

# RECOVERY AROUND THE SOUND

## North Sound Mental Health Administration



Fall 2013



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Strapped to a gurney in the hallway of a busy Emergency Department is probably no one's idea of mental health treatment. But for thousands of persons a year in Washington State, including hundreds in the North Sound region, this is where they end up at when they've suffered a mental health crisis. The problem is known as "boarding". Temporarily maintaining a person suffering an acute mental health crisis in a community hospital emergency department or medical ward because there are no available beds in a regular psychiatric unit or Evaluation and Treatment facility has become increasingly common.

Tackling the problem on a regional basis was

selected by the North Sound Regional Health Alliance as their first project. The North Sound Regional Health Alliance was

formed in 2012 by the 5 counties of the North Sound region and NSMHA to identify opportunities for improving

health care integration at the local level. The goal was to both improve regional level collaboration across systems as well as give the region a voice in the State's several health care reform initiatives.

On October 31, the Regional Health Alliance invited the North Sound community hospitals to

participate in a ½ day meeting to develop a vision for a better system of caring for persons suffering from mental health



crises that would reduce the incidences of boarding. Clearly, the inadequate supply of psychiatric beds for a region our size is one of the underlying factors – and one that we can't easily address on a regional level alone. However, some of the other potential opportunities for reducing boarding could be pursued by additional collaborative efforts between hospitals, public

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health, behavioral health organization, Long Term Care Service organizations, health plans, first responders, and others.

A sample of some of the ideas proposed included:

- Developing more community living options with services for the more difficult to care for persons.
- Expanding the use of Mobile Outreach Teams.
- Establishing a “tele-behavioral health” network to provide

quicker access to psychiatric consultation and medication evaluations.

- Creating health information exchange networks linking mental health agencies, community hospitals and possibly law enforcement.
- Creating a real-time on-line data base showing the availability of psychiatric beds at any point in time.

Over the next several months, representatives from the Regional Health Alliance, Community

Hospitals, Public Health, Mental Health Agencies, Area Agencies on Aging, DSHS Home and Community Services and others will be working on ideas which can be translated into action.

The parallel effort by NSMHA to strengthen the overall crisis system will add additional support for implementing some of these ideas [see article below].

## NSMHA Reviews the Mental Health Crisis Services System

Joe Valentine, Executive Director, NSMHA

In meeting rooms across the region, NSMHA staff and county mental health coordinators sat around tables with law enforcement, community hospital staff, mental health professionals, community crisis teams and others to get a “street level view” of how well the mental health crisis system works on a daily basis. We asked 3 simple questions: “What’s working, what are the challenges, and how could the system be improved”? At the same time, an on-line survey was sent to hundreds of persons throughout the 5 county region asking the same questions.

These efforts resulted in a rich harvest of ideas and insights that crystallized into some clear themes regarding both the challenges faced and opportunities for improvement. Some of the ideas for improvement would

require additional resources and other partners but some would be surprisingly easy to implement. One of the more “doable” ideas is to create clear protocols for law enforcement, Emergency Department staff, and other primary referral sources on how to access and use the North Sound Crisis Response system. This could be described as creating a “user guide” for mental health crisis services.

Some of the more promising ideas, ones that would require other partners to implement, include:

- Increasing the capacity of the Triage Centers to accept more referrals from law enforcement.
- Creating alternatives for crisis stabilization services in the parts of the region that don’t have easy access to the 3 existing Triage Centers.

- Setting up a tele-behavioral health network to provide ready access to psychiatric consultation and medication evaluations.
- Increasing mobile outreach.
- Increasing the availability of mental health professionals to provide consultation to law enforcement and hospitals.

Over the next several months, NSMHA staff will be working with the County Coordinators to create a list of options for restructuring and strengthening the Crisis Response System. These options will be “field tested” with the different county crisis oversight and community teams. The finalized proposals will be reviewed with NSMHA’s committees; the Advisory Board, and Board of Directors. The goal is to implement the options selected by the Board later in 2014.

