

**NSMHA**

**Quality Management**

**Work Plan**

**Annual Report for 2008**

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## **Editor's Note**

This report provides a brief description of the activities performed in accordance with the Goals and Objectives contained in the North Sound Mental Health Administration's Quality Management Plan Work Plan for 2008. The report addresses all Goals and Objectives contained in the Quality Assurance, Quality Improvement and Utilization Management sections of the Work Plan. The report is presented in six month sections; the first section detailing activities related to the period from January thru June 2008, the second section detailing activities related to the period from July thru December 2008.

Please address any questions regarding this Annual Report to Terry McDonough, NSMHA Quality Specialist, who can be contacted at either 360-416-7013, ex 242 or at [terry\\_mcdonough@nsmha.org](mailto:terry_mcdonough@nsmha.org). Thank you to all the NSMHA Quality Specialists who contributed to the preparation of this document and thank you for your time and attention to the reading of this Annual Report.

Respectfully,

Terry McDonough

# **NSMHA Quality Management Plan** **Annual Report**

## **Quality Assurance section**

### **January thru June 2008**

**Goal #1-** To ensure services provided throughout the Region are effective and appropriate

**Objective #1-** Provider agencies meet defined contract standards and compliance expectations per Washington Administrative Codes (WACs), Revised Codes of Washington (RCWs) and all applicable State and Federal contract requirements

**Focus Area-** NSMHA Administrative Audits, Crisis System Record Reviews, Jail Services Record Reviews and Evaluation and Treatment Facility Record Reviews

#### **Summary of NSMHA Administrative Audit Results:**

Between January and June 2008, Admin Audits were done at the following provider agencies:

- Lake Whatcom Center (Feb), Clinical record score- 95%
- Whatcom Counseling and Psychiatric Center (March), Clinical record score- 95%
- Compass Health (April), Clinical record score- 97%
- Interfaith Community Health Clinic (April), Clinical record score- 91%
- Catholic Community Services (May), Clinical record score 97%
- *bridgeways* (June), Clinical record score- 97% and
- Volunteers of America (June), no clinical records reviewed

#### **Issues to report**

Overall, clinical records reviewed during the past six months are in compliance with the MHD Outpatient Record Review tool which is based on WAC standards. All scores were above the 90% scoring defined as passing by MHD standards. A Corrective Action Plan (CAP) regarding appropriately qualified clinical staff performing Assessments was requested from one provider. NSMHA staff reviewed and approved the CAP following its receipt by NSMHA.

#### **Issues to address in the upcoming six month period**

Crisis System Record reviews, Jail Transition Services reviews and reviews of the two Regional Evaluation and Treatment facilities are scheduled to occur between July and December 2008. Results of these reviews, as well as any NSMHA Administrative Audits conducted during this period, will be reported in the NSMHA QM Plan 6 month report for that period.

## **July – December 2008**

### **Summary of NSMHA Administrative Audit Results:**

Between July and December Administrative Audits were done at the following provider agencies:

- Sunrise Services- Administrative and Clinical Record Audit
- Senior Services of Everett- Administrative and Clinical Record Audit
- SeaMar Behavioral Health Clinic- Administrative and Clinical Record Audit
- Snohomish County- Crisis System and Jail Transition Services Review
- Hope Options, Everett Housing Authority- Administrative and Clinical Record Audit
- Whatcom County Jail Transition Services Program
- Skagit County Jail Transition Services Program
- Island County Jail Transition Services Program
- Compass Health- Clinical Record Review of both Regional Evaluation and Treatment Facilities  
And Crisis System Record Review

### **Issues to report**

Most providers receiving Administrative and Clinical Record Reviews during the preceding six month period passed their audits and do not have any Corrective Action requested of them by the Region. Sunrise Services and SeaMar Behavioral Health Clinic did not receive passing scores (a score of 90% or higher) on the Clinical Records portion of their audit and are scheduled for re-reviews during the first six months of 2009.

Both Crisis System Record Reviews (Snohomish County and Compass Health) produced passing audit scores.

All Jail Transition Services programs reviewed (Island County, Skagit County, Snohomish County and Whatcom County) received passing audit scores and will be re-reviewed during 2009.

The review of the two Regional Evaluation and Treatment facilities (E&Ts) resulted in audit scores below the passing score of 90%. A complete report of these audit findings is contained as an Attachment at the conclusion of this Annual Report.

### **Issues to be addressed in the upcoming six month period**

During the first six months of 2009, NSMHA staff will conduct Administrative and Clinical review audits at Lake Whatcom Center, Whatcom Counseling and Psychiatric Clinic (Supported Employment and Crisis Services also), Compass Health (Supported Employment, Crisis System and E&Ts also), SeaMar Behavioral Health Clinic, Interfaith Community Health Center, Sunrise Services, bridgeways and Catholic Community Services. Results from these reviews will be presented in the NSMHA Quality Management Plan six month report for the period from January thru June 2009.

## **Quality Assurance section**

## **January thru June 2008**

**Goal #1-** To ensure services provided throughout the Region are effective and appropriate

**Objective #2-** Consistent application of NSMHA standards in performance of NSMHA functions delegated to outside organizations

**Focus Area-** NSMHA delegated functions (Volunteers of America, VOA)

### **Summary of VOA Inpatient Utilization Management results**

During this period, VOA received 784 requests for hospitalization of adults and 129 requests for hospitalization of children. Of these requests, nearly all requests received authorization as denials, and diversions remain in the single digits for the entire six-month period.

For those consumers who were hospitalized, 36% of the adults and 66% of the children were hospitalized on a voluntary basis. Thirty-nine percent of adults and 37% of children had at least one prior hospitalization if not multiple. In addition, fewer than 50% of consumers were currently enrolled with a NSMHA-contracted provider at the time of their hospitalization.

During January – June 2008, NSMHA reviewed 123 charts including all of the denials. VOA has improved in several areas including: meeting timelines, improved detail in documentation related to diagnosis, relevant history, co-morbid issues and discharge planning.

Areas in need of continued improvement are: use of CA/LOCUS in identifying acuity for a psychiatric inpatient level of care, and consideration of less restrictive alternatives. Improvement in these two areas should result in increased review of cases where medical necessity is in question, which has the potential to result in increased denials and diversions.

### **Issues to report**

The inpatient system has been through a significant amount of change over the last year as RSNs were given increased ability to manage voluntary psychiatric hospitalizations. During the first half of that year, NSMHA and VOA worked to understand and implement the numerous changes and, over the course of the last six months, have been striving to improve targeted areas.

Of particular note is the upcoming implementation of a Performance Improvement Project (PIP) to increase the number of consumers attending an outpatient follow-up appointment with a NSMHA-contracted provider after discharge from inpatient psychiatric care. As the majority of consumers hospitalized are not enrolled with a NSMHA-contracted provider at the time of their hospitalization, NSMHA is hopeful that this connection to an outpatient provider after discharge will help reduce the need for repeat inpatient care, allowing consumers to remain in their communities.

### **Issues to address in the upcoming six month period**

As the majority of adults who are hospitalized are done so involuntarily, NSMHA has established a regional workgroup to look at the rates of detention in the region to determine if there are strategies to reduce detentions.

For voluntary hospitalization requests, NSMHA will work with VOA on increasing number of cases reviewed by the psychiatrist for medical necessity.

Finalize implementation of the Performance Improvement Project intervention at VOA.

## **July thru December 2008**

### **Summary of VOA Inpatient Utilization Management results**

During this period, VOA received 858 requests for hospitalization of adults and 128 requests for hospitalization of children. While the requests for children remain at the same level, the requests for adults are increased by about 9% from the previous period. Denials of inpatient care increased from four in the previous six months to ten during this reporting period, seven for adults and three for children. VOA staff have also begun consulting with a psychiatrist on **all** requests for hospitalization of children.

For those consumers who were hospitalized, 31% of the adults and 56% of the children were hospitalized on a voluntary basis. Forty-two percent of adults and 31% of children had at least one prior hospitalization if not multiple (the majority had 2-4 prior hospitalizations). In addition, just under 20% of individuals were currently enrolled with a NSMHA-contracted provider at the time of their hospitalization. The 65% of individuals that discharged without a follow-up appointment with a NSMHA-contracted provider did so because they have elected not to schedule an appointment at all; have scheduled with another provider; or, the appointment was not scheduled by the hospital.

During July – December 2008, NSMHA reviewed 64 VOA Inpatient Utilization Management charts. NSMHA implemented a less frequent review process (every other month versus every month) due to the improvements by VOA over the last year. VOA has improved in several areas including meeting timelines and improved detail in documentation related to diagnosis, relevant history, co-morbid issues and extension requests. NSMHA also conducted a focused review on the use of the CA/LOCUS tools. VOA has shown improvement in this area since then and continues to focus efforts on improved use of the CA/LOCUS in identifying acuity for a psychiatric inpatient level of care. Other areas in need of continued improvement are documentation of less restrictive alternatives considered and discharge planning.

### **Issues to report**

Hospitalization requests for adults increased by approximately 9% from the previous six months while requests for children remained at the same level. The number of individuals hospitalized involuntarily continues to account for approximately two-thirds of all hospitalizations. Only about 20% of people hospitalized are in services with a NSMHA-contracted provider at the time of hospitalization, and approximately 35% discharge with an outpatient appointment scheduled with a NSMHA-contracted provider. To address the latter two issues, NSMHA has convened a workgroup to look at detention rates and established an improvement project to increase the number of individuals with an outpatient follow-up appointment with a NSMHA-contracted provider.

### **Issues to be addressed**

The inpatient utilization management process continues to be reviewed regularly for potential improvements and VOA works collaboratively with NSMHA to this end. However, as indicated from the data, there are some areas noted that are outside the scope of the inpatient UM process that need attention: the number of individuals involuntarily hospitalized and the number of individuals who do not have a NSMHA-contracted provider when they enter the hospital and when they discharge.

### **Recommendations**

As the majority of adults who are hospitalized are done so involuntarily, NSMHA has established a regional workgroup to look at the rates of detention in the region to determine if there are strategies to reduce detentions.

VOA has implemented the Performance Improvement Project intervention to increase the number of outpatient follow-up appointments scheduled with a NSMHA-contracted provider.

## **Quality Assurance section**

## **January thru June 2008**

**Goal #1-** To ensure services provided throughout the Region are effective and appropriate

**Objective #2-** Consistent application of NSMHA standards in performance of NSMHA functions delegated to outside organizations (Volunteers of America-VOA)

**Focus Area-** NSMHA delegated functions (Volunteers of America)

**Summary of VOA ACCESS Line results:** During the January – June 2008 period, ACCESS received a total of 12,049 calls. Of the total calls, 8,466 were connected with 2-1-1 and NSMHA-contracted providers for additional resources. 3,727 of the consumers were referred to providers for an intake assessment, 54% of which were adults and 46% children.

