



**NORTH SOUND
MENTAL HEALTH ADMINISTRATION**

**QUALITY MANAGEMENT OVERSIGHT COMMITTEE
COMMITTEE MEETING PACKET**

February 22, 2006

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

February 22, 2006
NORTH SOUND MENTAL HEALTH ADMINISTRATION
QUALITY MANAGEMENT OVERSIGHT COMMITTEE AGENDA

Date: February 22, 2006
Time: 12:30 PM-2:30 PM
Location: NSMHA Conference Room
For Information Contact Meeting Facilitator Wendy Klamp, NSMHA, 360-416-7013

Topic	Objective	ACTION NEEDED	Discussion Leader	Handout available pre-mtg	Handout available at mtg	Pg.	Time Allotted
Introductions	Welcome guests, presenters and new members		CHAIR				5 minutes
Review and Approval of Agenda	Ensure agenda is complete and accurate, determine if any adjustments to time estimates are needed. Meeting will start and end on time.	Approve agenda	CHAIR	Agenda		3	5 minutes
Review and Approval of Minutes of Previous Meeting	Ensure minutes are complete and accurate	Approve minutes	CHAIR	Minutes		6	5 minutes
Announcements	Inform QMOC of news, events and other important items EQRO visit Bridgeways re-audit		All				5 minutes
Comments from the Chair	Update the committee on recent developments that impact QMOC		GARY WILLIAMS				5 minutes

Topic	Objective	ACTION NEEDED	Discussion Leader	Handout available pre-mtg	Handout available at mtg	Pg.	Time Allotted
Membership Recruitment	Discuss strategies to increase Consumer representation at QMOC		ALL				5 minutes
Utilization Management Dashboard	Standing Agenda Item for monthly review	Review trends, NSMHA priorities	TERRY MCDONOUGH	Dashboard		10	5 minutes
Quality in Action-WCPC Trauma Project	Presentation on this successful program		KATHLEEN DAUGHENBAUGH, WCPC				15 minutes
Quality Management Department Report	Standing Agenda Item for Monthly Review	Review accomplishments, data and plans of department-recent staff retreat and re-assignments	WENDY KLAMP		QM Dept. Report		5 minutes
Quality Management Plan	Standing agenda item-review of QM plan		Terry		Plan		5 minutes
Critical incident report	Review report	Determine if any action is needed	Debra Jaccard		Critical Incident July-Dec 2005 Report		10 minutes
Everyday Creativity	Video Presentation		All				20 minutes
What is a PIP	Discussing EQRO feedback re PIP's and how to prepare to choose new PIPs in the future		Wendy		Sample PIP's		10 minutes
PIP 1 and 2	Review PIP's, data and feedback from QMC and determine whether to continue or close out	QMOC to recommend To maintain or remove from QM Plan	Wendy	PIP 1 and PIP 2 summaries PIP 1 survey data summary		16	10 minutes
Utilization Review Corrective Action Plans	Review provider plans to improve utilization		Sandy		Provider UR CAP's		5 minutes

Topic	Objective	ACTION NEEDED	Discussion Leader	Handout available pre-mtg	Handout available at mtg	Pg.	Time Allotted
	following NSMHA reviews in 2005						
Date and Agenda for Next Meeting	Ensure meeting date, time and agenda are planned.		ALL				5 minutes
*Review of Meeting/ Evaluation	Were objectives accomplished? How could this meeting be improved?		ALL			25	5 minutes

Next meeting March 22, 2006

Potential Agenda Items

Integrated Report
MATCH and Treatment Planning Work group reports
Inpatient Reduction Workgroup report

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

January 25, 2006

12:30 – 2:30

DRAFT MINUTES

Present:

Gary Williams, QMOC Chair, Board of Directors,
Human Services Supervisor, Whatcom County
Wendy Klamp, NSMHA Quality Manager
Mary Good, NSMHA Advisory Board
Susan Ramaglia, NAMI Skagit
Terry McDonough, Snohomish County Mental Health
ITA
Janet Lutz-Smith, Whatcom County Advocate
Deborah Moskowitz, North Sound Ombuds
Linda Carlson, Volunteers of America
Chuck Davis, North Sound Ombuds

Not Present:

Maile Acoba, Skagit County Coordinator
Joan Dudley, Lake Whatcom Center
Nancy Jones, Snohomish County Human Services
Janelle Sgrignoli, Snohomish County Human
Services
Russ Hardison, Sea Mar
Pam Benjamin, WCPC
June LaMarr, The Tulalip Tribes -Excused
Joan Lubbe, NSMHA Advisory Board
Dan Bilson, Whatcom County Advocate

Other:

Chuck Benjamin, NSMHA
Margaret Rojas, NSMHA
Diana Striplin, NSMHA

1. Open the Meeting & Comments from the Chair

Gary convened the meeting at 12:35 p.m. and introductions were made. The charter statement was reviewed to determine if enough members were present and the meeting continued.

2. Agenda

No changes were made to the agenda.

3. Approval of November Minutes

Wendy Klamp made a motion to approve the minutes as written, Deborah seconded, motion carried.

4. Announcements

Wendy stated that NSMHA passed the RFQ, receiving the second highest score in the state.

The Recovery Conference held January 11th was a success, and Chuck Davis noted that many Ombuds clients have made positive comments about the conference.

