

North Sound Mental Health Administration

**Quality Management Plan
Integrated Report
1st Biennial Quarter 2006-2007**

(January through June 2006)

EXECUTIVE SUMMARY

Integrated Report for 1st Biennial Quarter, January through June, 2006

PURPOSE

- To provide an overview of quality management plan activities and results and to inform the NSMHA Board of Directors and Quality Management Oversight Committee (QMOC) on a biennial basis.
- To review the Quality Management Plan and provide recommendations for changes or additions to the quality management plan on an annual basis

1st Biennial Quarter-STRENGTHS and ACCOMPLISHMENTS IDENTIFIED

- All providers scored 90% or above on their outpatient clinical record reviews and all providers completed an approved corrective action plan for previous audit findings
- Successful transition of the region wide Access System from Compass Health to the Volunteers of America
- NSMHA providers had the second highest Telesage registration rate in the state for FY 2005
- Ninety-three point three percent (93.3%) of the time providers met the standard for individuals to receive outpatient services within 14 days of their assessment (for those entering services)
- Compass Health completed their application for CQIP Designation
- Continued progress towards data driven decision-making in utilization and quality management processes (Complaints, Grievances, Denials, and Appeals, Critical Incidents, utilization record reviews, Information System (IS) reports, and State-wide Performance Indicator Reports)

1st Biennial Quarter-QUALITY MANAGEMENT PLAN ACTIVITIES and RESULTS

- The NSMHA completed provider administrative desk audits for bridgeways, Snohomish County, Sea Mar, Whatcom Counseling and Psychiatric Clinic, Compass Health, Catholic Community Services and Volunteers Of America
- The NSMHA developed a template for provider biennial quarter quality management plan reports
- The NSMHA and providers continue to monitor and trend Complaints, Grievances, Appeals, Denials, Fair Hearings and Critical Incidents and incorporate this information into quality management processes.
- The NSMHA and Providers began a workgroup to refine the outpatient service authorization process
- The NSMHA continued to do utilization record reviews. The highest number of requested changes from providers continued to be in the area of treatment planning.
- The NSMHA continued development of four ongoing Performance Improvement Projects (PIPs) as required by the Balanced Budget Act

1st Biennial Quarter-EXTERNAL MONITORS ACTIVITIES, REPORTS and RESULTS

- The NSMHA received the annual EQRO review results
- The NSMHA continued implementation of RFQ requirements and began work on the 3 three areas identified for corrective action- *Access, Clinical Guidelines and, For Title XIX Enrollees-Special Information Questions*
- The six Statewide Performance Indicators prioritized by QMOC were included as objectives in the 2006-2007 Quality Management Plan

AREAS IDENTIFIED for FURTHER STUDY and REVIEW or QUALITY IMPROVEMENT

- *Inpatient Capacity, Reduction, and Diversion*-The recommendation is to consolidate regional efforts towards review of inpatient capacity and inpatient reduction and diversion
- *Flex Funding*-The recommendation is to increase the amount of funding for flex funds used to assist consumers
- *System Tensions*-The recommendation is for the NSMHA and providers to work jointly on issues that are causing systems frustration
- *Dignity and Respect*-The recommendation is to monitor dignity and respect and consumer rights issues over the next 6 months and in future reporting cycles (Dignity and Respect and Consumer Rights accounted for 178 (27%) or reported complaints over the past year).

FOLLOW UP on PREVIOUS INTEGRATED REPORT RECOMMENDATIONS

- *Medication Management Services*-The NSMHA will outline a process for further study and review of medication managements services-access, capacity, and discharge from these services, during the 2nd BQ 2006.

- *Treatment Planning-* The RQMC treatment planning workgroup, comprised of NSMHA and provider staff, began meeting during the 1st Biennial Quarter 2006.
- *Processes used to gather information and records during the access process -*The NSMHA postponed further study and review of the processes used to gather information and records during the access process- (From the initial call to access through the assessment process in light of the need to establish eligibility for services within a short time frame)
- *Complaint Reporting-*The NSMHA continued to focus on broad and consistent reporting of complaints and increased reliability of complaint reporting
- *Acute Care Management Issues Related to Service Provision for High Risk Adult Consumers-Compass Health, Snobomish County-* Compass Health reports implementation of their corrective action plan
- *Trauma Services-*The Posttraumatic Stress Disorder (PTSD) clinical guidelines for adults and the Regional Training Plan module for PTSD have been completed. WCPC completed their “Quality in Action” presentation to QMOC.
- *Region Wide Diagnostic Process Standards -*The initial work plan objectives have been completed. The NSMHA, providers, and Ombuds services will review whether further evaluation is needed.
- *Outpatient Discharge Process-* The initial work plan objectives regarding the outpatient discharge process were completed. The NSMHA has now set up a review process for some of these policies due to concerns expressed by our providers.

2nd Biennial Quarter 2006-2007 MAJOR INITIATIVES

- Continued Implementation of Request For Qualifications (RFQ) requirements and new MHD contract requirements
- Continued Implementation of the 2006-2007 Quality Management Plan goals and objectives
- Continued development of a standardized Utilization Management report and continued integration of statewide performance indicator data, statewide satisfaction survey data, and Consumer outcome data into NSMHA quality management activities.
- Funding Model Change—The NSMHA has decided to initiate a review of our funding model to accommodate consumers’ requests for choice of providers and to address utilization related data.

I. INTRODUCTION and PURPOSE

This is the North Sound Mental Health Administration (NSMHA) Quality Management Plan Integrated Report for the 1st Biennial Quarter (BQ) of 2006-2007. Integrated reports are intended to provide an overview of quality management plan activities and results and provide a yearly review of the Quality Management Plan. Integrated Reports are provided every six months to the NSMHA Board of Directors and Quality Management Oversight Committee (QMOC).

In this report we will:

- ⇒ Highlight strengths and accomplishments identified during the 1st Biennial Quarter 2006.
- ⇒ Provide a summary of 1st Biennial Quarter 2006 NSMHA Quality Management Plan Activities and Results
- ⇒ Provide an overview of the provider quality management plan report process
- ⇒ Provide a summary of external monitors' activities, reports, and results
- ⇒ Outline areas identified for further study and review, development, or quality improvement and provide updates on recommendations from previous integrated reports
- ⇒ Summarize Recommendations for Quality Management Plan Additions or Changes
- ⇒ Summarize ongoing work and recommendations for continuous quality improvement as the Quality Management Work Plan is implemented during the 2nd Biennial Quarter 2006-2007.

II. STRENGTHS and ACCOMPLISHMENTS IDENTIFIED DURING the 1st BIENNIAL QUARTER 2006

There were many NSMHA and provider strengths and accomplishments identified during the 1st Biennial Quarter. Highlights of these strengths or accomplishments include:

- ⇒ Completion of the EQRO yearly review with the following strengths identified:

Enrollee Rights and Protections and Grievance System.

(Commitment to ensuring that at least minimum expectations are met)

Grievance and Appeal Resolution

(Notifications and Reversal of Denial letters contain required information, are consumer-friendly, and of exceptional quality)

Strong Management Team

(With the breadth of skills necessary for a managed care organization and the recognition of the need for additional qualified personnel to sufficiently meet the increased demands of implementing a quality managed mental health care system).

Conferences and Recovery Poster Contest

(Continual commitment to the annual Consumer Recovery Poster Contest and the Recovery and Tribal Conferences indicates ongoing PIHP involvement in the communities served).

Data Analyst Position

(The hiring of a data analyst, capable of helping the PIHP understand the complexity of our data, should fast-track defining the metrics critical for understanding performance and increasing the quality of services provided).

