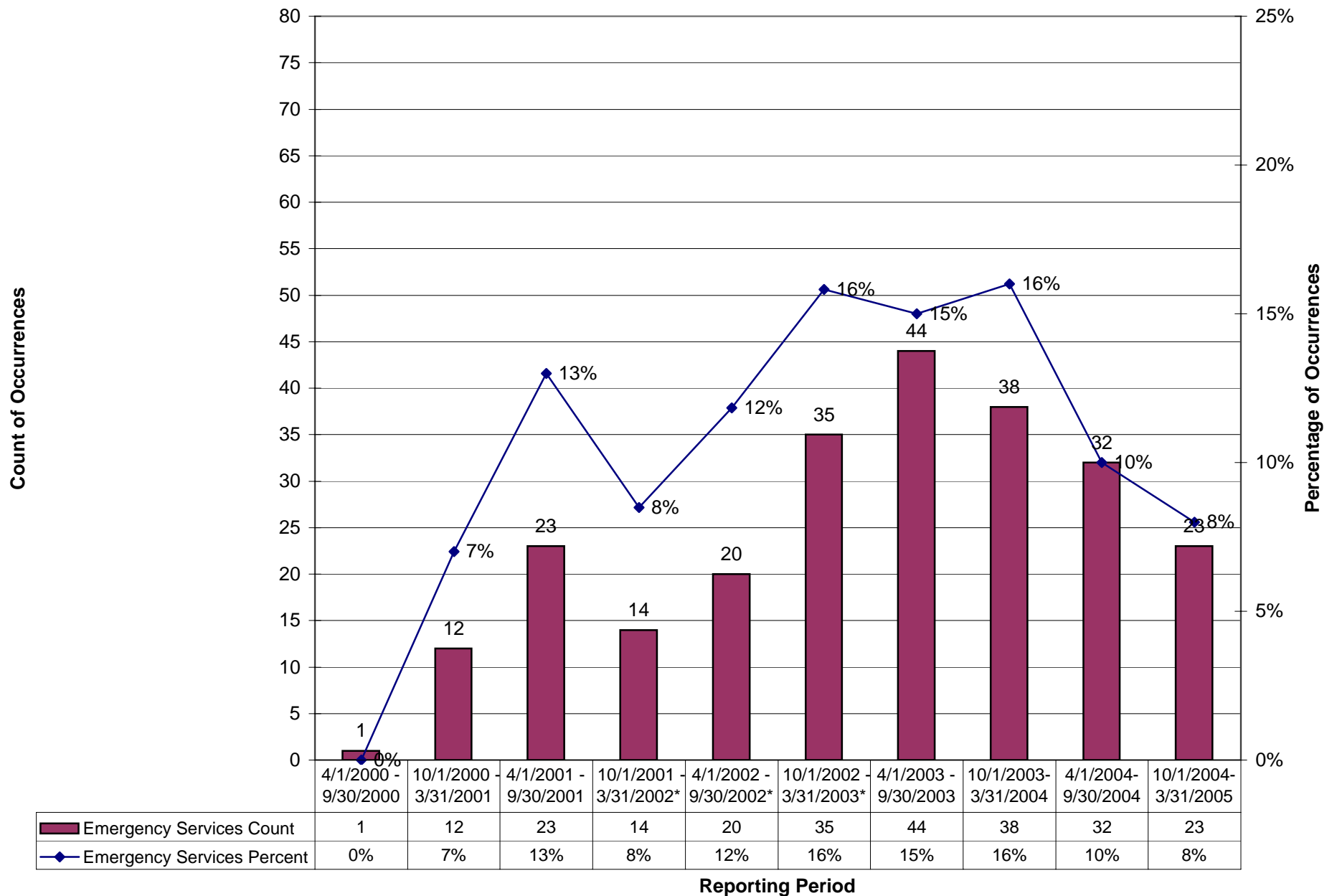


Chart 13 -  