5. Comments from the Chair:

Gary noted he had two issues he would like to address:

1. The first was regarding member attendance of this committee. QMOC is necessary for the region to maintain status as a quality improvement program as the State Department of Health mandates the need for a committee made up of advocates, consumers, providers, and the RSN, empowered to communicate recommendations relating to quality improvement directly to the Board of Directors. Attendance at the committee must be improved. Members must

view the committee as important to attend, and if members are not attending, they should be informed that they will be replaced with other individuals who will attend.

2. The second issue Gary addressed was of concerns expressed by providers over policies and procedures related to quality of care. This is a standard, scheduled opportunity for all stakeholders in the mental health network to give feedback and to express any objections to policies effecting quality matters resulting in a formal QMOC committee recommendation to the NSMHA Board Of Directors. Janet asked why Gary was bringing up this issue. Gary stated that in December APN presented a letter stating they were not able to sign contract with NSMHA due to requirements in policies and procedures which established expectations above what was required by the federal and state government. All those policies and procedures went through approval at this committee with a representative of APN at the table. Concerns should have been expressed throughout that process, rather than after the contract was presented. Chuck Benjamin added the only way the APN would sign a contract was if it was amended. The Board of Directors is now allowing a list of all policies and procedures, which providers feel are exceeding state requirements. NSMHA must review this list to determine if the policies and procedures should be held back. Chuck Benjamin noted a problem is occurring over semantics as the State holds the RSN responsible for broad requirements, which NSMHA has to interpret in policies and procedures to ensure compliance. Chuck Benjamin agreed that all the changed policies need to come back to be debated and discussed again through this committee. QMOC also needs to watch for trends from different groups, which will increase the importance of this board.

Gary noted disappointment that there were no provider representatives other than from VOA present at today's meeting. He noted frustration in having providers indicate that have not had opportunity to comment on policies and procedures when they are not attending this standard, standing meeting, which is their opportunity to do so.

Gary requested that if there are any future recommended changes to policies and procedures, they come back through this committee so that QMOC has an opportunity to review, make recommendations and make comments to the Board of Directors. If there is disagreement regarding the QMOC Committee recommendation this also needs to be communicated to the Board in the form of a minority position statement.

Mary noted that she was the only consumer present at the meeting and that there needs to be more consumers interested in attending. Gary agreed and noted we will look at how to engage and support consumers to be present. Wendy suggested making a presentation at the next Advisory Board meeting to recruit more members. Deborah will also speak to other individuals she works with in QRT. Wendy noted that new members need to apply through the Advisory Board.

6. Utilization Management Dashboard

Terry reminded all that the dashboard is available on the NSMHA website. He noted that Michael White is developing a column to display a general penetration rate. Michael is open to any questions on the data. Terry praised the work of Santiago Iscoa and Nancy Anderson in going down to WSH and keeping census down. Janet suggested a note of appreciation emphasizing collaboration within the system to Santiago, Nancy, and providers, from QMOC.

Susan asked what happens to people if North Sound E&T turns them away because they do not have beds. Terry stated that they have to go to an out of region bed. Wendy noted that the Puget Sound behavioral health facility in Tacoma had their licensed removed and have moved patients to WSH. In turn WSH is taking their 72-hr commitments, which limits capacity for the system across the State. Chuck asked if there was a way to find out who the individuals turned away from E&T are and where they went. CDMHP's refer people to E&T's, it is their responsibility to follow up. Deborah asked if people have been turned away due to medical criteria. Wendy noted she will get that information and bring to next meeting.

7. 2006 Draft administrative audit schedule

Wendy stated that it is a requirement from the RFQ and MHD contract to annually review providers. NSMHA will be doing a re-review of Sea Mar and Bridgeways, and will participate in a licensing review of Compass Health, checking on corrective actions. Wendy noted that in the future she will be looking for feedback from this committee on the audit process. A new audit is to be developed on jail services. Wendy asked for approval of the draft schedule. Deborah made motion to approve the schedule, Janet seconded, motion carried.

8. Quality Management Department Report

Wendy noted that a QM department retreat was held in January to determine how to improve within resources, and to determine what areas can be focused on. Terry will be the point person for authorizations, Sandy Whitcutt for UR & UM. Diana will be the point person for grievance/appeal process, Debra for QM, Julie for Children's issues/CLIP/EPSTDT coordination. Wendy noted that there is a potential for having to add staff after analyzing all the new tasks from the RFQ and the hours these jobs will take, QM staff will have to double their current staff level to carry out the additional work and add 5 FTE's. Janet voiced support of increased staff. Wendy noted she would like Susan Schold, the new CLIP manager, to attend QMOC meetings in the future.

9. Quality Management Plan

The committee reviewed goals and objectives in the QM Plan. Wendy noted that she will report next month when she knows more on what the Board of Directors feels about increased staff for NSMHA.

10. Exhibit N Report

Diana noted that all complaint and grievance data is reported to MHD for contract purposes. NSMHA is committed to using this data from consumers and family on concerns in the system and wants to continue to refine and improve the system by using data to oversee their quality management role. Exhibit N data is from April-September 2005. She noted MHD has asked that Medicaid and state funded data be broken up, and that reporting on denials be issued. Diana referred to attachment C (last page of QMOC packet) showing a compilation of data reporting.