- ⇒ Successful transition of the region wide outpatient access process from Compass Health to the Volunteers of America
- ⇒ NSMHA providers had the second highest Telesage registration rate in the state for FY 2005 (initial surveys)
- ⇒ Ninety-three point three percent (93.3%) of the time providers met the standard for individuals to receive outpatient services within 14 days of their assessment (for those entering services)
- ⇒ Development of provider biennial quarter quality management plan reports
- ⇒ Compass Health's completed application for CQIP Designation
- ⇒ All providers scored 90% or above on their outpatient clinical record reviews and all providers completed an approved corrective action plan for previous audit findings
- ⇒ Continued progress towards data driven decision-making in utilization and quality management processes (Complaints, Grievances, Denials, and Appeals, Critical Incidents, utilization record reviews, Information System (IS) reports, and State-wide Performance Indicator Reports)

III. SUMMARY of NSMHA 1st BIENNIAL QUARTER QUALITY MANAGEMENT PLAN ACTIVITIES and RESULTS

A summary of NSMHA quality management plan activities and/or results during the 1st Biennial Quarter is presented by the three Quality Management Plan sections:

1. Quality Management Work Plan-Quality Assurance,
2. Quality Management Work Plan-Quality Improvement, and
3. Quality Management Work Plan- Utilization Management

In addition we will provide a summary of the provider Biennial Quarter Quality Management Plan Reporting Process begun during the 1st biennial quarter 2006. For a complete list of NSMHA quality management reports and committees see Attachment A.

A. Provider Biennial Quarter Quality Management Plan Reports

The NSMHA has begun to require by contract that providers complete a Biennial Quarter Quality Management Plan Report that summarizes provider quality management program activities and data. The purpose of the report is to facilitate NSMHA's determination of the effectiveness of the overall regional system of care.

The NSMHA and providers worked in collaboration during the first biennial quarter to develop a template for these reports. The provider quality management plan report templates include the following areas:

- Provider strengths and accomplishments

- Provider quality management plan activities and results
- Areas identified for further study and review, development, or continuous quality improvement that will be added to provider quality management plans.
- Status of implementation of any NSMHA approved corrective action plans
- Areas identified for further study and review, development, or continuous quality improvement that may have broader system implications (region-wide, county-wide) that may benefit from regional quality improvement or planning efforts.
- A summary regarding out of network services, including the number of consumers who receive out of network services, the type of services, and the area of expertise provided in these out of network services.
- Information related to consumer complaints or grievances regarding availability of services within the network.
- Activities related to utilization review of clinical records implemented to meet 90% scoring standards.
- Progress on plans to improve the six prioritized statewide performance indicators

The NSMHA received the first provider quality management reports during the 1st Biennial Quarter 2006. The NSMHA and providers will continue to refine this reporting format (See Attachment B - Provider Quality Management Report Template).

B. NSMHA Quality Management Work Plan-Quality Assurance (QA)

The quality management plan contains six quality assurance goals for 2006-2007. Activities and/or results for the 1st Biennial Quarter are presented below.

QA Goal #1: To ensure services provided throughout the Region are effective and appropriate

a. NSMHA Administrative, Fiscal, Quality Assurance/Improvement Audits and Outpatient Clinical Record Reviews (*Objectives # 1 and 2*)

Due to the new contract requirement that the NSMHA complete audits on an annual versus two year basis, the NSMHA will do full Administrative, Fiscal, Quality Assurance/Improvement Audits and Outpatient Clinical Record Reviews one year and desk audits which follow up on identified findings from previous audits on the alternate years.

The NSMHA completed desk audits for bridgeways, Snohomish County, Sea Mar, Whatcom Counseling and Psychiatric Clinic, Compass Health, Catholic Community Services and Volunteers Of America during the 1st Biennial Quarter 2006. All providers had implemented a corrective action process for their 2004-2005 audit findings and all corrective action plans were accepted by the NSMHA.

Additionally Sea Mar and bridgeways received above 90% on their follow up outpatient clinical record reviews (Sea Mar 92%, bridgeways 98%) and Compass Health continued to receive above 90% (95%) on an outpatient record review done in conjunction with the Mental Health Division (MHD). (See Attachment C (Tables 1 and 2) for a summary of audit findings and outpatient clinical record review scores for the 2004-2005 administrative audit cycle and 2006 administrative desk audit results). It should be noted that the administrative audit reports also highlighted many strengths for each provider as well as recommendations.

b. Crisis System, Residential, and Evaluation and Treatment Facilities Reviews (*Objectives #3, 4, and 5*)

In addition to the administrative audits and outpatient record reviews outlined above, the NSMHA will review crisis services, residential services, and the Evaluation and Treatment Facilities. The Evaluation and Treatment Facilities Review is scheduled for the 2nd Biennial Quarter 2006.

c. Statewide Consumer Outcome System (*Objective #6*)*

NSMHA providers continued to implement the statewide consumer outcomes system administered through Telesage. The Mental Health Division in conjunction with Telesage has also reinstated a state wide workgroup to review, refine, and discuss aggregate outcome reports generated through Telesage. The workgroup will also review strategies to improve the numbers of consumers who complete both initial and ongoing outcome surveys.

Preliminary reports for Fiscal Year 2005, (July 2004 through June 2005), show that North Sound Mental Health Administration consumers had the second highest Telesage registration rate in the state. (Telesage registration reflects that a consumer completed a survey, opted out of completing a survey, or was not willing or unable to complete a survey).

Preliminary data also suggests that the rate of follow up surveys around the state has been relatively low. Plans are under way for statewide longitudinal outcome reports that show consumer reported progress or change over time.

*The NSMHA recommends moving the consumer reported outcome system in the quality management plan from goal 2-- to ensure that consumers are satisfied with the services they receive to goal 1--to ensure services provided throughout the Region are effective and appropriate. (The outcome system is not a measure of satisfaction with services, rather a measure of consumer outcomes through self report).

QA Goal #2-To ensure that consumers are satisfied with the services they receive

a. Customer Service Standards (*QA Objective # 1*)

NSMHA customer services, as required by the RFQ process, are under development. The NSMHA processes customer service calls but has not yet created systems to track customer service calls or collect aggregate information. The NSMHA will also collect customer service data from our designee (Volunteers of America) for the delegated functions of access and inpatient certification.

Once the NSMHA has developed a method for collection of customer service information we will work with the Volunteers of America to standardize the data collection process, and integrate information from the Volunteers of America into our process of analysis, monitoring, and evaluation.

The benchmarks outlined in the quality management plan will be reviewed and updated as the requirements from the RFQ process were changed. The NSMHA will pilot, internally, a form for customer services data collection during the 2nd Biennial Quarter 2006.

b. Complaint and Grievance Data Levels and Consumer Complaints Settled At the Lowest Level (*QA Objectives #2 and 4*)

Information regarding complaints, grievances, fair hearings denials and appeals remains a central and key component in the NSMHA quality management system. The NSMHA also continues to see a clear evolution in how providers utilize complaint and grievance data in their internal quality management processes.

The NSMHA has collected and maintained data on complaints, grievances, and fair hearings since 1999. The NSMHA has also begun to collect and maintain data about denials and appeals. The NSMHA continues to provide reports about complaints, grievances, appeals, denials, and fair hearings to the MHD and NSMHA quality management committees every six months.

NSMHA Ombuds services also provide reports every six months to NSMHA quality management committees and have revised their reports to be consistent with NSMHA reporting periods. NSMHA Ombuds services also provide recommendations for the NSMHA reports.

Ombuds and QRT continue to provide outreach to providers, families and advocates, and community stakeholders to inform people that Ombuds and QRT are available to consumers and families and to provide clarification regarding the role of Ombuds and QRT in the North Sound Region. Ombuds and QRT respond to requests for outreach and also target outreach opportunities for groups who show less involvement with Ombuds and QRT services.

The Complaint, Grievance, Appeal, Denial, and Fair Hearing Report for April 2005- September 2005 was not incorporated into the last integrated report due to revised timelines from the MHD. Therefore the data from two 6 month reporting cycles (April 2005-September 2005 and October 2005-March 2006) will be presented in this integrated report.

A review of the complaint and grievance data shows that *Consumer Rights* 124 (19%), *Physicians and medications* 92 (14%), *Access* 84 (13%), *Financial and Administrative Services* 62 (9%), and *Dignity and Respect* 54 (8%) accounted for the most reported complaints over the past year (April 2005-March 2006). When combined, *Dignity and Respect and Consumer Rights* accounted for 178 (27%) of reported occurrences over the past year (Dignity and Respect is one of the consumer rights).

