

ADVISORY BOARD PRE-MEETING

May 1st, 2018

12:10-12:50PM

North Sound Behavioral Health Organization

Pat Morris

Senior Director of Behavioral Health

Volunteers of America

North Sound Behavioral Health Organization
301 Valley Mall Way, Suite 110, Mount Vernon, WA 98273

ADVISORY BOARD AGENDA

May 1st, 2018

1:00 p.m. – 3:00 p.m.

CALL TO ORDER & INTRODUCTIONS

REVISIONS TO THE AGENDA

APPROVAL OF MINUTES FROM PREVIOUS MEETING

Approval of April Minutes.....TAB 1

ANNOUNCEMENTS

BRIEF COMMENTS OR QUESTIONS FROM THE PUBLIC

STANDING COMMITTEE REPORTS (Briefs from Each Committee Attached)

- Quality Management Oversight Committee (QMOC).....TAB 2

EXECUTIVE/FINANCE COMMITTEE REPORT

Approval of the April Expenditures.....TAB 3

EXECUTIVE DIRECTOR'S REPORT & ACTION ITEMS

Executive Director's Report Items

- Report from Joe.....TAB 4

Executive Director's Action Items

- Action Items/Memorandum.....TAB 5

OLD BUSINESS

NEW BUSINESS

Behavioral Health Proposed Funding Plan – Betsy Kruse

North Sound BHO Quality Management Annual Review – Charles DeElena.....TAB 6

Advisory Board July Retreat Topics.....TAB 7

REPORT FROM ADVISORY BOARD MEMBERS

REMINDER OF NEXT MEETING

- The next scheduled meeting is June 5th, 2018 in the Conference Room Snohomish

ADJOURN

FINAL approved by Advisory Board

North Sound Behavioral Health Organization

301 Valley Mall Way, Suite 110, Mount Vernon, WA 98273

ADVISORY BOARD MINUTES

April 3rd, 2018

1:00 p.m. – 3:00 p.m.

ATTENDANCE

Advisory Board Members Present

Island: Candy Trautman, Chris Garden

San Juan: Theresa Chemnick (Phone)

Skagit: Duncan West, Ron Coakley

Snohomish: Marie Jubie, Jack Eckrem, Fred Plappert, Joan Bethel, Pat O'Maley-Lanphear, Jennifer Yuen, Jim Bloss, Carolann Sullivan

Whatcom: David Kincheloe, Mark McDonald, Arlene Feld, Natasha Raming

Excused Advisory Board Members

Island: Betty Rogers

San Juan:

Skagit:

Snohomish:

Whatcom: Michael Massanari, Stephen Jackson

Absent Advisory Board Members

Island:

San Juan:

Skagit: Joan Lubbe

Snohomish:

Whatcom:

NSBHO Staff Present

Joe Valentine (Executive Director)

Maria Arreola (Administrative Assistant II)

Guests Present

Katelyn Morgan – Behavioral Health Ombuds Specialist

Boone Sureepisarn – Behavioral Health Ombuds Specialist

Russ Sapienza – National Alliance on Mental Illness (NAMI); Whatcom County Affiliate

Dr. Adam Kartman

CALL TO ORDER & INTRODUCTIONS

The Chair called the meeting to order at 1:03 p.m. and introductions were made.

REVISIONS TO THE AGENDA

The Chair inquired regarding revisions to the Agenda. Advisory Board Policy #4507.00 will be added under New Business.

APPROVAL OF MINUTES FROM PREVIOUS MEETING MINUTES

March minutes were approved by a motion and vote. All in favor.

FINAL approved by Advisory Board

STANDING COMMITTEE REPORTS (Briefs from Each Committee Attached)

- Quality Management Oversight Committee (QMOC) Report

ANNOUNCEMENTS

None

EXECUTIVE DIRECTOR'S REPORT & ACTION ITEMS

Executive Director Report

Joe reported on

- Integration Update
- Behavioral Health Facilities Update
- IMD Funding Shortfall
- CJTA
- Behavioral Health Enhancement Funds

Action Items

Joe reviewed each of the Action Items with the Advisory Board

- A motion was made to move the Action to the County Authorities Executive Committee for approval. Motion was seconded all in favor.
- Motion approved to forward the Action Items to the County Authorities Executive Committee for approval.

Mental Health Block Grant

The Mental Health Block Grant was introduced to the Board. Motion was made to approve the Mental Health Block Grant. Motion Seconded. All in Favor. The Chair signed the letter approving the Grant Plan to be forwarded to the State.

OLD BUSINESS

2018 Visual Art and Poetry Contest

Motion made to change the theme to Hope is in Bloom, deadline for entries will be July 13th, the Board to hold the judging in August, and the award ceremony to be held in September. Motion seconded. All in favor.