### **Issues to report**

When a consumer requests an intake assessment at ACCESS, staff screen the consumer for eligibility and, if eligible, ACCESS staff transfers the call to the provider of their choice to schedule appointments. When the transfer occurs, the provider may answer the phone or a voicemail may have to be left. NSMHA decided to begin tracking how many calls were answered by a person versus voicemail. This was tracked by provider and county for providers with sites in multiple counties. Initially a sample was collected to determine if this data should be collected on an ongoing basis. Based upon the sample data, a determination was made to collect the data on an ongoing weekly basis. The data collected to this point shows that there is a wide variability in providers and sites ranging from 29-81% of calls answered by a person instead of voicemail with an average 68% of calls being answered by a person.

### **Issues to be addressed in the upcoming six month period**

The wide variability of intake referrals being answered by a person versus voicemail is an area for further exploration.

## **July thru December 2008**

### **Summary of Volunteers of America ACCESS Line results**

During the July – December 2008 period, ACCESS received a total of 12,027 calls, which is approximately the same number of calls they received in the previous reporting period (12,049). Of the total calls, 8,446 were connected with NSMHA-contracted providers for intake appointments and additional resources. 3,346 of the individuals were referred specifically for an intake assessment, 55% (1,852) of which were adults and 45% (1,494) children. The number of individuals referred for intake during this period is down approximately 9% from the previous six months, but the distribution of adults and children referred remains the same.

### **Issues to report**

The number of calls received by and transferred out of ACCESS remains stable. The number of individuals referred on to the outpatient providers for intake appointments is down 9% from the previous six months, but the distribution of adults and children referred has remained the same.

### **Issues to be addressed in the upcoming six month period**

The NSMHA Quality Management Oversight Committee recommended looking for a national standard on number of intake calls going to voicemail rather than being answered by a live person.

### **Recommendations**

Research if national standard exists.

## **Quality Assurance section**

## January thru June 2008

**Goal #2-** To ensure that callers seeking information about mental health services in the Region receive appropriate information and assistance

**Objective #1-** NSMHA staff respond to customer service requests in a manner consistent with Customer Service standards defined in the NSMHA/MHD contract

**Focus Area-** Customer Service standards

### **Summary of NSMHA Customer Service Results:**

NSMHA provides the Customer Service function 8-5 Monday through Friday. NSMHA maintains a toll free number for customer services and has the capacity to respond to those with limited English proficiency and hearing loss. NSMHA has developed and maintains an ongoing Customer Service Log that tracks the date of initial call, type of call and date and type of attempted resolution.

### **Issues to report**

During the six month reporting period, NSMHA staff received 163 Customer Service phone calls in the following categories:

Emergency Services- 2	Referrals- 8	Second Opinions- 10
Out-pt Mental Health Svcs- 23	Consumer Rights- 1	Confidentiality- 1
Mental Health Benefits- 43	Grievances- 0	Directory Assistance- 1
Medicaid Personal Care- 0	Appeals- 0	Inpatient and E&T services- 1
Denial/Authorization letters- 5	Fair Hearings- 0	Payment/ Billing concerns- 1
Other systems and supports- 8	Complaints- 7	Other issues- 52

### **Issues to be addressed in the upcoming six month period**

NSMHA staff will continue to work to refine and standardize the method for collecting customer service data at NSMHA.

## **July thru December 2008**

## **Summary of NSMHA Customer Service results**

### **Issues to report**

NSMHA views customer service data as an important indicator that may identify either areas for further study and review or areas for potential quality improvement. NSMHA also collects overall complaint, grievance, denial, appeal and fair hearing data and utilizes this data for system improvement.

NSMHA staff met to begin refining data collection for customer services. NSMHA has discussed plans to develop a database to collect customer service information and to refine the categories of customer service data collection.

There was a slight decrease in customer service calls logged for July through December 2008 as compared to the last biennial period of January through June 2008. The category "other" received an increase in overall reporting and accounted for approximately 40% of the calls, which may suggest the need for further refinements in the categories of reporting. NSMHA has not yet produced ongoing reports about customer service data.

### **Issues to be addressed in the upcoming six month period**

NSMHA will work to refine and standardize the method for collecting customer service data at NSMHA. NSMHA will also consider meeting with VOA in the future to standardize data collection methods with VOA.

### **Recommendations**

1. Continue to refine and standardize the method for collecting customer service data
2. Consider meeting with Volunteers of America to standardize data collection methods with VOA
3. Develop an ongoing reporting structure for customer service data so that it may be used to identify areas for further study and review or potential quality improvement.

## **Quality Assurance section**

## **January thru June 2008**

**Goal #3-** To ensure that services to consumers throughout the Region meet or exceed Standards

**Objective #1-** Trends in Complaint, Grievance, Fair Hearing and Appeals data throughout the Region is monitored and responded to

**Focus Area-** Complaints, Grievances, Fair Hearings and Appeals

### **Summary of Complaint, Grievance, Fair Hearing and Appeals Results**

NSMHA has collected and maintained overall complaint, grievance and fair hearing data since 1999, and denial and appeal data since 2004. The latest biannual report for Oct 2007 through March 2008 was reviewed by IQMC but due to time constraints to the agenda has not yet been presented to QMOC. Recommendations for further study and review or quality improvement are summarized in the "Exhibit N" reports. Progress towards areas identified for further study and review or quality improvement is summarized in subsequent reports.

### **Issues to report**

As outlined in the report, the number of overall complaint, grievance or fair hearing occurrences has remained relatively steady over the last three semiannual reporting periods, while the number of cases has shown some fluctuation. It is unclear how much of the fluctuation in cases reported is due to the continuing efforts to refine the definition of case by NSMHA. The categories that accounted for the most reported complaints for October 2007 through March 2008 are: Consumer Rights 58 (16%), Emergency Services 50 (14%), Physicians and medications 43 (12%), Other 37 (11%), Quality/Appropriateness 34 (9%), and Dignity and Respect 31 (9%).

When combined, Dignity and Respect and Consumer Rights accounted for 89 (25%) of the reported occurrences. The number of denials reported decreased and is the lowest since we began collecting this data in 2004. There was one appeal. NSMHA has processed 34 appeals since implementation of the authorization process in June of 2004.

### **Issues to address in the upcoming six month period**

Ongoing areas identified for further study and review or quality improvement include:

1. Further study and review of Dignity and respect and consumer rights
2. Identification of continuum of care for Eating disorder treatment
3. Adult ADHD Practice Guidelines
4. Review of status of Trauma project
5. Inpatient capacity, reduction and diversion (consolidation of efforts in this area)
6. Further study and review of Medication Management Services
7. Further study and review of the processes used to gather information during the region wide Access Process.
8. Development of a regional data base for collection of complaint and grievance data.

## **July thru December 2008**

## **Summary of Complaint, Grievance, Fair Hearings and Appeals results**

NSMHA continues to develop both quarterly and semiannual reports. Semiannual reports include:

- Regional Complaint Grievance, appeal, denial and fair hearing data over time
- Recommendation for further study and review or Quality Improvement
- Corrective action processes
- Progress made on previous recommendations.
- Providers/designee reports of how they use complaint and grievance information in their internal quality management processes/plans
- Ombuds services recommendations for further study and review or quality improvement

### **Issues to report**

The number of **overall complaint, grievance or fair hearing** occurrences has remained relatively steady over the past four semiannual periods (October 2006 through September of 2008) while the number of cases has shown some fluctuation. It is unclear how much of the fluctuation in cases reported is due to the continuing efforts to refine the definition of "case".

The number of **denials** reported remains lower over the past two semiannual periods (October 2007 through September 2008) than for previous periods, and is the lowest since we began keeping this data in 2004. Denials for children/youth for the latest semiannual period of April through September 2008 were lower than for adults, which is a departure from most prior reporting periods. NSMHA has processed 36 consumer **appeals** since implementation of the authorization process in June of 2004.

The categories that accounted for the most reported complaints for the past year (October 2007 through September 2008) are: **Consumer Rights** 98 (14%), **Dignity and Respect** 93 (13%), **Physicians and Medications** 89 (12%), and **Emergency Services** 73 (10%) accounted for the most reported complaints over the past year.

When combined, **Dignity and Respect and Consumer Rights** accounted for 191 (27%) of the reported occurrences over the past year.

### **Issues to be addressed in the upcoming six month period**

Recommendations for further study and review or quality improvement are summarized in the **"Exhibit N"** reports. Progress towards areas identified for further study and review or quality improvement is summarized in subsequent reports.

Ongoing areas identified for further study and review or quality improvement have included:

1. Case Management Services during transition to modified fee for service contracts
2. Further study and review of Dignity and Respect and Consumer Rights
3. Identification of continuum of care for eating disorder treatment
4. Review status of Trauma project and determine need for future efforts in this area
5. Inpatient capacity, reduction, and diversion (consolidation of efforts in this area)
6. Further study and review of Medication Management Services
7. Further Study and review of the processes used to gather information during the region wide Access process
8. Development of a regional data base for collection of complaint and grievance data.

## **Recommendations**

Recommendations are:

1. Clarify new processes as NSMHA refines its quality management structure and committee processes
2. Continue to provide progress towards identified recommendations and goals through to completion in semiannual complaint, grievance, denial, appeal and fair hearing reports
3. Review the ongoing areas that have been identified for further study and review or Quality Improvement through the quality management committee process
4. Identify which areas will be pursued and retire any areas that will not be pursued at this time
5. To continue to work closely with Ombuds services and address/clarify areas for further study or quality improvement identified by Ombuds services
6. To continue to monitor corrective action processes (related to complaints and grievances) through to completion.

## **Quality Assurance section**

## **January thru June 2008**

**Goal #4-** To ensure consumer, staff and community safety throughout the Region

**Objective #1-** Critical incidents presenting safety concerns are identified, reported and addressed per NSMHA/MHD contractual standards

**Focus Area-** Risk management/Critical Incident Reporting

### **Summary of Critical Incident Report Screening and Review Results:**

The Critical Incident Review Committee (CIRC) screens all incoming critical incident reports (CI) from providers in the North Sound Region. Those requiring reporting to the DSHS Mental Health Division (MHD) are synthesized and forwarded. Each reportable CI is reviewed by CIRC, remaining an open CI until CIRC reaches a consensus that 1) appropriate steps were taken by the provider to minimize further loss or harm to the consumer, and 2) appropriate actions were taken to prevent similar CI from occurring in the future.