**Other**

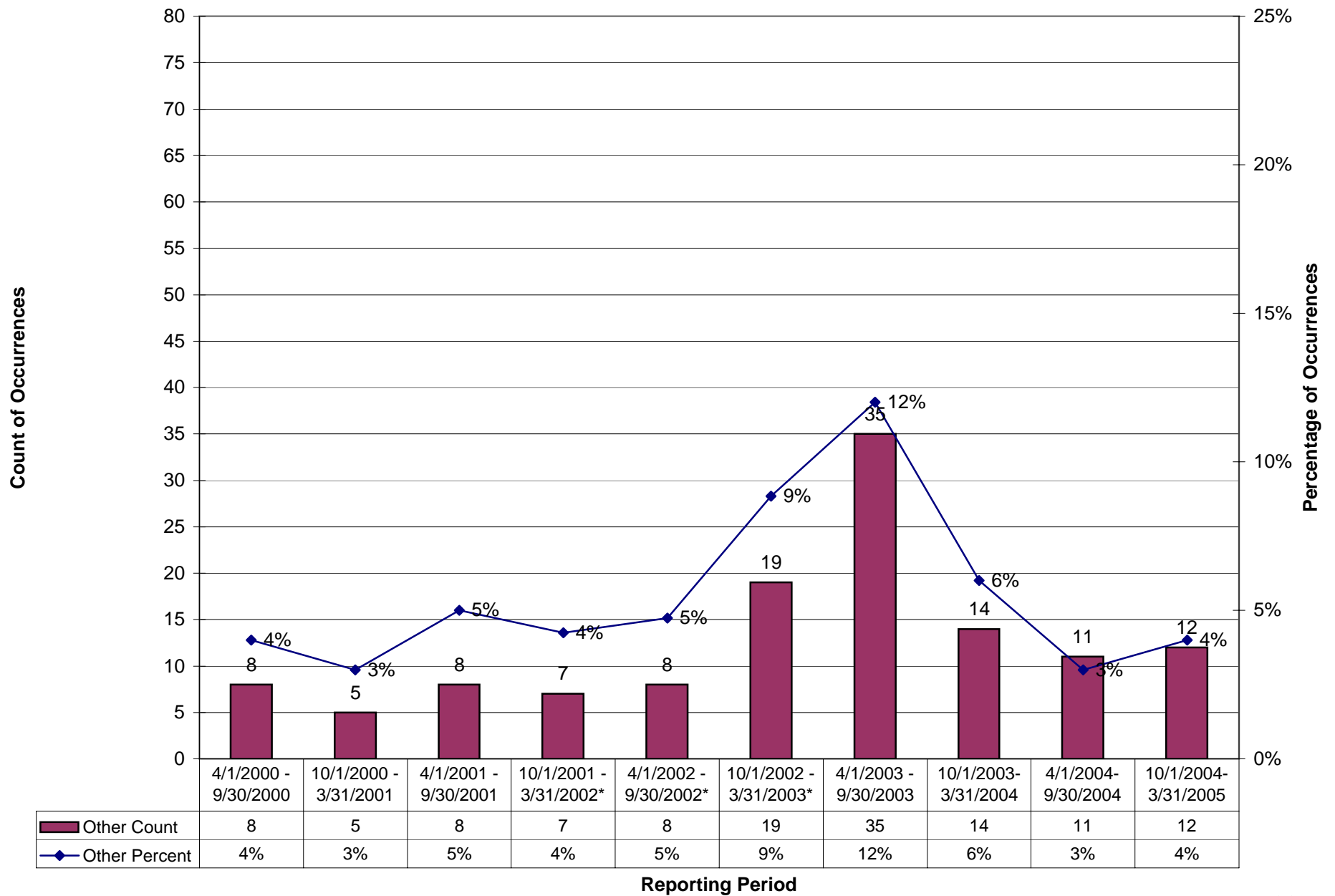