## Motivational Interviewing Comes to the North Sound Region

Greg Long, Deputy Director, NSMHA

Motivational Interviewing is an evidence-based practice demonstrated to be effective through extensive research and studies. It assists individuals in overcoming their ambivalence to change while being highly respectful of the individual. It is based on the client-centered counseling principles of Carl Rogers from over 40 years ago and then developed by Professor William R. Miller, PhD and Professor Stephen Rollnick, Ph.D. to treat people abusing substances. Currently the approach is being used by primary care providers, medical specialists, care coordinators and counselors of all types. Motivational Interviewing is effective with children and adults.

This approach is a client-centered, semi-directive method of engaging the intrinsic motivation in all people to change behavior by developing discrepancy and exploring and resolving ambivalence within the individual. Motivational Interviewing is based on the following principles:

- Expressing empathy.
- Developing discrepancy by exploring the discrepancy between how individuals want their lives to be versus how they currently are.
- Rolling with resistance—an

individual's reluctance to change is natural rather than pathological.

- Supporting self-efficacy and embracing an individual's autonomy even when clients choose to not change. This helps clients move toward change successfully and with confidence.

The main goals of Motivational Interviewing are to establish rapport, elicit change talk, and establish commitment language from the individual. It focuses on bringing about change through explicit listening and intervention techniques such as reflective listening, affirming, summarizing, asking permission, reframing, evoking change talk and using a readiness to change ruler.

NSMHA has funded a sequence of introductory and advanced Motivational Interviewing trainings for 200 provider clinical staff across the region over the last two years. The four day training course provides a solid foundation for

counseling staff to develop these skills. In the last training course additional training and consultation was provided to supervisors and managers.

NSMHA selected this evidence-based practice (EBP) because it has proven effective in helping people change while respecting their dignity. NSMHA believes that the implementation of these strategies has increased individuals' satisfaction with treatment and reduced complaints and grievances. The intention is for Motivational Interviewing to be a standard of practice throughout our regional network.

For more information on Motivational Interviewing a good place to begin is:

<http://www.samhsa.gov/occurring/topics/training/motivational.aspx>



## Don't Be A Victim - YOU Can Help Prevent Health Care Fraud

Lisa Grosso, Operations Mgr/Compliance Officer, NSMHA

In our July article we shared that fraud and abuse are the number one threats to our health care system, costing Americans billions of dollars each year. In May 2013 alone, a nationwide takedown by Medicare Fraud Strike Force operations in eight cities resulted in charges against 89 individuals, including doctors, nurses and other licensed medical professionals, for their alleged participation in Medicare fraud schemes involving approximately \$223 million in false billings.

The crisis and outpatient mental health services provided in the North Sound Mental Health Administration (NSMHA) network of providers are funded by Medicaid, State and Federal dollars coming directly from us all as taxpayers. Health care fraud, just like any type of theft, drives up costs for us all... only this is not the cost of goods or products from a store; *it is the cost of our health care.*

You are probably asking yourself, what can I do to help prevent health care fraud?

To answer that question, you need to know what health care fraud is and how to identify and report it.

A health care provider or consumer commits fraud when he or she deliberately breaks the

rules to get payment or treatment to which he or she is not entitled.

Here are examples of health care fraud sometimes committed by providers:

- Billing a health insurance company or government program (Medicare, Medicaid, etc.) for services when he or she has not provided any – or billing for extra services or procedures that were not provided.
- Billing a health insurance company or government



program for procedures or services that cost more than those actually provided.

- Performing procedures or services that the patient does not need just so that the provider may bill an insurance company or government program. Sometimes unnecessary procedures or services can harm patients.
- Providing services that are not covered by the patients insurance – and/or are not necessary – but submitting a bill for covered and medically

necessary services.

- Reporting a false diagnosis as the basis for tests or procedures that the patient does not need.
- Billing separately for each step of a single procedure to increase what is paid for the procedure; this is commonly called “unbundling.”
- Accepting “kickbacks” for referring patients to other providers or to a service in which they, or their immediate family, have a financial interest that is not an exception to the law.

An individual commits health insurance fraud by:

- Allowing someone else to use his or her identity and insurance information to obtain health care services.
- Using benefits to pay for prescriptions that were not prescribed by his or her doctor.

Here are simple fraud-fighting steps that will both help keep you from becoming a health care fraud victim while at the same time it will help prevent the theft of funds intended for the health care for us all.

