North Sound Mental Health Administration

Quality Management Department

Integrated Report

2nd Biennial Quarter 2004-2005

(July 1 - December 31, 2004)

Executive Summary for 2nd BQ 2004 Integrated Report

This Integrated Report provides an overall summary of Quality Management activities performed in accordance with the NSMHA 2004-2005 Quality Management Work Plan during the second six months of 2004. It describes activities added, completed and postponed in the QM Plan Work Plan. It also summarizes what NSMHA has learned and how we plan to proceed as the QM Work Plan is implemented during 2005.

QM Work Plan additions during the 2nd BQ 2004-

A Residential Transition Study Group was added in response to changes necessitated by the Center for Medicare/Medicaid Services (CMS) regulations, which stipulate that payment for mental health services may only be received by residential facilities that house no more than 16 mental health clients. Several residential providers throughout the Region have had to downsize in order to adapt to these CMS regulations. The Residential Transition Study Group will track clients affected by these changes in order to assure that these individuals continue to receive all necessary services, subsequent to their move to community based services from facility based services.

QM Work Plan completions during the 2nd BQ 2004-

Administrative Audits of Snohomish County and Lake Whatcom Center, Clinical Record Review of Compass Health-North Sound Mental Health Administration, Regional Crisis Contact sheet review and review of Emergency Services at Compass Health-South, Outpatient Caseload study, Ombuds reports, Complaint, Grievance and Fair Hearing reports, Critical Incident Review Committee meetings, Regional Integrated Response Committee meetings, Regional Quality Management Committee meetings and Utilization Management Sub-Committee meetings.

QM Work Plan items postponed during the 2nd BQ 2004-

Review of both Regional Evaluation and Treatment Facilities. Due to time constraints, this review has been postponed until the 3rd BQ 2005.

What We Learned during the 2nd BQ 2004-

The second six months of 2004 have evidenced the increasing external demands upon, as well as the shrinking resources available to Regional staff, provider staff and consumers throughout the North Sound Region. NSMHA and agency staff are adapting to stringent requirements from sources like the Center for Medicare and Medicaid Services (CMS), the Balanced Budget Act (BBA) and the statewide External Quality Review Organization (EQRO). Resources available to provide high quality clinical care have been impacted not only by these requirements, but also by shrinking funding levels available for clinical services. NSMHA and providers are being asked to do more, with less. Changes in Eligibility Requirements, residential supports, crisis services and medication coverage available to consumers have had system wide impact.

In spite of increasing external demands and shrinking resources, quality clinical services and care continue to be evident throughout the Region. Review results indicate that the oversight and level of clinical scrutiny detailed in the NSMHA QM Work Plan is effective in providing a structure by which to measure, assess and track clinical practices throughout the Region. NSMHA staff have worked with provider staff to help them in bringing their QM Plans and their policies and procedures in line with NSMHA's. Region wide training plans are being implemented to assure clinical staff are proficient in skills necessary for them to competently assist consumers. Clinical Guidelines, which provide a foundation for the delivery of consistent clinical care are being implemented on a regional basis.

The Outpatient Caseload Study conducted during the 2nd BQ indicated that caseload sizes are appropriately sized regionally and that providers have the necessary capacity to serve the current and expected number of consumers. Denial Review results indicate that the appropriate people, as determined by the statewide Access to Care Standards, are being admitted to services, either by the providers or at the request of NSMHA Denial Review staff. Ongoing utilization reviews by NSMHA staff of clinical services being provided demonstrate that no significant occurrences of over or under utilization of outpatient services were evident during the 2nd BQ. Inpatient utilization, particularly by consumers with multiple inpatient admissions, is an area that was initiated during the 2nd BQ, and will be further investigated during the next six months.

During the 2nd BQ, NSMHA completed its region-wide review of Crisis Contact sheet documentation and noted improvements in the inclusion of natural supports for the consumer and an increase in services provided in settings other than hospital Emergency Rooms, for the sample reviewed. Subsequent to a critical incident in Snohomish County, Emergency Services documentation provided in Snohomish County was scrutinized in detail, resulting in improved overall documentation and uniform, consistent implementation of Emergency Services in Snohomish County.

NSMHA Ombuds staff continue to work intensely with consumers and providers to successfully resolve consumer complaints. During the 2nd BQ, Ombuds received a total of 226 complaints, 172 of which were resolved to the consumer's satisfaction, for a 76% rate of successful resolution. Also, one Fair Hearing was requested during this time and 13 grievances were pursued. Ombuds note that the complaints they receive account for approximately 1% of the consumers currently in service.

The Regional Quality Management Committee implemented changes to the provider Peer Review process during the 2nd BQ. Provider quality management and supervisory staff now review samples of clinical records at their agencies rather that clinicians reviewing each other's work. This revision has resulted in increased inter-rater reliability and scores are now showing an improvement trend.

In response to mandated CMS, BBS and EQRO requirements, the NSMHA QM Department implemented significant internal redesign changes during the past six months. Quality Specialists (QS) have expanded their review and oversight responsibilities. Ongoing refinements of the Denial Review process have proceeded in accordance with state wide Access to Care Standards. Utilization Review activities have expanded to include two (2) Focused Reviews, one on inpatient utilization and one on Closed cases, as well as continuing the monthly reviews of outpatient services. During the 3rd BQ, QS staff will begin Encounter Validation reviews required by the EQRO, as well as participating in reviews of SeaMar Behavioral Health, Whatcom Counseling and Psychiatric Clinic, Compass Health, Catholic Community Services and both Regional E&T's.

NSMHA Quality Management Plan 2004-2005
Integrated Report for 2nd Biennial Quarter, July 1 – December 31, 2004

This Integrated Report provides an overall summary of Quality Management activities performed in accordance with the NSMHA 2004-2005 Quality Management Work Plan during the second six months of 2004. It also details follow up actions taken in response to quality management issues identified in the previous Integrated Report.

Follow up to issues identified during the 1st Biennial Quarter 2004 Integrated Report

The following issues were identified during the 1st Biennial Quarter (BQ) 2004 as requiring either initial or ongoing action by the NSMHA Quality Management staff during the 2nd BQ 2004.

Issue #1- Clinical records reviewed at Compass Health-North during the 1st BQ did not meet Regional standards (90%).
Result- Compass Health-North staff implemented a Corrective Action Plan to correct identified clinical record documentation deficiencies and NSMHA staff conducted a re-review of Clinical Records at Compass health-North during the 2nd BQ. Compass Health-North received a 94% score during this review. All Corrective Actions at Compass Health-North have now been successfully completed.

Issue #2- A review of 145 Crisis Plans Region-wide during the 1st BQ indicated that scores related to Health and Safety issues on the Crisis Plan did not meet Regional standards. It was decided that providers would highlight this as an area of staff training during the 2nd BQ and that NSMHA reviewers would pay particular attention to this area when they reviewed consumer Crisis Plans at provider agencies during ongoing Clinical record reviews during the 2nd BQ.
Result- Providers highlighted this area as a training focus at their particular agencies during the 2nd BQ. NSMHA quality management staff reviewed Crisis Plans at Compass Health-North and at Lake Whatcom Residential and Treatment Center and determined that the Crisis Plans reviewed did meet Regional standards. Crisis plans at other providers will be reviewed during upcoming Clinical Record reviews throughout the course of 2005.

