

**NORTH SOUND  
MENTAL HEALTH ADMINISTRATION**

**QUALITY MANAGEMENT OVERSIGHT COMMITTEE  
MEETING PACKET**

September 26, 2012

1. Please join my meeting.

<https://www3.gotomeeting.com/join/166856470>

2. Use your microphone and speakers (VoIP) - a headset is recommended. Or, call in using your telephone.

Dial +1 (213) 493-0605

Access Code: 166-856-470

Audio PIN: Shown after joining the meeting

Meeting ID: 166-856-470

## QMOC GUIDING PRINCIPLES

The QMOC charge is to guide the quality assurance and quality improvement activities of mental health services within the NSRSN 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: 1/17/01

**NORTH SOUND MENTAL HEALTH ADMINISTRATION  
QUALITY MANAGEMENT OVERSIGHT COMMITTEE AGENDA**

Date: September 26, 2012

Time: 1:00-3:00 PM

Location: NSMHA Conference Room

For information Contact Meeting Facilitator: Greg Long, NSMHA, 360-416-7013

Topic	Objective	ACTION NEEDED	Discussion Leader	Handout available pre-mtg	Handout available at mtg	Tab	Time
Introductions	Welcome guests; presenters and new members		Chair				5 min
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		1	5 min
Review and Approval of Summary of Previous Meeting	Ensure meeting summary is complete and accurate.	Approve Meeting Summary	Chair	Summary		2	5 min
Announcements and Updates							5 min
Evaluation forms from last meeting, if any	Discuss feedback, if any.	Inform /discuss	Chair/ Greg				5 min
<b>Quality Topics</b>							
Implementation of Customer Satisfaction Survey	Introduction to the 2012 Regional Customer Satisfaction Survey. Present implementation and timeline	Inform/ discuss	Kurt Aemmer	Committee Discussion Form		3	10 min
2012 CIRC P&P & Provider Reporting form	Review of new Critical Incident Reporting Policy and form.	Discuss and Approve	Kurt Aemmer	Committee Discussion Form		4	10 min
Regional Employment Plan	Presentation of NSMHA Plan to increase employment of consumers	Inform/ discuss	Tom Yost	Committee Discussion Form		5	15 min
Update on Skagit Peer Center	Update QMOC on consumer-operated and consumer-staffed peer center	Inform/ discuss	Jeff Reynolds	Committee Discussion Form			15 min
Expedited Assessment Requests	Present semi-annual report on Expedited Assessment Requests	Inform/ discuss	Terry/ Greg	Committee Discussion Form		6	10 min
Motivational Interviewing Training	Review of motivational interviewing schedule for this fall and clarify any issues.	Inform/ discuss	Greg	Committee Discussion Form		7	5 minutes
Other issues							
*Review of Meeting	Were objectives accomplished? How could this meeting be improved? Eval forms						
Date and Agenda for Next Meeting	Ensure meeting date, time and agenda are planned						

Next meeting: October 24, 2012 - 1:00-3:00 PM **Potential Future Agenda Items:**

**North Sound Mental Health Administration (NSMHA)  
Quality Management Oversight Committee (QMOC)**

**NSMHA Conference Room**

**August 22, 2012**

**1:00 – 3:00 pm**

**MEETING SUMMARY**

**PRESENT:** Rebecca Clark, Skagit County; Larry Van Dyke, Pioneer; Seong Ja Garza, Sea Mar; Chuck Davis, ombuds; Candy Trautman, Mark McDonald, David Kincheloe & Joan Lubbe, NSMHA Advisory Board; Stacey Alles, Compass Health; Cindy Ainsley, Bridgeways; Cammy Prince, Sunrise Services, Marie Jubie, Snohomish County Agency on Aging and Dan Bilson, Advisory Board appointee.

**BY PHONE:** Kay Burbidge, LWC; Nancy Jones, Snohomish County; Pam Benjamin, WCPC & Richard Sprague, Interfaith.

**STAFF:** Greg Long, Sandy Whitcutt, Kurt Aemmer, and Barbara Jacobson.

**OTHERS PRESENT:** Heather Fennell, Compass Health.

TOPIC	DISCUSSION	ACTION
1. <b>Introductions, Review of Agenda – Chair</b>	Rebecca called the meeting to order at 1:05 pm and introductions were made. Rebecca called for additions or corrections to the agenda and none were mentioned.	
2. <b>Previous Meeting Summary – Chair</b>	The minutes were reviewed and approved as submitted.	Approved
3. <b>Announcements and Updates – All</b>	<ul style="list-style-type: none"> <li>• Greg noted an email he received and sent out on employment service training. The state will pay staff to go through this training; up to 10000 dollars if a staff member completes the training.</li> </ul>	Informational
4. <b>Evaluation Forms from Last Meeting – Chair/Greg</b>	Rebecca reviewed the evaluations from the last meeting and Candy encouraged all to complete if they are to have any meaning.	Informational
5. <b>Customer Service</b>	<p>Kurt reviewed the customer service survey information and noted that the surveys will be handed out after the meeting. The first participation rate on his handout is how many took it and how many did not around 88%. Overall rate is comparing all who filled it out and didn't and adding all who got services during that time frame; which is 45%. We want to get the later up to 60%. Discussion turns out that the providers need to do a better job of giving them to each person that walked in.</p> <p>We are getting materials out sooner to providers so they have time to orient and train. And now there is a script for reception and outreach workers. David suggests 5 goes below one or two.</p> <p>Kurt will edit and email up the updates out.</p> <p>He increased from last year by 15% in surveys he is distributing. He noted the copyrighted material.</p>	Informational
6. <b>Critical incident report</b>	Kurt reviewed the report attached and described his process. He noted that new contract language went into effect on July 1 <sup>st</sup> changed the reporting categories. He updated the form and policy to align with this. This past Monday they changed the language relating to media reporting.	Informational