By the end of June 2008, the NSMHA Critical Incident Review Committee (CIRC) finished collecting data that reflected the first whole year of monitoring and evaluating the new categories of critical incidents as defined in the 2008-09 MHD contract. Fifty-nine (59) Critical Incidents (CI) from the first two quarters of 2008 were screened, and forty-nine (49) of the cases met MHD/NSMHA criteria as CI. All forty-nine (49) CI were reviewed and received dispositions except five (5) which remain under review.

### **Issues to report**

- Forty-nine of fifty-nine reported incidents were determined to meet NSMHA definitions, indicating a tendency for providers to over-report, by ten cases, in good faith
- The gains from Quality Improvement efforts in 2006 to reduce E&T elopements have been held, with no more than two elopements per quarter, since the eight that occurred in 2005. There has only been one in 2008, year-to-date
- Reported deaths under unusual circumstance decreased from five in the 1<sup>st</sup> quarter to two in the 2<sup>nd</sup> quarter
- Reported suicide attempts decreased from fifteen in the 1<sup>st</sup> quarter to eight in the 2<sup>nd</sup> quarter
- Two serious incidents were reported that did not meet NSMHA/MHD criteria as critical incidents, yet reflected potential problematic issues in the North Sound Region, involving human service agencies outside of the North Sound CMHA provider network. These incidents were identified as *System Issues*. One was forwarded to NSMHA Detox Pilot Case Review for disposition, and the second to NSMHA Management Team

### **Issues to be addressed in the upcoming six month period**

1. CIRC intends to continue to screen and review *System Issues*, and refer them on to NSMHA committees when deemed appropriate
2. As MHD reportable CI categories have been increased from nine to eighteen, and MHD non-reportable CI categories have decreased from fifteen to two, the frequency of MHD reportable CI has increased, but the frequency of non-reportable and overall CI has decreased significantly since July 1, 2007. The result is that gathering baseline data for at least another year will probably be necessary before enough data can be harvested to allow significant trending, i.e., with the reduced overall numbers, it will be awhile before enough data points can be plotted to allow for analysis with any statistical significance\*

\*As NSMHA is tied into all of the current CI categories (except the 2 Non-MHD reportable categories) due to the current MHD contract language, the RSN will continue to gather baseline data until the time that enough data points have been harvested to allow for trending

## **July thru December 2008**

### **Summary of Critical Incident Report Screening and Review Results**

By January 5, 2009 CIRC finished collecting data that reflected the final two quarters of monitoring & evaluating the new categories of critical incidents as defined in the 2008-09 MHD contract for the 3<sup>rd</sup> & 4<sup>th</sup> quarters of 2008. Fifty-four (54) CI from the two quarters were screened, and fifty (50) of the cases met MHD/NSMHA criteria as CI. All fifty (50) CI were reviewed and received dispositions except eighteen (18) that remain under review. The 1st & 2nd Quarter 2008 Semi-Annual CIRC Report, due in July 2008, and the 3<sup>rd</sup> & 4<sup>th</sup> Quarter Report, due in January 2009 were both completed and distributed in a timely basis, in accordance with NSMHA Policy & Procedure #1009.00.

Further, in a mid-year Mental Health Division state-wide audit of RSN Incident reporting programs, the NSMHA CIRC process was found to be in 100% compliance, and was described in the audit findings as “exemplary and is the model for RSN incident reporting.”

### **Issues to report**

1. Fifty of fifty-four reported incidents were determined not to meet NSMHA definitions, indicating a tendency for providers to over-report, in good faith
2. In 2008 no CI were reported in Island County, indicating probable under-reporting in that county
3. The gains from Quality Improvement efforts in 2006 to reduce E&T elopements have been held, with no more than two elopements per quarter, since the eight that occurred in 2005. There was only one in all of 2008
4. Reported deaths under unusual circumstances went from five in the 1<sup>st</sup> quarter and two in the 2<sup>nd</sup> quarter to six in both the 3<sup>rd</sup> & 4<sup>th</sup> quarters
5. Reported suicide attempts, although not MHD reportable incidents, remain the CI category that occurs in the highest frequency. Twenty-five (25) were reported in the 2<sup>nd</sup> half of the year, up two from the twenty-three (23) reported in the first half of 2008

### **Issues to be addressed in the upcoming six month period**

3. CIRC intends to continue to screen and review *System Issues*, and refer them on to NSMHA committees when deemed appropriate
4. As MHD reportable CI categories have been increased from nine to eighteen, and MHD non-reportable CI categories have decreased from fifteen to two, the frequency of MHD reportable CI has increased, but the frequency of non-reportable and overall CI has decreased significantly since July 1, 2007. The result is that gathering baseline data for at least another year will probably be necessary before enough data can be harvested to allow significant trending, i.e., with the reduced overall numbers, it will be awhile before enough data points can be plotted to allow for analysis with any statistical significance\*

### **Recommendations**

\*As NSMHA is tied into all of the current CI categories (except the 2 Non-MHD reportable categories) due to the current MHD contract language, the RSN will continue to gather baseline data until the time that enough data points have been harvested to allow for trending

## **Quality Improvement section**

**Goal #1-**To ensure services throughout the Region are effective and appropriate

**Objective #1-** Monitor the use of seclusion and physical restraints at both Evaluation & Treatment Facilities (E&Ts)

**Focus Area-** Seclusion/Restraint review at both Regional E&T facilities

**Summary of NSMHA Seclusion/Restraints Review at both Regional E&Ts Results**

Data is submitted daily through reports from both E and Ts to the NSMHA Information System (IS) Dept. A report is generated by IS every month to monitor the seclusion and restraint events.

The number of seclusions during this six month period are:

- North Sound E&T- 47
- Mukilteo- 55.

The total seclusions for both E&Ts- 102

The number of restraints during this six month period:

- North Sound- 2
- Mukilteo- 26.

The total restraints for both E&Ts- 28.

**Issues to report**

There was a spike in activity at both sites in May 08

A pattern has not been determined during this period, but will be compared with the second half of the year.

**Issues to be addressed in the upcoming six month period**

In August 2008 NSMHA Quality Specialists will review clinical records at both Regional E&Ts sites, utilizing the inpatient record review tool. During this audit, seclusion and restraint procedures will be reviewed. Review results will be reported in the six month report covering the period from July thru December 2008.

**July thru December 2008**

## **Summary of NSMHA Seclusion/Restraints Review at both Regional E&Ts Results**

Data is submitted daily through reports from both E and Ts to IS

A report is generated by IS every month to monitor the seclusion and restraint events.

The number of seclusions at North Sound E and T was 32. This compares to 47 the previous six months.

The number of seclusions at Mukilteo during this time was 60. This compares to 55 the previous six months.

The total seclusions were 92 for this time period.

The number of restraints at North Sound was 3. This compares to 2 during the previous six months.

The number of restraints at Mukilteo was 14. This compares to 26 during the last six months.

The total restraints during this time period were 17.

### **Issues to report**

The Mukilteo E & T had significantly more seclusions and restraints than North Sound. The summer months produced more use of Seclusions, particularly at the Mukilteo facility.

There appears to be an increase in the use of seclusion and restraints in the summer months for the last two years, but there is fluctuation between the sites in the months that this occurs.

In August 2008 charts were reviewed at both sites utilizing the inpatient record review tool. Charts which required seclusion and restraint were included in the pull. This section of the review resulted in no findings.

The seclusion and restraint policy was reviewed and revised during this time frame.

### **Issues to be addressed in the upcoming six month period**

Input from the E & T will be used in addressing the time frames around the increased usage during the summer months as well as the behavioral characteristics observed in individuals requiring seclusion or restraint

### **Recommendations**

No recommendations at this time

## **Quality Improvement section**

### **January thru June 2008**

**Goal #1-** To ensure services throughout the Region are effective and appropriate

**Objective #2-** Expedited Assessment Requests are offered and completed within timelines identified in NSMHA clinical policy 1505.00, "Authorization for Ongoing Outpatient Services"

**Focus Area-** Expedited Assessment Requests

#### **Summary of Expedited Assessment Request Results**

- During the current six month review period, NSMHA received notification from Volunteers Of America (VOA) of 26 Expedited Assessment Requests (EARs) that VOA had received and referred to agency providers.
- NSMHA staff received notification by phone from provider schedulers for 13 of these EARs
- Providers Scheduling Supervisors were called to investigate why some EARs they had received from VOA had not been called in to NSMHA
- Provider staff reminded their staff of the need to inform NSMHA of scheduled EARs
- The number of EARs received by providers but not called in to NSMHA declined throughout the period. In May and June, there was only one unreported EAR in each month. It appears staff are incorporating NSMHA expectations into their EAR process.

#### **Issues to report**

Providers are calling in approximately one-half of the EARs received from VOA. Supervisors have been informed of this gap in reporting and have addressed the issue with their staff. The number of unreported EARs decreased during the reporting period. During the last two months of the quarter, May and June, only one unreported EAR occurred each month.

#### **Issues to be addressed in the upcoming six month period**

During the next six months:

- VOA will continue to send NSMHA notification of EARs referred to agency providers
- NSMHA staff will continue to record all EAR notifications received from agency providers
- NSMHA staff will continue to follow up with agency staff on any EARs that are received from VOA staff but that NSMHA staff does NOT receive notification from provider scheduling staff
- NSMHA will continue to track and follow up on any discrepant numbers between EAR requests referred by VOA staff to provider staff and the number of EARs reported to NSMHA

## **July thru December 2008**

### **Summary of QM Plan listed Activities/Tasks during the six month period**

- During the current six month review period, NSMHA received notification from Volunteers Of America (VOA) of 28 Expedited Assessment Requests (EAR) that VOA had received and referred to agency providers.
- NSMHA staff received notification by phone from provider schedulers for 13 of these EARs
- Of the 13 EARs called in by providers, the records for only 8 were actually FAXed to NSMHA staff for review and subsequent approval or denial.

### **Issues to report**

Providers are calling in approximately one-half of the EARs received from VOA. Of the EARs called in by providers to NSMHA, just over half of these requests are being FAXed to NSMHA for review, per policy expectations.

### **Issues to be addressed in the upcoming six month period**

NSMHA staff continue to receive weekly information from VOA regarding the number of EARs VOA has forwarded to provider schedulers. After reviewing the data regarding requested and scheduled EARs throughout 2008, NSMHA staff have determined that approximately half of the requested EARs are scheduled and that approximately half of the scheduled EARs result in records being FAXed to NSMHA, per policy, for review.