Diana noted that Ombuds, providers and the RSN are all doing different reporting and that there needs to be more reliability in reporting. Deborah, Chuck, and Diana discussed whether phone calls not returned should be reported. Diana noted she would need to review MHD requirements. Gary noted that State and Federal government make mandates we must carry out. If we desire to add additional questions for more local control of the network, that is our prerogative and should be discussed at this forum. Janet stated that providers also need to be a part of this process as they have a large role in reporting. Diana noted that over the past few years, much improvement has been made in provider using the complaint data in their internal quality management plans, specifically Compass Health and WCPC.

Janet asked if there was a systematic way providers are gathering this information. Diana noted there are continual improvements in the organization and structure of reporting. Deborah commended Diana's improvement in reporting this data and added that she has seen a shift in the way complaints are being viewed which gives the consumer more voice. Of late, clinicians have asked Deborah to have consumers call them directly. Chuck noted that the intensity of complaints has greatly increased. Gary stated that the RSN should be an element for change regarding quality matters, and quality management should be viewed as positive rather than catching errors, and providers are now seeing that QI/QM data is used positively to improve the quality of care.

The committee supported previous recommendations on further study and review of medication management and access to services, with the addition of further standardization of reporting. The committee thanked Diana for reporting.

11. NSMHA RFQ Powerpoint Presentation

The committee asked that Wendy's powerpoint presentation be made available, and Wendy noted she will have the presentation posted on the NSMHA website along with this month's QMOC packet.

12. Workgroups

Wendy noted that providers have asked that we form workgroups around policies on high-intensity/MATCH treatment, training on treatment planning, and the Regional Training Committee. Consumer, advocate, and stakeholder participation is requested in all workgroups. The first meeting for the MATCH workgroup is Friday. Wendy will send out details to the group later on other meeting times. The workgroups should be no more than 3-4 meetings in length.

13. Authorization and Denials

Postponed to next meeting.

14. Date and Agenda for Next Meeting

Wednesday, February 22nd 2006.

15. Review of Meeting

Will be done next month.

16. Adjourn

Chair adjourned the meeting at 2:45 p.m. The next QMOC meeting is scheduled for Wednesday, February 22nd 2006.

Respectfully submitted,

Shannon Solar

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.

North Sound Mental Health Administration Monthly Utilization Management Dashboard

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
	Number of Medicaid Eligibles	Number of Medicaid clients with an open outpatient primary episode	Number of non-Medicaid clients with an open primary outpatient episode	Average Hours of Service for clients with an open outpatient episode	Average Hours of Service for clients receiving services during month	Number of Hospitalizations	Number of Individuals with more than 1 hospitalization in the past 30 days.	Number of 72-hour Involuntary Detentions	Average Daily Census at WSH	Average Daily Census at North Sound E&T	Average Percent Utilization at North Sound E&T	Average Daily Census at Snohomish E&T	Average Percent Utilization at Snohomish E&T	Number of Calls to Access	Total calls to VOAWW	Total Calls to VOA Crisis Line	Total Calls to VOA Triage Line
Jan-05	119,923	6,301	121	2.25	2.33	221	37	136	101	13	82.26%	13	84.95%	2,718	7,745	4,914	2,831
Feb-05	120,072	6,361	122	2.16	2.30	173	22	118	95	13	83.04%	11	72.38%	2,403	7,133	4,368	2,765
Mar-05	120,399	6,531	119	2.68	2.62	260	50	145	97	15	94.56%	14	90.75%	2,972	7,516	4,821	2,695
Apr-05	120,286	6,468	116	2.35	2.43	253	47	137	99	14	84.58%	13	89.78%		7,516	4,921	2,595
May-05	120,703	6,527	119	2.51	2.61	266	48	128	100	14	86.49%	12	79.57%	1,966	7,633	5,010	2,623
Jun-05	121,511	6,586	119	2.41	2.51	245	38	126	98	14	87.50%	13	85.33%	1,862	7,274	4,789	2,485
Jul-05	121,816	6,558	115	2.10	2.33	231	39	134	94	13	78.43%	13	84.09%	1,554	7,150	4,658	2,492
Aug-05	122,734	6,513	116	2.30	2.48	218	36	114	100	13	79.84%	13	87.31%	1,850	7,193	4,767	2,426
Sep-05	123,370	6,390	114	2.02	2.21	227	32	151	102	15	94.17%	13	84.00%	1,842	7,548	5,015	2,533
Oct-05	123,542	6,377	112	2.23	2.52	227	29	138	106	15	92.94%	14	90.97%	2,105	7,770	5,028	2,742
Nov-05	122,850	6,364	116	2.12	2.45	220	29	114	103	15	91.46%	12	76.67%	1,812	7,429	4,973	2,456
Dec-05									101	14	87.10%	12	78.28%	1,490	7,321	4,866	2,455
Jan-06									104	15	91.53%	14	92.26%	-	-	-	-
Average:	121,396	6,452	117	2.28	2.44	231	37	131	100	14	87.22%	13	84.33%	2,052	7,436	4,844	2,591

Data Sources:

- Number of Medicaid Eligibles - DSHS-MHD 02/01/2006 Title XIX Totals from MAA.
- Average Daily Census at WSH - Daily census data compiled from WSH Report from Cache system.
- E&T Census and Utilization Data - Daily census data compiled from daily E&T census reporting.
- Number of Calls to Access - APN Access Statistics report.
- Calls to VOA data comes from monthly call report.
- All other data derived from NSMHA-CIS from provider data submitted to NSMHA.