<p><b>7. Second opinion</b></p>	<p>Kurt reviewed the second opinion report attached. The number is low and is decreasing from last reporting period. Dan asked if the second opinion disagreed with each other and may be helpful to this group. Kurt will gather this data.</p>	
<p><b>8. NSMHA training</b></p>	<p>Greg noted NSMHA was looking at more MI training and some on illness management recovery. The mi training has some dates already outlined. Greg asked if agencies would be interested. He gets nods and he will proceed with setting this up.</p> <p>Heather f asked if spots will be allotted again this time. Greg noted yes, we would do a cutoff date and a waiting list. David K asked why not all are trained and Greg noted it would be nice; but there is budget and we do not want to be too directive.</p> <p>Larry V noted the SAMSHA webinars that his staff utilizes and he appreciated NSMHA paying for this training.</p> <p>Mark M asked if consumers can go to training. David K noted peers are able to get some of this from the state. Greg noted all the info on the web that could familiarize consumers to what this is all about and keeps the training budget for providers.</p> <p>Heather F noted the PESI DVD training that she can open up to those interested. She will get schedule to the schedule to Greg.</p> <p>IMRT- this is an EVP and is for very ill consumers in PACT, IOP and other high intensity services. Kay noted the trainer they had was good. He wants to know who may be interested. Trainer has a kick off 3 hr and then a 2 day training and then follow up consultation. NSMHA would pay for bi weekly consults for 6 mos and then monthly for 6 mos. 25 slots for two day training. Get back to Greg by the end of next week if interested.</p>	<p>Informational</p>
<p><b>9. Policy 1707</b></p>	<p>Sandy noted the policy has been worked on revised and is asking for approval today. There was a motion to approve, seconded and motion carried.</p>	<p>Motion carried</p>
<p><b>10. ICRS module</b></p>	<p>Sandy noted that this has been worked on over several months and is a revision. It will orient new clinicians to the crisis system; needed updating.</p> <p>NSMHA recommends that this revision be approved.</p> <p>Stacey asked about the RFP and will there be changes coming from that. Sandy noted that the decision was made not to hold off for these changes as the structure will stay the same and additions could be made.</p> <p>Dan asked if MOT will be expanded to other areas; Greg noted the program had a slow start over a year, they are doing better now; we would consider expanding if they become more active.</p> <p>Candy noted that in island county the program could not get off the ground; they had an FBG for this. Sandy noted a presentation could be done here or Advisory Board by MOT workgroup.</p> <p>There was a motion to approve the module as submitted, seconded and</p>	<p>Motion carried</p>

	motion carried.	
<b>11. Grievance system</b>	Greg reviewed the report that is sent to DBHR and noted that we do not collect complaint data any longer. We now have an internal grievance committee that meets to look at complaints and grievances and looks at trends and quality improvement.	
<b>12. Transferring between agencies</b>	Charissa noted that she has gotten some calls about this process and is here today to review the policy. Open treatment episode and authorization is separate. Cindy noted the issue of receiving agency wanting to approve beforehand and this gets delayed. Scheduling issues are discussed. Let Charissa know of any other feedback	
<b>13. Readmission</b>	She is looking for input on this; Stacey noted those who come to assessment and then don't engage, and those denied try again and again. Then there are those that must come or lose DSHS coupon who do not want to engage. Charissa can pull disposition that may give some answers. Greg noted this could be about no shows and those that don't engage. Charissa will look at more than one intake per year and by provider over time and look to see has open access helped with this yet.	
<b>14. Open Forum</b>	Greg noted that the healthy options change over and we are getting lots of calls. Healthy options services do continue, so let staff know this.	Discussion
<b>15. Date and Agenda for Next Meeting</b>	The meeting was adjourned at 3:05pm. The next meeting is September 26, 2012.	

## NSMHA COMMITTEE DISCUSSION FORM

**AGENDA ITEM:** 2012 NSMHA Customer Satisfaction Survey Implementation Plan

**PRESENTER:** Kurt Aemmer

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

**SIGNIFICANT POINTS OR EXECUTIVE SUMMARY:**

- 1) Please implement plan ASAP, and be sure all locations are oriented by Friday, October 12
- 2) Survey will again this year be conducted during the last 2 full weeks of October (10/15 - 10/26).
- 3) Distribution & explanation of:
  - a. The Implementation Plan (with Script)
  - b. Adequate numbers of the 6 types of questionnaires for each provider location
  - c. Two non-participation sheets for each provider location (to be reproduced on site)
  - d. Self-addressed stamped envelopes for return of completed and unused questionnaires after 10/26/12

**CONCLUSIONS/RECOMMENDATIONS:** When providers reorient designated staff to the survey process, please stress the importance of the use of the Script (page 4 of the plan), and the goal of increasing the overall participation rate by at least 15%.

**TIMELINES:** 10/15/12 - 10/26/12

**ATTACHMENTS:** 2012 NSMHA Customer Satisfaction Survey Implementation Plan

**2012 NSMHA**  
**Customer Satisfaction Survey**  
**Implementation Outline**  
**August 22, 2012**

**Overview:**

The North Sound Mental Health Administration (NSMHA) and our providers conduct a wide variety of quality improvement initiatives to try to constantly improve services. Prior to 2011, a missing piece of this effort has been regional consumer satisfaction studies for a number of years.

NSMHA is therefore conducting a simple 15 question survey using questions from two widely used national surveys to collect consumer satisfaction data. This initiative is modeled after one that has been conducted in Clark County RSN for several years, and the 2011 NSMHA Survey.

**Implementation Strategy**

1. At the 7/25/12 QMOC meeting NSMHA will orient the provider Quality Managers to the survey process.
2. At the 8/22/12 QMOC meeting:
  - a. Enough survey questionnaires, for each age group, in separate packets for each provider agency.
    - 1) Age groups include:
      - a) Adults (21+)
      - b) Youth (13-20)
      - c) Parents/Caregivers (for children up to and including 12)
    - b. One self-addressed, oversized manila envelopes for each site.
    - c. At least two non-participation sheets, for each age group, for each site.  
**NOTE:** These should be reproduced at each provider location in numbers sufficient enough to allow for utilization with every consumer who indicates they do not want to participate in the survey.
    - d. Each Provider Quality Manager will estimate how many questionnaires each of their outpatient sites will need, and distribute them with the envelopes and non-participation sheets accordingly.
  3. Between Wednesday 8/22/12 & Friday 10/12/12 the Quality Manager for each agency will:
    - a. distribute the packets to each of their respective outpatient sites
    - b. orient all staff at their outpatient sites to the survey process

- 1) **NOTE:** Orientation to *all* receptionists and outreach staff will be critical, as they will be the individuals whose role will be to offer the questionnaires to the people who will be filling them out, and retrieve the forms once they are completed.

### **Survey Steps: 10/15/12 – 10/26/12**

- I. Receptionists
  - A. All customer satisfaction questionnaires, non-participation sheets, and NSMHA self-addressed envelopes will be kept at the reception desk, at each outpatient site.
  - B. When each individual arrives for their outpatient session, the receptionist will inform them (or their caregiver) that a customer satisfaction survey is being conducted throughout the region, and they will be asked to participate, anonymously.
  - C. The receptionist will give a questionnaire, appropriate to the participant's age and language groups, to each consumer and ask them to complete it while they are waiting for their session to begin.
    1. The receptionist should inform the individual that there are only 15 questions, and it can be completed in a very few minutes.  
(\*See attached SCRIPT)
  - D. If the individual refuses to participate, the receptionist will place an age group appropriate non-participation sheet in the NSMHA self-addressed envelope, and return the unused questionnaires to the stack of unused questionnaires at the reception desk.
  - E. When the individual completes the questionnaire, the receptionist will thank the individual for their participation, and place the completed questionnaire in the NSMHA self-addressed envelope.
- II. Outreach Staff
  - A. Each day, before embarking on routine outpatient outreach session(s), the outreach staff person will stop by the receptionist's desk and pick up an appropriate number of age/language appropriate questionnaires and non-participation sheets for that day.
  - B. At each visit, the outreach staff person will ask the consumer to take a few minutes to complete a questionnaire. (\*See attached SCRIPT)
  - C. If the individual refuses to participate, the outreach staff person will utilize a non-participation sheet.
  - D. On returning to the office, the outreach staff person will hand over all questionnaires and non-participation sheets to the receptionist, who will place the completed questionnaires and non-participation sheets in the

NSMHA self-addressed envelope, and return any unused questionnaires to the stack of unused questionnaires at the reception desk.