### **Recommendations for how to address above concern(s)**

Currently, the requests for EARs are being appropriately handled about half the time. Results of EARs are being FAXed to NSMHA about half the time. The EAR process is not following conditions detailed in NSMHA P&P #1505.00. NSMHA staff need to bring this issue to the attention of providers. This issue should be presented to providers at a meeting of the Regional Quality Management Oversight Committee early in 2009. Providers will be asked to investigate the matter and to ensure the expectations of Policy #1505 are being adhered to at their agencies.

## Quality Improvement section

### January thru June 2008

**Goal #1-** To ensure services throughout the Region are effective and appropriate

**Objective #3-** Follow up on Mortality Report

**Focus Area-** 2008 follow-up to 2006 Mortality Report

#### Summary of Mortality Report Follow-Up done in 2008

In January 2008 Follow-up Mortality Review was conducted wherein NSMHA consumer deaths from 2005-06 were gathered, analyzed and compared with the review conducted in 2006 which reflected data from 2004 deaths.

#### Improvements

1. Several improvements in **assessment of health & safety** were found. The 2005-06 (new) data revealed that thorough risk assessments were found in 84% of the charts as opposed to 23% in the 2004 (old) data; discussion of medical history was found in 92% of the new charts versus 59% in the old; ongoing assessments of health & safety was evident 84% of the time in the new data, with 36% in the old; the consumer had at least one medical condition identified prior to the incident in 89% of the new cases, with 86% in the old (see items #6,7,8 & 12)
2. **Identification of consumers with co-occurring substance abuse issues** was shown at a rate of 95% in the new data, a 13% improvement over the old data (see item #9.a)
3. **Treatment of consumers with co-occurring substance abuse issues** improved in the following ways: Where applicable, 84% of the new charts showed that substance abuse was addressed on the treatment plan, a 39% improvement over the old data (see item #9.b & c)
4. Improvements in the **intensity of treatment matching consumer need**: The new data revealed that in 75% of the cases where the consumer was not receiving needed healthcare, the treatment plan reflected that healthcare needs had been identified and were being addressed. From the documentation, this could not be said for any of the cases in the previous study (see item #15.a & b)
5. The new data showed that 86% of **consumers reported to having a primary care physician** prior to the time of their death, versus a rate of 68% in the old data (see item #11)
6. **Consultation between physical healthcare and mental health care providers** was documented at a rate of 65% in the new data versus a rate of only 50% in the old data (see item #17)
7. **Record exchange between physical healthcare and mental health care providers** appeared at a rate of 69% in the new data versus a rate of only 27% in the old data (see item #18)

#### Challenges

1. The 2005-06 (new) data revealed that 56% of the **consumers with substance abuse problems were not participating in substance abuse treatment because they did not receive a referral**. This was an undesired increase from 40% found in the 2004 (old) findings (see item #9.d)
2. Of the nine consumers identified in both data sets as either **not having a primary care physician**, or it could not be determined from the documentation whether or not he/she had a personal care physician, only one consumer had **obtaining a physician as a goal on their treatment plan**. Though that individual was found in the new data and could be considered an improvement over the old data, it is clear that identifying this need making this type of referral is still a challenge worth addressing by providers (see item #11.a & b)

3. In 32% of the cases found in the new data, it cannot be determined **who, if anyone, was prescribing medication for physical healthcare needs** (see item #16.b)

**Issues to be addressed in the upcoming six month period**

As the Critical Incident Categories have changed per MHD contract language, the CIRC database will not reflect all deaths after July 1, 2007. On and after that date, MHD has requested review only of deaths under unusual circumstances. However, for the sake of this review, NSMHA Information Services began collecting data on all consumer deaths. Therefore, when the 2009 Mortality Review of the 2007 data requires identification of cases for review, they will be identified in the Consumer Identification System (CIS Database) rather than the CIRC Database.

**July thru December 2008**

In January 2008 Follow-up Mortality Review was conducted wherein NSMHA consumer deaths from 2005-06 were gathered, analyzed and compared with the review conducted in 2006 which reflected data from 2004 deaths. The findings of this 2008 follow-up review will be presented to the NSMHA Quality Management Oversight Committee on January 28, 2009 where it will be determined whether or not further a second follow-up review will be pursued.

## **Utilization Review section**

### **January thru June 2008**

**Goal #1-** To ensure services provided throughout the Region are effective and appropriate

**Objective #1-** Outpatient services provided to consumers are in accordance with expectations defined in the NSMHA/MHD contract and all relevant WACs

**Focus Area-** Utilization reviews of outpatient services provided meet contract expectations

#### **Summary of Utilization Review Results**

- For the first six months 477 charts were reviewed. 254 were adult charts, 223 were children's charts. The majority of the charts represented during this time frame were initial and concurrent charts
- Approximately one third of the charts reviewed throughout the Region resulted in Request for Change letters being left by NSMHA review staff
- Request for Change letters identify specific reviewer concerns where documentation reviewed does not appear to substantiate either diagnostic, eligibility or service provision standards the utilization review is intended to assess
- An overall, in person debrief between NSMHA review staff and provider quality management staff on strengths and weaknesses noted in the review occurred at all sites at the conclusion of each review

#### **Issues to report**

During the first quarter of this period, monthly reports were sent to providers showing regional results. It was felt that quarterly or six month reports region wide as well as for individual providers might better reflect general trends for utilization review and might be a better way to address falling below the standard.

Utilization reviews examine diagnostic, eligibility and service provision areas. All of those areas are important and require a Request for Change letter if issues of ambiguity in the clinical documentation are noted by NSMHA review staff. Currently the letters allow the provider a 30 day response time, in order to give the provider time to address and respond to the request. Overall issues are addressed with the quality manager of the site that day.

#### **Issues to be addressed in the upcoming six month period**

The utilization review team will continue to do monthly URs at sites. More concurrent charts will be reviewed in the next time frame as well as focused reviews.

Encounter validations have begun at all locations and will continue during the period from July thru December 2008.. This information will be reported to NSMHA Information System Department.

## July thru December 2008

### **Summary of Utilization Review results**

For the last six months, 471 charts were reviewed. This compared to 477 charts in the first half of the year. Larger agencies, such as Compass Health and Whatcom Counseling and Psychiatric Clinic continued to be reviewed on a monthly basis. Smaller agencies, such as bridgeways, Catholic Community Services, Lake Whatcom Center and Sea Mar Community Health were reviewed quarterly. The newer agencies, Interfaith Community Health Clinic and Sunrise Services, were reviewed quarterly in the second half of the year. Their numbers are reflected in this report.

256 were adult charts, 215 were children's charts. The majority of the charts represented during this time frame were initial and concurrent charts.

During this time frame, 65.8 % of the charts reviewed did not have a request for change. This compares to 66% the first half. This percentage reflects a region wide number.

Request for change letters addressing the issues were given to provider sites after the monthly reviews.

A debrief on strengths and weaknesses noted in the review continued at new sites, and often occurred at all sites.

Currently providers have 30 days to respond to the letter.

Reminder letters are sent off on a monthly basis when the timelines are not met.

Encounter validations were addressed during this timeframe. Encounters were verified looking at charts pulled during the Utilization review at each site. This information is then tabulated at NSMHA, where a report will be generated by IS. The results of the report were not done during this timeframe. Generally the encounters appear to be matching the codes and times reported by the agencies.

### **Issues to report**

Utilization Reviews in the region continued to fall below a 90% standard. Some of the reasons were due to the newly developed compliance around the CA/LOCUS and the GAIN. Provision of treatment continues to result in the highest request for changes. A majority of questions reviewed continue to meet compliance.

The questions scoring above and below a 90% standard were reviewed in the latter part of the year.

A decision was made to modify the tool to allow the team to address the questions specifically pulling the standard down. The modified tool will allow the reviewer to look at those questions in an effort to improve the overall score. This was a change from previous discussion regarding prioritizing issues the request for change letters

A mechanism to report these to providers remains in development with the team.

A mechanism to report exceptional quality in a chart was not developed during the last half of the year.

A corrective action plan has had some discussion but there have been no plans developed as yet.

### **Issues to be addressed in the upcoming six month period**

The utilization review team will use the modified tool to review charts at provider sites. This will be done on a monthly basis looking at those specific questions that have fallen below 90%. A provider will have to improve the percentage to above 90% for a period of three months to remove the question off the tool. Two times a year will be dedicated to doing the full Utilization Review. More concurrent charts will be reviewed in the next time frame as well as focused reviews.

The utilization review team will need to address Corrective Action Plan follow up decisions regarding falling below the standards and make those recommendations for the NSMHA Management Team.

Encounters have again begun at all locations and will continue to meet the 250 verified that are required for this year. This information will be reported to IS.  
Discussions have begun to incorporate utilization reviews as well as other indicators into quality report cards for providers.

### **Remmendations**

The team will assess the new process for the next six months and make any changes necessary. New compliance issues will be added as necessary to the tool.

The Corrective Action Plan will guide the monitoring of the standard and define the practice of report timelines as well as monitoring the follow through at sites on corrective action.

The utilization review team recommends that utilizations are incorporated into a report as they reflect a different focus than the audit at sites.

## **Utilization Review section**

## January thru June 2008

**Goal #1-** To ensure services provided throughout the Region are effective and appropriate

**Objective #2-** Consistent application of eligibility standards for outpatient services throughout the Region by age levels and levels of care

**Focus Area-** Eligibility standards

### Summary of Eligibility Standards Review Results

#### Authorization/Reauthorization report

- During the first six months of 2008, NSMHA staff reviewed a total of 5,271 authorization and reauthorization requests. 57% (2,985) were authorization requests, 43% (2,286) were reauthorization requests.

#### Denial Request Review report

- NSMHA staff reviewed 136 Denial Request Reviews during the six month reporting period
- 116 of the Denial Review Requests were upheld by NSMHA, 20 were overturned
- In cases where the Denial was upheld, NSMHA sent a Notice of Action to the applicant. When the Denial was overturned, NSMHA sent a letter to the applicant telling them they had been accepted into service and to please contact the agency that did their Assessment to set up ongoing outpatient services or to expect contact from that agency scheduling ongoing outpatient mental health services with them.

#### Medicaid Personal Care report

- NSMHA staff reviewed 62 Medicaid Personal Care (MPC) requests during the six month reporting period
- 55 of the MPC requests reviewed were agreed with, and NSMHA paid for either a portion or all of the identified MPC rate. This rate is either for a certain number of in-home MPC hours per month provided to the client or for payment of the daily rate at the Adult Family Home where the client is residing and receiving outpatient mental health services.
- A total of seven (7) MPC requests were denied during the review period. One MPC request denied was on an applicant who did not have a mental health diagnosis that is included in the Washington State Access To Care Standards, so the individual was not eligible for outpatient mental health services paid for by NSMHA. Other reasons for MPC denial were:
  - The applicant was not currently receiving mental health services from a Regional provider,
  - Another alternative service could be provided in lieu of MPC services, or
  - The applicant's disability was determined to not be solely psychiatric in nature.