Data Notes:

- Number of Medicaid Eligibles - There is a three-month lag in final numbers from the state.
- Number of Hospitalizations - With the new CIS, there is a change from the past in how the hospitalization data is reported to NSMHA. This data is only reported at the completion of the hospitalization. Therefore, recent months data is not an accurate reflection of hospitalization activity.
- Overall, there is a settling of the data coming from the providers. Recent months data appears low and is therefore not being reported as complete data has not yet been uploaded to NSMHA-CIS.
- Average Hours of Service and Total Hours of Service data does not include 'per-diem' services.
- Effective 31 January 2005, North Sound E&T added one bed to make their total capacity 16 beds.
- Number of calls to Access for April, 2005 is not available.
- NSMHAs WSH Target for 7/1/2004 - 6/30/2005 is 99. Effective 7/1/2005, NSMHAs WSH Target was raised to 105.

North Sound Mental Health Administration Monthly Utilization Management Dashboard - Island County

	1	2	3	4	5	6	7	8
	Number of Medicaid Eligibles	Number of Medicaid clients with an open outpatient primary episode	Number of non-Medicaid clients with an open primary outpatient episode	Average Hours of Service for clients with an open outpatient episode	Average Hours of Service for clients receiving services during month	Number of Hospitalizations	Number of Individuals with more than 1 hospitalization in the past 30 days.	Number of 72-hour Involuntary Detentions
Jan-05	5,158	286	6	1.62	2.11	7	-	2
Feb-05	5,135	284	7	1.63	2.11	13	2	2
Mar-05	5,149	299	7	2.22	2.46	17	2	6
Apr-05	5,186	295	7	1.75	2.00	12	2	1
May-05	5,174	307	7	1.76	2.25	13	4	3
Jun-05	5,164	307	7	2.14	2.55	14	1	7
Jul-05	5,121	297	7	1.79	2.48	12	2	10
Aug-05	5,153	297	7	1.86	2.32	16	2	5
Sep-05	5,164	308	7	1.66	2.15	14	1	9
Oct-05	5,184	311	7	1.70	2.23	11	2	10
Nov-05	5,158	315	8	1.74	2.23	15	1	11
Dec-05								
Jan-06								
Average:	5,159	301	7	1.81	2.26	13	2	6
% of Region:	4.25%	4.66%	5.97%	79.07%	92.91%	5.67%	4.67%	4.58%

Data Sources:

- Number of Medicaid Eligibles - DSHS-MHD 02/01/2006 Title XIX Totals from MAA.
- All other data derived from NSMHA-CIS from provider data submitted to NSMHA.

Data Notes:

- Number of Medicaid Eligibles - There is a three-month lag in final numbers from the state.
- Number of Hospitalizations - With the new CIS, there is a change from the past in how the hospitalization data is reported to NSMHA. This data is only reported at the completion of the hospitalization. Therefore, recent months data is not an accurate reflection of hospitalization activity.
- Overall, there is a settling of the data coming from the providers. Recent months data appears low and is therefore not being reported as complete data has not yet been uploaded to NSMHA-CIS.
- Average Hours of Service and Total Hours of Service data does not include 'per-diem' services.

North Sound Mental Health Administration
Monthly Utilization Management Dashboard - San Juan County

	1	2	3	4	5	6	7	8
	Number of Medicaid Eligibles	Number of Medicaid clients with an open outpatient primary episode	Number of non-Medicaid clients with an open primary outpatient episode	Average Hours of Service for clients with an open outpatient episode	Average Hours of Service for clients receiving services during month	Number of Hospitalizations	Number of Individuals with more than 1 hospitalization in the past 30 days.	Number of 72-hour Involuntary Detentions
Jan-05	753	73	2	1.85	2.22	3	-	-
Feb-05	750	67	1	2.06	2.79	2	-	1
Mar-05	736	63	1	2.53	2.97	5	1	3
Apr-05	720	64	1	2.17	3.02	5	-	6
May-05	722	69	1	1.67	2.63	6	1	4
Jun-05	728	74	-	1.77	2.45	3	1	1
Jul-05	721	77	1	1.53	2.02	1	-	-
Aug-05	706	71	1	2.24	3.23	1	-	1
Sep-05	715	64	1	2.12	2.53	4	-	3
Oct-05	708	69	1	1.57	2.27	3	-	-
Nov-05	701	68	1	1.94	2.93	5	-	7
Dec-05								
Jan-06								
Average:	724	69	1	1.95	2.64	3	0	2
% of Region:	0.60%	1.07%	0.85%	85.36%	108.47%	1.50%	0.74%	1.80%

Data Sources:

- Number of Medicaid Eligibles - DSHS-MHD 02/01/2006 Title XIX Totals from MAA.
- All other data derived from NSMHA-CIS from provider data submitted to NSMHA.

Data Notes:

- Number of Medicaid Eligibles - There is a three-month lag in final numbers from the state.
- Number of Hospitalizations - With the new CIS, there is a change from the past in how the hospitalization data is reported to NSMHA. This data is only reported at the completion of the hospitalization. Therefore, recent months data is not an accurate reflection of hospitalization activity.
- Overall, there is a settling of the data coming from the providers. Recent months data appears low and is therefore not being reported as complete data has not yet been uploaded to NSMHA-CIS.
- Average Hours of Service and Total Hours of Service data does not include 'per-diem' services.