Although the quality management plan goal of resolving complaints at the lowest level has largely been maintained over the past year, there was an increase in grievance and fair hearing cases (people) and occurrences (types and levels of concerns) reported for October 2005 through March 2006.

The NSMHA maintains data regarding denials and reports this data to the MHD through the Exhibit N reporting process. This data will be discussed under the utilization management plan section below.

The number of appeals of services remains relatively low. There were seven (7) appeals initiated with the NSMHA from April 2005 through March 2006. In six out of seven appeals the original denial decision was overturned during the appeals process.

1). Quality Management Recommendations

The NSMHA quality management committees reviewed the complaint and grievance reports from the two previous reporting periods (April 2005 through September 2005 and October 2005 through March 2006). The following quality management activities or recommendations were approved:

- **Inpatient Capacity**-The recommendation is for further study and review of inpatient capacity (Ombuds services raised concerns regarding inpatient capacity). After review in RQMC, the recommendation was made to refer inpatient capacity to Management Council and/or the NSMHA Planning Committee. RQMC consensus was that we cannot compartmentalize approaches to this issue and that we need to create capacity and review the systems that are in place regarding inpatient services.
- **Dignity and Respect and Consumer Rights**-The recommendation is to monitor dignity and respect and consumer rights issues over the next 6 months and in future reporting cycles

- **Increase Flex Funds**-The recommendation is to increase flex funds (Ombuds services report that at times flex funds were unavailable when needed to assist consumers)
- **System Tensions and Frustrations** -Ombuds services recommendation that the NSMHA and providers work jointly on issues that are causing systems frustration for example funding, documentation, time availability, case load sizes, and medication management capacity concerns to decrease system tensions from impacting consumers. The recommendation is to refer this to management council so that there is a discussion regarding ways to prevent future system tensions from impacting consumers (per Ombuds Report).
- **Trauma Project**-The recommendation is to discuss and evaluate the status of the trauma project (There continues to be some complaints concerning the availability of trauma services).
- **Medication Management Services**-Continue with the recommendation for further study and review of medication management services, including access and triage to medication management services and discharge from medication management services.

(As noted in the previous reports, the NSMHA Ombuds services identified consumer concerns about access to prescribers and medication management services and discharge from medication management services and the number of complaints in this category have shown an increase over time).

- **Access Processes**- Continue with the recommendation for further study and review of the processes used to gather information and records during the consumer Access process (from the initial call to access through the assessment process). This recommendation was made in light of the need to establish consumer eligibility for services within a short time frame with the goal of maximizing the potential for complete information when establishing consumer eligibility for services.
- **Increased Reliability in the Reporting Process**-Continue with the recommendation for increased reliability in the reporting process. Training by Ombuds Services on their use of the complaint type categories was identified as a first step to work towards increased reliability in the reporting process. Ombuds services provided this initial training to the Regional Quality Management Committee in the 4th Biennial Quarter 2005.

2). Quality Improvement Efforts

Information about complaints, grievances, denials and appeals has been one factor in continuous quality improvement efforts by the NSMHA and providers towards:

- **Trauma Services**-Providing trauma based services
- **Dignity and Respect and Consumer Rights**-Identifying training on Dignity and Respect and Consumer Rights as required core competencies on the NSMHA Regional Training Plan.
- **Outpatient Discharge Policies**- Creating policies to standardize the outpatient discharge process
- **Medication Management transfer Policy** -Creating the Medication Management transfer Policy to ensure seamless transition for consumers when their medication management services are transitioned from the mental health system to community prescribers
- **Region Wide Diagnostic Practice Standards**- Adopting a region-wide set of standards for the diagnostic process, during outpatient assessments, to ensure consistent regional application of consumer eligibility standards outlined in the statewide Access to Care Standards.
- **Acute Care Management Issues**- Identifying acute care management issues related to service provision for high risk consumers at Compass Health in Snohomish County

c. Consumer Satisfaction Surveys (*Objective #3*)

The QRT has made a shift in the way they work with consumer satisfaction surveys. Instead of doing surveys similar to the statewide surveys done by WIMART, QRT will be reviewing the statewide survey data, as it is available, and designing targeted surveys as the data indicates.

The QRT also coordinates site visits to provider agencies to access the degree to which the provider sites provide a welcoming environment for treatment. The site visits have begun and are being done by advisory board consumer volunteers. QRT will begin providing reports to QMOC on a semiannual basis with the results of the site visits.

QA Goal #3- To ensure that stakeholders and providers are satisfied with NSMHA services

**a. Stakeholder/Provider/ Cross-system Satisfaction with NSMHA services
(Objectives # 1 and 2)**

The Quality Review Team (QRT) has begun the annual survey process regarding other systems satisfaction with NSMHA services. The QRT survey process is being done through interviews with the other systems of care. The process to date has focused on the correctional system. Results from the survey process will be incorporated into future integrated reports. The QRT has not yet begun the provider survey process.

QA Goal #4-To ensure that all state services are available to consumers who need them

a. Availability of Services (Objective #1)

The NSMHA has not yet implemented the residential and high intensity treatment authorization process designed to assure these services are available to those in need of high intensity outpatient services. The NSMHA has been working with providers to create a process to collect data regarding out of network services and complaints and grievances regarding availability of services.

QA Goal #5- To ensure that services are provided in a safe manner

a. Critical Incidents (Objective #1)

Information about critical incidents is a central and key component in the NSMHA quality management system. The NSMHA continues to have monthly Critical Incident Review Committee (CIRC) meetings, review all reported critical incidents and all provider critical incident reviews either submitted to or requested by CIRC, and request follow up on critical incidents.

The NSMHA continues to track and report critical incidents with the potential for negative media involvement to the NSMHA Board Chair, county coordinators, and the Mental Health Division. The NSMHA also provides critical incident reports every six months to the NSMHA Board of Directors and NSMHA quality management committees.

As with complaints and grievances the CIRC continues to collaborate with providers to create a “no-blame” environment in which information about critical incidents can be used to identify continuous quality improvement at all levels of the system.

There were 120 critical incidents reported for July through December 2005. A review of the historical data shows that critical incident reporting for July through December has decreased by 23% over the past 2 years.

The NSMHA has maintained critical incident data since 2000. During the 4th Biennial Quarter 2005 the NSMHA revised the Critical Incident Policy and reporting form to include new Mental Health Division media reporting requirements. It is not known how these revisions may impact the collection of critical incident data over time.

1). Quality Improvement Recommendations

The NSMHA quality management committees reviewed the Critical Incident Report from July through December 2005. No new quality management recommendations were made.

2). Quality Improvement Efforts

Information about critical incidents has been one factor in continuous quality improvement efforts by the NSMHA and providers towards:

- **Performance Improvement Project # 4- Seclusion/Restraint at Evaluation and Treatment Facilities**-Identifying consumers' safety while in restraint and/or seclusion and how the use of restraint and/or seclusion can be minimized at the North Sound Evaluation and Treatment Facilities as a performance improvement project.
- **Policy Review and Revision at Evaluation and Treatment Facilities**- Increased standards in E & T admission criteria, nursing assessments, and seclusion and restraint policies for the purpose of increasing positive consumer health and safety outcomes. These policies have been completed and are in effect.
- **Performance Improvement Project #3-Mortality Review** -The identification of the Mortality Review as a performance improvement project
- **Evaluation and Treatment Facilities**-System-wide improvements at both Evaluation and Treatment facilities including the use of contracted staff to meet required staffing levels, staff training, improving available medical equipment on sites and staff communication strategies.
- **Domestic Violence Training**-The provision of training on Domestic Violence and the continued work by the ICRS committee to develop a domestic violence protocol
- **Regional Crisis Respite Protocols**-Incorporating Risk Assessment, Safety Planning, and Triage into the Regional Crisis Respite Protocols when consumers discharge from crisis respite facilities.
- **Acute Care Management Issues** -Identifying acute care management issues related to service provision for high risk consumers at Compass Health in Snohomish County.