III. Receptionists

- A. By Thursday 11/1/12 the receptionist will seal the NSMHA self-addressed envelope, containing all of the completed and unused questionnaires, along with the used non-participation sheets, and mail them to:  
Kurt Aemmer, Quality Specialist  
North Sound Mental Health Administration  
117 North 1<sup>st</sup> Street  
Mount Vernon, WA 98273-2858

IV. Other Considerations

- A. Each site will likely need more than the two non-participation sheets provided. Please feel free to make more photocopies of the non-participation sheets as needed.
1. These sheets are necessary for NSMHA to calculate participation rates, so please use them whenever appropriate
  2. They hold no copyrights, so make and use as many copies as you need to
  3. The originals have color-coded titles, but the colors were primarily used to aid initial collating and distribution. Please feel free to use black & white copies when the colored ones run out.
  4. If the receptionists find that the site is running short of questionnaires, they should follow the steps below:
    - a. Call the reception desk of a sister site and request they share extra copies
    - b. If the sister site is also running low and cannot provide extra copies, photocopy the needed number of questionnaires.
- NOTE:** Because of copyright obligations pertaining to the questionnaires, please only use photocopies when absolutely necessary.

ATTACHMENT: Receptionist/Outreach Staff Script

## **2012 NSMHA Customer Satisfaction Receptionist/Outreach Staff Script**

1. We are conducting a customer satisfaction survey.
2. We would appreciate your feedback on the level of satisfaction with the services you have received here.
3. Would you please complete this brief questionnaire while you are waiting for your session to begin?
4. There are 15 questions, and additional room to write any comments you may choose to share with us.
5. Please do not write your name on the questionnaire, as we would like all responses to be anonymous.
6. When you have completed the questionnaire, please return it to me and I will place it in a sealed envelope with all other completed questionnaires and return them to the Regional Support Network for analysis.
7. Thank you for your cooperation in helping us better understand your level of satisfaction with the services we provide.

# NSMHA COMMITTEE DISCUSSION FORM

## **AGENDA ITEM: 2012 CIRC P&P & Report Form Approval**

**PRESENTER: Kurt Aemmer**

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

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

1. Since the July 1 “final” contract language was determined by DBHR, they have come up with another “final” product. The following changes have been added for QMOC approval of the P&P and accompanying Provider Reporting Form.
  - a. NSMHA must notify the DBHR Incident Manager by phone or email immediately after becoming aware of the occurrence of a Category I incidents. NSMHA must then immediately report the CI to DBHR.
  - b. Providers and NSMHA have one working day to report Category II incidents.
  - c. The Category II incident is no longer relevant, following almost five years of non-occurrence, and should be removed as an incident category/type.
  - d. Category I incidents pertain to any CI that occurred within 365 days **prior** to the occurrence.
  - e. Category II incidents pertain only to open outpatient cases, and will revert to the one business day reporting requirement for both NSMHA and the providers (See items #1 – 3 and the subsequent “Note” at the top of page #2).
  - f. “Any event involving a consumer or staff that has already attracted media attention” has been added as a Category I incident.
  - g. “Any event involving a consumer or staff likely to attract media attention” will remain a Category II incident.

### **CONCLUSIONS/RECOMMENDATIONS:**

1. Accept noted changes in the P&P and Provider Reporting Form, and approve the revised two documents for implementation on October 1, or ASAP thereafter.
2. Remove the Category III, “non-reportable” CI type.

**TIMELINES:** October 1, 2012

### **ATTACHMENTS:**

1. Draft of NSMHA Policy #1009.00 – Critical Incident reporting & Review Requirements
2. Draft of October 1, 2012 Provider Critical Incident Reporting Form

**NORTH SOUND MENTAL HEALTH ADMINISTRATION CRITICAL INCIDENT REPORT**

<b>To:</b>	<b>Fax Number</b>	<b>FYI – Telephone Numbers</b>
NSMHA	360-428-1068	800-684-3555 or 360-416-7013

Note: Faxed reports must include cover sheet with confidentiality disclosure.

From: (Print name & credentials of staff completing form) \_\_\_\_\_

Signature of staff completing form: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail if Applicable: \_\_\_\_\_

- Agency:  Compass Health Sno. Co.  Compass Health Skagit Co.  Compass Health San Juan Co.  Compass Health Island Co.  
 North Sound E&T/Skagit Crisis Center  Snohomish Co. E&T  LWC, clinic  LWC, residential  Bridgeways  SEA MAR Sno Co.  
 SEA MAR Whatcom Co.  SEA MAR Skagit Co.  Snohomish Co ITA  VOA  WCPC  CCS Sno Co.  CCS Skagit Co.  
 CCS Whatcom Co.  Interfaith  Sunrise Sno. Co.  Sunrise Skagit Co.

Location (city) of Incident: \_\_\_\_\_ County of Incident: \_\_\_\_\_  
 Consumer Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Consumer ID: \_\_\_\_\_  
 Date & Time of Incident: \_\_\_\_\_ Date & Time Incident Known by Provider: \_\_\_\_\_  
 Date & Time of Report to NSMHA: \_\_\_\_\_

CHECK NO MORE THAN ONE TYPE OF INCIDENT TYPE IN CATEGORY I, II or III.

Note: For all incident categories: (Need for formal internal review is determined by provider or CIRC. Forward findings to NSMHA)

**Category I:**

- Death or serious injury of consumer, staff, or public citizen: *Only report deaths and serious injuries that occur at a DSHS facility, or a facility that DSHS licenses, contracts with, and certifies. Serious injuries include any permanent injury, or one that requires admission to a hospital*
- Unauthorized leave (UL) of a mentally ill offender or sexually violent offender: *Only report incidents where a UL involves a mentally ill offender or a sexually violent offender, and occurs from a Mental Health Facility, or a Secure Community Transition Facility, which includes Evaluation and Treatment Centers (E&T) or a Crisis Stabilization Units (CSU) and Triage Facilities that accept involuntary consumers.*
- Violent act: *Any alleged or substantiated non-fatal injuries, rape, sexual assault, homicide, attempted homicide, arson, or substantial property damage (> \$100,000.00), committed by a consumer*
- Any event involving a consumer or staff that has already attracted media attention