North Sound Mental Health Administration Monthly Utilization Management Dashboard - Skagit County

	1	2	3	4	5	6	7	8
	Number of Medicaid Eligibles	Number of Medicaid clients with an open outpatient primary episode	Number of non-Medicaid clients with an open primary outpatient episode	Average Hours of Service for clients with an open outpatient episode	Average Hours of Service for clients receiving services during month	Number of Hospitalizations	Number of Individuals with more than 1 hospitalization in the past 30 days.	Number of 72-hour Involuntary Detentions
Jan-05	18,821	664	17	2.30	2.67	29	11	28
Feb-05	18,880	716	16	2.30	2.58	20	3	24
Mar-05	18,925	747	13	2.81	3.02	39	18	31
Apr-05	18,888	729	13	2.36	2.68	43	19	40
May-05	18,982	710	13	2.65	2.95	41	17	37
Jun-05	19,104	694	14	2.50	2.82	36	11	34
Jul-05	19,162	690	14	2.33	2.66	41	9	31
Aug-05	19,294	707	16	2.28	2.88	30	15	22
Sep-05	19,394	723	14	2.04	2.53	33	5	34
Oct-05	19,390	744	14	2.31	2.65	25	2	32
Nov-05	19,228	739	11	2.10	2.56	29	4	23
Dec-05								
Jan-06								
Average:	19,097	715	14	2.36	2.73	33	10	31
% of Region:	15.73%	11.08%	12.02%	103.38%	111.98%	14.40%	28.01%	23.32%

Data Sources:

- Number of Medicaid Eligibles - DSHS-MHD 02/01/2006 Title XIX Totals from MAA.
- All other data derived from NSMHA-CIS from provider data submitted to NSMHA.

Data Notes:

- Number of Medicaid Eligibles - There is a three-month lag in final numbers from the state.
- Number of Hospitalizations - With the new CIS, there is a change from the past in how the hospitalization data is reported to NSMHA. This data is only reported at the completion of the hospitalization. Therefore, recent months data is not an accurate reflection of hospitalization activity.
- Overall, there is a settling of the data coming from the providers. Recent months data appears low and is therefore not being reported as complete data has not yet been uploaded to NSMHA-CIS.
- Average Hours of Service and Total Hours of Service data does not include 'per-diem' services.

North Sound Mental Health Administration Monthly Utilization Management Dashboard - Snohomish County

	1	2	3	4	5	6	7	8
	Number of Medicaid Eligibles	Number of Medicaid clients with an open outpatient primary episode	Number of non-Medicaid clients with an open primary outpatient episode	Average Hours of Service for clients with an open outpatient episode	Average Hours of Service for clients receiving services during month	Number of Hospitalizations	Number of Individuals with more than 1 hospitalization in the past 30 days.	Number of 72-hour Involuntary Detentions
Jan-05	71,274	3,423	43	2.08	2.34	84	17	65
Feb-05	71,429	3,526	43	1.95	2.30	67	11	54
Mar-05	71,567	3,657	40	2.36	2.63	112	19	65
Apr-05	71,474	3,649	38	2.10	2.46	112	18	57
May-05	71,715	3,682	39	2.33	2.72	105	14	52
Jun-05	72,216	3,733	37	2.14	2.50	96	17	49
Jul-05	72,537	3,715	36	1.81	2.29	81	19	63
Aug-05	73,125	3,665	36	2.05	2.46	78	8	58
Sep-05	73,521	3,554	37	1.72	2.09	85	17	49
Oct-05	73,612	3,504	34	1.65	2.20	104	15	62
Nov-05	73,174	3,504	36	1.58	2.16	84	12	40
Dec-05								
Jan-06								
Average:	72,331	3,601	38	1.98	2.38	92	15	56
% of Region:	59.58%	55.81%	32.51%	86.63%	97.61%	39.67%	41.03%	42.61%

Data Sources:

- Number of Medicaid Eligibles - DSHS-MHD 02/01/2006 Title XIX Totals from MAA.
- All other data derived from NSMHA-CIS from provider data submitted to NSMHA.

Data Notes:

- Number of Medicaid Eligibles - There is a three-month lag in final numbers from the state.
- Number of Hospitalizations - With the new CIS, there is a change from the past in how the hospitalization data is reported to NSMHA. This data is only reported at the completion of the hospitalization. Therefore, recent months data is not an accurate reflection of hospitalization activity.
- Overall, there is a settling of the data coming from the providers. Recent months data appears low and is therefore not being reported as complete data has not yet been uploaded to NSMHA-CIS.
- Average Hours of Service and Total Hours of Service data does not include 'per-diem' services.