QA Goal #6- Quality services are provided by well trained staff

a. Training (Objective #1)

The NSMHA Regional Training Committee comprised of providers, NSMHA staff, and a NSMHA advisory board member continued to meet during the 1st biennial quarter. The NSMHA Regional Training Plan for 2006-2007 was completed. Required core competencies on the training plan were also identified. All staff is required to have training on the core competencies and the NSMHA will review this requirement during the 2007 administrative audit cycle.

B. Quality Management Work Plan-Quality Improvement (QI)

The quality management plan contains the four Performance Improvement Projects (PIPs) as goals for 2006-2007. A summary of the status of the Performance Improvement Projects is presented below. The Mental Health Division is arranging for statewide training on PIPs during the 2nd Biennial Quarter to provide increased clarity regarding the requirements for PIPs. The NSMHA anticipates continued evolution of the performance improvement projects.

QI Goal #1: PIP 1-Consumer Satisfaction with Participation in Treatment Planning

The first statewide PIP is increasing consumer participation in treatment planning. The key data source is the Mental Health Statistics Improvement Project (MHSIP) Survey, conducted by the Washington Institute for Research and Training.

The NSMHA has incorporated additional data sources to measure consumer satisfaction with participation in treatment planning. During the 4th Biennial Quarter 2005, NSMHA providers administered a short survey developed by the Quality Management Committee in order to gain additional real time data of consumer's perception of their involvement in treatment (recommendation by QMOC). The data was compiled during the 1st. Biennial Quarter 2006 and will be reviewed during the 2nd. Biennial Quarter 2006. The NSMHA will review this data with IQMC, QMC, and QMOC and anticipates retiring this PIP in the 2nd Biennial Quarter. Should Consumer Satisfaction and Participation in treating be retired as a PIP, it could still be pursued as an area for continuous improvement.

QI Goal #2: PIP 2- Improving Data Quality

The second statewide PIP is improving data quality for system management and planning at all levels of the system. The focus of this Performance Improvement Project is timely submission of certain encounter transactions to the Mental Health Division.

As outlined in the previous report, this Performance Improvement Project has been successful and has resulted in near 100% submission of the identified data to the Mental Health Division in the required timeline. The NSMHA will continue to review the need to maintain this Performance Improvement Project in 2006. The NSMHA anticipates retiring this PIP in its current form, during the 2nd Biennial Quarter.

QI Goal #3: PIP 3 -Mortality Review

The third PIP is the Mortality Review of deaths reported through the critical incident reporting process. The focus of the review is on those 50 and younger that die from natural causes, accident, illness, injury or where the cause is unknown.

The purpose of the review is to further study these deaths to see what we can learn about these deaths and to identify any contributory factors. The data source for this Performance Improvement Project is clinical record reviews using a specific tool.

The record review will be completed during the 2nd Biennial Quarter of 2006, and will serve as baseline information for the project. The NSMHA will also review current literature regarding mortality and morbidity of individuals with serious and persistent mental illness.

Following completion of the record review, the NSMHA will outline any themes or common factors found, and identify areas for further study and review, planning, or quality improvement.

QI Goal #4: PIP 4-Restraint/Seclusion at Evaluation & Treatment Facilities

The fourth PIP, Restraint/Seclusion at Evaluation & Treatment Facilities, was approved and implemented during the 4th Biennial Quarter, 2005. The focus of this project is to study how consumers' safety can be improved while in restraint and/or seclusion and how the use of restraint and/or seclusion can be minimized at the Evaluation and Treatment Facilities.

The NSMHA continued collecting data through the 1st BQ 2006. The NSMA will continue to collect data through 2006 and will do a preliminary analysis of the results during the second 2nd Biennial 2006. Preliminary data results suggest that the use of seclusion and physical restraints at both E&T's has decreased.

C. Quality Management Plan- Utilization Management Plan

The goals of the utilization management plan are to ensure services provided throughout the region are effective and appropriate and that consumers receive care in the least restrictive environment.

The utilization management plan is monitored through Consumer Information System (CIS) reports, utilization record review reports and activities, the application of the Statewide Access to Care Standards for service authorization, and state wide Performance Indicator (PI) Reports.

There were 16 objectives outlined in the 2006-2007 utilization management portion of the quality management plan. As outlined in previous reports, six statewide Performance Indicator focus areas were prioritized by QMOC for inclusion in all contracting, planning, and quality management efforts and were incorporated into the 2006-2007 Utilization Management plan as objectives.

A summary of 1st Biennial Quarter NSMHA utilization management plan activities and/or results regarding these objectives is presented below.

1). UM Objectives-QMOC Prioritized Statewide Performance Indicators and related Objectives

The NSMHA has begun to require by contract that providers complete a Performance Indicator Improvement Plan that addresses the six prioritized indicators. The NSMHA received these plans during the 1st Biennial 2006. As outlined above, the NSMHA also requires that providers complete a biennial quality management plan report that includes progress towards the implementation and/or results of these Performance Indicator Improvement Plans.

The NSMHA has also begun a process to develop regional performance indicator reports that provide more timely and detailed data regarding the prioritized indicators in order to measure progress over time.

The NSMHA will also develop standardized IS reports for UM goals and objectives that are not statewide performance indicators. The NSMHA will continue to refine these reports and has plans to review and further integrate the data into the ongoing Utilization Management Sub-committee, IQMC, RQMC, and QMOC.

The 2006 Statewide Performance Indicator Report, for FY 2005 (July 2004 through June 2005) has been completed by the MHD. The results for the six prioritized performance indicators will be summarized below and reviewed in IQMC, QMC, and QMOC.

The NSMHA 2006-2007 Quality Management Plan was written prior to provider contracts. The NSMHA recommends that the contracts and quality management plan measure progress regarding the selected performance indicators in a similar way. The Mental Health Division has indicated they may measure Performance Indicators by individual RSN improvement against their baseline rather than by comparison to state wide averages.

A. Inpatient Usage Prioritized Performance Indicator and UM Goal #1, Objective #2: Decrease inpatient usage by 10% of current bed day totals

1. Performance Indicator Data Inpatient (community hospitals and evaluation and treatment facilities) usage is measured, in the PI report, by the penetration rate and utilization rate per 1000 in the general population. A review of the PI data shows a slight increase in the inpatient penetration rate for FY-2005 (1.6) as compared to FY-2004 (1.5) and FY-2003 (1.5). The inpatient utilization rate for FY-2005 (25.1) has also increased as compared to FY-2004 (23.5) and FY-2003 (23.1).

2. Related UM Goals and Objectives

UM Goal #1, Objective #3: Decrease the utilization of inpatient level of care throughout the region, UM Goal #1, Objective #1: Consumers receive medically necessary level of care services, and UM Goal #2, Objective #7: Outpatient services are provided within 14 days of hospital discharge (note this objective should be corrected to say within 7 days of discharge).

There are a variety of UM goals and objectives related to inpatient care. During the 1st Biennial Quarter, 2006 the NSMHA completed the Hospital Inpatient Reduction Work Group. The NSMHA also brought initial recommendations forward to QMOC regarding hospital reduction and diversion strategies.

QMOC recommended that these recommendations are reviewed by the NSMHA Internal Quality Management Committee and that specific action steps be developed and brought back through the RQMC and QMOC.

The NSMHA also initiated a process to review voluntary inpatient authorizations done by our designee the Volunteers of America (VOA).

As outlined above, the NSMHA has plans to create standardized reports for inpatient services and will bring these reports to committees once developed. The NSMHA will also review inpatient reduction workgroup recommendations internally at IQMC and bring recommendations forward to the quality management committees. We also have plans to continue the development of the care advocacy functions as they relate to inpatient utilization.

B. Medicaid Adult Outpatient Utilization Rate Prioritized performance Indicator and UM Goal #2, Objective #10: Increase the outpatient penetration rate for services provided to Adults regionally from the 2005 state-wide Performance Indicator levels (Note this objective should be corrected to say outpatient utilization rate).