**Category II:**

- Alleged consumer abuse or neglect of a serious or emergent nature: *The willful action or inaction that inflicts injury, unreasonable confinement, intimidation, punishment on, or abandonment of a vulnerable adult by a DSHS employee, volunteer, licensee, contractor, or another consumer. In an instance of abuse of a vulnerable adult who is unable to express or demonstrate physical harm, pain, or mental anguish, the abuse is presumed to cause physical harm, pain, or mental anguish*
- A substantial threat to facility operation or client safety resulting from a natural disaster (to include earthquake, volcanic eruption, tsunami, fire, flood, and outbreak of communicable disease, etc.)
- Any breach or loss of client data in any form that is considered as reportable in accordance with the Health Information Technology for Economic and Clinical Health (HITECH) Act and that would allow for the unauthorized use of client personal information. In addition to the standard elements of an incident report, the entity reporting the CI will document and/or attach: 1) the Police report, 2) any equipment that was lost, and 3) specifics of the client information.
- Allegation of financial exploitation (FE) involving an agency, a consumer or other: *The illegal or improper use of the property, income, resources or trust funds of the vulnerable adult by any person for any person's profit or advantage other than for the vulnerable adult's profit or advantage*
- Suicide attempt requiring medical care: *Only report suicides attempts that occur at a DSHS facility, or a facility that DSHS licenses, contracts with, and certifies & require medical care*
- Any event involving a consumer or staff likely to attract media attention
- Any event involving: a credible threat towards a staff member that occurs at a DSHS facility, a facility that DSHS licenses, contracts with, or certifies; or a similar event that occurs within the community. *A credible threat towards staff is defined as "A communicated intent (veiled or direct) in either words or actions of intent to cause bodily harm and/or personal property damage to a staff member or a staff member's family, which resulted in a report to Law Enforcement, a Restraining/Protection order, or a workplace safety/personal protection plan.*
- Any incident that was referred to the Medicaid Fraud Control Unit by the RSN or its Subcontractor.
- A life safety event that requires an evacuation or that is a substantial disruption to the facility.

**Category III:**

- Unauthorized leave of any non-offender consumer from an E&T: *This category is reported to NSMHA for regional quality improvement data gathering for follow-up on quality improvement activities, and will not generally be forwarded to DSHS*

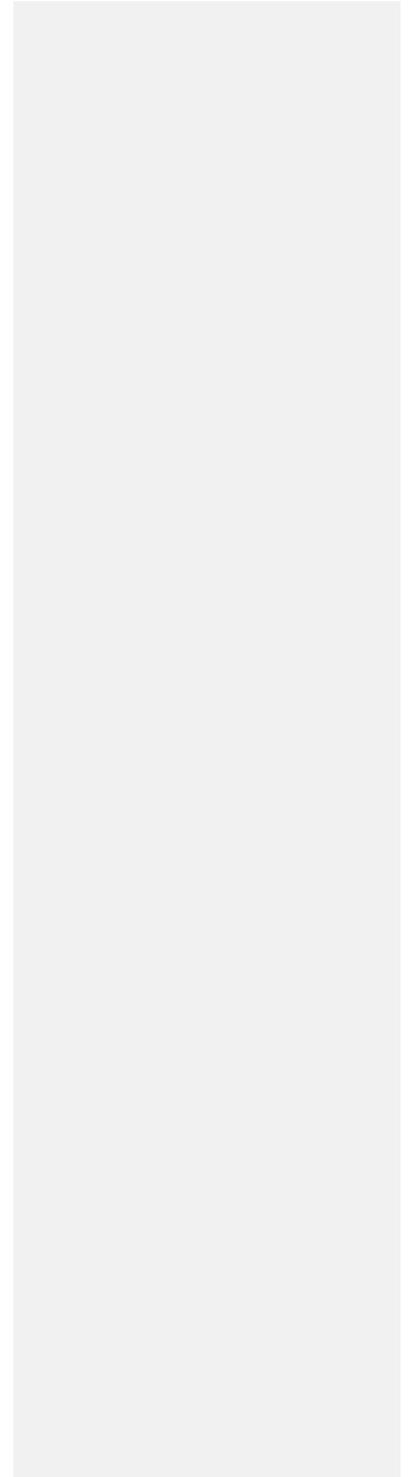
- Others notified (check all that apply)  DMHP  Emergency Medical Services  CPS/APS  Volunteers of America  
 Provider Executive Director  Provider Clinical Director  Primary Clinician  Provider Quality Manager  Provider Prescriber  
 Local Law Enforcement  Medicaid Fraud Control  Washington State Patrol

Comment [cw1]: Delete based on recommendation?

Comment [k2]: As reporting of this category of incident is not required by DSHS; it has been an internal reporting requirement as a data collection mechanism to analyze Quality Improvement efforts to alleviate an elopement problem identified several years ago; and as there have been no elopements of this type since 2008, I am recommending to QMOC that this category be dropped. K. Amemmer 8.29.12

**COORDINATED QUALITY IMPROVEMENT DOCUMENT**

This is a protected Coordinated Quality Improvement document solely for the purpose of assuring Continuous Quality Improvement, and Quality Assurance by the North Sound Mental Health Administration, its providers and component counties. This document is strictly confidential to the fullest extent allowed by RCW 43.70.10 and is not subject to disclosure pursuant to Chapter 43.17 RCW.



**I. Describe the incident:** *(Be specific about what happened, to whom, when and where. Include current diagnosis and treatment history. Include relevant witnesses or additional staff/ consumers involved, and any attachments as appropriate.)* WHEN YOU INCLUDE THE NAME OF AN INVOLVED INDIVIDUAL OTHER THAN THE CONSUMER, ALSO STATE THEIR TITLE OR RELATIONSHIP TO THE CONSUMER.

**II. Is there essential information you are gathering that is necessary to understanding the critical incident?**  
 YES  NO - *If yes, please send addendum information to your Quality Manager within 5 business days.*

**III. Immediate Action Taken:** *(What was done immediately to lessen or prevent consumer loss or harm?)*

**IV. Future Action:** *(What will be done to decrease the likelihood of this type of incident occurring for this and/ or other individuals occurring in the future?)*

Management Reviewer (Signature): \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

Quality Manager (Signature): \_\_\_\_\_ Date: \_\_\_\_\_

**Internal Review:** Are there plans for a formal internal review of this incident?  YES  NO  
*(If YES, submit written findings to NSMHA within 5 business days of the review.)*

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Effective Date: 2/3/2010; 10/19/2009; 4/28/2008; 6/25/2007; 11/10/2005; 10/9/2003, Motion #03-054  
Revised Date: 6/1/2011  
Review Date: 6/22/2011

**North Sound Mental Health Administration**  
Section 1000 – Administrative: Critical Incident Reporting and Review Requirements  
CIRC Quality Assurance and Improvement Process

Authorizing Source: PIHP Contract; 42CFR482 & 42CFR483

Cancels:

See Also:

Providers must have a "policy consistent with" this policy

Responsible Staff: Deputy Director

Approved by: Interim Executive Director      Date: 4/4/2012

Signature:

**POLICY #1009.00**

**SUBJECT: CRITICAL INCIDENT REPORTING AND REVIEW REQUIREMENTS  
CRITICAL INCIDENT REVIEW COMMITTEE (CIRC) QUALITY ASSURANCE AND  
IMPROVEMENT PROCESS**

**PURPOSE**

This policy describes the processes, circumstances, methods and timelines by which contracted providers in the North Sound Region must provide information to North Sound Mental Health Administration (NSMHA); the processes, circumstances, methods and timelines by which NSMHA must provide information to the Washington State Department of Social and Health Services (DSHS); and, the quality assurance and improvement activities involved regarding reporting and responding to critical incidents (extraordinary occurrences) affecting consumers of NSMHA services and NSMHA providers.