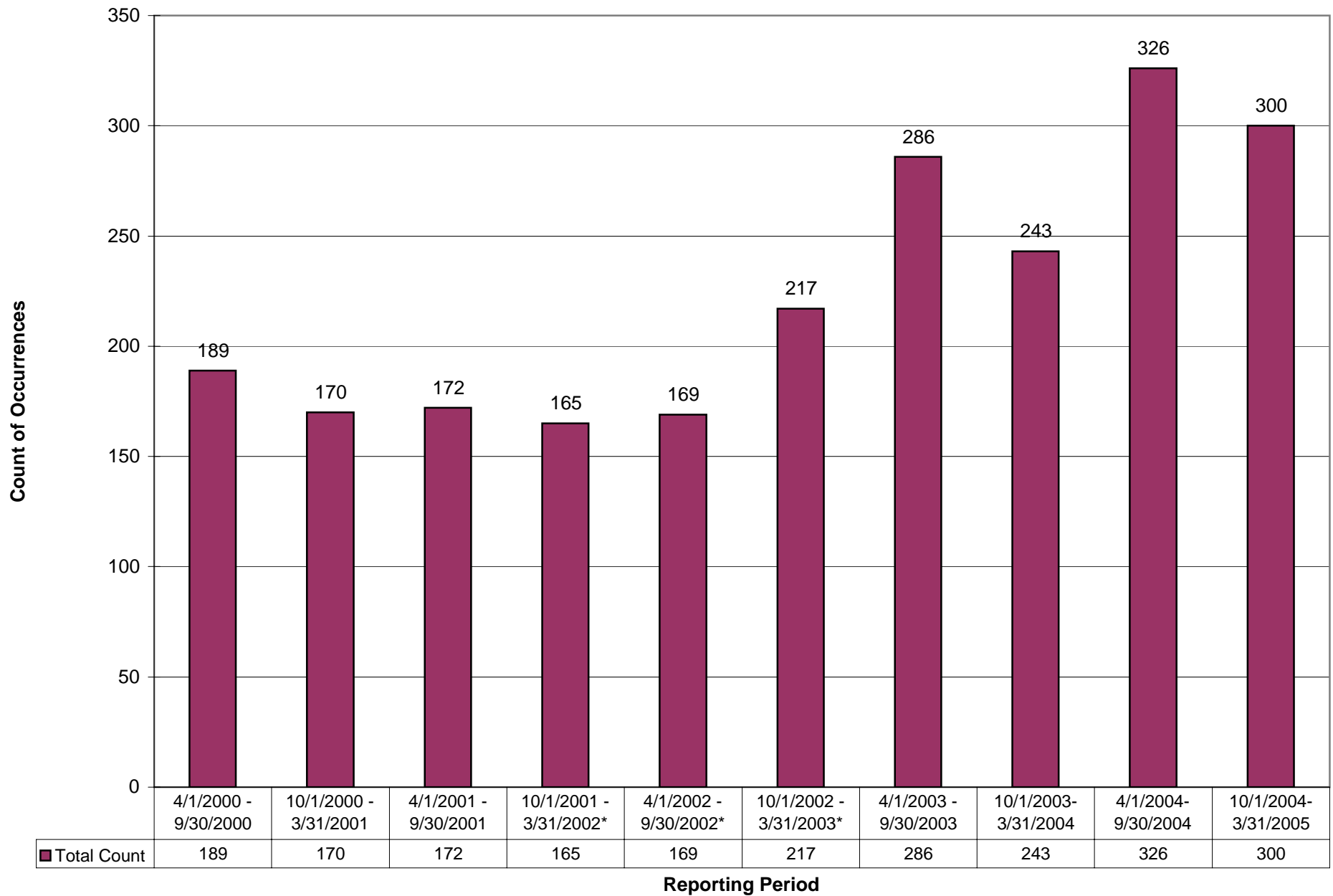