Outpatient service utilization is measured in the PI report by the average number of outpatient service hours per consumer in a Fiscal Year. A review of the PI data shows an increase in the average number of outpatient services to Medicaid adults for FY-2005 (16.4) as compared to FY-2004 (15.4), although the average hours are less than those for FY-2003 (31.7) and are below the state average of 27.6 for FY-2005.

C. Medicaid Older Adult Outpatient Penetration Rate Prioritized Performance Indicator and UM Goal #2, Objective #8: Increase the penetration rate of services to Older Adults regionally from the 2005 state-wide Performance Indicator level

(Related UM goals and objectives include: UM Goal #1, Objective #4: The regional Medicaid Penetration Rate is maintained at 10% or above)

Medicaid outpatient service penetration is measured, in the PI report, by the proportion of Medicaid eligible's who received publicly funded outpatient mental health services in a Fiscal Year. A review of the PI data shows a decrease in the proportion of NSMHA Medicaid older adults who received outpatient services for FY-2005 (7.3%), as compared to FY-2004 (7.4%) and FY-2003 (8.3%). The NSMHA remains below the state average (11.4% for FY-2005).

The quality management plan also contains the objective to maintain the regional Medicaid penetration rate at 10% or above *(for all age groups)*. A review of the PI outpatient service penetration data *(for all age groups)*

shows that the NSMHA has not maintained a 10% Medicaid penetration rate for outpatient services and that the rate has decreased in FY-2005 (8.9%) and FY-2004 (9.4%).

The NSMHA was above 10% in FY-2003 (10.3%) and exceeded the statewide average of 9.7% in FY-2003. The NSMHA is below the statewide average in FY-2004 (9.7%) and Fiscal-Year 2005 (9.4%).

The PI report also contains penetration rates for outpatient services, inpatient services, crisis only services and Western State Hospital.

D. Services to Children/Youth in Homes and Schools (*Prioritized performance Indicator and UM Goal #2, Objective #11: An overall increase in services provided to Children in their homes and schools regionally*)

Services to children in the home, school, or other settings outside of mental health provider agencies is measured, in the PI report, as the percentage of child/youth mental health outpatient consumers who receive services in these locations in a fiscal year.

A review of the data shows that the percentage of NSMHA outpatient children/youth who received services in the home decreased for FY-2005 (5.1%) as compared to FY-2004 (7.2%) but was higher than the percentage for FY-2003 (4.7%). Although the statewide average has shown a decrease over the past three Fiscal Years, the NSMHA remains below the state average (8.5%-FY-2005).

The percentage of NSMHA outpatient children/youth who received services in the school has increased over the past three Fiscal Years (4.8% in FY 2005, 4.1% in FY-2004, and 1.9% in FY-2003). Although the statewide average has shown a decrease over the past three Fiscal Years, the NSMHA remains below the state average (10.4-FY-2005).

E. Adult Employment (*Prioritized performance Indicator and UM Goal #2, Objective #16: Increase the number of adult consumers employed regionally from the 2005 Performance Indicator levels*)

Adult employment is measured, in the PI report, as the percent of adult outpatient service recipients who were employed at any time during a Fiscal Year. This employment percentage for adults in the North Sound Region has increased over the past three Fiscal Years (8.6% for FY 2005, 7. .2% for FY-2004, and 6.8% for FY-2003).

Although the statewide average has shown a decrease over the past three Fiscal Years, the percent of adult outpatient service recipients who are employed in the North Sound Region remains below the state average (10.8% for Fiscal Year-2005).

F. Co-occurring Diagnoses (*Prioritized performance Indicator and UM Goal #2, Objective #13: Increase the number of consumers diagnosed with co-occurring disorders regionally from the 2005 Performance Indicator levels*)

Co-occurring Diagnosis is measured, in the PI report, as the percent of mental health outpatient consumers who had both a mental illness diagnosis and a substance abuse diagnosis and/or substance abuse impairment identified in a Fiscal Year. The percent of consumers identified with co-occurring disorders by NSMHA providers has fluctuated (7.9% for FY-2005, 7.2% for FY-2004, and 7.9% FY-2003). The statewide average has shown an increase over the past three Fiscal Years. The NSMHA remains below the state average (19% for Fiscal Year-2005).

The statewide PI Report also includes information about the percentage of mental health outpatient service recipients who received Department of Alcohol and Substance Abuse (DASA) services. The percent of mental health outpatient service recipients who also received DASA services increased statewide in FY-2004 (11.0%) as compared to FY-2003 (10.6%). The percent also increased in the NSMHA (11.2% for FY-2004 and 10.3% for FY-2003).

The NSMHA was above the statewide average for FY-2004. Fiscal Year 2005 data was unavailable for Fiscal Year at the time of the report.

2). Additional UM Objectives

A. Access Timelines (Outpatient Services)

UM Goal #2, Objective #5: Time from intake to first non-crisis appointment does not exceed 14 days

The NSMHA has not yet operationalized an IS measure for this access timeline. The NSMHA has reviewed this item through utilization record review. For 10/01/05 through 3/31/06, 93.3% of the time providers met this standard for those entering services (initial reviews). Providers met this standard 98.5 % of the time for those in ongoing service (concurrent reviews) and 98.7% of the time for retrospective review.

B. Eligibility

UM Goal #2, Objective #2: Consistent application of eligibility standards across the region, by all age groups and all levels of care, to include outpatient, residential, and High Intensity Treatment services

The NSMHA continues to issue all denials for service authorization for outpatient services, since implementation in June 2004. On October 1, 2005 inpatient authorization was transitioned from the Associated Provider Network (APN) to the Volunteers of America (VOA). The NSMHA does not currently authorize residential and high intensity treatment services. During the 1st biennial quarter 2006, the NSMHA began a work group to revise the outpatient authorization process as required by the RFQ corrective action process.

The NSMHA maintains data regarding denials and reports this data to the MHD through the Exhibit N reporting process. The overall number of denials for Medicaid consumers has remained relatively stable. There were 122 denials reported for Medicaid consumers for October 2005 through March 2006, as compared to 129 for April 2005 through September 2005.

There were no denials for inpatient authorization by the Volunteers of America from October 2005 through March 2006, as compared with six denials for inpatient service issued by the Associated Provider Network from April 2005 through September 2005.

There was a decrease in denials for adults and an increase in denials for children reported for October 2005 through March 2006, as compared to April 2005 through September 2005. (Forty seven denials were regarding adults and seventy-five denials were regarding children, as compared with sixty-five denials for adults and sixty-four denials for children during the previous reporting period). The NSMHA has expressed concerns related to the Access to Care criteria for children to the MHD, as we are concerned that the criteria may be too restrictive. The majority of children that are denied service are denied due to not meeting the additional criteria required for B diagnoses.

A review of the data also shows that the vast majority of consumers who apply for outpatient mental health services are found eligible for services and are authorized to receive outpatient services. The NSMHA has begun to collect and is in the process of refining information that reflects the percentage of denials per authorization.

The NSMHA continued to work to achieve a 90% benchmark of agreement with denial requests by providers. The NSMHA will continue to monitor this area through Denial Review Reports and inform IQMC and RQMC of the results.

C. Utilization Record Review (Outpatient Services)

UM Goal #2, Objective #1: Outpatient services provided to consumers are in accordance with expectations defined in the NSMHA/MHD contract and all relevant WACS

For October 2005 through March 2006 the NSMHA did 475 utilization reviews on clinical records. 312 reviews were done on adult records and 163 were done on child records. During this period, in 61% of charts reviewed, consumers received services that met NSMHA utilization review standards.

In 39% of the reviews, the NSMHA requested changes in Treatment Plan, Diagnosis, or Eligibility. Treatment planning continued to be the area with the greatest amount of changes requested.

The percentage of records that meet utilization standards has improved since the last report when 52% of the records reviewed met standards. The NSMHA continued to work to achieve a 90% benchmark of records reviewed without changes requested by the NSMHA. The NSMHA and providers evaluation of these benchmarks was postponed.

The NSMHA also increased the amount of initial reviews (charts opened within the past six months). This has been especially beneficial for children's charts due to diagnosis and eligibility concerns that were noted in the previous integrated report.