The purpose of the Critical Incident Reporting and Review Requirements and the NSMHA Critical Incident Review Committee (CIRC) quality improvement and assurance process is to:

1. Ensure that, in its ongoing commitment to quality assurance and improvement initiatives, NSMHA promotes consumer safety and risk reduction by requiring the recognition and reporting of extraordinary occurrences. Specifically, NSMHA wants to ensure that:
  - a. Care and services delivered meet the requirements of the DSHS/NSMHA and NSMHA/provider contracts, including NSMHA Clinical Eligibility and Care Standards, relevant WACs (Washington Administrative Code), RCWs (Revised Code of Washington) and the CFR (Code of Federal Regulations).
  - b. There is a timely and systematic reporting mechanism that promotes appropriate responses to critical incidents/extraordinary occurrences.
2. Provide a framework, structure and set of guidelines for the timely reporting of critical incidents, as defined by DSHS.
3. Support and protect the reporting and documentation of critical incidents under NSMHA's Coordinated Quality Improvement Program (CQIP). NSMHA maintains CQIP status through the Washington State Department of Health for the purpose of improvement of the quality of health care services rendered to consumers and the identification and prevention of medical malpractice as set forth in RCW 43.70.510. NSMHA encourages the development of a system-wide culture, which minimizes individual blame or retribution for involvement in critical incidents and emphasizes accountability, trust, system improvement and continuous learning.
4. To provide quality assurance, all documents related to critical incident reporting will contain the following language:

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## POLICY

NSMHA and its providers are required to report on incidents involving enrolled persons ~~who have received services listed below from a NSMHA provider within 365 days of the incident in accordance with the "PROCEDURE: Critical Incident Reporting" section, below.~~

1. Outpatient consumers are those who have received an intake assessment and meet eligibility criteria for outpatient services. These individuals are considered outpatient consumers until their case has been officially closed.
2. Crisis Services consumers are currently being served by Crisis Services personnel, and remain so until their case has been closed and/or they have begun receiving outpatient services.
3. Jail Mental Health Services consumers are those who have received an initial assessment and meet eligibility criteria for Jail Mental Health Services, and remain so up to 90 days post-release, and/or they have begun outpatient services as described above.

**Note:** By definition, pertaining to Category II incidents, a precipitating event that causes an individual to seek any of the above services should not be considered a reportable critical incident as it occurred prior to that individual having received any of the above services, #2 and #3. ~~An exception to this rule would be where an individual had received services during a previous treatment episode that occurred within the 365 days prior to the incident.~~ DSHS may also investigate or may require the CIRC to investigate incidents that involve clients who have received services from the Providers more than 365 days prior to ~~the either category of incidents~~.

The following are the categories of critical incidents that must be reported to NSMHA. *Reporting guidelines and/or operational definitions are in italics.*

### CATEGORY I Incidents:

1. **Death or serious injury of consumer, staff, or public citizen:** *Only report deaths and serious injuries that occur at a DSHS facility, or a facility that DSHS licenses, contracts with, and certifies. Serious injuries include any permanent injury, or one that requires admission to a hospital*
2. **Unauthorized leave (UL) of a mentally ill offender or sexually violent offender:** *Only report incidents where a UL involves a mentally ill offender or a sexually violent offender, and occurs from a Mental Health Facility, or a Secure Community Transition Facility, which includes Evaluation and Treatment Centers (E&T) or a Crisis Stabilization Units (CSU) and Triage Facilities that accept involuntary consumers.*
3. **Violent act:** *Any alleged or substantiated non-fatal injuries, rape, sexual assault, homicide, attempted homicide, arson, or substantial property damage (> \$100,000.00), committed by a consumer*
- ~~4.~~ **Any event involving a consumer or staff that has already attracted media attention.**

### CATEGORY II Incidents:

1. **Alleged consumer abuse or neglect of a serious or emergent nature:** *The willful action or inaction that inflicts injury, unreasonable confinement, intimidation, punishment on, or abandonment of a vulnerable adult by ~~any~~ a DSHS employee, volunteer, licensee, contractor, or another consumer. In an instance of abuse of a vulnerable adult who is unable to express or demonstrate physical harm, pain, or mental anguish, the abuse is presumed to cause physical harm, pain, or mental anguish.*
2. **A substantial threat to facility operation or consumer safety resulting from a natural disaster.** *These may include earthquake, volcano eruption, tsunami, fire, flood, an outbreak of communicable disease, etc.*
3. **Any breach or loss of client data in any form that is considered as reportable in accordance with the Health Information Technology for Economic and Clinical Health (HITECH) Act and that would allow for the unauthorized use of consumer personal information.** *In addition to the standard elements of an incident report, the provider and NSMHA incident reporter will document and/or attach: 1) the Police report (when information is stolen), 2) any equipment that was lost, and 3) specifics of the consumer information. A letter of notification*

shall be sent to each individual whose information was breached. This notification shall occur without unreasonable delay and in no case later than 60 days after discovery of the breach. **Allegation of financial exploitation (FE) involving an agency, a consumer or other:** *The illegal or improper use of the property, income, resources or trust funds of a vulnerable adult by any person for any person's profit or advantage other than for the vulnerable adult's profit or advantage. When any allegation of financial exploitation or Medicaid fraud is reported, NSMHA Designated Incident Reporter (DIR) shall notify the Medicaid Chief Criminal Investigator (CCI), and then forward a copy of the DSHS report to the CCI.*

4. **Suicide attempt requiring medical care:** *Only report suicide attempts that occur at a DSHS facility, or a facility that DSHS licenses, contracts with, and certifies, and require care from a physician.*
5. **Any event involving a consumer or staff likely to attract media attention.**
6. **Any event involving a credible threat towards a staff member that occurs at a DSHS facility, a facility that DSHS licenses, contracts with, or certifies; or a similar event that occurs within the community.** *A credible threat towards staff is defined as "A communicated intent (veiled or direct) in either words or actions of intent to cause bodily harm and/or personal property damage to a staff member or a staff member's family, which resulted in a report to Law Enforcement, a Restraining/Protection order, or a workplace safety/personal protection plan.*
7. **Any incident that was referred to the Medicaid Fraud Control Unit by NSMHA or its sub-contractor.**
8. **A life safety event that requires an evacuation or that is a substantial disruption to the facility.**

Note: In addition to the categories described above, the DIR will utilize professional judgment and report incidents that fall outside the scope of this section.