Chart 14 -  
**Total Occurrences**



Attachment C

Table 2 - NSMHA Complaint, Grievance, Fair Hearing Data - Past Six Months, Past Year, Since 4/1/2000\*  
 REPORTING FROM 4/1/2000 through 3/31/2005

Past Six Months 10/1/2004 through 3/31/2005		
Type	Total	Percentage
Physicians & medications	41	14%
Consumer Rights	37	12%
Access	36	12%
Service --Intensity, Not Available, Coordination	34	11%
Housing	30	10%
Financial & Admin Svs.	30	10%
Emergency Services	23	8%
Dignity and Respect	22	7%
Quality/Appropriateness	17	6%
Other	12	4%
Phone Calls Not Returned	12	4%
Residential	4	1%
Transportation	2	1%
Total	300	100%

Past Year 4/1/2004 through 3/31/2005		
Type	Total	Percentage
Service --Intensity, Not Available, Coordination	90	14%
Financial & Admin Svs.	89	14%
Access	80	13%
Consumer Rights	69	11%
Physicians & medications	63	10%
Housing	57	9%
Emergency Services	55	9%
Dignity and Respect	40	6%
Quality/Appropriateness	30	5%
Other	23	4%
Phone Calls Not Returned	22	4%
Residential	5	1%
Transportation	3	0%
Total	626	100%

Since 4/1/2000 4/1/2000 through 3/31/2005		
Type	Total	Percentage
Access	287	13%
Service --Intensity, Not Available, Coordination	279	12%
Emergency Services	242	11%
Quality/Appropriateness	239	11%
Consumer Rights	213	10%
Physicians & medications	208	9%
Dignity and Respect	182	8%
Financial & Admin Svs.	173	8%
Housing	159	7%
Other	127	6%
Residential	73	3%
Phone Calls Not Returned	45	2%
Transportation	10	0%
Total	2237	100%

\* NSMHA has been collecting Complaint and Grievance data since 4/1/1999. The data for 4/1/1999 through 3/31/2000 is not included in this table, as collection methods were less standardized at that time.

<b>NORTH SOUND MENTAL HEALTH ADMINISTRATION COMPLAINT and GRIEVANCE REPORTING</b>
<b>Date:</b>
<b>Agency or Reporting Source:</b>
<b>Agency Contact:</b>
<b>Reporting Period:</b>
<b>1. Summary and analysis of the implications of the data</b>
<b>2. Identification of system implications</b>
<b>3. Identification of areas for quality improvement</b>
<b>4. Measures that may be taken to address quality improvement or undesirable patterns.</b>

## NSMHA COMMITTEE DISCUSSION FORM

**AGENDA ITEM:** Quality Management Plan Development

**PRESENTER:** Terry McDonough, NSMHA Quality Specialist

**COMMITTEE ACTION:** Action Item  FYI & Discussion  FYI only

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

- The NSMHA 2004-2005 Quality Management Plan will expire in 6 months
- The planning process for the 2006-2007 QM Plan needs to begin
- QMOC members are invited to participate in the planning process
- 4 meetings, in July, August, September and October are proposed
- The final Draft of the 2006-2007 QM Plan will be reviewed at the October QM Planning meeting and presented to QMC and QMOC in November

### **CONCLUSIONS/RECOMMENDATIONS:**

- The NSMHA 2006-2007 QM Plan needs to be developed
- QMOC members are invited to participate in the NSMHA QM Planning process, which will take place over the next 4 months

### **TIMELINES:**

- Final Draft of NSMHA QM Plan to be presented to QMC, QMOC in November

### **ATTACHMENTS:**

- None

## NSMHA COMMITTEE DISCUSSION FORM

**AGENDA ITEM:** Continued Stay Criteria and Discharge  
Criteria Policies

**PRESENTER:** Greg Long, NSMHA Deputy Director

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

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

This presentation will cover the key points in these two new policies and request QMOC recommendation to forward to the Board of Directors for approval. These policies will be required by our one year MHD contract and will provide guidance for providers on how to continue treatment and re-authorize services.