The NSMHA provided aggregate utilization data to quality management committees during the 1st BQ 2006, but has not yet begun the quarterly reports outlined in the quality management plan.

D. Western State Hospital Utilization

UM Goal #2, Objective #6: NSMHA utilization of WSH beds remains at or below the current capacity

The NSMHA has reviewed Western State Hospital (WSH) utilization data on a monthly basis and is concerned that WSH utilization is steadily climbing. For June of 2006 average utilization was over our cap of 105 beds by 5 bed days on average. This may not be a problem in the future as our cap will be increasing.

The NSMHA, however, believes this raises a serious clinical care issue in that it is better care to keep consumers in their home communities near their families, friends and supports. The NSMHA is meeting regularly with WSH hospital liaisons and provider admissions coordinators to address these concerns. The lack of residential capacity and subsidized housing in the community is a factor. We are hopeful that the Program for Assertive Community Treatment (PACT) scheduled to begin April 2007 will be one factor to address this problem.

E. Delegated Functions

UM Goal #2, Objective #3: Consistent application of NSMHA standards in functions delegated by the NSMHA

The NSMHA continues to delegate the region wide Access System for outpatient services and the inpatient authorization and continued stay review for inpatient services.

During the 1st Biennial Quarter of 2006, Volunteers of America successfully underwent a Pre-Readiness Review and began performing the region wide Access function, through which consumers make initial appointments for services. A seamless transition for consumers occurred from Compass Health to Volunteers of America through stakeholder cooperation and the region's ability to maintain a consistent 1-800 line number. Plans for frequent monitoring and review of this additional delegated function are planned for the 2nd Biennial Quarter 2006.

Upon successfully passing a Pre-Readiness Review in the 4th Biennial Quarter of 2005, Volunteers of America began performing the delegated function of Inpatient Certification. In the 1st Biennial Quarter of 2006 two monitoring reviews were performed, with competence demonstrated. In addition VOA staff was required to submit monthly demographic reports on Inpatient Utilization to the NSMHA. Continued plans for quarterly monitoring of this delegated function are planned in the 2nd Biennial Quarter of 2006.

F. Projects-State Only Dollars

UM Goal #2, Objective #12: Outpatient services using state-only dollars are monitored for over/under utilization

In 2005 NSMHA went through an extensive planning process for increasing services to state funded consumers. Priorities were set and contracted for with providers.

As of the end of the first biennial quarter 2006 the NSMHA had not yet received the State-Funded outpatient utilization plan, due in January of 2006, from the Associated Provider Network (APN). NSMHA has repeatedly requested this plan and this has been discussed with the NSMHA Board of Director's executive committee. The NSMHA will review CIS utilization reports for state funded services in future biennial quarters.

V. EXTERNAL MONITORS REPORTS, ACTIVITIES and RESULTS

A summary of activities, reviews, and results from external monitoring activities is presented below. (See Attachment D for a complete list of external monitor reports).

Information about the statewide consumer outcome system, statewide performance indicators, and statewide Mental Health Statistics Improvement Project (MHSIP) Survey although external monitor reports, are presented under Quality Assurance, Quality Improvement, or Utilization Management above, since they are identified as select goals or objectives on the NSMHA Quality Management Plan (2006-2007).

A. External Quality Review Organization (EQRO) Review

The NSMHA received the results of the annual External Quality Review Organization (EQRO) review during the 1st Biennial Quarter. The reviews are conducted by APS Healthcare, the External Quality Review Organization contracted by the Washington State Department of Social and Health Services Mental Health Division to meet Balanced Budget Act requirements.

A summary of NSMHA strengths include:

- **Enrollee Rights and Protections and the Grievance System**
(Commitment to ensuring that at least minimum expectations are met)

- **Grievance and Appeal Resolution**
(Notifications and Reversal of Denial letters contain required information, are consumer-friendly, and of exceptional quality)
- **Strong Management Team**
(With the breadth of skills necessary for a managed care organization and the recognition of the need for additional qualified personnel to sufficiently meet the increased demands of implementing a quality managed mental health care system).
- **Continual commitment to the annual Consumer Recovery Poster Contest and Recovery and Tribal Conferences**
(Indicates ongoing PIHP involvement in the communities served)
- **The Hiring of a Data Analyst**
(Capable of helping the PIHP understand the complexity of our data, should fast-track defining the metrics critical for understanding performance and increasing the quality of services provided).

A summary of recommendations for quality improvement include:

- **Policies and Procedures**
(Clarify procedure to officially adopt and approve new and revised policies and procedures and revise grievance system policies and procedures to incorporate accurate timeframes related to continuation of benefits while the PIHP appeal or the State fair hearing is pending).
- **Compliance**
(Establish effective lines of communication between the compliance officer and PIHP employees).
- **Network Capacity**
(Determine the network adequacy guidelines/standards, and manage using the existing provider database. Develop a process for evaluating and addressing network capacity and sufficiency through the effective use of reports, and in collaboration with network provider agencies)
- **Delegation**
(Develop and conduct a formal evaluation of subcontractor ability to perform PIHP-delegated functions prior to their delegation)
- **Training**
(Continue to prioritize PIHP-provided training for Provider Network direct service staff to ensure understanding, skill development, and implementation of new policies, procedures, and mechanisms)
- **Performance Improvement Projects (PIPs)**
(Select one of the 2005 PIPs as a clinical PIP and construct according to CMS guidelines. Choose a non-clinical topic for an additional PIP).
- **Data and Data Analysis**

- Continue development of understanding and use of member month calculations in order to effectively calculate utilization and penetration rates, other statistics published by the State, and to use as a basis for outcomes analysis.
- Develop and implement a written policy and procedure that ensures that encounter data is not lost due to unique circumstances (e.g., out-of-network services), thus minimizing the risk of under reporting data.
- Develop a policy and procedure for generating and maintaining data certifications and batch logs to ensure full compliance with this requirement. Although the PIHP was able to provide evidence of certifications some technical issues remain unaddressed.

B. Request for Qualifications (RFQ)-Engrossed Second Substitute House Bill 1290

As outlined in the last report, the NSMHA received substantial compliance in the Request for Qualifications process with an overall score of 83.18. The NSMHA was found not in substantial compliance in the 3 areas of Access, Clinical Guidelines, and for Title XIX Enrollees-Special Information Questions. The NSMHA has addressed these areas with the Mental Health Division.

- 1. Access-**The NSMHA has shifted the Access process from Compass to the VOA, to eliminate the conflict of interest. The NSMHA also began a workgroup with providers to revise the authorization process.
- 2. Clinical Guidelines-**The NSMHA sent additional information to the MHD regarding continued stay and discharge criteria outlined in the NSMHA Clinical Eligibility and Care Standards and we believe the issue has been resolved.
- 3. For Title XIX Enrollees-Special Information Questions.-**The NSMHA will revise policy # 1552-“Notifying Consumers of Provider Termination” to clarify that when provider contracts are terminated, the North Sound Mental Health Administration will provide written notification to consumers and that this responsibility will not be delegated to providers.

The NSMHA also continued to work towards implementation of the new or expanded RFQ requirements during the 1st Biennial Quarter 2006.

C. Mental Health Division Contracts

The NSMHA began 2006-2007 contract negotiations with the Mental Health Division during the 1st Biennial Quarter. The new 2006-2007 contracts will be completed during the 2nd Biennial Quarter and will incorporate RFQ requirements.

The MHD will also perform a contract monitoring review of the 2005-2006 contracts during the 2nd Biennial Quarter 2006.

VI. AREAS IDENTIFIED FOR FURTHER STUDY AND REVIEW OR QUALITY IMPROVEMENT

The NSMHA continues to analyze and integrate data, identify system implications or trends and identify potential areas for quality improvement or further study and review through the NSMHA Internal Quality Management Committee (IQMC). IQMC also monitors quality improvement recommendations through to completion. Recommendations from IQMC are then taken to the Regional Quality Management and Quality

Management Oversight Committees (RQMC, QMOC). Recommendations may also be generated by the Regional Quality Management and Quality Management Oversight Committees (RQMC, QMOC).