### CATEGORY III Incident:

1. **UL of any non-offender consumer from an E&T.**

**Comment [k1]:** As reporting of this category of incident is not required by DSHS; it has been an internal reporting requirement as a data collection mechanism to analyze Quality Improvement efforts to alleviate an elopement problem identified several years ago; and as there have been no elopements of this type since 2008, I am recommending to QMOC that this category be dropped. K. Aemmer 8.29.12

### PROCEDURE: Critical Incident Reporting:

1. Providers fax the completed NSMHA Critical Incident Form (available online at <http://www.nsmha.org/forms/index.asp>) to NSMHA.
2. The NSMHA DIR ~~or designee, or designated back-up Quality Specialist~~ will utilize the DSHS electronic incident reporting system. ~~If/when the electronic incident reporting system is unavailable for use, the DIR will complete a DSHS standardized form, and attach it to an encrypted email addressed to the DSHS Incident Manager.~~

~~a. **CATEGORY I Incidents:** Providers shall report and also notify the NSMHA DIR by telephone or email immediately upon becoming aware of the occurrence of any of the following Category I incidents. In turn, the DIR must also notify the DSHS DBHR Incident Manager by telephone or email immediately upon becoming aware of the occurrence, followed then report the incident immediately immediately by reporting the incident via the electronic system, upon becoming aware of the occurrence.~~

~~b. **CATEGORY II Incidents:** Providers shall report any of the following Category II incidents to the NSMHA DIR by encrypted email or fax within one working day of becoming aware of the occurrence, of any of the following Category II incidents. In turn, the DIR must report any of the following Category II incidents to DSHS within one working day of becoming aware of the occurrence, of any of the following Category II incidents:~~

~~c. **CATEGORY III Incident:** Follow the same reporting guidelines as Category II Incidents. However, this category is reported to NSMHA for regional quality improvement data gathering, as follow up on quality improvement activities, and will not generally be forwarded to DSHS unless there is media involvement.~~

3. All reports must contain the following:
  - a. A description of the incident;
  - b. Date and time of the incident;

**Comment [k2]:** See comment k1, above.

- c. Incident location (city if known, county if city is not known);
  - d. Incident type;
  - e. Names and ages, if known, of all individuals involved in the incident;
  - f. Nature of each individual's involvement in the incident;
  - g. Service history with the Contractor, if any, of individuals involved;
  - h. Steps taken by the provider to minimize further loss or harm; and
  - i. Any legally required notifications made by the Contractor.
4. Submit any additional information necessary to understanding the incident to NSMHA via fax or encrypted email as it becomes known.
  5. Additionally, the provider ensures that all plans for corrective action following a review or investigation are implemented for quality assurance and improvement and incorporated into all administrative areas as necessary for quality assurance and improvement.
  6. The NSMHA DIR tracks all reported critical incidents, maintains a log, database and timeline, and writes any follow-up reports required. In some instances, the DIR initiates region-wide quality improvement activities related to an incident or group of incidents.
  7. Additional reporting and review requirements for DSHS reportable critical incidents for the NSMHA DIR:
    - a. Notifies County Coordinators, NSMHA Board Chair via a blinded copy of the DSHS critical incident report, and NSMHA Executive Director with an unblinded copy. Notification shall occur within one (1) business day of NSMHA's receipt of the provider critical incident report.

**Critical Incident Investigation Requirements & Quality Improvement Process**

1. DSHS may require the DIR to report and initiate an investigation that has not yet been reported by a NSMHA provider.
2. The DIR will fully cooperate with any investigation initiated by DSHS and provide any information requested by DSHS within the timeframes specified within the request.
  - a. If the DIR does not respond according to the timeframe in DSHS's request, DSHS may obtain information directly from any involved party and request their assistance in the investigation.
  - b. DSHS may request medication management information.
  - c. DSHS also may investigate or may require the CIRC to investigate incidents that involved consumers who have received services from NSMHA providers more than 365 days prior to the incident.
3. NSMHA maintains a Critical Incident Review Committee (CIRC) whose purpose is to review all critical incidents submitted. The NSMHA CIRC membership will include a NSMHA Clinical Oversight Quality Specialist with expertise in adult services who serves as the DIR, a NSMHA Clinical Oversight Quality Specialist with expertise in child/youth services, a non-clinical NSMHA staff member, and a NSMHA support staff member. The NSMHA Medical Director shall consult as requested in manners pertaining to medical/psychiatric matters when requested. The CIRC will meet regularly to review all critical incident reports, request written follow-up reports from providers, investigate critical incidents utilizing internal selective reviews and make quality improvement recommendations related to critical incidents to the NSMHA Quality Management Oversight Committee, the NSMHA Leadership Team, &/or the Clinical Oversight Team for further appropriate action.
4. During the regularly scheduled CIRC meeting, the DIR shall facilitate review and discussion of each new critical incident and critical incidents from previous months on which the committee determined further review was required before proper disposition of the case could be determined.
5. During a CIRC review, the committee members shall address each incident in the following context:
  - a. Does the description of the critical incident and/or subsequent information warrant concern about quality or appropriateness of care delivered by the provider?
  - b. Does the incident report indicate that appropriate action was taken immediately after the incident to lessen or prevent consumer loss or harm?

- c. Does the incident report indicate that an appropriate plan for future action has been made to decrease the likelihood of this type of incident occurring again?
  - d. Can/should any further action be pursued by NSMHA or the provider?
6. When the CIRC members reach a consensus that the critical incident report and any follow-up information answer the preceding questions satisfactorily, the incident is considered “closed.”
7. NSMHA may deem further action is warranted in the case of a particular critical incident or group of incidents. Actions may include but are not limited to:
  - a. NSMHA selective review
  - b. Request for provider internal case review
  - c. Request for parts of or complete medical records
  - d. Request for special meetings or quality initiatives (e.g., Root Cause Analysis) regarding quality concerns involved
  - e. Request for provider initiated quality assurance and improvement activities based on incidents or groups or types of incidents
  - f. Other requests as deemed necessary
8. Incident Review and Follow-up: CIRC will review and follow-up on all incidents reported. CIRC will provide sufficient information, review, and follow-up to take the process and report to its completion. An incident will not be categorized by DSHS as complete until the following information is provided:
  - a. Summary of any incident debriefings or review process dispositions;
  - b. Present physical location of the consumer if known. If the consumer cannot be located, the DIR will document in the incident reporting system the steps that the Contractor took to attempt to locate the consumer by using available local resources;
  - c. Documentation of whether the consumer is receiving or not receiving mental health services from the provider at the time the incident is being closed;
  - d. In the case of a death of the consumer, the provider must provide either a telephonic verification from an official source or via a death certificate.
    - In the case of a telephonic verification, the provider will document the date of the contact and both the name and official duty title of the person verifying the information.
    - If this information is unavailable, the attempt to retrieve it will be documented.
  - e. Actions taken as a result of the occurrence, results of said actions, additional actions that are planned in the future and efforts that have been undertaken designed to lessen the potential for recurrence shall be reported to CIRC within 21 days of becoming available.
9. CIRC will develop a semi-annual summary report and data analysis each July and January. Copies of the semi-annual report will be distributed &/or presented to NSMHA Board of Directors, NSMHA Advisory Board, NSMHA Quality Management Oversight Committee (QMOC) and County Coordinators.