### Issues to report

#### Authorization/Reauthorization Report

NSMHA staff review auth/Reauth requests on a daily basis and communicate daily with provider staff regarding any information that is not available to them on the data screens they are able to view. NSMHA and provider staff communicate daily to clarify issues regarding clients eligibility for either initial or ongoing mental health services. NSMHA staff send letters confirming service requests to clients, verifying either their onset or continuance of mental health services.

### Denial Review Request Report

This process is working effectively and providers are sending appropriate and necessary documentation in with their Denial review requests. NSMHA and provider staffs are working in an efficient manner to render all Denial decisions within the required timeline.

### Medicaid Personal Care Report

The NSMHA MPC Review Committee meets weekly to review MPC requests. The NSMHA MPC Policy, Procedure and Protocol are currently under revision, with input from provider staff and Home and Community Services staff in the Region.

### Issues to address in the upcoming six month period

Ongoing reviews of Authorization/Reauthorization Requests, Denial Review Requests and Medicaid Personal Care Requests will continue throughout the next six months. Efforts to improve and refine the three review processes will remain a focus of activity during the upcoming six months as well.

## **July thru December 2008**

### **Summary of Eligibility Standards Review Report**

#### **Authorization/Reauthorization report**

- During the second six months of 2008, NSMHA staff reviewed a total of 4,720 authorization and reauthorization requests. 56% (2,656) were authorization requests, 44% (2,064) were reauthorization requests.

#### **Denial Request Review report**

- NSMHA staff reviewed 107 Denial Request Reviews during the six month reporting period
- 87 of the Denial Review Requests were upheld by NSMHA, 20 were overturned
- In cases where the Denial was upheld, NSMHA sent a Notice of Action to the applicant, informing them of NSMHA's decision and informing them of their Appeal rights.
- In cases when the Denial was overturned, NSMHA sent a letter to the applicant telling them they had been accepted into service and to please contact the agency that did their Assessment to set up ongoing outpatient services or to expect contact from that agency scheduling ongoing outpatient mental health services with them.

#### **Medicaid Personal Care report**

- NSMHA staff reviewed 55 Medicaid Personal Care (MPC) requests during the six month reporting period
- 54 of the MPC requests reviewed were agreed with, and NSMHA paid for either a portion or all of the identified MPC rate. This rate is either for a certain number of in-home MPC hours per month provided to the client or for payment of the daily rate at the Adult Family Home where the client is residing and receiving outpatient mental health services.
- One (1) MPC request was denied during the review period. The MPC request was denied by the NSMHA MPC Committee because it was determined, after consultation with the MPC applicant's outpatient mental health provider, that the applicants needs could be met by the provision of community support services from the outpatient mental health provider.

### **Issues to report**

#### **Authorization/Reauthorization Report**

NSMHA staff review auth/Reauth requests on a daily basis and communicate daily with provider staff regarding any information that is not available to them on the data screens they are able to view. NSMHA and provider staff communicate daily to clarify issues regarding clients' eligibility for either initial or ongoing mental health services. NSMHA staff sends letters confirming service requests to clients, verifying either their onset or continuance of mental health services.

#### **Denial Review Request Report**

This process is working effectively and providers are sending appropriate and necessary documentation in with their Denial review requests. NSMHA and provider staff are working in an efficient manner to render all Denial decisions within the required timeline.

#### **Medicaid Personal Care Report**

The NSMHA MPC Review Committee meets weekly to review MPC requests. The NSMHA MPC Policy, Procedure and Protocol are currently under revision, with input from provider staff and Home and Community Services staff in the Region.

### **Issues to be addressed**

#### **Authorization/Reauthorization Report**

Issues related to clients receiving state-only funding need to be reviewed. Due to pending budget reductions, these clients may not be able to receive authorization or reauthorization using the same criteria for eligibility as was used during 2008. For example, clients on state-only funding who are discharging from community psychiatric hospitals, free-standing Evaluation and Treatment facilities, triage center/respite beds and/or community jails may not be able to access outpatient mental health services as frequently, if at all, as they were able to during 2008.

#### **Denial Review Request Report**

This process continues to run smoothly. NSMHA staff are completing Denial Reviews within required timelines and working with provider staff to clarify any issues regarding eligibility concerns for clients. The current system will remain in place during the upcoming six month review period.

#### **Medicaid Personal Care Report**

The NSMHA MPC Review Committee will continue to develop the MPC Policy, Procedure and Protocol. Further delineation and refinement of the review process now includes NSMHA guidelines to determine how much MPC care is appropriate for consumers involved in various outpatient services, such as IOP or PACT, and individuals also receiving/requesting MPC services in addition to IOP or PACT. An MPC protocol has been collaboratively developed between NSMHA and DSHS staff and will be presented to the NSMHA Policy Sub-Committee, along with a revised NSMHA MPC policy, during the first six months of 2009.

## **Utilization Review section** **January thru June 2008**

**Goal #1-** To ensure services provided throughout the Region are effective and appropriate

**Objective #3-** Consumers requiring a residential placement in addition to outpatient services, due to their mental illness, have access to such placement and receive proper screening and placement, as resources allow

**Focus Area-** Residential placement

**Summary of Residential placement review results**

During the six month reporting, no clinical records of clients in Residential Placement were reviewed, due to the random selection of outpatient charts simply not including any of clients currently in residential placement.

IOP Review Committee reviews cases of all consumers in residential placements beyond 6-months. During this review period there were 7 requests for ongoing Adult Residential Treatment Facilities stays; all were approved. There were 67 boarding home requests; all were approved after 17 (25%) were returned for further information.

**Issues to report**

Concurrent Reviews of clients in residential placement did not occur during the first six months of 2008.

**Issues to be addressed in the upcoming six month period**

A Focused Review of clients in residential placement is planned for later in 2008.

**July thru December 2008**

**Summary of Residential placement review results**

48 individuals were approved for ongoing residential placement in this 6 month period. Three of these were approvals for time to step the individual down to a lower level of care.

No focused reviews were completed during this period

**Issues to report**

NSMHA funds 105 slots of residential placement. Of these, a significant number of individuals have not been submitted for reapproval. It is unclear if this is due to their discharging into other levels of care, or because the clinician did not complete and submit the paperwork. NSMHA has one of four residential facilities that consistently complete approval paperwork at this time. NSMHA has also seen a large proportion of approval requests submitted significantly later than the expiration of the prior approval.

**Issues to be addressed**

NSMHA needs to address the issue of approvals running out on individuals currently in residential placements and continuing payment.

NSMHA plans to begin focused reviews of residential placement programs in the upcoming 6 months.

**Recommendations**

NSMHA may discuss the expiration of approvals with managers for these residential programs to bring to their attention the need to keep approvals up to date.

NSMHA needs to schedule focused reviews with each program in order for them to proceed.

**Utilization Review section**

**Goal #1-** To ensure services provided throughout the Region are effective and appropriate

**Objective #4-** Services to consumers that facilitate community living, psychosocial rehabilitation and recovery are provided in accordance with expectations defined in the NSMHA/MHD contract and NSMHA clinical policy 1527.00, "Intensive Outpatient Services"

**Focus Area-** Intensive Outpatient Services (IOP) **Adults**

**Summary of Intensive Outpatient Services Review Results for Adults**

A focused review of clients in IOP services using the NSMHA Concurrent Review Utilization Review document was not conducted during the first six months of 2008. This activity is planned to occur later during the course of the NSMHA 2008-2009 QM Plan.

The NSMHA IOP Review Committee reviews cases of all consumers requesting IOP services at initial referral and at each 6-month interval for continuing need. During this review period there were a total of 153 requests for Intensive Outpatient Program Services, 149 of these requests (97.4%) were approved. 51 (33%) of the requests were returned to the referring clinician for further information.

The 4 (2.6%) denials were the result of inadequate evidence that the consumer's current needs would be most effectively treated in the IOP program.

**Issues to report**

No issues to report at this time.

**Issues to address in the upcoming six month period**

A Focused Review of the Intensive Outpatient Services Program is planned for later in 2008.

The IOP program has a maximum capacity of 248 consumers. During this reporting period 181 consumers were served by the program. Several IOP programs are running between 0-50% of their maximum capacity.

**July thru December 2008**

**Summary of Intensive Outpatient Services Review Results for Adults**

- During this time period a total of 40 initial IOP referrals were reviewed. Of these, 37 were approved and 3 were denied. Of the denials, 2 were due to the individual being able to be served adequately at a lower level of care, the other was an individual primarily identified as needing alcohol treatment.
- A total of 74 re-approval requests were submitted. Only one of these was denied. The denial was based on the individual no longer presenting as needing the higher level of care IOP provides.
- Currently IOP programs are running at or near capacity with the exception of one Snohomish County program.
- Due to not having begun focused reviews on IOP programs it is difficult to see how well the services being provided match contract descriptions.

### **Issues to report**

- A number of individuals currently receiving IOP services were not reviewed in this time period. There are two reasons for this. First, NSMHA is working to align dates of program approvals with dates of authorization, so some individuals were approved prior to this time period and aren't due for re-approval until after the time period. Second, and of concern, a number of individuals in IOP programs do not have current NSMHA approvals as their approvals expired and were never resubmitted for ongoing approval for IOP services.

### **Issues to be addressed**

- Focused reviews need to be scheduled in order to begin to understand how IOP services are being provided.
- Individuals receiving IOP services without current approval need to be identified and approval needs to be sought.

### **Recommendations**

- The process for approving IOP referrals would be stronger if there were a tie between the approval for receiving the service and the payment for those services, such that an individual who was not currently approved for IOP services would not be able to be paid for through IOP funding by NSMHA.

## **Utilization Review section**

**Goal #1-** To ensure services provided throughout the Region are effective and appropriate

**Objective #4-** Services to consumers that facilitate community living, psychosocial rehabilitation and

recovery are provided in accordance with expectations defined in the NSMHA/MHD contract and NSMHA clinical policy 1527.00, "Intensive Outpatient Services"

## **Focus Area- Intensive Outpatient Services (IOP) Children**

### **Summary of Intensive Outpatient Services Review Results for Children**

**Narrative Background:** In October 2007, the NSMHA began offering the Wraparound model as an approach to providing value added coordination of care. Through an open RFQ process two RSN providers were selected to provide capacity for 87 Wraparound slots. Compass Health was selected as the provider in Snohomish, Island, and San Juan Counties. Catholic Community Services was selected to be the provider in Whatcom and Skagit Counties. In preparation for the implementation of Wraparound, the NSMHA hired Vroon VanDenBerg, LLC, a national training and consulting group, to assess our community readiness for Wraparound and to provide training and coaching in the fundamentals of delivering High Fidelity Wraparound. Staff from both provider agencies and community stakeholders and partners participated in the training offered.