### **CONCLUSIONS/RECOMMENDATIONS:**

Request QMOC recommend to the Board for approval

### **TIMELINES:**

### **ATTACHMENTS:**

To be distributed at the meeting

## NSMHA COMMITTEE DISCUSSION FORM

**AGENDA ITEM:** ADHD and Dementia Clinical Guidelines

**PRESENTER:** Sandy Whitcutt, NSMHA Quality Specialist  
Debra Jaccard, NSMHA Quality Specialist

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

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

A brief presentation and overview of ADHD and Dementia Clinical Guidelines proposed to be added to the body of clinical guidelines. Refinement of both of these sub-categories play a critical role in the denial review process and UR and diagnostic and eligibility process, and are essential in providing differential criteria in relationship to other diagnostic categories

### **CONCLUSIONS/RECOMMENDATIONS:**

Review and approval by QMOC to adopt and be approved by BOD

### **TIMELINES:**

Vote to approve

### **ATTACHMENTS:**

Copies of ADHD and Dementia Guidelines

**Attention Deficit Hyperactivity Disorder (DSM IV code = 314.xx)**

<p><b>Diagnostic Features</b></p>	<p>Consistent with DSM IV –TR criteria.</p> <p>ADHD is a complex and multi-dimensional neuro-biological mental health disorder with many symptoms common to other conditions such as depression, anxiety, post-traumatic stress disorder, etc. As such, there is no one physical or psychological test for ADHD. The diagnosis is further complicated by the fact that the primary symptoms of inattention, impulsivity, and /or hyperactivity are not always apparent in all situations. Therefore, the evaluation and diagnosis is best when it involves multiple informants or data representing a variety of setting and situations.</p> <p>The following are subtypes of the Attention-Deficit/Hyperactivity Disorder diagnosis:</p> <p>A. <b>Combined Type:</b> Essential feature is 6 plus symptoms of inattention and 6 plus symptoms of hyperactivity-impulsivity.</p> <p>B. <b>Inattentive type:</b> Essential feature is 6 plus symptoms of inattention but fewer than 6 symptoms of hyperactivity-impulsivity.</p> <p>C. <b>Hyperactive-Impulsive Type:</b> Essential feature is 6 plus symptoms of hyperactivity-impulsivity but fewer than 6 symptoms of inattention.</p>
<p><b>Assessment Components and Considerations</b></p>	<ol style="list-style-type: none"> <li>1. Structured diagnostic interview with client or, in the case of children, include parents/caretakers to obtain symptoms, age of onset and stability of symptoms.</li> <li>2. Developmental, family and other relevant histories (academic, medical, psychiatric, substance abuse).</li> <li>3. Data regarding school or occupational performance as appropriate or requested to verify presence of symptoms in these settings.</li> <li>4. Diagnostic interview with the client (mental status evaluation, client description of the problems, etc.). Note: Many clients may not display problematic behavior in a clinic office setting, one to one with a stranger/adult.</li> <li>5. Psychometric assessment may assist in the differential diagnosis using standard rating scales. Two types are recommended: a “broadband” mental health instrument such as the Behavior Assessment Scale for Children (BASC) or the Achenbach Children’s Behavior Checklist (CBCL), and a second instrument that is ADHD specific such as the Conners or the ADHD Rating Scale IV.</li> <li>6. Screen for other conditions that are co-morbid or may be confused with ADHD (e.g. substance abuse, learning disability, adjustment disorder, organic conditions, oppositional/conduct disorder, mood disorder, neurological problem, mental retardation, pervasive development disorder, abuse, etc.).</li> <li>7. Requests for previous records such as tests, previous treatment from other professionals who have worked with the client will be helpful (e.g. therapists, teacher, school counselors, primary physician).</li> <li>8. Referral for a physical examination if none has been conducted in the past year should be considered.</li> </ol>
<p><b>Diagnostic Criteria</b></p>	<ol style="list-style-type: none"> <li>1. Persistent pattern of inattention, hyperactivity, and/or impulsivity, which is more frequent and severe than is typically observed in an individual with a comparable level of development and intellectual ability.</li> <li>2. Some symptoms causing impairment were present before seven (7) years of age.</li> <li>3. Symptoms are present in two (2) or more settings (e.g., at school and at home).</li> <li>4. Clear evidence of clinically significant impairment in social or academic functioning.</li> </ol>