## ATTACHMENTS

None

## NSMHA Committee Discussion Form

**Agenda Item:** Discussion of NSMHA's plan for increasing employment amongst the people who receive mental health services.

**Presenter:** Tom Yost

**Committee Action:**      Action Item       FYI & Discussion       FYI Only

### **Significant Points or Executive Summary:**

Funding for employment services is limited

Ten percent of the people we serve have obtained a LOCUS level 1 and 40% have obtained a LOCUS level 2

Many of these people could be served by DVR and so we have devised a plan to increase the number of people referred to DVR

### **Conclusions/Recommendations:**

See the plan description

For this plan to work we need:

- 1) everyone's feedback and input to adjust the plan to fit the real world
- 2) provider participation in making literature readily available to people receiving mh services
- 3) support training for clinicians on how to help people explore interests and fears about employment
- 4) providers and others to give us letters of support for a grant to hire a 1/2 time "employment promoter" and certified benefits counselor to serve the region.

### **Timelines:**

20 minutes

### **Attachments:**

PROPOSAL TO INCREASE EMPLOYMENT AMONGST PEOPLE RECEIVING MH SERVICES

PROPOSAL TO INCREASE THE NUMBER OF CONSUMERS EMPLOYED

Background: Nationally, amongst people who receive community mental health services, the rate of employment is 22%. In NSMHA’s region the rate is slightly below 9% although the baseline in the past was 15%. Funding for employment services is very limited although case managers can discuss employment, help people plan for it and can offer certain supports around people’s employment. Ten percent of people receiving mental health services in the region have obtained a LOCUS level 1 and 40 % have obtained a LOCUS level 2. Many of these people do not need specialized employment services. They could be served well by DVR.

GOAL: Increase employment amongst people enrolled in mental health services in NSMHA’s region.

OUTCOME: By December 2015, return the number of employed consumers from 9% (1/2012) to 15% (baseline)

MEASURE: Employment Outcomes Data Report from Washington State ADSA “Clients: percent employed”

- STRATEGY:
- 1) Increase the number of referrals to DVR by focusing efforts on people who have obtained a LOCUS level 1 and some who have obtained a level 2. Integrate conversations about employment into every phase of treatment (intake, treatment planning, treatment, etc.).
  - 2) Because many case managers feel unable to help people make plans for employment, NSMHA will offer support in the form of training.
  - 3) Some clinicians worry that the people they serve will fail at work or encounter unmanageable stress. NSMHA will offer staff presentations to address these concerns.

OBJECTIVES & ACTION STEPS:

OBJECTIVES	ACTIONS
Increase the amount of attention paid to employment during treatment.	
	treatment plans and reviews contain meaningful information about people’s interest in, fears about and goals for work.
Create staff support at NSMHA to carry out this plan and provide assistance to providers as they attempt to increase referrals to DVR.	Hire a temporary, ½-time person who will work with providers to increase referrals to DVR by providing training/consultation, technical assistance, and benefits counseling to people enrolled in MH services
Fund position without using FBG, state-only or Medicaid funds	Research and apply for grants

OBJECTIVES

ACTIONS

<p>Ensure that the majority of clinicians are able to effectively engage the people they serve in motivating conversations around employment</p>	<p>Train clinicians in how to engage people in conversations about work.</p>
	<p>Provide training in motivational interviewing.</p>
	<p>Provide written materials/ manuals to clinicians participating in training.</p>
	<p>Provide training to case managers on how to determine a person's readiness for referral to DVR</p>
<p>Address consumers' fears about employment.</p>	
<p>Ensure that all the people we serve have access to current and accurate information about employment and benefits</p>	<p>provide basic information and an orientation to all case managers on preserving benefits while working .</p>
	<p>Write or obtain a summary of how people can protect benefits and still work</p>
<p>Develop and distribute posters for the waiting rooms of mh centers that counter various myths about working</p>	
<p>Ensure that all consumers will be able to make informed decisions about employment</p>	
<p>Ensure that all consumers have access to competent benefits counseling</p>	<p>Identify existing sources of benefits counseling available to consumers</p>
	<p>Develop plan to increase availability of benefits counseling (NSMHA to seek grant for temporary ½ time voc. "promoter.")</p>
	<p>Arrange for benefits counseling at mental health centers</p>

OBJECTIVES

ACTIONS

	<p>Compile and distribute list of on-line chat rooms, blogs, etc. RE: mental illness and work.</p>
	<p>Encourage/support the development of peer run employment support groups.</p>
	<p>Draw on statewide initiatives to increase the number of such groups. (Vancouver peer center, DBHR employment consortium)</p>
<p>Ensure that consumers have access to information on working, employment services and how work might affect benefits.</p>	<p>Create and keep updated an employment page on NSMHA's website</p>
<p>Increase coordination/connection to nearest DVR offices.</p>	
	<p>Encourage regular visits to MH centers and/or peer employment groups by DVR counselors who will answer questions, make 1:1 connections.</p>

## NSMHA COMMITTEE DISCUSSION FORM

**AGENDA ITEM: Expedited Assessment Report (EAR) for Jan-June 2012**

**PREPARED BY: Terry McDonough**

**PRESENTER: Greg Long**

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

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

- The number of EAR's has increased during the past 6 month period.
  - 44 EAR's requested from July-December 2011
  - 72 EAR's requested from January-June 2012.
- Compass Health- Snohomish had the most EAR's of any provider- 32
- Two providers, bridgeways and Interfaith only had 1 EAR during the 6 month period
- The EAR process appears to be functioning per NSMHA P&P 1505, Procedure section, Item #6, at most provider agencies, although one provider continues to struggle.

### **CONCLUSIONS/RECOMMENDATIONS:**

#### **TIMELINES:**

- Several providers had lower percentages of EARs sent in to NSMHA during the January –June 2012 period.
- One provider did not call in or send in any of the EAR's they received during the January –June 2012 period.

#### **Recommendation:**

- All providers need to review the EAR portion of NSMHA P&P 1505, especially Item #6 in the "Procedure" section

### **ATTACHMENTS:**

- EAR report for January – June 2012
- Table containing each providers' results for the previous four EAR reports.