Issue #3- NSMHA will prepare a report detailing results of the 1,593 crisis contact sheets reviewed during the Corrective Action Plan implementation during the 1st BQ and present this report to the Regional Quality Management Committee and to the Quality Management Oversight Committee during the 2nd BQ.
Result- The 1,593 Crisis Contact sheets reviewed indicated that several improvements as a result of the Corrective Action process had been noted. Overall, the documentation in the Crisis Contact sheets had improved significantly. Also, more outreach services, (services provided to consumers in settings other than hospital Emergency Rooms, like in their

homes, at residential facilities or nursing homes, at schools, in Dr.'s offices, for example) are being provided now by Emergency Services staff. County Designated Mental health Professional (CDMHP) staff have attended trainings and video presentations conducted by consumers to heighten CDMHP's awareness of and sensitivity to the traumatizing effect that the involuntary detention evaluation experience can sometimes have upon people being evaluated. Provider Emergency Services (ES) and CDMHP staff have also made presentations to nursing homes and other facilities who sometimes call for crisis assistance, educating them as to how the process works and what to expect from the mental health system. For example, nursing home staff need to be aware that all persons for whom they request services must be medically stable before such services are appropriate from mental health staff).

Issue #4- Noted increase in the number of critical incidents reported at the Regional Evaluation and Treatment facilities (E&T's) during the first six months of 2004.
Result- NSMHA staff reviewed this issue with Compass Health staff and requested a Corrective Action Plan (CAP) to address identified areas of concern from the E&T's on June 22, 2004. The CAP was successfully implemented during the second six months of 2004. No critical incidents related to assaultive behavior occurred at either Regional E&T during the 2nd BQ. NSMHA staff feel the issue has now been resolved and plan no further corrective action follow up, at this time.

Issue #5- Review of deaths of consumers under 50 years of age throughout the Region.
Result- A review instrument by which to investigate this topic was developed by NSMHA staff, in conjunction with input from regional providers. A Pilot Study using this instrument was conducted during the 2nd BQ. Further refinement of the instrument and continuation of the review is planned for the 3rd BQ.

Accomplishments of note during the 2nd BQ 2004

- Completion of the External Quality Review Organizations audit of NSMHA
- Completion of revisions regarding Residential Supports necessitated by CMS changes to Regional Clinical Eligibility and Care Standards (CECS), acceptance of the CECS by Regional Quality Management Committee and Quality Management Oversight Committee
- Transition planning for implementation of Center for Medicaid and Medicare Services (CMS) and Balanced Budget Act (BBA) regulations throughout the Region
- Revisions and updates to the NSMHA Quality Management QM Plan 2004-2005
- Implementation of the NSMHA Utilization Management Plan to include;
    - Utilization Reviews to identify over/under utilization issues in open cases
    - Utilization Review of high utilizers of inpatient services
    - Utilization Review of cases closed within the past six months
    - Ongoing case-by-case review of all provider Denial Review Requests
- Decision by providers to have supervisors rather than direct service staff review agency clinical records. Resultant reviews have demonstrated increased inter-rater reliability scores as well as highlighting areas for supervisory guidance.

Strengths identified during the 2nd BQ 2004

- NSMHA Administrative Audit of Lake Whatcom Center with no Audit or Fiscal Findings and a score of 97% for Clinical Records reviewed.
- Re-review of Clinical Records at Compass Health-North received a score of 94%.
- Development of Regional Clinical Guidelines by the NSMHA Trauma Committee to address Post Traumatic Stress Syndrome services provided consumers regionally.
- Implementation of a Trauma Pilot Project at Compass Health-Snohomish
- Completion of a Caseload Study throughout the Region
- Transition planning for implementation of Center for Medicaid and Medicare Services (CMS) regulations throughout the Region
- Monthly Regional Quality Management Committee meetings to promote a collaborative regional quality management system that helps providers deliver improved quality care to consumers.
- Revisions/updates of the NSMHA Clinical Eligibility and Care Standards (CECS)

Areas for further study and review identified during the 2nd BQ 2004

- Ongoing review/investigation of deaths of consumers under 50 years of age throughout the Region.
- Need for a process to study and monitor the impact on consumers of residential changes necessitated by Center for Medicaid/Medicare (CMS) regulations on residential facilities throughout the Region.

2nd Biennial Quarter 2004-2005 Integrated Report

July 1 – December 31, 2004

Introduction

The 2nd Biennial Quarter (BQ) Integrated Report presents information regarding the quality management activities of the North Sound Mental Health Administration (NSMHA) during the last six months of 2004. It also describes the current status of follow up activities identified as necessary by the 1st Biennial Quarter 2004-2005 Integrated Report. Follow up to issues identified in the 4[1st] BQ 2004-2005 Integrated Report have been described in the Executive Summary section of this Integrated Report.

2nd Biennial Quarter 2004 NSMHA Quality Management Department Reports

During the last six months of 2004, NSMHA Quality Management Department staff performed multiple quality management activities and reviewed several quality management report documents. These activities were summarized and reported to the NSMHA Regional Quality Management Committee and the NSMHA Quality Management Oversight Committee (QMOC) at its monthly meetings throughout the 2nd Biennial Quarter 2004. The following NSMHA Quality Management Department activities and reports have been reviewed in the preparation of this 2nd Biennial Quarter 2004 Integrated Report.

Administrative Audit of Snohomish County

NSMHA Quality Management, Contract and Fiscal and Quality Review Team staff conducted an Administrative Audit of Snohomish County from June 29 through July 1, 2004. Several Strengths were noted, including the County's solid administrative and fiscal structure, a strong culture of commitment to providing for the mental health needs of Snohomish County residents as well as for residents of the entire Region, and good communication between Snohomish County and NSMHA personnel, including NSMHA Quality Management staff and Ombuds and Quality Review Team staff.

Finding noted included; clinical supervision, crisis service documentation, incomplete implementation of the Snohomish County Involuntary Treatment Department's internal Quality Improvement Plan and a Consumer Complaint and Grievance Policy inconsistent with the NSMHA Consumer Complaint and Grievance Policy.

A Corrective Action Plan to address noted deficiencies was requested from Snohomish County. A Corrective Action Plan successfully addressing all noted areas of deficiency was received by

NSMHA staff on August 27, 2004 and accepted on October 13, 2004. The Administrative Audit of Snohomish County is now complete.

Administrative Audit of Lake Whatcom Center

NSMHA Quality Management and Contract and Fiscal staff and conducted an Administrative Audit of Lake Whatcom Center from November 1 through November 4, 2004. Several strengths were noted, including; Lake Whatcom's management and clinical staff having a good understanding of the regulatory and contractual requirements that apply to them, Lake Whatcom's Quality Management Plan being an excellent, comprehensive document that clearly describes the agency's purpose, policies, goals and objectives regarding quality management and improvement, and Lake Whatcom Center's personnel records being 100% complete. Also, Clinical Records reviewed at Lake Whatcom center received a score of 97%.

There were no Findings from the Administrative Audit, and, therefore, no need for any Corrective Action Plan to be submitted. Lake Whatcom Center staff are to be congratulated on the excellent results they achieved in their NSMHA Administrative Audit.