**North Sound Mental Health Administration
Monthly Utilization Management Dashboard - Whatcom County**

	1	2	3	4	5	6	7	8
	Number of Medicaid Eligibles	Number of Medicaid clients with an open outpatient primary episode	Number of non-Medicaid clients with an open primary outpatient episode	Average Hours of Service for clients with an open outpatient episode	Average Hours of Service for clients receiving services during month	Number of Hospitalizations	Number of Individuals with more than 1 hospitalization in the past 30 days.	Number of 72-hour Involuntary Detentions
Jan-05	23,917	1,329	35	1.56	2.22	30	6	40
Feb-05	23,878	1,371	38	1.58	2.25	30	5	37
Mar-05	24,022	1,478	40	2.02	2.57	37	6	40
Apr-05	24,018	1,574	41	1.73	2.37	28	8	33
May-05	24,110	1,616	46	1.80	2.40	41	8	32
Jun-05	24,299	1,639	47	1.81	2.44	40	4	35
Jul-05	24,275	1,645	44	1.57	2.28	30	3	30
Aug-05	24,456	1,646	42	1.67	2.39	34	5	28
Sep-05	24,576	1,618	42	1.65	2.33	52	6	56
Oct-05	24,648	1,625	43	2.50	3.22	36	9	34
Nov-05	24,589	1,621	48	2.26	3.02	39	14	33
Dec-05								
Jan-06								
Average:	24,253	1,560	42	1.83	2.50	36	7	36
% of Region:	19.98%	24.18%	36.15%	80.18%	102.61%	15.62%	18.18%	27.62%

Data Sources:

- Number of Medicaid Eligibles - DSHS-MHD 02/01/2006 Title XIX Totals from MAA.
- All other data derived from NSMHA-CIS from provider data submitted to NSMHA.

Data Notes:

- Number of Medicaid Eligibles - There is a three-month lag in final numbers from the state.
- Number of Hospitalizations - With the new CIS, there is a change from the past in how the hospitalization data is reported to NSMHA. This data is only reported at the completion of the hospitalization. Therefore, recent months data is not an accurate reflection of hospitalization activity.
- Overall, there is a settling of the data coming from the providers. Recent months data appears low and is therefore not being reported as complete data has not yet been uploaded to NSMHA-CIS.
- Average Hours of Service and Total Hours of Service data does not include 'per-diem' services.

NSMHA PERFORMANCE IMPROVEMENT PROJECT #1
CONSUMER SATISFACTION WITH PARTICIPATION IN TREATMENT PLANNING

How was the study topic selected? Defined by MHD in contract and Quality Strategy

- Description of the identified problem - Consumer voice and choice are high values of our system. Consumer voice and choice can be measured through their satisfaction with their participation in the treatment planning process. This evidences the key dimension of respect and caring.
- Description of the collected and analyzed data used to understand the problem that impacts the Medicaid enrollees' or consumers' care, needs, and/or services. **WIMERT Mental Health Statistical Improvement Project Consumer Satisfaction Surveys.** How did you use the data to understand the problem? Use charts, graphs, or tables to display the data.
- How is this topic important to the PIHP? Did the identified problem fall under one of the key dimensions of quality care? If not, explain why this problem continues to be an improvement effort priority. **This topic was designated by MHD. We have had limited success in using this topic due to the lack of timely data and have attempted to use corollary information to further measure consumer satisfaction in this area. We plan to discontinue this topic at the end of the calendar year if the planned provider satisfaction surveys are equal to or greater than the MHSIP data.**

Study Question

Are consumers satisfied with their level of participation in treatment planning?

Indicators

Identify the indicators:

- *An outcome indicator measures what happens* or does not happen as the result of a process or processes
- *A process indicator measures a discrete activity* that is carried out to provide care or service

Each indicator should specify:

- Denominator - All enrollees surveyed in the MHSIP
- Numerator - the number of consumers who were satisfied with their participation in treatment planning
- Baseline for the indicator **The 2002 Reports provided context and the 2004 report serves as our baseline.**

- Goal for desired improvement - Maintain or improve percentage of satisfied consumers from baseline

This indicator clearly is a measure of consumer satisfaction. Because the survey is conducted state-wide using valid and reliable methodology and is widely known, it serves as a good data source.

Study Population

All consumers surveyed by WIMERT (Adults and parents/youth in alternate years.)

- Please refer to the MHSIP reports available on the WIMERT web site for these details

Data Collection Procedures

- Please refer to the MHSIP reports available on the WIMERT web site for these details

Improvement Strategies

In the 2002 MHSIP survey the North Sound Mental Health Administration average score of 74% was comparable to the statewide average of 75% (Mostly or Very Satisfied.) There were few statistically significant differences in comparing age, gender or ethnicity. In 2004 our score was very similar

In the NSMHA there are several other data sources that capture consumer participation in treatment planning and consumer satisfaction with their participation in treatment planning. These two variables are part of our values and mission as *CONSUMER VOICE* and *CONSUMER CHOICE*.

- Outpatient Record Review Intake Section: Question #3- The provider must complete an intake evaluation in collaboration with the consumer within 14 days of admission to services. If there is no evidence of collaboration with the consumer, mark "Underdeveloped." If the consumer signs the intake and/or is quoted and/or is clearly involved in other aspects, rate the level of collaboration reflected.
- Outpatient Record Review Treatment Planning Section: Questions #4 & 5 Individual plan must be developed collaboratively with the consumer and other people identified by the consumer within 30 days of starting community services. The plan should be in language and terminology that is understandable to consumer and family members but also in words that are measurable. Individual plan was developed collaboratively with the consumer. At a minimum plan should target issues the consumer identified in the intake. It could also include quotes from the consumer or language that clearly identifies that treatment goals were negotiated between the consumer and clinician. Individual plan was developed collaboratively with other people identified by the consumer. At a minimum, those supports either clearly had input into developing treatment goals or have a role that has been incorporated into the treatment plan. Mark "NA" only if no supports can be identified by the clinician and/or the consumer.
- Outpatient Record Review Crisis Planning Question #2- Consumers, including children and their families, have voice in developing tailored services for individual service plans, advance directives, and crisis management by accessing a range of community support services to meet their needs. The crisis plan includes the consumer's voice in the crisis plan.