**Expedited Assessment Request Six Month Report**

January through June 2012

A total of 72 EARs were requested by VOA, per VOA lists

	CH-48	CH-53	WCPC	CCS	Sea Mar	bridgeways	Sunrise Services	Interfaith
<b># of EAR requests from VOA</b>	4	32	4	9	14	1	7	1
<b># of EAR's called in to NSMHA</b>	3	31	4	9	0	1	4	0
<b>Regional Average: 66%</b>	75%	97%	100%	100%	0%	100%	57%	0%
<b># of EAR's sent to NSMHA</b>	3	15	3	8	0	1	5	1
<b>Regional Average: 69%</b>	75%	47%	75%	89%	0%	100%	71%	100%
<b># of EAR's received from VOA but not called in to NSMHA</b>	1	1	0	1	14	0	3	1
<b>Regional Average: 42%</b>	25%	3%	0%	11%	100%	0%	29%	100%

## EAR results/comparisons

Jan-June 2010- 160      July-Dec 2010- 143

Jan-June 2011- 124      July-Dec 2011- 44

Jan-June 2012- 72

Provider	% of EARs <b>called in to</b> NSMHA Jan-June 2010	% of EARs <b>called in to</b> NSMHA July- Dec 2010	% of EARs <b>called in to</b> NSMHA Jan-June 2011	% of EARs <b>called in to</b> NSMHA July- Dec 2011
CH-48	88	92	88	80
CH-53	84	98	100	83
WCPC	92	100	100	100
CCS	100	92	79	100
Sea Mar	19	5	33	14
Bridgeways	100	75	100	0
Sunrise	100	83	77	100
Interfaith	0	0	0	100

Provider	% of EARs <b>sent in to</b> NSMHA Jan-June 2010	% of EARs <b>sent in to</b> NSMHA July- Dec 2010	% of EARs <b>sent in to</b> NSMHA Jan- June 2011	% of EARs <b>sent in to</b> NSMHA July-Dec 2011
CH-48	50	66	53	80
CH-53	42	65	78	72
WCPC	92	100	86	100
CCS	90	83	93	80
Sea Mar	19	10	33	28
Bridgeways	60	75	100	100
Sunrise	75	78	77	100
Interfaith	0	0	0	100

**NSMHA COMMITTEE DISCUSSION FORM**

**AGENDA ITEM:** Motivational Interviewing Training

**PRESENTER:** Greg Long

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

**SIGNIFICANT POINTS OR EXECUTIVE SUMMARY:**

As has been discussed before, NSMHA is putting on training on Motivational Interviewing. There will be four sets of both beginning and advanced training. Two trainings sets will be in Snohomish County and one set in Skagit County and Whatcom County. These are the same trainings that we done last year. Our intention is training more staff in these skills so it is widely disseminated in the Region.

A set number of slots have been assigned to each agency for trainings in their county. If an agency goes over the number of assigned slots, NSMHA will keep a waiting list. If there are empty slots, NSMHA will assign them to people on the waiting list.

There is also a one follow-up day for some of the people who took the training last year to refresh and enhance their skills.

There is also one training for people who went through the MI basic, advanced and Supervisor Training last year.

**CONCLUSIONS/RECOMMENDATIONS:**

NSMHA wants to make sure that these trainings are fully utilized by the most appropriate staff. Please encourage staff to sign up for the training.

Also if they sign-up please encourage them to follow through and attend all the days of trainings. If they have a slot and don't attend, then they have prevented someone else from getting the training.

**TIMELINES:**

**ATTACHMENTS:**

Training Schedule

<b>INTRO MI TRAINING</b>				
<b>Days 8 - 5</b>	<b>Date</b>	<b>County</b>	<b>Location</b>	<b>Instructor</b>
Thursday – Friday	October 11-12	Snohomish	Compass 4526 Federal Avenue Everett, WA 98213-8810 425-349-6200	Steve Brazil
Monday – Tuesday	October 22-23	Whatcom	St. Luke’s 3333 Squalicum Parkway Bellingham, WA 98225 360-738-6739 U shape projector /screen Rm F	David Jefferson
Monday - Tuesday	November 5-6 Revised date	Snohomish	Compass 4526 Federal Avenue Everett, WA 98213-8810 425-349-6200	David Jefferson
Tuesday - Wednesday	November 13-14 Revised date	Skagit	Skagit Publishing 1215 Anderson Road Mount Vernon, WA 98274 360-424-3251 x2002	Kate Speck
<b>ADVANCED MI</b>				
<b>Days 8 - 5</b>	<b>Date</b>	<b>County</b>	<b>Location</b>	<b>Instructor</b>
Thursday – Friday	December 13-14	Snohomish	Compass 4526 Federal Avenue Everett, WA 98213-8810 425-349-6200	Steve Brazil
Monday – Tuesday	December 3-4	Whatcom	St. Luke’s 3333 Squalicum Parkway Bellingham, WA 98225 360-738-6739 U shape projector /screen Rm F	David Jefferson
Monday – Tuesday	December 10-11	Snohomish	Compass 4526 Federal Avenue Everett, WA 98213-8810 425-349-6200	David Jefferson

Thursday - Friday	December 13-14	Skagit	Skagit Valley Food Co-op Third Floor (enter from the rear of building – left end) 202 S. 1 <sup>st</sup> Street Mount Vernon, WA 98273 360-336-9777	Kate Speck
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### MI BOOSTER

Days 8 - 5	Date	County	Location	Instructor
Thursday	October 25	Skagit	Skagit Valley Food Co-op Third Floor (enter from the rear of building – left end) 202 S. 1 <sup>st</sup> Street Mount Vernon, WA 98273 360-336-9777	Denna & David

### MIA STEP FOR SUPERVISORS

Days 8 - 5	Date	County	Location	Instructor
Wednesday	November 14	Skagit	Mount Vernon Fire Station 2 1901 N. LaVenture Road Mount Vernon, WA 98273 360-336-6277	Deena & David

NSMH Responsibility		NFATTC Responsibility	
Will handle registration		Brochure of intro and advanced with dates and locations. Use Barbara's name and contact information	
Distribute brochures		Provide training materials	
Will manage wait list		Certificates	
Will contact participants two weeks before training as a reminder		Computer and projectors	
Secure training locations		Handouts	
Send list of participants at least one week before training to Jennifer Verbeck			
Beverages and snacks			

Barbara Jacobson Administrative Assistant North Sound Mental Health Administration 117 N. 1st St., Ste. 8 Mount Vernon, WA 98273 360.416.7013 - Fax 360.416.7017 Barbara_Jacobson@nsmha.org	David Jefferson, MSW Northwest Frontier ATTC Dept of Public Health & Preventive Medicine Oregon Health & Science University 3181 SW Sam Jackson Park Rd. CB 669 Portland, OR 97239 W: Cell 503-310-7764 P: Cell 360-510-4842 Djefferson2@comcast.net	Jennifer Verbeck NFATTC/OHSU Department of Public Health & Preventive Medicine 3181 SW Sam Jackson Park Rd. CB669 Portland, OR 97239 (Main) 503-494-9611 (Direct) 503-494-4599 (Fax) 503-494-0183 verbeck@ohsu.edu
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