Compass Health-North Clinical Record review

NSMHA Quality Management (QM) staff and staff from the State of Washington Mental Health Division (MHD) conducted a clinical record review of outpatient clinical records at Compass Health-North in October 2004. This was a follow-up review to one conducted in March 2004, in which Compass Health-North failed to achieve a "passing" score of 90%. The Compass Health-North score was 85%. The clinical records were reviewed using the MHD's "*Voluntary and Involuntary Outpatient Record Review Tool*", which is the standard instrument used by NSMHA staff during clinical record reviews. Subsequent to the March 2004 clinical record review, Compass Health-North staff implemented agency-wide staff training and intensified clinical supervision to correct clinical record documentation deficiencies noted in the March 2004 review. Evidence of the effectiveness of the training and intensified supervisory scrutiny was noted in the clinical record reviewed in October 2004. The overall score for the clinical records reviewed at Compass Health-North was 94%, which meets NSMHA scoring standards. No further Corrective Action from Compass Health-North is required at this time. NSMHA congratulates Compass Health-North staff on the results achieved in the most recent review.

Regional Crisis Contact sheet review

An ongoing review of Crisis Response Contact Sheets, in compliance with NSMHA's Corrective Action response to the MHD was conducted during the first six months of 2004. NSMHA staff reviewed 1,593 Contact Sheets at provider agencies, including a 100% review of the Contact Sheets at Whatcom Counseling and Psychiatric Clinic (WCPC). Results indicated that crisis service providers are conducting more outreaches to the community than before and documenting more inclusion of natural supports during the crisis investigation/resolution. Crisis staff are documenting a clear plan of action for consumers in 95% of the cases reviewed and investigatory documentation is complete in 96% of cases reviewed. On May 28, 2004, staff from the MHD Quality Assurance and Improvement Department informed NSMHA that all

Corrective Action in regards to crisis services in Whatcom County has been reviewed and accepted by MHD.

Following a Critical Incident of high profile that involved a murder/suicide in May 2004, NSMHA staff initiated a review of the Compass health Emergency Services Department. As part of the review process, NSMHA staff conducted a Root Cause Analysis of the event and requested a Corrective Action Plan from the Compass Health Emergency Services (ES) Department. NSMHA staff specified that the Corrective Action Plan contain the following components;

- Compass Health will conduct a minimum of 25% review of all ES/Outreach documentation and submit copies of all documentation and review tools to NSMHA for at least the next 90 days (Through October 2004)
- Compass Health ES documentation to emphasize inclusion of natural supports, follow-up and outreach.
- Compass Health will adopt a uniform template for Quality Improvement reviews
- Compass Health will report back to NSMHA on restrictions regarding confidential exchange of information during crisis investigations.

After extensive NSMHA feedback and multiple types of corrective action by Compass Health Emergency Services staff, gradual improvement in Emergency Service staff crisis documentation and follow through has occurred. The NSMHA review of Compass Health Emergency Services provision will continue during January 2005, and a decision regarding whether further follow up action is required will be made in February 2005. A detailed report of the results of the Compass Health Emergency Services review will be included in the 3rd BQ Integrated Report.

Outpatient Case Load Study

During the 2nd BQ 2004, NSMHA Quality Management staff conducted a review of caseload size at provider agencies. This review was conducted in accordance with the NSMHA contract with the State of Washington's Mental Health Division (MHD), which requires NSMHA to ensure that providers have the capacity to ensure expected consumer enrollment throughout the Region. Also, NSMHA had received anonymous complaints from several staff at provider agencies that caseload sizes of 80-100 were common and that service quality was decreasing due to these large caseloads. In response, the NSMHA Quality Management Committee was approached to participate in a system-wide caseload study.

For this study the NSMHA Quality Management Committee members provided assistance to design the survey instrument and process in order to ensure that the information received would be accurate, and allow for data to be gathered from clinicians that would enable the NSMHA to understand the complex dynamics of case loads. Many clinicians work only a portion of an FTE, some work with high need consumers and some combine a clinical case load with supervisory or other responsibilities. All these factors are important for accurate data interpretation and the provider's assistance in understanding how to best design the survey tool was invaluable.

The survey forms were distributed by provider staff at their individual agencies throughout the month of June. Clinicians filled them out and the form was reviewed and signed by their supervisor to ensure accuracy. Compass Health, bridgeways, Catholic Community Services Northwest, Lake Whatcom Residential and Treatment Center, Seamar Behavioral Health and Whatcom Counseling and Psychiatric Clinic participated. 7235 forms were received from 270 clinicians.

Case loads were reviewed against the level, type of client, FTE and other factors to determine whether case loads were within acceptable levels to ensure the capacity needed for availability of mental health services in accordance with state and federal standards. A baseline assumption from previous reviews carried forward in this study was that a general caseload size of 40 Level 1 clients carried by a full-time clinician was adequate to meet NSMHA clinical standards of care and state WAC expectations, and thus served as the benchmark for comparison.

Of the 270 caseloads reviewed, only 61 exceeded 40 cases. Many of these larger caseloads were explained by the type of service (primarily group or medication management). Some larger caseloads were carried by case managers as a member of a team or who had aides to assist.
A few caseloads seemed to be out of proportion to the work load factors provided and agencies were requested to further explain data submitted. Following this step, a very limited number of caseloads were determined to be excessive. Many of these larger caseloads were due to staff turnover at the agency, resulting in temporary transfer of a caseload from a departing clinician. While not optimal, this is to be expected on occasion, as staff turnover cannot always be anticipated in time to hire and train new staff.

Summary

With very few exceptions, case load sizes reported are reasonable in comparison with the clinical assignment, FTE and type of client served. This data would seem to indicate that our providers have the capacity to serve the current expected enrollment.

External Quality Review

During the 2nd BQ, NSMHA was reviewed by APS Healthcare, the External Quality Review Organization contracted by the Washington State Mental Health Division to meet Balanced Budget Act requirements. APS Healthcare will review all RSN's throughout Washington State and present a report to the Mental Health Division. The External Quality Review of NSMHA took place from August 16-18. NSMHA staff received a Draft EQRO report summarizing APS Healthcare's findings in October 2004. The Draft EQRO report noted NSMHA areas of strength as well as opportunities for improvement and an upcoming NSMHA requirement.

Areas of strength included;

- NSMHA has well established policies and procedures for the protection of enrollee rights and enrollees privilege to freely exercise their rights
- NSMHA has demonstrated commitment to the practice of culturally competent service provision as reported by network providers, and
- NSMHA has implemented Policies and Procedures for issuing Notices of Action of Action regarding Denial of requests for service

Opportunities for improvement included;

- NSMHA needs to establish a provision for internal monitoring and auditing of fraud and abuse in NSMHA's Fraud and Abuse Plan
- NSMHA needs to establish a process for monitoring Utilization Management

Upcoming NSMHA requirement identified during the External Quality Review;

- NSMHA, and all other RSN's, statewide, is required to implement a new process called "Encounter Validation" in order to systematically monitor and verify the accuracy and documentation at provider agencies through direct verification of encounters in the clinical record. Currently, NSMHA staff are in the planning and pilot stages to implement this new requirement.

A brief summary of the NSMHA scoring on the various subparts of the EQR follows;

Subparts C, D and F- A total of 87 items, scoring range from 0-5, with 5 being the highest

- Overall NSMHA average for the 87 questions- 3.3
- Specific scoring totals, by compliance rating-
  - 0- No Compliance- 3 items
  - 1- Insufficient Compliance- 3 items
  - 2-Partial Compliance- 15 items
  - 3-Moderate Compliance- 27 items
  - 4- Substantial Compliance- 30 items
  - 5- maximum Compliance- 9 items

The APS Healthcare Draft EQRO report has been reviewed by NSMHA Management staff. It has also been presented to the Regional Quality Management Committee. NSMHA will have the opportunity to review and discuss the Draft report with APS Healthcare staff before a Final report is forwarded to Washington State's Mental Health Division (MHD). The Final EQRO report will be presented to the Regional Quality Management Committee, the Quality Management Oversight Committee and the Regional Board of Directors by NSMHA staff.