Swinomish Wellness Center

Pat, Jim, Joan B., Marie and Duncan spoke on the site tour that occurred on March 23rd. Dawn Lee, Program Director and staff met with Members after the tour for questions and answers. Members that attended the site tour were Candy, Jennifer, Pat, Jim, Joan B., Duncan, and Marie.

FINAL approved by Advisory Board

NEW BUSINESS

2018/2019 Advisory Board Advocacy Priorities

Determination of the 2018/2019 Advocacy Priorities will be discussed during the July Retreat.

Washington Behavioral Healthcare Conference – Advisory Board Scholarships

It was determined to offer two scholarships to individuals in the community that are interested in serving on the Board. County Coordinators will be notified of the offered scholarships. It was determined that Pat, Joe, and Maria will review the scholarships. Advisory Board members were given the registration forms to the conference. Registration forms are to be completed and turned into Maria no later than May 10th.

Non-Medicaid Funding Policy

Policy introduced to the Board. Discussion ensued.

Advisory Board Policy 4507.00

Discussion took place of proposed revised language to the policy. Motion made to add the proposed revised language. Motion seconded. One abstained.

ACTION ITEMS

Executive & Finance Committee

The March Expenditures were reviewed and discussed. A motion was made to move the Expenditures to the County Authorities Executive Committee for approval. Motion was approved.

REPORT FROM ADVISORY BOARD MEMBERS

None

BRIEF COMMENTS OR QUESTIONS FROM THE PUBLIC

Russ Sapienza spoke to the Whatcom County NAMI Affiliate. Individuals that are interested in becoming a member to contact Kim at the Whatcom office. Russ announced a suicide prevention forum on April 10 and a grief forum April 19th.

ADJOURNMENT

The Chair adjourned the meeting at 3:05 p.m.

NEXT MEETING

The next **Advisory Board meeting** is May 1st, 2018 in Conference Room Snohomish



North Sound Behavioral Health Organization, LLC

301 Valley Mall Way, Suite 110, Mount Vernon, WA 98273
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Quality Management Oversight Committee (QMOC) Brief April 11, 2018

Non-Medicaid Policies Review

Betsy Kruse, North Sound BHO

Information on Non-Medicaid Policies was reviewed with providers. The policy states that for individuals currently in service whose services are funded by a non-Medicaid fund source in North Sound BHO the Behavioral Health Agency (BHA) will be expected to transition all persons with no Medicaid coverage out of services by July 1, 2018. There will be no extensions after this date.

LR Needs

Michael McAuley, North Sound BHO

A reminder was shared to the providers to make sure that inpatient units are sending them complete info when the person is discharging. A memo was shared with the providers via email.






1702.00 Outreach Safety Screening

Michael McAuley, North Sound BHO

This policy addresses the dispatch criteria for the crisis teams, and safety protocol necessary to perform the outreach. Minor revisions were made to include language change from DMHP to DCR. ICRS has reviewed and approved the changes in this policy with the recommendation to move to QMOC for approval of the changes. This revised policy, if approved, will go into effect 60 days after the posting on the web and the receipt of the numbered memo from North Sound BHO. QMOC approved these policy revisions.

**North Sound BHO Advisory Board Budget
April 2018**

		All Conferences	Board Development	Advisory Board Expenses	Stakeholder Transportation	Legislative Session
	Total	Project # 1	Project # 2	Project # 3	Project # 4	Project # 5
Budget	\$ 42,000.00	\$ 16,000.00	\$ 3,545.00	\$ 20,200.00	\$ 255.00	\$ 2,000.00
Expense	(8,319.35)		(850.00)	(5,954.19)		(1,515.16)
Under / (Over) Budget	\$ 33,680.65	\$ 16,000.00	\$ 2,695.00	\$ 14,245.81	\$ 255.00	\$ 484.84

BHC , NAMI, COD, OTHER	BOARD SUMMIT (RETREAT)	Costs for Board Members (meals mileage, misc.)	Non- Advisory Board Members, to attend meetings and special events	Shuttle, meals, hotel, travel
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North Sound Behavioral Health Organization, LLC.