	<p>5. Symptoms do not occur exclusively during a course of a psychotic disorder (e.g., schizophrenia) and are not better accounted for by another disorder (e.g., mood disorder, anxiety, dissociative disorder, or personality disorder).</p>
Treatment Guidelines	<ol style="list-style-type: none"> <li>1. Treatment plan determined by severity of symptoms and includes interventions consistent with the level of risk for self-harm.</li> <li>2. Multi-modal approaches have been shown to have best support by the 2005 Washington Report of the Children’s Evidence Based Practices Expert Panel. Team approaches are also recommended.</li> <li>3. Individual interventions: Based on medical necessity to build skills and promote stabilization. Utilizing behavior management techniques may be beneficial toward desired outcome through changing the child/youth’s environment to help improve behavior. Include parent/caregivers/schools in treatment regarding children/youth whenever possible.</li> <li>4. Group Interventions: Skill building group and/or parent education as appropriate</li> <li>5. Psychiatric Assessment: As appropriate to determine indication for medication or for medication stabilization. For most children, stimulant medications are a safe and effective way to relieve ADHD symptoms.</li> <li>6. Employment/Vocational/Academic Services: Varied employment and academic strategies including behavioral consultation/support, pre-vocational and supported employment to assist clients wishing to pursue employment or academic objectives.</li> <li>7. Co-Occurring Disorder Treatment: Integrated treatment into a standard chemical dependency treatment program, or standard chemical dependency treatment plus separate treatment services for ADHD.</li> <li>8. Educate the client, parents and significant others as appropriate regarding ADHD symptoms, treatment and prognosis as well as specific training on how to deal with behavior issues in a positive way.</li> <li>9. Crisis Planning: Individualized crisis plan as necessary focusing on early symptoms of decompensation, safety and management</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>
Other Resources, Information	<ol style="list-style-type: none"> <li>A. Coordination of treatment efforts with the school and a referral as needed for further psycho-educational testing and/or Section 504 special education services and/or accommodations are recommended for consideration</li> <li>B. Referral to local CHAD organizations are a potential for parents whose children have ADHD. CHAD offers information, resources and support and are located in chapters around the state.</li> </ol>
Optimal Outcome of Treatment	The client will attain symptom relief, learn skills to manage the symptoms of this diagnosis and improve functioning in daily life.
References	<p>DSM IV-TR  Associated Provider Network  <b>A. 2005 Washington State Report of the Children’s Evidence Based Practices Expert Panel</b>  American Academy of Pediatrics ADHD Practice Guideline.</p>