As noted earlier, APS Healthcare is responsible for conducting External Quality Reviews at all 14 RSN's in Washington State. A report combining the results from all RSN's reviewed will then be presented to the MHD by APS Healthcare. MHD will, in turn, present this report to the Center for Medicare/Medicaid Services (CMS). NSMHA staff will keep all appropriate and interested parties informed of the Final EQRO report regarding NSMHA's performance, as well as the overall performance of all statewide RSN's as well.

Ombuds Reports

The NSMHA Ombuds Department Report presented here is for the period from April 2004 through September 2004. The Ombuds reporting period is slightly offset from the six month, 2nd BQ 2004 period. During the most recent reporting period, NSMHA Ombuds staff continued to work intensely with consumers and providers to successfully resolve consumer complaints. During the current reporting period, Ombuds received a total of 226 complaints (217 adult and 9 children), 172 of which were resolved to the consumer's satisfaction, for a 76% rate of successful resolution. Also, one Fair Hearing was requested during this time and 11 grievances were pursued. Ombuds note that the complaints they receive account for approximately 1% of the consumers currently in service.

Complaint Category	Number Received During Current Reporting Period	Number Received During Previous Reporting Period
Access	24	23 (3 children)
Dignity and Respect	13 (1 child)	4
Quality/Appropriateness	7	5 (1 child)
Phone calls not returned	0	1
Service Intensity	44 (6 children)	33 (3 children)
Consumer Rights	29 (2 children)	24 (1 child)

Physicians/Medications	19	17
Financial/Admin Services	34	12
Residential	1	10
Housing	26	13
Transportation	0	1
Emergency Services	21	25
Other	8	13

Ombuds staff note that, whereas the number of consumer grievances has increased during the most recent reporting period, from 6 to 13, that this is actually an encouraging development. Grievances may now be reported and pursued at the provider level, rather than at just the NSMHA level, and Ombuds staff feel that the fact clients are reporting more grievances to their respective providers is a positive indication that clients feel a heightened sense of comfort, trust and confidence in the providers ability to resolve the grievance in a mutually satisfactory manner.

Ombuds staff feel it is important to note that, while more complaints were reported during the most recent reporting period, it is still only approximately 1 percent of the number of consumers being served at any given time during the six month period. Also, Ombuds have noted a rise in conciliation resolutions reported in Whatcom County.

Based upon their experiences and interactions with consumers, family members, natural supports and advocates during the most recent reporting period, Ombuds staff recommend four (4) areas of quality improvement to focus on. These areas are;

1. Encourage provider-client communication and collaboration. When providers work more collaboratively with their clients, "intensity of services" complaints can generally be lowered. Many reported Ombuds complaints arise simply from a lack of communication.
2. Close attention must be paid to financial issues that impact clients.
3. Access to services, as well as all the various areas around access and discharge must be carefully monitored.
4. Back-to-Work programs for clients must be encouraged.

Complaint, Grievance and Fair Hearing Report

The most recent NSMHA Complaint, Grievance and Fair Hearing Report covers the period from April 1 through September 30, 2004. During this time period, NSMHA noted a upward trend in the total number of complaints received (326 complaints this period, 243 during the previous period), total number of cases reported (287 individuals this period, 214 during the previous period) and the number of complaints involving children (36 this period, 21 during the previous period. NSMHA is continuing to promote the "no blame" atmosphere in which to view complaint data. The NSMHA philosophy is that information about complaints creates opportunities for improvement and that consumers' voicing concern or ideas for improvement is a valuable and desirable form of consumer voice in a recovery model.

The Complaint, Grievance and Fair Hearing Report for the current six-month reporting period contained the highest number of complaints in the categories regarding;

- Financial and Administrative Services- 59 complaints, 18% of the total received
- Service Intensity/Availability/Coordination- 56 complaints, 17% of the total received
- Access- 44 complaints, 13% of the total received
- Emergency Services- 32 complaints, 10% of the total received, and

- Consumer Rights- 32, 10% of the total received

The percentage of complaints reported by Ombuds services was similar to the last reporting period (73% of the occurrences were reported by Ombuds services as compared with 72% during the previous reporting period). The percentage of cases reported by Ombuds services decreased since the last reporting period. (70% of the cases were reported by Ombuds services as compared with 77% percent during the previous reporting period).

Financial & Administrative Services accounted for the most complaints over the past 6 months and Service—Intensity, Not Available, and Coordination accounted for the most complaints over the past year.

NSMHA has also incorporated appeals into this report. Appeals were not, however, incorporated into the Complaint, Grievance, and Fair Hearing Report Form provided by the Mental Health Division, as the form and instructions do not yet contain information about where to count appeals.

There were 5 appeals initiated with NSMHA during this reporting period. All 5 appeals regarded the denial of outpatient mental health services by NSMHA. Three appeals involved denial of service for adults and 2 involved denial of service for children. All appeals resulted in the reversal of the initial NSMHA denial.

NSMHA views data about appeals as a central part of its Quality Management Program and has begun to incorporate appeal data into its quality management processes.

NSMHA has begun to request information from providers about how they use complaint, grievance, and fair hearing data in their internal quality management processes and will begin to incorporate this information into the complaint, grievance, appeal and fair hearing reports. NSMHA received many positive examples of how consumer concerns can lead to areas for further study and review or as areas identified for continuous quality improvement. Some examples are:

1. Whatcom Counseling and Psychiatric Clinic identified the need for increased training about spend downs and provided training to agency staff through DSHS.
2. Whatcom Counseling and Psychiatric Clinic also identified consumer concerns about billing discrepancies during the conversion to Raintree as an area for quality improvement and reviewed 100% of their billing records to ensure accuracy.
3. Sea Mar counseling also identified billing errors and access as areas for improvement and instituted plans for improvement
4. Compass Health identified quality improvements in the discharge process to ensure consumers successful transition to other community resources,
5. Several providers and NSMHA Ombuds services identified receiving complaints by non-Medicaid eligible individuals who are no longer eligible for services.

NSMHA has also begun to request semi-annual written information from Ombuds services about trends, system implications, or potential areas for quality improvement.

NSMHA has identified complaints about discharge from outpatient services as an area for further study and review. (Please see the *"Utilization Review of Closed Cases", page 21 Report of this Integrated Report)*

NSMHA continues to work towards broad and consistent reporting of complaints across multiple reporting sources. Increased reporting of complaints remains a goal of the NSMHA.

NSMHA's Internal Quality Management Committee (IQMC) will review the current complaint and grievance report, make recommendations for quality improvement, and present these recommendations to the Regional Quality Management Committee and Regional Quality Management and Oversight Committee.