From October 2007 – April 2008, NSMHA and the selected provider agencies contracted to provide a modified wraparound model based on the California Standards with the plan to bring the model to fidelity and capacity as knowledge and resources allowed.

In January of 2008 NSMHA learned they were recipients of a Washington State grant to provided High Fidelity Wraparound to Skagit County. Subsequently, High Fidelity Wraparound began in April 2008 in Skagit County only with 10 additional slots dedicated to non-Medicaid or non-Access to Care enrollees.

**Enrollment:** From Jan. 1 – June 30, 2008, the NSMHA Wraparound Selection Committee reviewed 22 "Requests for a Wraparound Team" resulting in 20 approved enrollees. The county break down is as follows:

- Whatcom County: 8 requests, 8 approvals, 8 enrolled, 0 secondary approvals (extensions), 0 discharges.
- Skagit County: 5 requests, 5 approvals, 4 enrolled, 1 family-driven withdrawal prior to services provision, 0 secondary approvals (extensions), 0 discharges.
- Snohomish County: 7 requests, 6 approvals, 6 enrolled, 1 denial, 0 secondary approvals (extensions), 0 discharges.
- Island County: 2 requests, 2 approvals, 2 enrolled, 0 secondary approvals (extensions), 0 discharges.

### **Issues to report**

- NSMHA and Compass Health have contracted for wraparound in San Juan County
  - No program has been set up
  - No services occurring
  - Lack of resources or trained staff
  - Lack of Compass leadership to build this contracted resource

### **Issues to be addressed in the upcoming six month period**

- Skagit Pilot
  - Need to coordinate with University of Washington and MHD with regards to the Skagit Pilot
  - Need to monitor/ report outcomes
  - Need to continue staff training
  - Need to begin Social Marketing Plan

- Need to create sustainability plan
  - Cross-system engagement key!
  - Cross-system funding key!
- Need to reconcile the High Fidelity (HF) and Low Fidelity programs
- Need to streamline referral process.

## July thru December 2008

### Summary of Intensive Outpatient Services Review Results for Children

**Narrative Background:** *See previous report.*

**Enrollment:** From July 1 – Dec.31, 2008, the NSMHA Wraparound Selection Committee reviewed 28 new “Requests for a Wraparound Team” resulting in 27 approved enrollees. The team also reviewed 15 “Secondary Requests for a Wraparound Team” (aka extensions), resulting in 15 approvals for a total of **42 new approvals during this reporting period**. However, it should be noted that this does not mean that only 42 individuals were served during this time. There may have been youth authorized during the previous reporting period for service delivery during this period. There may also have been individuals who discharged during their authorized episode of care; an event not tracked by the Consumer Information System (CIS). As CIS does not easily supply the information needed to get a complete picture of how many individuals are served at any one reporting period, some information may not be included in this report. Therefore, this report must be read in the context of the reported data dated Jan. 1, - June 30, 2008 for a better understanding of enrollment. The county breakdown for new referrals or extensions for July 1 – Dec.31, 2008 is as follows:

Whatcom County: 9 requests, 9 approvals, 5 secondary approvals (extensions).

Skagit County: 10 requests, 10 approvals (2 non-Medicaid), 7 secondary approvals (extensions).

Snohomish County: 7 requests, 6 approvals, 1 denial, 3 secondary approvals (extensions).

Island County: 2 requests, 2 approvals, 2 enrolled, 0 secondary approvals (extensions).

### Issues to report

- NSMHA and Compass Health have contracted for wraparound in San Juan County
  - No program has been set up
  - No services occurring
  - Lack of resources or trained staff
  - Lack of Compass leadership to build this contracted resource
  - *UPDATE: No change to report this period*

### Issues to be addressed

- Skagit Pilot
  - Continued coordinate with University of Washington and MHD with regards to the Skagit Pilot
  - Need to monitor/ report outcomes

- UPDATE: UW now collecting data. Dashboards to be presented to CPET each month.
- Need to continue staff training
  - UPDATE: refocused training to certify Coach vs. Facilitator. Expect Coach to be trained by April 2009 and able to certify Facilitators locally. Continue to wait on MHD to schedule Family Support Partner training.
- Need to begin Social Marketing Plan
  - UPDATE: Social marketing team began meeting monthly. Open house planned for 2/2009.
- Need to create sustainability plan
  - Cross-system engagement key!
  - Cross-system funding key!
- Need to reconcile the High Fidelity (HiFi) and Low Fidelity programs – no update
- Need better differentiation between CHAP and Wraparound – *NEW*
- Need better screening process to review children/youth across the continuum of services - *NEW*
- Need to streamline referral process.
  - *UPDATE: New referral process in place and seems to be working well. Still room for improvement especially with regards to referrals across systems. This will be addressed in the next reporting period.*

## **Recommendations**

- Create intentional plan to incrementally move to HiFi across the region
  - Need to elicit stakeholder input including family voice
  - Need to revise contract to reflect progress towards HiFi
  - Eliminate contract language and/or funding for wraparound in San Jan County.
- Consider the use of FIRST or other care coordination team to review CHAP, Wraparound, and CLIP applications at one time in order to find the best treatment and support fit for the child /youth.
- Continued staff trainings
- Work with MHD, UW and other RSNs to discuss state-wide implementation of HF Wraparound and legislative actions need to support the process.

## **Utilization Review section**

**Goal #2-** To ensure consumers receive care in the least restrictive environment

**Objective #1-** Consumers receive appropriate services that are medically necessary and provided in the least restrictive environment for the consumer

**Focus Area-** Care in the least restrictive environment

**Summary of Care Coordination Activity Results: Child/Youth**

The NSMHA Child/Youth Care Coordinator did not perform a focused review on consumer charts in this last period, for care provided in the least restrictive setting.

Weekly inpatient reports were monitored and will continue to be monitored for appropriate length of stay (LOS) and treatment /discharge planning back into the community.

**Issues to report**

Care Coordination - A focused review of cases is completed to monitor the quality of care in the least restrictive setting. In addition, the Inpatient Hospital stays are monitored weekly for LOS and treatment / discharge planning back into the least restrictive setting.

**Issues to be addressed in the upcoming six month period**

In the upcoming period, the Child/Youth Care Coordinator will perform focused chart reviews as needed to assure consumers are receiving the necessary service in the least restrictive setting.

**July thru December 2008**

**NOTE: It is important to note the CHAP annual performance reporting period runs from April 2008 through March 2009 and then begins again running from April 2009 through March 2010. However, information for this report will reflect July 1, 2008 through December 31, 2008.**

**Summary of CHAP activities**

CHAP committees meet in each county, Whatcom, Skagit and Island 1x per month and Snohomish 2x per month, to review cases of children / youth and families with more complex treatment needs who are likely enrolled in services but are not reporting an experience of progress or improved quality of life.

- July numbers are not in this total as they are not accurate due to a missing provider report.
- A review of the CHAP program region wide was performed by NSMHA and Children's Administration (CA) during this last period.
- There are 43 slots region wide in CHAP. The number of youth enrolled in CHAP ranged from 28 to 39 depending on the month.
- More than 50% of youth were In Home CHAP. There was a low percentage of Out of Home.
- There were 9 hospitalizations region wide.
- Bed night utilization rate expectation is 85% or above. For this period, it ranged between 84% highest and 63% lowest.
- Respite utilization rate expectation is 95% or above. For this period, it ranged between 81% highest and 63% lowest.
- For this period there were 14 admissions and 20 discharges region wide.

### **Issues to report**

- Region wide CHAP bed nights and respite are being under utilized.
- Region wide Admissions are low and referrals are low.
- It is not possible to offer Out of Home CHAP in Skagit and Island currently as these areas have difficulty recruiting licensed foster homes.

### **Issues to be addressed**

An extensive CHAP quality review took place the week of August 11, 2008 and was performed by NSMHA and Children's Administration staff to measure the current effectiveness, structure and definition of the program. The results are currently in the revision phase. From this review, contract and policy changes will be made in the coming contract year 2009.

### **Recommendations**

Recommendations will come from this CHAP review.

## **Utilization Review section**

**Goal #2-** To ensure consumers receive care in the least restrictive environment

**Objective #1-** Consumers receive appropriate services that are medically necessary and provided in the least restrictive environment for the consumer

**Focus Area- Care in the least restrictive environment- Adults**

**Summary of Care Coordination Activity Results: Adults**

The NSMHA Adult Care Coordinator has not reviewed charts in the review period for care provided in the least restrictive environment.

**Issues to report**

None at this time

**Issues to be addressed in the upcoming six month period**

In the upcoming period the Adult Care Coordinator will begin focused reviews on consumer records to assure clients are receiving necessary services in the least restrictive environment.

**July thru December 2008**

**Summary of Care Coordination Activity Results: Adults**

Review of weekly utilization management reports continues. No other reports have been created to monitor this.

**Issues to report**

United General Hospital in Sedro-Woolley closed its Gero-psychiatric Unit, further limiting availability of inpatient beds in our region.

**Issues to be addressed**

High utilization of Western State Hospital, including some possibly unnecessary admissions.

**Recommendations**

NSMHA Adult Care Coordinator is creating a protocol for community hospitals and E&Ts to refer all WSH admissions through NSMHA in order to get approval for WSH admission so that 'Less Restrictive Alternatives' can be offered.

**Utilization Review section**

**Goal #2-** To ensure consumers receive care appropriate to their identified level of need

**Objective #2-** Consumer treatment plans address needs identified in their CA/LOCUS

## Focus Area- CA/LOCUS

### **Summary of LOCUS/CALOCUS Review Results:**

The provider CA/LOCUS training plans were reviewed prior to this six-month reporting period. All providers have a current, NSMHA-approved training plan related to CA/LOCUS, which includes a description of initial and ongoing training, how new employees are trained and how inter-rater reliability will be established and maintained. Provider plans outlined steps to achieve inter-rater reliability by scoring of case studies during training; ongoing review of scoring of actual cases by quality managers, supervisors and/or peers; and, additional training and supervision for those clinicians not achieving inter-rater reliability through other methods.