- If you suspect that a provider has committed Medicaid fraud, double check with the provider to be sure it is not a simple mistake first. Sometimes human and computer errors do occur,

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so give your provider the benefit of the doubt from the start. If so-called errors seem to be happening often, then it's time to investigate! The last thing you want is to wrongly accuse your health provider, so be sure to approach suspected health care fraud with caution. For this reason, each of the NSMHA network providers has a Compliance Officer in their agency to which such suspicions may be reported for investigation.

- If you do suspect health care fraud, report it. Call your health insurance company right away – or you may report your suspicion of health care fraud occurring within the NSMHA network of providers to either the Compliance Officer at the respective agency, or:

NSMHA Compliance Officer:  
 (360) 419-5617 or  
 (800) 684-3555 x 617

In writing:  
 Compliance Officer, North Sound  
 Mental Health Administration  
 117 N 1st St, Ste 8  
 Mount Vernon, WA 98273

By fax:  
 Confidential fax to the  
 Compliance Officer at  
 (360) 416-7017

By E-mail:  
[compliance\\_officer@nsmha.org](mailto:compliance_officer@nsmha.org)

- Keep good records regarding all of your medical care (medical, dental, mental health, etc.) and pay close attention to any bills you receive. Look closely at all

your medical bills. Make sure that all charges are for services you actually received.

- Pay attention to documents from your health insurance company and NSMHA. Check the Explanation of Benefits (EOB) statements that you may be sent by your insurer or NSMHA. Check to be sure that the EOB lists only services you actually received.
- Keep your health insurance ID card secure. Don't give out your health insurance policy information to salesmen or over the phone. If you lose your insurance ID card, or suspect health care identity theft by another report it to your insurance company immediately, or to NSMHA for care in the NSMHA network of providers.
- Beware of offers that are too good to be true. Too-good-to-be-true offers might be from criminals trying to get your information so they can use it for fraudulent billing.



Most of all follow your instincts. If a situation doesn't seem right, investigate to find the answers and/or report it so it can be investigated. You can be safe from health care fraud if you use precaution during every medical situation. Keep in mind that

those who commit health care fraud can appear to be normal caregivers, physicians or other persons, so keep your guard up any time you give out personal information such as your Medicare card or other health care or personal identification.

More information on reporting health care fraud in the NSMHA network of providers is available on the NSMHA website, <http://nsmha.org> by selecting the Report Fraud hot button at the top of the home page.

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 (360) 416-7017  
 By E-mail:  
[compliance\\_officer@nsmha.org](mailto:compliance_officer@nsmha.org)

## NSMHA awarded over \$3 million to create ITA Diversion Programs

Joe Valentine, Executive Director, NSMHA

During the last legislative session, complementary bills were passed regarding expansion of the criteria used for Involuntary Detentions. The date was moved up to July 2014 [HB 1777 and SB 5480]. In order to mitigate the anticipated increase in ITA and hospitalization costs, the state received funding to support additional ITA diversion programs and RSNs were invited to submit specific proposals. Two of NSMHA's proposals were fully funded: *Enhancing the Capacity of Triage Centers* and establishing an *Intensive Geriatric Care Transitions Team*. We were awarded \$2,250,000 for enhancing the Triage Centers and \$1,037,500 to establish an Intensive Geriatric Care

Transitions Team.

Our Triage Centers identified a number of potential strategies for increasing utilization of their crisis stabilization services by law enforcement. Some of the ideas included: hiring nursing staff to perform on-site medical screening, hire additional mental health professionals and peer counselors and make minor facility modifications. Over the next several months, we'll be working with the Triage Centers and county mental health coordinators to plan the most effective way to use the additional funding.

Establishing a *Geriatric Care Transitions Team* will include the creation of Geriatric Mental

Health Specialist positions within one or more of our community mental health agencies. They will provide intensive, short term assistance with discharge planning from hospitals for geriatric patients who are difficult to find community placements for. In addition, they will work with Long Term Care facilities to help prevent the untimely discharge of geriatric patients who might need additional services to maintain their community placement.

## SAVE THE DATE!

2014 Mental Health  
Dignity & Respect Conference  
**"Celebrating Workplace Diversity"**  
March 4, 2014  
McIntyre Hall at Skagit Valley College

Check our website for details as they are available

<http://nsmha.org/>