<b>Dementia (DSM IV codes – 290.1x – 290.4x, 294.x)</b>	
<b>Diagnostic Features</b>	<p>Consistent with DSM IV –TR criteria.</p> <p>Dementia is a complex and multi-dimensional neuro-biological disorder with many symptoms common to other conditions such as depression, anxiety, psychosis, etc. The essential feature of dementia is the development of multiple cognitive deficits that include memory impairment and at least one of the following cognitive disturbances: aphasia, apraxia, agnosia, or a disturbance in executive functioning. (More complex presentations can include memory impairment plus fluctuations in cognition, recurrent visual hallucinations, agitation, motor rigidity or restlessness and fluctuations in motor function.) The disturbances must be sufficiently severe to cause impairment in functioning and represent a decline from a previously higher level of functioning. Some types of dementia include Alzheimer’s, Vascular, Dementia due to Parkinson’s, Dementia due to Lewy Body Disease.</p>
<b>Assessment Components and Considerations</b>	<ul style="list-style-type: none"> <li>A. The age at onset of dementia depends on the etiology, but is usually late in life, with the highest prevalence above age 85. Dementia is uncommon in children but can occur as the result of general medical conditions such as head trauma, brain tumors, etc.</li> <li>B. Because of the difficulty of obtaining direct pathological evidence of the presence of Alzheimer’s disease, the diagnosis can be made only when other etiologies for the dementia have been ruled out.</li> <li>C. Screen for other conditions that are co-morbid or may be confused with dementia, such as Major Depressive Disorder, Schizophrenia, and delirium.</li> <li>D. The course of dementia varies based on etiology. Alzheimer’s type tends to be slowly progressive, and may include personality changes or increased irritability in the early stages. Vascular dementia usually has an abrupt onset, with step-like changes, although it can present with an insidious onset and gradual decline, similar to Alzheimer’s.</li> <li>E. Dementia can result from causes other than Alzheimer’s or vascular disease. Other causes of dementia coded in the DSM-IV include HIV Disease, Head Trauma, Parkinson’s Disease, Huntington’s Disease, Pick’s Disease, Creutzfeldt-Jakob Disease, and Other General Medical Conditions. Differential diagnosis requires a corresponding medical diagnosis, from which the dementia is judged to originate.</li> <li>F. Substance-induced Persisting Dementia carries the same set of cognitive deficits but there is evidence from history, physical examination, or laboratory findings that the deficits are etiologically related to the persisting effects of substance use. In such cases pre-existing developmental or organic deficits should be ruled out. Dementia-related symptoms in individuals with known substance use/abuse must be assessed differentially to distinguish transient symptomatology from residual dementia, which may be persistent.</li> <li>G. In some cases, dementia may result from multiple etiologies.</li> </ul>

<p><b>Treatment Guidelines</b></p>	<p>Although a diagnosis of dementia does not by default indicate that mental health services are necessary or appropriate, a number of symptoms associated with dementia may be present which require intervention. These symptoms may include sleep disturbances, psychosis, anger and aggression, depression, and anxiety, among others.</p> <p>A. <b>Medical Referral:</b> Confirm with the individual’s primary physician that a screening for medical issues has been completed to rule out alternative causes of confusion, behavior changes and memory loss. Screening may include B-12 level, thyroid function panel including TSH, serum electrolytes, urinalysis for UTI, CBC with cliff to check for other signs of infectious or metabolic disease, and CT scan or MRI, among others. If screening has not occurred, request that the individual’s primary physician do so.</p> <p>B. <b>Individual Intervention:</b> Except in the earliest stages of the disease, individual therapy is rarely indicated, as the dementia tends to rob the individual of insight into their own condition, as well as the ability to process new information and modify their own behavior. Reminiscence therapy and validation therapy have been shown to be effective approaches.</p> <p>C. <b>Behavior-oriented approaches:</b> Although there are limited data from formal assessments of these treatments, there is widespread agreement that behavioral approaches can be effective in lessening or abolishing problem behaviors.</p> <p>D. <b>Family/Caregiver Consultation:</b> The individual’s natural supports, if any, are a significant part of treatment. Educate the family and caregivers regarding dementia, symptoms, treatment and prognosis. Help them connect to community resources. Provide information about behavioral and environmental interventions designed to support the individual with dementia. Educate family/caregivers to the risks to themselves for mood disorders, i.e. “caregiver burnout,” and the need to maintain their own health for the stability and longevity of both themselves and the individual with dementia. Help family/caregivers locate support services for themselves as appropriate.</p> <p>E. <b>Group Intervention:</b> Support groups are appropriate for both the client and the family/caregivers, although it is preferable that these groups be separate to allow a free expression of concerns, especially by family/caregivers.</p> <p>F. <b>Psychiatric Assessment:</b> As appropriate to determine indication for medication or for medical stabilization.</p> <p>G. <b>Employment/Vocational Services:</b> Vocational services are rarely indicated for these clients. For individuals still working, information about planning for retirement may be appropriate.</p> <p>H. <b>Residential Treatment/Housing/Crisis Beds:</b> Assess appropriateness of current housing for safety and supervision needs. If individual lives alone, assess environment for hazards, i.e. decaying food, pet feces, fall risk, firearms, kitchen and home heating safety, etc. If individual lives with family or caregivers, educate them to potential hazards and how these hazards might be mitigated. Assist client and family/caregivers with planning for future housing needs in anticipation of disease progression.</p> <p>I. <b>Co-Occurring Disorder Treatment:</b> Chemical dependency treatment is rarely indicated for the same reasons that individual therapy is not. Management of a chemical dependency is best accomplished through the use of environmental interventions, i.e. limiting access to the substance and providing significant amounts of supervision.</p> <p>J. <b>Crisis Planning:</b> Individualized crisis plan focusing on early symptoms of decompensation, safety and management strategies.</p> <p>K. <b>Inpatient Services:</b> For acute stabilization as necessary.</p>
<p><b>Optimal Outcome of Treatment</b></p>	<p>The client will remain as functionally independent as the disease progression allows, and will experience a minimal amount of emotional and behavioral disturbance related to the disorder.</p>
<p><b>References</b></p>	<p>Associated Provider Network  Diagnostic and Statistical Manual of Mental Disorders, fourth edition.  Treatment of Agitation in Older Persons with Dementia; The Expert Consensus Guideline Series; Alexopoulos et al; April 1998  Dictionary of Psychology; Chaplin (1985)  American Psychiatric Association Dementia Practice Guideline</p>