During the first six months of 2008, utilization reviews of charts open less than six months (Initial charts) and charts opened longer than six months (Concurrent charts) produced the following results for the CA/LOCUS questions on the UR tool:

#### **Question: Initial charts**

“Based on the course of treatment following the Assessment, the CA/LOCUS adequately identifies the current need level”

Children: 120 charts reviewed, YES response in 91% of charts reviewed

Adults: 142 charts reviewed, YES response in 97% of charts reviewed

#### **Question: Initial charts**

“The CA/LOCUS done at Assessment appropriately matches the need identified at Assessment”

Children: 120 charts reviewed, YES response in 90% of charts reviewed

Adults: 142 charts reviewed, YES response in 96% of charts reviewed

#### **Question: Initial charts**

“If the consumer is being served at a different level than the one identified by the CA/LOCUS at Assessment, there is an adequate explanation as to why”

Children: 120 charts reviewed, 111 NA responses, 9 Yes responses, 100% response for charts reviewed

Adults: 142 charts reviewed, 103 NA responses, 33 Yes responses, 85% response for charts reviewed

#### **Question: Concurrent charts**

“Based on the course of treatment following the Assessment, the CA/LOCUS adequately identifies the current need level”

Children: 57 charts reviewed, YES response in 88% of charts reviewed

Adults: 76 charts reviewed, YES response in 86% of charts reviewed

#### **Question: Concurrent charts**

“A CA/LOCUS has been done at the 180 Day treatment plan review”

Children: 57 charts reviewed, YES response in 79% of charts reviewed

Adults: 76 charts reviewed, YES response in 83% of charts reviewed

#### **Question: Concurrent charts**

“The CA/LOCUS done at the 180 Day treatment plan review appropriately matches the needs identified in the 180 Day treatment review”

Children: 57 charts reviewed, YES response in 93% of charts reviewed

Adults: 76 charts reviewed, YES response in 90% of charts reviewed

#### **Question: Concurrent charts**

“If the consumer is being served at a different level than the one identified by the CA/LOCUS at Assessment, there is an adequate explanation as to why”

Children: 57 charts reviewed, all charts being served at the CALOCUS level identified

Adults: 31 charts reviewed, 25 NA responses, 3 Yes responses, 50% response for charts reviewed

**Issues to report**

NSMHA UR results indicate provider staff are scoring and using the CA/LOCUS tools appropriately and providing appropriate services in an overwhelming number of charts reviewed. The one area that needs improvement is having the CA/LOCUS completed at the 180 Day treatment review

NSMHA has implemented the use of CA/LOCUS to ensure that a client, regardless of which door he or she walks through, will receive the type and amount of services that will best meet their need. This is a reliable tool utilized across the country. NSMHA and its providers have taken steps to ensure the reliable use of this tool in the region.

**Issues to be addressed in the upcoming six month period**

Conduct focused reviews of CA/LOCUS use in order to check inter-rater reliability.

**July thru December 2008**

NSMHA Quality Specialist staff did not conduct an inter-rater reliability study of provider use of the CA/LOCUS during this six month period. Logistics of how to conduct such a review have yet to be determined and developed.

**Utilization Review section**

**January thru June**

**Goal #3-** To ensure that all services are available to consumers who need them

**Objective #1-** Services defined in the NSMHA/MHD contract are available to consumers

**Focus Area-** Availability of Services, Out of Network Referrals

**Summary of Review Activities/Results-Children/Youth**

There were no Out of Network services approved for youth this period.

One out-of-state treatment request was made during this review period. Out-of-network referrals are now handled by individual agencies, who subcontract for services themselves unless the treatment sought is out-of-state.

The one out-of-state referral was considered, and it was recommended that the client be referred to a provider either in the network or subcontracted out of the network but in the local community for the treatment the client needed. NSMHA provided several options to the provider, who ended up subcontracting a local provider to meet the needs of the client.

**Issues to report**

None at this time

**Issues to be addressed in the upcoming six month period**

Clinicians need to become familiar with the policy for out-of-network services and how to access them as well as report subcontracted services to the NSMHA Child/Youth Care Coordinator.

Continue to monitor and address service holes within the region / state.

**July thru December 2008**

**Summary of Review Activities/Results-Children/Youth**

There was 1 Out of Network Service request for a youth this period. The denial of out of state residential treatment was upheld as less restrictive options in Washington State were available to treat the disorder.

**Issues to report**

For this period, no subcontracted services for youth in Region 3 have been reported to the Care Coordinator. Currently, there does not appear to be a mechanism in place for providers to report or update NSMHA Care Coordinators regarding subcontracted services.

**Issues to be addressed**

Clinicians have been referred to the Out of Network Service policy on how to access this type of review for a consumer.

Continue to review Out of Network Service requests and monitor / address service holes within the region / state.

**Recommendations**

Review the process for subcontracted services to be reported to Care Coordinator(s) by the providers.

**Utilization Review section**

**January thru June 2008**

**Goal #3-** To ensure that all services are available to consumers who need them

**Objective #1-** Services defined in the NSMHA/MHD contract are available to consumers

**Focus Area-** Availability of Services, Out of Network Referrals

**Summary of Review Activities/Results-Adults**

There were no Out of Network services approved for any adults during this period.

**Issues to report**

None at this time

**Issues to address in the upcoming six months**

Receive, review and decide on any requests for out of network referrals for adult services requested from NSMHA by providers during the next six months.

**July thru December 2008**

**Summary of Review Activities/Results**

One out of network referral was submitted and reviewed during this review period. The request was reviewed by an adult care coordinator, the Deputy Director and the Medical Director of NSMHA. The determination was made to deny the out of network referral as the request was for out of state inpatient care, while there are local specialists the individual could see without disrupting her life completely, who have not been tried to this point.

NSMHA assisted the treating agency by supplying contact information for a specialist NSMHA has worked with in the past.

**Issues to report**

One out of network referral was received and responded to during this review period. It was not approved.

There have been a small number of out of network referrals since NSMHA changed the procedure for this so that agencies may subcontract for services outside of the network without NSMHA approval for the regular NSMHA rate of payment.

**Issues to be addressed**

None Identified

**Recommendations**

None Identified

**Utilization Review section**

**January thru June 2008**

**Goal #3-** To ensure that all services are available to consumers who need them

**Objective #2-** Performance Measures defined in the NSMHA PIHP and SMHC contracts, as well as

those previously selected by the NSMHA Quality Management Oversight Committee, are tracked

## **Focus Area- Availability of services, Performance measures**

### **Summary of Performance Measure Review**

Ten quality measures were analyzed for trends &/or variation from 2004 baseline data.

Note: The following analysis does not address the 2004 state averages as statistical reliability of that inter-regional data is highly questionable. Analysis based on that data, and any subsequent quality improvement actions taken as a result of that data could very well amount to “tampering,” especially involving measures that reflect stable (predictable) processes.

### **Issues to report**

1. *Medicaid Older Adult Penetration Rate*: Steady albeit slow decline (5.10 % - 3.25%) going back to at least February 2007 continued during first two quarters of 2008.
2. *Inpatient Bed Days*: Steady albeit slow decline (35,000 – 31,000) since May 2007 continued during first two quarters of 2008.
3. *Co-occurring disorders*: Rate dropped slightly and remained stable at around 11% in the first two quarters of 2008, after remaining stable at around 12% the previous three quarters; 50% higher than the 2004 NSMHA baseline average of around 5.5%.
4. *Average NSMHA Consumer Daily WSH*: Census began to decline sharply in December 2007 (143 – 135) and continued in January 2008 leveling off at 120 where it then fluctuated between 119 and 123 during the remainder of the first two quarters.
5. *Adult Medicaid Outpatient Utilization*: Steady albeit slow increase (12.02% - 15.06%) in 2007 continued through the first two quarters of 2008, reaching 16.23% in May, and nearly reaching the 2004 NSMHA baseline average of 16.8. Island, San Juan, Snohomish and Whatcom Counties have fluctuated between 12% and 17% for over a year, where a steady increase has been observed in Skagit County from 14.5% to 24% over that same time period.
6. *Location of Youth Services*: Rate of services other than at providers' offices increased in the first two quarters of 2008 to the 2004 NSMHA baseline average level of 18%. Home visits showed a steady increase. School visits peaked in the first quarter of 2008, then declined in the second quarter, but have remained consistently higher than the 2004 NSMHA baseline averages.
7. *Employment Status of Adults*: Rate of steady, albeit slight decrease (8.61% - 7.99%) going back to April of 2007 continued in the first quarter of 2008 with a slight upturn in April (8.05%), then dipped again in May (7.92%). This measure has remained well above the 2004 NSMHA baseline average rate of 5.5%.
8. **Telesage Outcome Assessment done at Intake**: Note: This data was not provided by IS. As per Michael White (from 1/13/09 management meeting) Telesage is going away as of February, 2009.
9. **Time from assessment to first non-crisis appointment does not exceed 14 days**: Note - This measure has been revised recently to be more reflective of the 2008-09 MHD contract language and now reads: The first non-crisis appointment occurs within 28 days of the request for services. However, this data was not provided by IS for this period.
10. *Outpatient services provided within 7 days following a hospital discharge*: After a 4-quarter (2007) low of 41.04%, the rate increased to 44.31 in 1<sup>st</sup> quarter 2008, and again to 47.18 in the 2<sup>nd</sup> quarter.

## **July thru December 2008**

### **Summary of Performance Measure Review**

Ten quality measures were analyzed for trends &/or variation from 2004 baseline data.

Note: The following analysis does not address the 2004 state averages as statistical reliability of that inter-regional data is highly questionable. Analysis based on that data, and any subsequent quality improvement actions taken as a result of that data could very well amount to “tampering,” especially involving measures that reflect stable (predictable) processes.