NSMHA Regional Integrated Crisis Response System (ICRS) Committee

The ICRS Committee met monthly during the 2nd BQ 2004. This committee is comprised of NSMHA and provider staff involved in the provision of Emergency and Crisis services. The committee develops and monitors regional ICRS policies and procedures, reviews system aggregate data and pursues system wide problem solving and dialogue. During the 2nd BQ, the ICRS committee discussed various issues, including;

- Review and discussion of several critical incidents. Policies and procedures around risk assessment were evaluated in order to prevent similar incidents occurring again. Also, the committee reviewed A "Danger Assessment" instrument and finalized a "Crisis Outreach Safety" policy and procedure.
- The committee discussed the issue of domestic violence. Committee members agreed to research domestic training opportunities available in their communities and discuss the topic in subsequent meetings.
- Domestic violence training was arranged and scheduled for November 2004. This training was made available to all ICRS staff as well as any other interested provider staff.
- Expanding the inpatient capacity at the North Sound Evaluation and Treatment Facility (E&T) by one bed. This was seen as a quality improvement strategy to address the issue of inpatient capacity for involuntarily detained consumers. If the E&T were expanded by one bed, this would allow for less utilization of an involuntary bed at any local community hospitals.
- The ICRS reviewed and finalized a Crisis Respite Bed policy and procedure. This policy/procedure was subsequently submitted to and approved by the Regional Quality Management Oversight Committee.
- The committee reviewed and finalized a policy and procedure defining an "Episode of Care of Crisis Services".
- The various policies and procedures approved by the ICRS were reviewed for inclusion in the current NSMHA Clinical Eligibility and Care Standards.

Greg Long, Deputy Director of NSMHA, served as the Chair of the ICRS throughout the 2nd BQ and will continue in this capacity. The ICRS committee will continue its ongoing development of process to facilitate necessary changes in regional crisis system quality improvement needs within the NSMHA public mental health system. Issues the ICRS anticipates as needing particular attention during the next six months include adapting to changes required by the Center for Medicare/Medicaid Services (CMS), inpatient capacity/utilization, crisis contact sheet funding coding issues and ways to trim ICRS costs due to lack of funding from the State of Washington.

NSMHA Critical Incident Review Committee (CIRC)

The NSMHA Critical Incident Review Committee data reported here is for the period from July 2004 through September 2004. CIRC data received and reviewed is reported on a three-month lag from each BQ timeline. Review of CIRC data reported during this period indicated the following information;

- Critical incident reporting showed a decrease for July through September of 2004. There were 73 incidents reported for July through September of 2004, 91 incidents for April through June 2004, and 89 incidents for January through March 2004.

- A review of the historical data shows that Critical incident reporting for July through September of 2004 is similar to critical incident reporting for July through September of 2003. There were 73 incidents reported for July through September of 2004, as compared with 76 incidents for July through September of 2003. (See Attachments A and B-Table 1 Critical Incident Reporting-Aggregate Quarterly Totals by County 7/1/03-9/30/04 and Table 2-Critical Incidents Reported to NSMHA 7/1/03-9/30/04-By Type and County for a break out of incidents by quarter since July 2003).

- The number of reported deaths showed a slight increase for July through September of 2004. There were 20 reported deaths for July through September 2004 as compared to 18 for April through June of 2004.

- There was a decrease in reported incidents from the Evaluation & Treatment Facilities (E&Ts). For July through September 2004 there was one reported incident from the E&Ts as compared with 10 for April through June 2004 and 13 for January through March 2004).

- Of the 73 reported incidents for July through September of 2004, 20 were death of a consumer, 33 were injury or illness, 6 were assault, 1 was property damage, and 13 were other. 42 reported incidents occurred in Snohomish County, 23 in Whatcom, 5 in Skagit, 1 in Island, 0 in San Juan County, and 2 in counties outside of the North Sound Region.

The CIRC continues to review all reported critical incidents and all provider critical incident reviews either submitted to or requested by the committee. The CIRC also referred critical incidents to the NSMHA for critical incident review. One of these reviews included a review of the assessment, denial and appeals process as well as a review of the critical incident. The NSMHA review found that the requirements and timelines were met for the assessment, authorization and appeals process. The NSMHA review also identified potential areas for quality improvement. The NSMHA Internal Quality management Committee (IQMC) will review these identified areas for quality improvement.

The CIRC has also continued to make referrals to NSMHA quality management sub-committees. As outlined in the last report, CIRC reviewed a critical incident that involved a consumer who needed to be involuntarily hospitalized when no hospital beds were available in the region. This issue was referred to the NSMHA Internal Quality Management Committee (IQMC) for review. Following review by the IQMC, the NSMHA requested that the Integrated Crisis Response System (ICRS) Committee review any steps they can take to reduce inpatient admissions, review the practice to hold a bed at the Evaluation and Treatment Facility in Snohomish County, and develop a regional protocol that outlines procedures when consumers require detention and there is no inpatient capacity within the region or state. (*The NSMHA*

ICRS committee has reviewed and revised the crisis respite protocols. The crisis respite protocols now outline more clearly how risk assessment, safety planning and triage will occur for consumers who discharge from crisis respite facilities.)

The pattern of Critical incidents at the Evaluation and Treatment Facilities (E&Ts) was identified by CIRC as an area for further study and review. As outlined in the last report the NSMHA conducted a review of critical incidents at the E&Ts and requested a corrective action plan to address the identified issues.

The identified issues included the use of contracted staff to meet required staffing levels, concerns regarding onsite critical incident occurrences, and reliance on local law enforcement staff to provide security. Compass Health has implemented the corrective action plan.

The critical incident database continues to be updated to allow for more complete and accurate reporting of critical incidents in future reports. Throughout the 2nd BQ, CIRC and providers have continued to move towards utilizing data and information about critical incidents as opportunities for quality improvement at all levels of the system (within a program, within a provider, county wide, or region wide). 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.

Review of Restraint and Seclusion Policies and Procedures at Regional Evaluation and Treatment Facilities (E&T's)

During the 2nd BQ, NSMHA staff received a number of complaints regarding restraint and seclusion practices at the two Regional E&T's, including one made to the Governor's office. Following a review of the complaints, as well as the appropriate WAC's regarding the proper use of Restraints and Seclusion, NSMHA sent a letter to Carol Kerr-Ragan, the Director of both E&T's at Compass Health requesting that she initiate quality improvement activities at both E&T's to address the following points;

- Replace the current leather straps with new restraint equipment that can be washed and sanitized.
- Investigate replacing the current beds in seclusion rooms with beds more suited to restraint application, that can be adjusted to proper height and allows for safe and suitable patient positioning.
- Expand current restraint and seclusion procedures to detail specific application techniques and safety precautions so that all aspects are clear and requirements made explicit. Provide NSMHA with a copy of the amended procedures to review.
- Consider bringing in a consultant or visiting other inpatient units to gain information on best practices in the use of restraint and seclusion, new types of equipment, etc.
- Train all staff on the revised restraint and seclusion procedures.
- Explore with staff opportunities to improve internal communications.
- Change the Incident Debriefing form at both E&T's to add a section for "Areas for Improvement" to gather ongoing staff feedback regarding restraint and seclusion episodes.

A report from Ms. Kerr-Ragan in October 2004 detailing actions taken at both E&T's to address and correct NSMHA concerns regarding these identified quality improvement activities. NSMHA staff reviewed Ms. Kerr-Ragan's letter, agreed to accept her actions taken and sent her a letter

confirming acceptance of her implemented actions. NSMHA staff will continue to monitor the situation during 2005, through a scheduled onsite E&T review as well as monitoring of any complaints received regarding restraint and seclusion activities at either E&T.

Regional Medical Directors Committee

The Regional Medical Directors is part of the NSMHA integrated quality management process. This Committee met twice during the 2nd BQ 2004. It is comprised of the NSMHA Medical Director, the Associated Provider Network (APN) Medical Director; Medical Directors from NSMHA contracted providers and NSMHA staff. The Committee is charged with the following tasks;

- Provide guidance to the development of Medical Practices throughout the public mental health system in the North Sound region
- Identify emerging trends and issues of concern in medical psychiatric practices, and
- Develop or approve regional Medical policies and procedures

During the 2nd BQ 2004, the Medical Directors Committee discussed the implications of various changes upon the Regional mental health system necessitated by the Center for Medicare/Medicaid Services (CMS) regulations. These changes will affect who is eligible for outpatient mental health services, residential services and medical services in the Region. The Medical Directors' discussed the implications upon both consumers and the system and will continue to evaluate the changes as the regulations go into effect.