- Quality Review Team Survey Question
- Provider Consumer Satisfaction Survey Question

In 2003 and 2004 the NSMHA operationalized three projects to improve scores on the outpatient record review questions that we identified as correlating with consumer participation in treatment planning.

1. Intake-All providers completed monthly peer reviews of one chart per clinician per quarter. Scores were reviewed at the Quality Management Committee. Any score below 90% generated a corrective action plan. In addition, NSMHA Quality Management staff completed reviews of over 600 clinical records throughout the year. Scores under 90% prompted corrective action plans. Providers who did not achieve an overall 90% were re-audited.

2. Treatment Planning- Similarly, all providers completed monthly peer reviews of one chart per clinician per quarter. Scores were reviewed at the Quality Management Committee. Any score below 90% generated a corrective action plan. In addition, NSMHA Quality Management staff completed reviews of over 600 clinical records throughout the year. Scores under 90% prompted corrective action plans. Providers who did not achieve an overall 90% were re-audited. Currently all providers but one have achieved a passing score.

3. Crisis Planning-As with the other measures, both provider and NSMHA reviews were completed. This measure scored significantly lower than either intake or treatment planning. Because of the importance of consumer participation in completion of the crisis plan, a work group was formed consisting of NSMHA providers, consumers and staff to determine how to achieve quality improvement in this area. The first product of the group was a redesign of the crisis plan form to provide specific prompts and cues to assist consumers. The group also participated in the enhancement of the provider Information System capabilities to ensure that crisis plans met the needs of ICRS staff in after hours situations. A third effort focused on training providers. Beckie Bacon, QRT, provided staff training and developed a video presentation to focus on the consumer's perspective in crisis planning and how clinicians could better assist consumers in completing this important documentation.

We have continued to monitor and collect data from the outpatient record review tool and analyze trends, encourage quality improvement where needed and maintain these components at a 90% or higher range.

Other measures and data sources we have monitored include:

Consumer Satisfaction- QRT surveys in 2004 included several questions to collect data on consumer participation in treatment.

Consumer Satisfaction-Provider surveys in 2005 will include the question "How satisfied are you that your clinician or case manager is working with you to meet goals that you helped define in your treatment plan?"

Outcomes-Telesage surveys will begin in the NSMHA region in August 2004. It is expected that by April 2005 we will have the first six months of data for review.

Clinical Performance Improvement Project 1 -2005 Update- Intervention and Achieving Demonstrable Improvement

Following baseline data collection, the information has been reviewed at all levels of the NSMHA Quality Management system-the Quality Management Committee which is composed of NSMHA staff and provider clinical and quality leadership, the Quality Management Oversight Committee, a NSMHA Board level committee which is comprised of consumers, advocates, tribal, county and provider representatives, and the Coordinated Quality Improvement Committee which is an internal cross-department NSMHA committee.

Measure	Score	Benchmark	Analysis	
QRT surveys in 2004	No Roll-up data available, but no findings for any provider sites surveyed in 2004 in this area.	85%	QRT surveys of consumers indicate satisfaction with participation in treatment planning	
Provider surveys	None to date	NA		
Telesage surveys	No data	NA		
Clinical Record Review components	All providers reviewed to date have achieved a 90% or higher score on the three relevant questions.	90%	Clinical Record reviews show that consumers participate in meaningful ways in their treatment planning	
2002 MHSIP- Participation in Treatment Planning	74%	Statewide Average 75%	Initial survey, NSMHA and other RSN's scores were very similar	
2004 MHSIP "I, not staff, decided my treatment goals."	74%	Statewide Average: 76%	2 nd survey, Provides a baseline, NSMHA scores and other RSN's remain very comparable.	

Analysis of the effectiveness of initial interventions-Our review of the above data seems to indicate that consumers are generally satisfied with their participation in treatment planning. We do not believe that additional activities will achieve further demonstrable improvement.

We will continue our analysis at regular intervals throughout 2005 in order to ensure sustained improvement. In the fourth biennial quarter of 2005 we will survey consumers through provider staff using the MHSIP questions and scoring scale in order to obtain a “real-time” snapshot of this area, and analyze the data collected to determine whether further quality improvement activities could be beneficial. At the completion of the project we will report on lessons learned, barriers encountered, limitations for the project, changes made to the system, and any external consultation that was required.

Data Analysis and Interpretation of Study Results see above

Describe the data analysis process. Did it occur as planned?

Present objective data results for each indicator - including relevant tables or graphs.

Issues associated with data analysis:

- Data cycles clearly identify when measurements occur.
- Statistical significance
- Are there any factors that influence comparability of the initial and repeat measures?
- Are there any factors that threaten the internal or the external validity?

To what extent was the PIP successful? Describe any follow-up activities and their success.

Determining if the Improvement is “Real”

Describe how the methodology used at baseline measurement was the same methodology used when the measurement was repeated. MHSIP survey methodology is consistent from year to year.

Does data analysis demonstrate an improvement in processes or consumer outcomes? Yes.

Describe the “face validity” - how the improvement appears to be the result of the PIP intervention(s). This is difficult to determine because of the multiple intervening variables.