## **NSMHA COMMITTEE DISCUSSION FORM**

**AGENDA ITEM:** 1<sup>st</sup> Biennial Quarter 2005 Integrated Report Draft

**PRESENTER:** Diana Striplin, NSMHA Quality Specialist

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

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

- This Draft Integrated Report provides an overall NSMHA Quality Management activities performed during the first 6 months of 2005. It also addresses follow up to issues identified in the previous Integrated Report.
- Strengths, Areas for Further Review and Accomplishments of Note are also presented.
- All NSMHA Quality Management activities are presented and reviewed monthly at NSMHA Coordinated Quality Improvement Program (CQIP) meetings.
- Recommendations from the CQIP committee regarding quality management activities conducted during the 1<sup>st</sup> Biennial Quarter 2005 are detailed in the Integrated Report.

### **CONCLUSIONS/RECOMMENDATIONS:**

- The 1<sup>st</sup> Biennial Quarter 2005 Draft Integrated Report is being presented today to QMOC for members' input, suggestions, potential revisions and approval.

### **TIMELINES:**

- Approval, with potential revisions from QMOC, is requested today.

### **ATTACHMENTS:**

- 1<sup>st</sup> Biennial Quarter Integrated Draft Report to be distributed at the meeting.

## **NSMHA COMMITTEE DISCUSSION FORM**

**AGENDA ITEM:** Utilization Review 12-month Report Trends

**PRESENTER:** Terry McDonough, NSMHA Quality Specialist

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

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

- NSMHA Quality Specialists have been performing Denial Request Reviews (DRR) and Utilization Reviews (UR) for just over one year now
- Approx 440 DRR's and 900 UR's have been done
- UR's focus on recently opened cases, ongoing cases and closed cases
- DRR results indicate appropriate people are getting admitted to services, and that diagnoses need to be better substantiated in some DRR's
- UR results indicate the need for greater specificity, measurability and intensity of service provision in some charts reviewed
- Provider staff has joined NSMHA staff during UR's in order to better understand the review procedure/process and the UR's tools used. Provider staff then shares the information they receive with their staff so that staff better understand the specifics and details of the UR process.

### **CONCLUSIONS/RECOMMENDATIONS:**

- The Denial Review and Utilization Review procedures are being done in accordance with MHD requirements
- The DRR feedback to providers has led to better, more complete and specific diagnostic formulations by Assessors
- The UR process has identified treatment plans as the chart area needing the most attention
- NSMHA staff will work with providers to address treatment plan issues

### **TIMELINES:**

- Denial Reviews and Utilization reviews will continue

### **ATTACHMENTS:**

- To be provided at July 27 QMOC meeting