The issue of outpatient providers no longer being able to provide intra-muscular (IM) Risperidol injections was discussed by the Medical Directors. Compass Health has issued a directive that they can no longer give the injections on an outpatient basis because of how long it takes to give the injection and the fact that Compass Health has currently maximized their nursing services capabilities. The group discussed possible alternatives and/or solutions to this unfortunate situation.

Another issue discussed was the difficulty Compass Health is experiencing regarding child psychiatrists. Two full time staff members at Compass Health are retiring within a year, and replacing them is a concern for Compass. Given the importance of this issue, and the relative inability of Compass to control the child psychiatrist shortage, the Medical Directors' agreed to take the topic under advisement and to revisit/review it on a regular basis during the course of their future meetings.

Also discussed on an ongoing basis was the issue of coordination of inpatient and outpatient care. Such coordination is seen by all concerned as a vital aspect of effective care coordination for consumers and is a carry-over topic from previous Medical Director's meetings. Meetings with medical directors from community hospitals have occurred and the idea of having a list of contact liaisons for Regional and community medical/mental health staff was proposed as a mechanism to facilitate effective care coordination.

The use of seclusion and restraints at Regional E&T's was reviewed. Compass Health medical staff have worked with E&T staff about using alternatives before using either seclusion or

restraints. It was reported that the Medical Director of Western State Hospital (WSH) indicates WSH staff are moving toward not using restraints on consumers at WSH.

Regional Quality Management Committee

The Regional Quality Management Committee (QMC) is comprised of clinical and quality management staff from NSMHA and providers. Its many purposes include establishing an integrated quality management process throughout the region, identifying regional program development/quality initiatives and quality improvement measures and developing regional quality and utilization management plans. The Committee met monthly during the 2nd BQ 2004. The Regional Quality Management Committee (QMC) discussed the upcoming External Quality Review (EQR) of NSMHA and how the EQR would involve interviews of some provider staff as part of the EQR process. In preparation for anticipated EQR and Balanced Budget Act (BBA) requirements, NSMHA has updated and revised many of their policies and procedures and is working with providers to adopt their policies and procedures to match NSMHA's. The QMC reviewed the Draft EQRO Report presented by NSMHA staff at the November QMC meeting and provided input regarding points addressed in the Report. The Final EQRO Report will be reviewed and discussed by the QMC once NSMHA staff have had an opportunity to respond to the Draft report and provide their input to EQR staff regarding the content and conclusions in the Final EQRO Report. This Final EQRO Report will then be forwarded on by the QMC to the Regional Quality Management Oversight Committee (QMOC) and from QMOC to the Regional Bard of Directors.

During the 2nd BQ the QMC received, reviewed, and forwarded on to the Regional Quality Management Oversight Committee the following reports or documents;

- The NSMHA Case Load Study,
- The NSMHA 1st BQ 2004 Integrated Report,
- The NSMHA Critical Incident Report,
- The NSMHA Clinical Eligibility and Care Standards (CECS)
- The NSMHA Integrated Crisis Response Committee Report, and
- The NSMHA Utilization Management Sub-Committee Report

Providers continued to report their Quality Assurance Review scores to the QMC on a quarterly basis, and submitted Corrective Action Plans regarding Review scores under 90% to the QMC. The QMC adopted a practice of allowing any provider who attained scores over 90% on all nine (9) sections of the Review the option of conducting their internal Reviews every six months instead of every three months. Lake Whatcom Center, SeaMar and Whatcom Counseling and Psychiatric Clinic achieved scores qualifying them to present their Quality Assurance Reviews every six months based on their exemplary scores during the previous two Review cycles.

Regional Training Committee

The Regional Training Committee, comprised of NSMHA staff, provider staff and NSMHA Advisory Board staff met every other month during the 2nd BQ 2004. During this time, they continued to revise and update the Regional Training Plan. The NSMHA Board of Directors approved the current version of the Regional Training Plan on September 9, 2004. At their meetings during the 2nd BQ, Training Committee members;

- Incorporated training on Domestic Violence Risk Assessment into the Regional Training plan
- Included Domestic Violence Risk Assessment as a topic in the January 2005 Regional Recovery Conference and the Tribal Conference planned for Spring 2005
- Sponsored a 4-part region-wide Teleconference Training on Center for Medicare/Medicaid Services (CMS) documentation requirements
- Worked on developing a Regional Training Module regarding Clinical Risk Assessment
- Continued development of Regional Training Modules to address Co-occurring Disorder and Trauma related issues
- Continued developing a Regional Training Module regarding Tribal issues

During the 2nd BQ, Wendy Klamp, NSMHA Quality Management Department Supervisor, received publication in the national mental health periodical *Behavioral Healthcare Tomorrow*. Wendy's article, entitled "Overtrained and Overwhelmed", detailed some of the pressures faced by mental health providers as they attempt to keep all staff current regarding training and professional certification issues and requirements.

The ongoing work of the Regional Training Committee will continue during 2005, as they revise, refine and implement training needs relevant to identified regional issues.

Clinical Guidelines Manual

NSMHA staff, in collaboration with regional provider staff, developed Clinical Guidelines during the 1st BQ. The regional Clinical Guidelines were presented to and approved by the Regional Quality Management Committee and the Quality Management Oversight Committee. They were approved by the NSMHA Board of Directors at the June 29, 2004 Board meeting.

Clinical Guidelines for the following age groups and diagnoses have been developed;

Adults	Children/Youth
Anxiety Disorders	Anxiety Disorders
Bi-polar Disorders	Attention Deficit/Hyperactivity Disorders
Co-occurring Disorders	Bi-polar Disorders
Depressive Disorders	Conduct Disorders
Schizophrenia and other psychotic Disorders	Depressive Disorders
Trauma-based Disorders	Schizophrenia and other psychotic Disorders

NSMHA Quality Specialists used these Clinical Guidelines as a basis for review in the course of their work processing Denial Review Requests from providers and performing Utilization Reviews during the 2nd BQ. In general, during the course of these reviews, Quality Specialists found that clinical staff at provider agencies are implementing the guidelines appropriately.

Clinical Guidelines provide a foundation to assist the regional mental health system in the delivery of high quality, consistent clinical services. They also promote the delivery of consistent clinical care on a regional basis. Since the guidelines are based on evolving scientific research and experience, they will be reviewed/updated periodically by NSMHA staff.

NSMHA Trauma Committee

The NSMHA Trauma Committee, an ad hoc trauma work group comprised of NSMHA and provider staff met twice during the 2nd BQ. The Committee selected a trauma-screening tool that will be included in the Assessment process at provider agencies. The Committee also began work on a Trauma Awareness training module that, upon completion, will be submitted to the Regional Training Committee for approval and inclusion in the Regional Training Plan.

A Draft Clinical Guideline, consistent with DSM-IV-TR criteria descriptive of the diagnosis "Posttraumatic Stress Disorder, 309.1, was been reviewed by the Trauma Committee and is being considered for addition to the NSMHA Clinical Guidelines manual.