The NSMHA continues to strive to integrate data and quality management information from multiple sources to identify overarching areas and priorities for further study and review and quality improvement at all levels of the system. Areas for further study and review or quality improvement may be region wide, county wide, provider wide or more focused on particular programs.

Areas identified for further study and review or quality improvement during the 1st Biennial Quarter 2006 are presented below. In addition, updates for areas identified during previous integrated reporting cycles are summarized below.

A. 1st Biennial Quarter 2006 Recommendations

1. Inpatient Capacity, Inpatient Reduction and Diversion

The recommendation is to consolidate efforts towards review of inpatient capacity and inpatient reduction, and diversion. As outlined above Ombuds services raised concerns regarding inpatient capacity and the lack of available inpatient recourses. After review in RQMC, the recommendation was made to refer inpatient capacity to Management Council and/or the NSMHA Planning Committee. RQMC consensus was that we cannot compartmentalize approaches to this issue and that we need to create capacity and review the systems that are in place regarding inpatient services.

Efforts have already begun towards hospital reduction and diversion. As outlined above, the NSMHA completed the Hospital Reduction work group during the 1st Biennial Quarter and inpatient reduction has been prioritized as one of six statewide performance indicators. The NSMHA will review the results of the Hospital Reduction work group and bring recommendation and action steps forward to RQMC and QMOC.

In addition, the NSMHA also has begun to review voluntary inpatient authorizations done by our designee the Volunteers of America (VOA) and have plans to continue the development of the care advocacy functions as they relate to inpatient utilization.

2. Increase Flex Funds

The recommendation is for the NSMHA to increase the amount of funding for flex funds used to assist consumers.

3. System Tensions and Frustrations

The recommendation is that the NSMHA and providers work jointly on issues that are causing systems frustration for example funding, documentation, time availability, case load sizes, and medication management capacity concerns to decrease system tensions from impacting consumers. This recommendation was identified by NSMHA Ombuds Services. The recommendation is to refer this to management council so that there is a discussion regarding ways to prevent future system tensions from impacting consumers (per ombuds report).

4. Dignity and Respect

The recommendation is to monitor dignity and respect and consumer rights issues over the next 6 months and in future reporting cycles. Dignity and Respect and Consumer Rights accounted for 178 (27%) of reported complaint occurrences over the past year.

B. Previous Reporting Cycle Recommendations

1. Treatment Planning

As outlined in previous reports, due to increasing requirements and expectations for the treatment planning process, the RQMC approved the provision of region-wide training on treatment planning and decided a sub-committee of RQMC would meet to determine the components of the training.

In addition, the highest number of requested changes through Utilization Record Review of outpatient services, during the 4th BQ 2005, continued to be in the area of treatment planning. The majority of these requests for changes in treatment planning were to increase intensity of services and to better match services to identified needs. During the 4th Biennial Quarter, a corrective action plan was requested from some providers.

***Update:** The RQMC treatment planning workgroup, comprised of NSMHA staff, ombuds services, and provider staff began meeting during the 1st Biennial Quarter 2006. A committee position for a consumer advocate was made available, to the advisory board. The goals identified by the workgroup are to achieve understanding between NSMHA and provider staff regarding treatment plan expectations and to facilitate implementation of these expectations. The expected outcomes are: 1. Improved consumer satisfaction with their treatment plans, 2. The development of a consumer friendly document, 3. Improved utilization review scores reflecting adherence to system standards for treatment planning, 4. Improved staff morale, and 5. Decreased time spent re-doing paperwork.*

It is anticipated that the treatment planning workgroup will make recommendations to RQMC during the 2nd Biennial Quarter 2006. The corrective action plans requested from some providers were received and approved by the NSMHA. The NSMHA will continue to monitor the progress of these plans. The highest number of requested changes through Utilization Record Review of outpatient services continued to be the area of treatment planning during the 1st BQ 2006.

2. Further Study and Review of Medication Management Services

(Including access and triage to medication management services, medication management capacity and discharge from medication management services)

***Update:** A review of the data in the current reporting period shows that complaints regarding physicians and medications continue to increase over time. The NSMHA will outline a plan for further study and review of medication management services during the 2nd Biennial Quarter 2006.*

3. Further Study and Review of the Processes Used to Gather Information and Records during the Access Process

(From the initial call to access through the assessment process in light of the need to establish eligibility for services within a short time frame)

***Update:** The region wide Access system has been undergoing a process of transition from Compass Health to the Volunteers of America. The NSMHA is also restructuring the process for Authorization of Outpatient Services. When these transition processes are complete the NSMHA will review this recommendation to determine how to proceed.*

4. Continued Focus on Broad and Consistent Reporting of Complaints and Increased Reliability of Complaint Reporting

As outlined in previous reports training by Ombuds Services was outlined through RQMC as a first step and was completed during the 4th Biennial Quarter 2005.

***Update:** Next steps will be determined through RQMC and the NSMHA will consider additional training options.*

5. Acute Care Management Issues Related to Service Provision for High Risk Consumers-

Compass Health Snohomish County

As outlined in previous reports, a cluster of cases that involved acute care management issues were identified through a series of critical incidents that involved extreme acts of violence, lethality, or injury to a client or a victim of a client. Acute care management issues were also identified in utilization review of clinical records and a NSMHA grievance.

Further review indicated that the majority of issues involved Compass Health in Snohomish County. Acute care management was identified as an area for quality improvement at Compass Health, Snohomish County. Compass Health submitted a Corrective Action Plan approved by the NSMHA during the 4th Biennial Quarter.

***Update:** Compass Health has provided an update of their implementation of this Corrective Action Plan in their Biennial Quality Management Plan Report to the NSMHA. The NSMHA will continue to monitor this area.*

6. Trauma Services

In previous reports, we reported that the NSMHA and providers established a trauma disorder workgroup and that although the workgroup has ended, the Regional Quality Management Committee (RQMC) will continue to work to increase the access to and quality of services for those with trauma-based disorders. We also reported that RQMC and QMOC approved four recommendations.

***Update:** During the first biennial quarter 2006:*

- *Posttraumatic Stress Disorder (PTSD) Clinical Guidelines: The final revisions to the Posttraumatic Stress Disorder (PTSD) clinical guidelines for adults were completed, and the guidelines were approved by QMC, QMOC, and adopted by the NSMHA Board*
- *Trauma Screening Tool: There has been continued implementation of the trauma screening tool when trauma is suspected or reported*
- *Trauma Training: The NSMHA Regional Training Plan module for PTSD was completed and is undergoing revisions*
- *“Quality in Action” Presentations to QMOC by the three (3) trauma pilot projects: There was a presentation by WCPC on the trauma group that is up and running at WCPC.*

In addition, Catholic Community Services and Compass Health participated in state sponsored training and supervision for the Evidenced Based Practice model, “Trauma Focused Cognitive Behavioral Therapy” for children.

7. Region Wide Diagnostic Practice Standards

As outlined in the previous reports the NSMHA has instituted the practice of reviewing appeals that result in the reversal of the original denial decision by the region. Based, in part, on this review the NSMHA and providers adopted a set of practice standards for the diagnostic process designed to provide consistent, uniform and complete diagnosis during the assessment process.

***Update:** The NSMHA and providers continue to evaluate the consistency of the diagnostic formulation during the assessment process to ensure consistent regional application of eligibility standards outlined in the statewide Access to Care Standards. The NSMHA continues to see an increase in the consistency and quality of the diagnostic formulations used in the assessment process. The initial work plan objectives regarding practice standards for the diagnostic process have been completed and the NSMHA, providers, and Ombuds services will review whether further evaluation is needed.*

8. Outpatient Discharge Process

As discussed previously in this report, the NSMHA outlined the need for standardization of the outpatient discharge process (based in part on Ombuds services complaints from consumers and in part on new requirements).