### **Issues to report**

11. *Medicaid Older Adult Penetration Rate*: Steady albeit slow decline (5.10 % - 2.97%) going back to at least February 2007 continued through the last two quarters of 2008.
12. *Inpatient Bed Days*: Steady albeit slow decline (35,000 – 30,000) from May 2007 to October 2008 and remained below 32,000 through December 2008. The average census for the last 2 quarters of 2008 was 30,794, down from the average of 31,056 in the 1st two quarters of 2008.
13. *Co-occurring disorders*: Rate dropped slightly and remained stable at around 11% in 2008, after remaining stable at around 12% the previous three quarters; 50% higher than the 2004 NSMHA baseline average of around 5.5%.
14. *Average NSMHA Consumer Daily WSH*: Census began to decline sharply in December 2007 (143 – 135). and continued in January 2008 leveling off at 120 where it averaged 121 in the first two quarters of 2008, then declined again to a 117 average in the last two quarters. *The 117 average does not include the December 2008 data, as it is not yet available.*
15. *Adult Medicaid Outpatient Utilization*: This rate has showed a steady increase throughout 2008, continuing since 2007. Though it remains less than half the 2005 state average, it surpassed the 2004 NSMHA baseline rate of 16.8 since June (16.92) and reached a high of 18.51 in October, 18.49 in November, and 18.22 in December of 2008.
16. *Location of Youth Services*: Rate of services other than at providers’ offices increased each quarter in 2008, surpassing the 2004 NSMHA baseline average level of 18% in the 2<sup>nd</sup> quarter with a rate of 18.28%. Home visits rates showed a steady increase throughout the whole year for a high of 7.55 in December. School visits also rose relatively steadily to a high of 8.38% in November and 8.20% in December. NSMHA rates have continued to climb slowly but steadily over the last 2 years toward the 2004 state average of 25.2%.
17. *Employment Status of Adults*: The average rate decreased slightly in the second half 2008 to 7.6%, down from 7.95 in the first half of the year. However, it remained well above the 2004 NSMHA baseline average rate of 5.5%.
18. *Telesage Outcome Assessment done at Intake*: Note: *This data was not provided by IS. As per Michael White (from 1/13/09 management meeting) Telesage is going away as of February, 2009.*
19. *Time from assessment to first non-crisis appointment does not exceed 14 days*: Note - This measure has been revised recently to be more reflective of the 2008-09 MHD contract language and now reads: *The first non-crisis appointment occurs within 28 days of the request for services. However, this data was not provided by IS for this period.*
20. *Outpatient services provided within 7 days following a hospital discharge*: The 3<sup>rd</sup> quarter rate of 52.08% was close to the two-year overall rate of 52.23% for 2007 & 2008, however the 4<sup>th</sup> quarter rate of 54.98% was the highest since the 1<sup>st</sup> quarter 2007 rate of 56.47%.

### **Issues to be addressed**

1. *Medicaid Older Adult Penetration Rate*: The decline in penetration rate trend with persons over 60, together with the increase in utilization trend (see #5, below) indicates that individuals are receiving more services North Sound Community Mental Health Providers (CMHP), but fewer adults over 60 are receiving these services.
2. *Inpatient Bed Days*: Positive trend continues, reflective of effective interventions, especially in the provision of case management services to the chronic population.
3. *Co-occurring disorders*: The 50% increase in rate of Co-occurring disorders is likely due to CMHP increasing awareness of the existence of these disorders, and ability and willingness to assess them and address them once assessed. However, in view of the recent CIRC referral of several substance

abuse-related cases to QMOC for disposition may indicate that quality improvement efforts may be indicated in the treatment of this population. (See 1/13/09 CIRC meeting minutes)

4. *Average NSMHA Consumer Daily WSH*: The desired decrease has continued through 2008.
5. *Adult Medicaid Outpatient Utilization*: To what extent has the shift to fee for service affected utilization? Are LOCUS Level 3, 4 & 5 (high risk) consumers appropriately receiving more services (higher utilization) as opposed to Level 1 & 2 consumers?
6. *Location of Youth Services*: None.
7. *Employment Status of Adults*: Supported employment programs at WCPC and Sunrise may contribute to relatively high and stable outcomes in this measure.
8. *Telesage Outcome Assessment done at Intake*: None
9. *The first non-crisis appointment occurs within 28 days of the request for services*: None
10. *Outpatient services provided within 7 days following a hospital discharge*: None

### **Recommendations**

1. *Medicaid Older Adult Penetration Rate*: Recommend CMHPs increase marketing efforts directed toward this underserved population.
2. *Inpatient Bed Days*: Continue to monitor for expected improvement.
3. *Co-occurring disorders*: Continue to monitor for expected improvement or gains held.
4. *Average NSMHA Consumer Daily WSH*: Continue to monitor for expected improvement or gains held.
5. *Adult Medicaid Outpatient Utilization*: Study of utilization of services by LOCUS Level.
6. *Location of Youth Services*: Continue to monitor for expected improvement or gains held.
7. *Employment Status of Adults*: Continue to monitor for expected improvement or gains held.
8. *Telesage Outcome Assessment done at Intake*: Discontinue
9. *The first non-crisis appointment occurs within 28 days of the request for services*: Continue to monitor, but defer assessment of outcomes until the subsequent year.
10. *Outpatient services provided within 7 days following a hospital discharge*: Continue to monitor for expected improvement

## **Addendum**

### **E&T Review Findings**

August 26, 2008

On August 20, 2008 Quality Specialists from NSMHA conducted a review of selected consumer records at the Mukilteo Evaluation & Treatment facility. A second review was conducted at the North Sound Evaluation & Treatment facility on August 21 by the same audit team. Please see a general summary of findings below, and facility-specific summary of findings attached.

### General Summary

#### **PROCESS:**

**NSMHA Quality Specialist Audit Team:** Sandy Whitcutt, Terry McDonough & Kurt Aemmer

- Records reviewed:
  - 16 at Mukilteo E&T
  - 18 at North Sound E&T
- Each record was reviewed to determine the level of compliance with 82 Washington State Mental Health Division Standards. Two standards were scored jointly for a total of 80 standards scored.

#### **FINDINGS:**

- The combined compliance rate for both facilities was **82%**.
- A range of items negatively skewed the overall compliance rates in both facilities:
  - a. The inventory of the consumer's personal property does not document names of persons approved by the patient to inspect the inventory; WAC 388-865-0536(5)(i)
  - b. The treatment plan does not reflect that it was developed in collaboration with the consumer and/or the consumer's support system; WAC 388-865-0547(2)
  - c. The treatment plan does not target issues identified in the intake assessment or needs raised by the consumer, the consumer's identified support system, and the treatment team; WAC 388-865-0547(2)
  - d. The treatment plan does not use language and terminology understandable to the consumer; WAC 388-865-0547(2)
  - e. The treatment plan is not individualized to describe the individual's unique circumstances; WAC 388-865-0547(5)
  - f. The clinical record does not document the physician's attempt to obtain the consumer's informed consent to be treated with antipsychotic medications; WAC 388-865-0570 (1)

Encs: Attachment 1

Attachment 2

cc: Carol Kerr-Regan

Tom Sebastian

Heather Fennell

## ATTACHMENT 1

### Mukilteo E&T

#### FINDINGS:

Compliance rate: **85%**, down from 91% in the previous review

#### Strengths

1. The overall quality of the progress notes is very high
2. The records contain forms that allow the treatment staff to easily meet MHD documentation standards if/when those forms are completed on a timely basis
3. Social Work notes indicated that consumers are frequently and regularly being considered for lesser restrictive treatment alternatives

#### **Needs: Standards whose scores were lower than the facility's overall compliance rate of 85% are reflected with the corresponding WAC or RCW, and their individual compliance rates**

1. The record contains patient authorization of disclosure in accordance with 70.02.030 RCW (81%)
2. The record documents the patient has been advised of HIPAA regulations 70.02 RCW (81%)
3. The inventory of the consumer's personal property reflects the name of the person the consumer has approved to inspect the inventory (0%)
4. The record documents that if seclusion or restraint was used, the consumer was informed of the specific behavioral criteria for their use; WAC 388-865-0545(2) (80%)
5. The record documents that if seclusion or restraint was used, the consumer was informed of the specific behavioral criteria for discontinuation of their use; WAC 388-865-0545(2) (80%)
6. The record needs to document diagnostic and therapeutic services prescribed by the clinical staff; WAC 388-865-0547 (75%)
7. The record documents that the treatment plan was developed in collaboration with the consumer; WAC 388-865-0547 (2) (47%)
8. The treatment plan targets issues identified in the intake assessment or needs raised by the consumer, the consumer's identified support system, and the treatment team; WAC 388-865-0547(2) (44%)
9. The treatment plan uses language and terminology understandable to the consumer; WAC 388-865-0547(2) (19%)
10. The record documents a discharge plan, including a plan for follow-up services where appropriate; WAC 388-865-0547(4) (81%)
11. The documentation of treatment is individualized to describe the consumer's individual circumstances; WAC 388-865-0547(5) (81%)
12. The documentation includes interventions in response to specific needs; WAC 388-865-0547(5) (75%)
13. The documentation includes coordination of community care for discharge; WAC 388-865-0547(5) (83%)
14. The clinical record documents the physician's attempt to obtain the consumer's informed consent to be treated with antipsychotic medications; WAC 388-865-0570 (1) (6%)

## ATTACHMENT 2

### North Sound E&T

#### FINDINGS:

Compliance level: **80%**, down from 87% in the previous year

#### Strengths

1. The overall quality of the progress notes is very high
2. The records contain forms that allow the treatment staff to easily meet MHD documentation standards if/when those forms are completed on a timely basis

#### **Needs: Standards whose scores were lower than the facility's overall compliance rate of 80% are reflected with the corresponding WAC or RCW, and their individual compliance rates**

1. The inventory of the consumer's personal property reflects the name of the person the consumer has approved to inspect the inventory; WAC 388-865-0536 (5) (i) (44%)
2. The treatment plan and any modifications follow the guidelines of WAC 388-865-0547 (2) [See items #6 – 11 in ATTACHMENT 1, above] (56%)
3. The record documents that if seclusion or restraint was used, the consumer was informed of the specific behavioral criteria for their use; WAC 388-865-0545(2) (0%)
4. The record documents that if seclusion or restraint was used, the consumer was informed of the specific behavioral criteria for discontinuation of their use; WAC 388-865-0545(2) (33%)
5. The record documents that the treatment plan was developed in collaboration with the consumer; WAC 388-865-0547 (2) (25%)
6. The treatment plan targets issues identified in the intake assessment or needs raised by the consumer, the consumer's identified support system, and the treatment team; WAC 388-865-0547(2) (56%)
7. The treatment plan uses language and terminology understandable to the consumer; WAC 388-865-0547(2) (6%)
8. The clinical record contains copies of any power of attorney, or documentation that any powers of attorney were requested and not provided, or that it does not apply; WAC 388-865-0547(3) (75%)
9. The record contains copies of any letters of guardianship, or documentation that any letters of guardianship were requested and not provided, or that it does not apply; WAC 388-865-0547(3) (75%)
10. The treatment plan is individualized to describe the individual's unique circumstances; WAC 388-865-0547(5) (67%)
11. Documentation includes evaluation for release from involuntary commitment to accept treatment on a voluntary basis; WAC 388-865-0547(6) (67%)
12. Documentation includes evaluation for discharge from the facility to accept voluntary treatment upon referral; WAC 388-865-0547(6) (57%)
13. The clinical record documents the physician's attempt to obtain the consumer's informed consent to be treated with antipsychotic medications; WAC 388-865-0570 (1) (0%)