To date, three (3) trauma pilot projects are in place throughout the Region; one at Whatcom Counseling and Psychiatric Clinic (WCPC) in Bellingham, led by Kathleen Daughenbaugh, one at Compass Health-North in Mt. Vernon, led by Roksan Oliver and one at Compass Health-South, led by Barbara Mc Fadden. Beckie Bacon, NSMHA QRT, has been working with these trauma group leaders on a Trauma Training and Awareness Project, designed to further educate staff throughout the Region on aspects of service related to providing effective care to individuals experiencing trauma related symptoms.

During 2005, reports from the provider staff leading trauma groups and a report from the Trauma Training and Awareness Project will be presented to the Trauma Committee. These reports will then be forwarded on to the Regional Quality Management Committee, the Quality Management Oversight Committee and to the NSMHA Board of Directors.

Utilization Management Sub-Committee

The NSMHA Utilization Management (UM) Sub-Committee, comprised of NSMHA and provider staff, met three times during the second six months of 2004. During the meetings, the Sub-Committee reviewed the implementation of the Denial Review Request process as well as the on-going monthly Utilization Reviews by NSMHA Quality Specialists.

As of June 1, 2004, UM staff began reviewing all consumer requests for service that are denied by providers following a completed Assessment with the consumer. NSMHA is responsible for all denials of service requests, and, as the prepaid health plan for the Region, NSMHA is required to review and approve all denial of service requests by providers. If, after review of the Assessment documentation from the provider, NSMHA agrees with the provider that the applicant is not eligible for covered mental health services, NSMHA is required to inform the applicant, in writing, that they do not meet eligibility requirements. NSMHA is also required to inform the applicant of their appeal rights, in writing, so that they may contest the decision to deny them mental health services if they wish. NSMHA UM staff have developed and implemented policies, procedures and a Regional documentation/timeline process that define the denial protocol and have instructed provider agencies as to the proper implementation of this process.

To date, NSMHA staff have reviewed approximately 250 Denial Review Requests from providers. The Denial Review process began in mid June 2004. Each month, NSMHA staff prepare Monthly Reports summarizing the results for the month and present these Reports to the UM Sub-Committee, the Regional Quality Management Committee (QMC) and the Quality Management Oversight Committee (QMOC).

Refinements to the Denial Review process have included;

- Revisions of the Denial Review Request forms
- Presentations at provider sites and to Regional Committees describing the Denial Review request process
- Implementation of an Appeal process for consumers who choose to contest the decision to deny their request for services
- Establishment of a database program to document all Denial Review Requests and by which to track the database for any trends and/or patterns related to the process. This tracking is designed to identify/track trends by provider agency, Assessment staff, county and/or diagnosis.

Utilization Reviews of recently opened, ongoing and closed cases are also performed monthly by NSMHA Quality Specialists onsite at provider agencies and reported to the UM Sub-Committee, the Regional Quality Management Committee (QMC) and the Quality Management Oversight Committee (QMOC). To date, approximately 500 of these Utilization Reviews have been done. The purpose of these reviews is to verify that the people receiving outpatient mental health services throughout the Region are receiving the right amount of the right service at the right time. Review trends indicate that this is happening in the vast majority of cases reviewed. Individual instances where this is not occurring are described and presented to providers, in writing, with resultant corrective action requested.

During the 2nd BQ, the UM Sub-Committee received two specific requests to review services provided to consumers. The specific areas requested for review were;

- Consumers who had had their cases closed during the past six months, and
- Consumers who had been identified as high utilizers of inpatient services

Utilization Review of Closed Cases- NSMHA Ombuds staff reported that they had received several complaints from consumers who felt that providers had closed their cases before the consumer was ready for and agreeable to treatment being ended. In order to determine if this was a region-wide trend, Ombuds requested that NSMHA and providers investigate the issue. NSMHA staff conducted a Focused Review of 120 randomly selected recently closed cases. Results indicated that none of the 120 cases reviewed indicated that the cases had been closed against the wishes of the consumer. These results were subsequently reported to the UM Sub-Committee, the Regional QMC and to QMOC.

Utilization Review of cases identified as high utilizers of inpatient services- Inpatient services is one of the areas the UM Sub-Committee identified in it's Charter as an area to address regarding over/under utilization of services. To investigate this area, NSMHA staff selected 40 cases of inpatient utilization to review during the 2nd BQ. The intent of the review was to determine if the hospitalizations were appropriate or could have been prevented and to verify that post-hospitalization outpatient services were of appropriate intensity and individualization. Review results were mixed. Whereas the hospitalization episodes were seen as appropriate, post-hospitalization services were not judged to be of sufficient intensity and specificity. Inpatient Discharge recommendations were not always incorporated in subsequent outpatient treatment planning. Some Treatment Plans and Crisis Plans were not updated/modified following inpatient episodes. An area of noted strength, however, was that inpatient medication changes and/or adjustments were consistently incorporated into ongoing outpatient services, in a timely manner.

During the 2nd BQ, NSMHA hired another member of the IS Department, Dennis Regan. Dennis has joined the UM Sub-Committee and begun producing detailed utilization reports for the Sub-Committee to review. These reports detail inpatient, outpatient and crisis services and the Sub-Committee has the ability to make data-driven decisions regarding which areas of service to

target for review. Dennis has also provided the Sub-Committee with ongoing versions of the "UM Dashboard", which is used to track service trends in order to evaluate usage patterns and to determine areas of over/under utilization that may warrant investigation by the Sub-Committee.

NSMHA Quality Management 2004-2005 Plan Changes

During the 2nd BQ, the NSMHA QM 2004-2005 Plan was changed to reflect changes in the provision of Regional Supervised Services necessitated by the Center for Medicare/Medicaid Services (CMS) regulations. These regulations stipulate that payment for mental health services can only be received by residential facilities that house no more than 16 mental health residents. Several facilities throughout the Region (Aurora House, bridgeways, Greenhouse and Lake Whatcom Residential and Treatment Center) are affected by these regulations. Another group of consumers who may be affected by CMS regulatory changes are residents of Adult Family Homes who currently receive Medicaid Personal Care funding paid for through NSMHA. In response to the CMS regulations, the affected Regional residential facilities are downsizing, so as to be in compliance with the regulations. Many creative and innovative innovations have been implemented by the facilities. At the request of the Regional Quality Management Oversight Committee (QMOC), NSMHA staff, provider staff, consumers, consumer advocates and stakeholders formed a residential Transition Study Work Group. The purpose of this Work Group is to plan a process to study and monitor the impact of these residential changes on the affected consumers to ensure that there are no adverse outcomes.

Reports from the Residential Work Group will be presented to QMOC quarterly, beginning in January 2005 and continuing through June 2005.

The NSMHA QM 2004-2005 Plan was amended to reflect the addition of this Work Group and Transition Study. The addition is identified as "Objective 10B" in the Quality Assurance Strategies, Focus Area: Process of Care" section of the Work Plan section of the NSMHA QM Plan.

Quality Management Department changes

Personnel changes

During the 2nd BQ, the NSMHA Quality Management Department underwent some quite dramatic changes. Two senior staff, Gary Williams and Linda Benoit, who have each been with NSMHA for thirteen years, moved on to new positions. Gary is now the Whatcom County Human Services Coordinator and Linda is working for the Division of Child and Family Services. Throughout their time with NSMHA, both Gary and Linda have been integral to the implementation of NSMHA quality management activities. Their contributions and formative direction will be sorely missed. Subsequent to Gary and Linda's departure, NSMHA was fortunate enough to hire two new fulltime staff, Debra Jaccard and Sandy Whitcutt. Debra brings years of experience as a Geriatric Mental Health Specialist and is a Registered Nurse. Sandy is a Child Mental Health Specialist and has also worked as a County Designated Mental Health Professional in Skagit County as well as at a local Community Health Center in

Snohomish County. Both Debra and Sandy will be working on the NSMHA Denial Request Reviews, monthly and Focused Utilization reviews as well as many other duties. Their expertise and knowledge will immediately impact the NSMHA Quality Management Department.