Describe statistical evidence that supports that the improvement is true improvement. Decreased consumer complaints and grievances related to treatment planning, improved provider clinical records with signed treatment plans and consumer voice at 90% of NSMHA providers and 90% of client records, consistency of MHSIP scores over time.

Determining if the Improvement is Sustained

Was the improvement sustained over repeated measurements over comparable time periods? Yes

NSMHA PERFORMANCE IMPROVEMENT PROJECT #2 **IMPROVING DATA QUALITY**

How was the study topic selected? MHD contract requirement

- Description of the identified problem - Data was not being received in a timely or complete manner by MHD. Lack of accurate and timely data has negative implications for system management and planning.
- Description of the collected and analyzed data used to understand the problem that impacts the Medicaid enrollees' or consumers' care, needs, and/or services. How did you use the data to understand the problem? Use charts, graphs, or tables to display the data. See attached charts
- How is this topic important to the PIHP? Did the identified problem fall under one of the key dimensions of quality care? If not, explain why this problem continues to be an improvement effort priority. State contract requirement through 2005

Study Question

Are at least 50% of all 837P encounter transactions submitted to the Washington State Mental Health Division within 60 days?

Indicators

Identify the indicators:

- *An outcome indicator measures what happens* or does not happen as the result of a process or processes
- *A process indicator measures a discrete activity* that is carried out to provide care or service

Each indicator should specify:

- Denominator - Total number of 837B transactions
- Numerator - 837B transactions submitted in 60 days
- Baseline for the indicator 2004 data
- Goal for desired improvement - 50%, previously none were submitted in a timely manner

Why were these indicators selected? MHD contract

How do these indicators measure changes in mental health status, functional status, enrollee or consumer satisfaction, or process of care with strong associations for improved outcomes?

Study Population

All NSMHA consumers with 837B transactions

Data Collection Procedures

The data that the North Sound Mental Health Administration submits to the MHD comes from the provider agencies in the region. The provider agencies will submit this data to the NSMHA within a 45-day window. To that end, a similar process to monitor the timeliness of reporting of data by the provider agencies is set forth here. A feedback mechanism will be set up between the NSMHA and provider agencies utilizing a report that parallels the report used by MHD.

Procedure:

- On a weekly basis, NSMHA will generate a report that calculates the following statistics:
 1. Service Month/Year
 2. Number of Records Received
 3. Number of Consumers Identified
 4. Total Minutes of Service Reported
 5. Number of Records Submitted after 45 days
 6. Number of Records Submitted after 60 days
- After generation, NSMHA will distribute the report to the provider agencies
- NSMHA will download and monitor the timely submission of data to MHD via the reports that are available on the MHD Intranet

Identify the staff that will be collecting data as well as their qualifications, including contractual, temporary, or consultative personnel. Michael White, NSMHA IS Specialist collects and monitors this PIP.

Improvement Strategies

Describe interventions employed to address the causes/barriers identified through data analysis and QI processes.

Incomplete demographic information was identified as a potential cause/barrier. NSMHA instituted Policy #1535 Verification and Accuracy of Data in June 2005. This policy requires that providers verify demographic information monthly.

Data Analysis and Interpretation of Study Results

Describe the data analysis process. See attached charts Did it occur as planned? Yes

Present objective data results for each indicator - including relevant tables or graphs.

Issues associated with data analysis:

- Data cycles clearly identify when measurements occur.

- Statistical significance
- Are there any factors that influence comparability of the initial and repeat measures?
- Are there any factors that threaten the internal or the external validity?

To what extent was the PIP successful? Describe any follow-up activities and their success.

Determining if the Improvement is “Real”

Describe how the methodology used at baseline measurement was the same methodology used when the measurement was repeated.

Does data analysis demonstrate an improvement in processes or consumer outcomes?

Describe the “face validity” - how the improvement appears to be the result of the PIP intervention(s).

Describe statistical evidence that supports that the improvement is true improvement.

Determining if the Improvement is Sustained

Was the improvement sustained over repeated measurements over comparable time periods?

February 6, 2006

NSMHA PIP #1-Consumer Satisfaction with Participation in Treatment Planning Survey 12-2005

In December 2005 NSMHA providers surveyed clients using a three question tool to gather real-time data to compare to the MHSIP survey.

Total n=613

Responding Agencies: Whatcom Counseling and Psychiatric Clinic, CCSNW, Compass Health, Lake Whatcom RTC, bridgeways, SEA MAR

NSMHA Consumer Satisfaction with Treatment Survey Results 12.05

613 Completed surveys returned

	1	2	3	4	5	
	No, not at all satisfied	A little satisfied	Somewhat satisfied	Satisfied most of the time	Yes, definitely satisfied	Total/3-5%
1. I am satisfied with the mental health treatment I (my child) receive.	10 1.6%	24 4%	56 9.2%	160 26%	363 59.2%	613
2. I am satisfied that the goals on the treatment plan address my (my child's) mental health needs.	17 2.7%	32 5.2%	71 11.7%	172 28.1%	320 52.3%	612
3. I am satisfied that my ideas, suggestions and requests are included in my (my child's) mental health treatment planning.	18 2.9%	27 4.4%	59 9.6%	134 22%	375 61.1%	613 93.1%

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? Four did not mark their sheets.

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 02/22/06 Name (optional) _____