As also discussed:

- The NSMHA and providers completed NSMHA Policy 1539 “Continued Stay Re-Authorization Criteria” and NSMHA Policy 1540 “Criteria for Closing an Episode of Care-Planned Discharge from Treatment” and NSMHA Policy 1546.00 “Medication Management Transfers to Primary Care Providers.
- The Regional Management Council recommendations regarding the policy requirements for 30-day written notice of termination to consumers were approved by RQMC

***Update:** The initial work plan objectives regarding the outpatient discharge process was completed. The NSMHA has now set up a review process for some of these policies due to concerns expressed by our providers.*

VII. RECOMMENDATIONS FOR QUALITY MANAGEMENT PLAN ADDITIONS OR CHANGES

The NSMHA will do the annual review of the quality management plan and provide recommendations to change or update the quality management plan in the 2nd BQ 2006 Integrated report.

VIII. WHERE WE GO FROM HERE?

The NSMHA will continue implementation of the 2006-2007 Quality Management Plan goals and objectives during the 2nd Biennial Quarter 2006. The NSMHA will also continue to develop and implement Request For Qualifications (RFQ) requirements, new MHD contract requirements and EQRO recommendations for improvement during the 2nd Biennial Quarter 2006.

The NSMHA will also continue to develop a standardized Utilization Management report and continue the integration of statewide performance indicator data, statewide satisfaction survey data, and Consumer outcome data into NSMHA quality management activities.

The NSMHA will also begin the review of our funding model in the 2nd BQ 2006 to accommodate consumers' requests for choice of providers and to address utilization related data.

ATTACHMENT A
NSMHA QUALITY MANAGEMENT REPORTS and COMMITTEES

QUALITY MANAGEMENT REPORTS

- NSMHA Complaint, Grievance, Denial, Appeal and Fair Hearing Report- April 1, 2005 through September 30th, 2005 October 1, 2005 through March 31, 2006.
- NSMHA Complaint, Grievance, Denial, Appeal and Fair Hearing Report- October 1, 2005 through March 31, 2006.
- NSMHA Critical Incident Review Report-July through December 2005
- NSMHA 4th BQ 2005 Integrated Report
- NSMHA Provider BQ Quality Management Reports

COMMITTEES

- NSMHA Quality Management Oversight Committee (QMOC)
- NSMHA Regional Quality Management Committee (RQMC)
- NSMHA Internal Quality Management Committee (IQMC)
- NSMHA Integrated Crisis Response System Committee (ICRS)
- NSMHA Regional Medical Directors Committee
- NSMHA Critical Incident Review Committee (CIRC)
- NSMHA Hospital Inpatient Committee
- NSMHA Utilization Management Sub-Committee
- NSMHA Training Committee
- NSMHA Consumer Information System (CIS) Committee
- NSMHA Regional Management Council
- NSMHA Planning Committee

CMHA QUALITY MANAGEMENT REPORT TEMPLATE-ATTACHMENT B

CMHA:

REPORT PERIOD: JANUARY THROUGH JUNE 2006

PURPOSE: To integrate all quality management program activities and data, in order to facilitate NSMHA's determination of the effectiveness of the overall regional system of care. To document the results of the CMHA's Quality Management plan activities and:

- Identify areas of efficiency and effectiveness of system operations and the quality of care for consumers;
- Identify areas of deficiency with plans to achieve expected improvement; and
- Status of implementation of all NSMHA approved corrective action plans.

GENERAL QUESTIONS-JANUARY THROUGH JUNE 2006

1.	Highlight strengths and accomplishments
2.	Provide a summary of your Quality Management Plan Activities and Results
3.	Outline areas identified for further study and review, development, or continuous quality improvement that will be added to your quality management plan.
4.	Provide the status of implementation of any NSMHA approved corrective action plans
5.	Please identify any areas for further study and review, development, or continuous quality improvement that may have broader system implications (region-wide, county-wide) that may benefit from regional quality improvement or planning efforts.

PROVIDER AGENCY'S PROGRESS ON NSMHA QUALITY MANAGEMENT WORK PLAN-QUALITY ASSURANCE

NSMHA QM Plan

QUALITY ASSURANCE Goal #4, Objective #1: Services defined in the NSMHA/MHD contract are available regionally for consumers who need them

6.	Provide summary regarding out of network services. Provide information regarding the number of consumers who receive out of network services and the type of services. Please provide information about the area of expertise provided in these out of network services.
7.	Please also provide information related to consumer complaints or grievances regarding availability of services within the network.

PROVIDERS AGENCY'S PROGRESS ON NSMHA QUALITY MANAGEMENT WORK PLAN-UTILIZATION MANAGEMENT

NSMHA QM Plan

UTILIZATION MANAGEMENT Goal #1, Objective #1: Outpatient services provided to consumers are in accordance with expectations defined in the NSMHA/MHD contract and all relevant WAC's

8.	Please provide information about activities related to utilization review of clinical records you have implemented to meet the 90% scoring standard.
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PROVIDERS AGENCY'S PROGRESS ON NSMHA UTILIZATION MANAGEMENT PLAN GOALS (PERFORMANCE INDICATORS)

Provide an update to your 2-1-2006 Performance Indicator Improvement Plan for each indicator below. Please also provide a summary of the results as available for each indicator. If data is incorporated into results, use data for the period of April 1, 2005 through March 31st, 2006.

Performance Indicator UTILIZATION MANAGEMENT Goal #1, Objective #2: Decrease inpatient usage by 10% from fiscal year 2003 data as published in the 2004 PI Report.

Performance Indicator UTILIZATION MANAGEMENT Goal #1, Objective #8: Increase the penetration rate of services to Older Adults regionally to meet the state wide average from fiscal year 2003 data as published in the 2004 PI Report

Performance Indicator UTILIZATION MANAGEMENT Goal #1, Objective #10: Increase the outpatient penetration rate for services provided to Adults regionally to meet the state wide average from fiscal year 2003 data as published in the 2004 PI Report.

Performance Indicator UTILIZATION MANAGEMENT Goal #1, Objective #11: Increase services provided to Children in their homes and schools regionally to meet the state wide average from fiscal year 2003 data as published in the 2004 PI Report.

Performance Indicator UTILIZATION MANAGEMENT Goal #1, Objective #13: Increase the number of consumers diagnosed with co-occurring disorders regionally to meet the state wide average from fiscal year 2003 data as published in the 2004 PI Report.

Performance Indicator UTILIZATION MANAGEMENT Goal #1, Objective #16: Increase the number of adult consumers employed regionally to meet the state wide average from fiscal year 2003 data as published in the 2004 PI Report.

ATTACHMENT C

Table 1 Administrative Audits-Outpatient Record Review Documentation Scores 2004-2005								
PROVIDER	Compass	CCSNW	WCPC	Sea Mar	bridgeways	Lake Whatcom Center	Sno County	VOA
Documentation Score	94%	96%	92%	86%	87%	97%	NA	NA
2006 Documentation Scores	95%	-----	-----	92%	98%	-----	NA	NA

Table 2 Administrative Audit Summary-Findings 2004-2005								
Findings *Indicates Repeat Finding	PROVIDER							
	Compass	CCSNW	WCPC	Sea Mar	bridge ways	Lake Whatcom Center	Sno. County	VOA
Supervision	✓	✓		✓			✓ *	
Performance Evaluations	✓ *				✓			
Credentialing				✓				
Training				✓				
Quality Management	✓✓			✓	✓		✓ *	✓
Policies		✓✓	✓	✓				✓
Access	✓			✓				
Care Management				✓				
Treatment Planning				✓				
High Intensity Treatment	✓							
Consumer Rights Postings	✓							
Total	7	3	1	8	2	0	2	2
2006 Approved Corrective Action Plan	✓	✓	✓	✓	✓	Not Needed	✓	✓

ATTACHMENT D

EXTERNAL MONITERS and REPORTS

- Washington State PIHP External Quality Review Reports
- NSMHA External Quality Review Report-2005
- Certification Review through the Mental Health Division
- 2006 Washington State Department of Social and Health Services
State-Wide Publicly Funded Mental Health Performance Indicator Report
FY-2005
- Statewide Outcomes System through Telesage
- Mental Health Statistics Improvement Program (MHSIP) Survey
- Request for Qualifications (RFQ) process required by Engrossed Second
Substitute House Bill 1290.