Internal changes necessitated by external mandates

In response to mandated CMS, BBS and EQRO requirements, the NSMHA QM Department implemented significant internal redesign changes during the past six months. For example, BBA requirements prohibit people who do certain functions from being involved in other areas related to the review, provision or appeal of services. To accommodate this BBA requirement, NSMHA restructured the duties and responsibilities of QS staff. Specific QS staff have been designated to perform specific functions and do not cross over into other staff's areas of responsibility so as to maintain the separation and distinction of duties required by BBA.

An example of how QS staff have reconfigured themselves to accommodate this separation of duties is the Denial Desk Review function at the Region. The State of Washington's Mental Health Division (MHD) has implemented state-wide Access to Care Standards that diagnostically define mental health eligibility requirements for consumers receiving Medicaid funding. Providers who conduct Intake Assessments with consumers and then determine that the consumer does not meet required diagnostic eligibility cannot deny services to these individuals without first having NSMHA QS staff review the provider Denial Review request and agree that the consumer does not meet eligibility requirements. NSMHA then informs the consumer, in writing, that they doe not meet current eligibility requirements and provides written instructions to the consumer describing how the consumer can challenge or appeal the NSMHA decision, if they choose. If the consumer does choose to appeal their denial of services, the appeal must be heard by different NSMHA staff than those involved in the original decision, in order to avoid conflict of interest issues. Therefore, QS staff must be designated into functions that do not overlap; Denial Review staff do not participate in appeal decisions and appeal staff do not participate in Denial Review decisions.

In response to CMS and EQRO requirements, QS staff have expanded their review and oversight responsibilities. Ongoing refinements of the Denial Review process have proceeded in accordance with state wide Access to Care Standards. Utilization Review activities have expanded to include two (2) Focused Reviews, one on inpatient utilization and one on Closed cases, as well as continuing the monthly reviews of outpatient services. During the 3rd BQ, QS staff will begin Encounter Validation reviews required by the EQRO, as well as participating in reviews of SeaMar Behavioral Health, Whatcom Counseling and Psychiatric Clinic, Compass Health, Catholic Community Services and both Regional E&T's.

The Quality Management Department changes described above, although necessary, have been painful. In order to focus on and prioritize externally mandated requirements, QS staff have had to withdraw from their ongoing participation in various Work Groups and Committees in which they had been involved, in some cases for years. The opportunity to participate in and contribute collaboratively to such Work Groups and Committees has always been one of the activities QS staff enjoy. The face-to-face contact with providers and consumers has allowed QS staff a real-world working knowledge of issues immediately impacting providers and consumers and led to creative, innovative problem solving, mutually beneficial to consumers and providers. Although QS staff will continue to be involved with some Work Groups and Committees, their involvement will be reduced. QS staff recognize, and yet regret, the reality of these new expectations.

Clinical Eligibility and Care Standards (CECS)

This document, which details clinical eligibility criteria and provision of care standards required throughout the Region was updated and revised during the 2nd BQ to reflect all necessary Mental Health Division (MHD), Center for Medicaid and Medicare Services (CMS) and Balanced Budget Act (BBA) requirements. The revisions will be presented to the Regional Quality Management Committee and the Quality Management Oversight Committee in January 2005 and to the NSMHA Board of Directors in February 2005. The most significant revisions to the CECS included the;

- Addition of Integrated Crisis Response System (ICRS) requirements
- Inclusion of the State of Washington Mental Health Division's Treatment modalities
- Clarification and emphasis on the point that NSMHA will provide outpatient mental health services to individuals receiving court-ordered treatment, whether these individuals are currently receiving Medicaid funding or not
- Revision to the Residential/Housing section of the CECS, in accordance with CMS regulations
- Addition of timeline standards related to requests for services that are denied
- Clarification/expansion of the section related to closing an open episode of care

Revisions and updates to the CECS are ongoing and will continue during upcoming BQ's.

Summary

Throughout the last six months of 2004, numerous quality management activities, in accordance with the NSMHA Quality Management Plan 2004-2005 were performed. Results of these activities were presented to the Regional Quality Management Committee, the Quality Management Oversight Committee and the NSMHA Board of Directors. Several overarching themes became apparent as quality management activities were scrutinized and reviewed. Some of these themes are;

Change has become the rule-

- As external requirements increase from sources like CMS, BBA, EQRO and MHD, resources available to meet these requirements decrease. For example, shrinking state dollars available to RSN's have necessitated cutbacks in services provided to people who do not currently receive Medicaid funding. Also, statewide Access to Care Standards have revised eligibility requirements for consumers seeking outpatient mental health services who are Medicaid recipients. People who formerly qualified for services may not qualify for services, based upon the new eligibility criteria. NSMHA and provider staff and consumers are all struggling to adapt to the new eligibility criteria, as well as to changes in residential supports, crisis services and medication coverage. The entire mental health system is undergoing a tremendous amount of change.

Regional oversight has expanded and appears adequate-

- NSMHA staff have increased their quality management oversight activities throughout the Region. An Outpatient caseload Study was conducted, as well as utilization reviews of cases recently closed and cases indicating a high usage of inpatient services.

Results from these reviews indicate that current caseload sizes are appropriate; people being discharged from services meet discharge requirements and, in most cases, people utilizing inpatient services are receiving appropriate before and after-hospitalization care. Ongoing reviews of provider-denied requests for services are being performed by NSMHA staff, as are monthly, randomly selected cases from providers throughout the Region. Results from the Denial Reviews and Utilization Reviews are discussed with individual providers and presented to the Regional Quality Management Committee and the Quality Management Oversight Committee. NSMHA staff have further refined their oversight activities during the 2nd BQ.

- NSMHA staff have reviewed documentation and provision of Crisis Services throughout the Region. Where necessary, providers have been asked to submit and implement Corrective Action Plans to address identified areas of concern. Whatcom Counseling and Psychiatric Clinic has successfully completed all requested MHD and NSMHA Corrective Action. Compass Health continues to implement their Corrective Action Plan.

Regional integration of quality management activities has occurred-

- Quality improvement issues are discussed department-wide on a monthly basis by NSMHA staff, ensuring that all Departments are aware of what one Department is seeing. This ongoing communication allows staff to determine if the particular issue warrants further, Region-wide attention. An example of this integration is that when Ombuds staff reported they were receiving complaints from consumers who felt they had been prematurely exited from treatment, QS staff conducted an expanded, Region-wide utilization review to investigate whether this situation was endemic. Review results indicated it was not and Ombuds staff continue to assist consumers on an individual basis regarding this issue.
- Another example of the regional integration of quality management activities is the Outpatient Caseload Study. NSMHA investigated complaints that excessively large caseload sizes were preventing consumers from receiving quality care. The issue was discussed with the Regional Quality Management Committee and a review was planned in collaboration with providers. Results indicated that, overall, caseload sizes were appropriate.
- NSMHA staff have worked with provider staff, providing technical assistance related to provider Quality Management Plans and Policies and Procedures. Consequently, provider QM Plans and Policies and Procedures integrate with NSMHA's, providing a consistent quality management direction throughout the Region.

Please refer any questions regarding this Integrated Report to:

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