Warrants Paid

April 2018

	Type	Date	Name	Memo	Amount
Advisory Board					
Supplies	Bill	04/03/2018	Mister T Trophies	Batch # 123101	<u>21.70</u>
Total · Supplies					21.70
Travel	Bill	04/10/2018	AA Dispatch	Batch # 123209	<u>820.00</u>
Total · Travel					820.00
Miscellaneous	Bill	04/10/2018	Haggen Inc	Batch # 123209	355.43
Total · Miscellaneous					<u>355.43</u>
TOTAL Advisory Board					<u><u>1,197.13</u></u>

North Sound BHO Executive Directors Report

For the North Sound BHO Advisory Board

May 1, 2018

Integration Update

- We continue to work with the five Apple Health Managed Care Organizations (MCOs) to provide documentation to demonstrate whether we can meet their standards for “delegation”. These standards would cover 4 areas: Crisis Services, Utilization Management, Credentialing, and Claims Processing. The area that we will have the most difficulty with is “claims processing” for Crisis Services. We do not currently require providers to submit individual “claims” and for Crisis Services this model would make even less sense.
- The 5 MCOs will be conducting an on-site “pre-delegation” audit from May 8-10 to review our preliminary information.
- Once the pre-delegation review is completed, and after the MCO’s are selected towards the end of May, we will begin negotiating detailed service agreements with them.
- We have also completed and sent to the Health Care Authority our detailed response to their Administrative Services Organization [ASO] “readiness” questionnaire. They will be conducting an on-site audit sometime this summer.
- The contracted technology consultant firm, XPIO, have now begun their work. They will be assessing what changes and funding support to our electronic health record systems will be needed to enter into contracts with the MCOs. The results of their recommendation will be used to submit a proposal to the Interlocal Leadership Structure for use of some of the mid-Adopter incentive funds.

Behavioral Health Facilities Update

- BHO and Skagit County are exploring the possibility of purchasing a property off Highway 20 in Sedro Woolley as a potential site for the Skagit Stabilization Campus.
- We’re also continuing to work with Pioneer Human Services [PHS] on a plan to reprogram and eventually transition some of the exiting treatment beds at Pioneer Center North [PCN] over the next several years. Three different programs are being proposed:
 - 1) 16 Bed Co-Occurring Treatment Beds. PCN is already creating a 16-bed co-occurring program module within PCN and we’ve established a specific rate for these services. We are in discussions with Snohomish County to transition their Co-Occurring Program to one of the new 16 bed SUD Residential Treatment program modules that will be created within the Denny Juvenile Justice Center.
 - 2) Secure Detox. We have asked PHS for a proposal on how they can re-establish a 16 bed Secure Detox program within PCN using the space that was used for piloting Secure Detox back in. We’ll be working with them on a budget for capital costs and a rate for payment. The Secure Detox program could be transitioned to the proposed Skagit Stabilization Campus.
 - 3) Opioid Treatment Program. PHS has developed a conceptual proposal to pilot a specialized residential treatment program incorporating medication assisted treatment for persons with severe opiate addiction. The program would use a “whole-person” approach combining medication assisted treatment, counseling and a coordinated discharge planning process that

would link the person back up with community based Opioid treatment. BHO SUD staff have already reviewed and commented on their program plan. We've agreed to think about using the 25 beds that the North Sound BHO now pays for on a "capacity basis" as the beds to convert for the pilot program. The pilot would be used to try and secure additional grant funding and would similarly include the development of a transition plan to another location. Commissioner Ken Dalhstedt has been active in working with the federal government to identify potential new funding sources for Opioid treatment.

- We are scheduling the next meeting of the Regional Behavioral Health Facilities Workgroup to begin developing a plan for regional Recovery House Facilities that we could incorporate into a request for 2019 Capital Fund dollars.

Behavioral Health Enhancement Funds

- The new Senate bill ESSB 6032 provides an opportunity for additional funding for Behavioral Health Organizations (BHOs) for the enhancement of community-based behavioral health services. While the bill's language calls out BHOs, the BHOs must coordinate the development of proposals with the Apple Health MCOs in each region.
- In order to receive these funds, each region must submit a plan addressing the following issues:
 - 1) Reduction in the use of long-term commitment beds through community alternatives;
 - 2) Compliance with [RCW 71.05.365](#) requirements for transition of state hospital patients into community settings within 14 days of the determination that they no longer require active psychiatric treatment at an inpatient level of care;
 - 3) Improvement of staff recruitment and retention in community behavioral health facilities;
 - 4) Diversion of individuals with behavioral health issues from the criminal justice system; and
 - 5) Efforts to improve recovery-oriented services, including, but not limited to, expansion of clubhouse models.
- Approximately \$70 million will be available statewide – about \$10.2 million for the North Sound. Of the \$10.2 million, \$992,088 is General Fund and will be allocated directly to BHOs. The remainder of the funding is Medicaid and will be incorporated into the Medicaid Per Member Per Month [PMPMs].
- Plans are due to DBHR by June 1.
- We've sent a survey to solicit suggestions from the County Coordinators, and our contracted Behavioral Health Agencies.

Tribal Crisis Services Coordination

We've met with the Tulalip Tribe Behavioral Health Staff to explore the possibility of designating some Tribal Mental Health Professionals as "Designated Crisis Response" professionals [DCRs] who could work in partnership with the Snohomish County DCRs in providing Involuntary Treatment Act [ITA] assessments of Tribal members.

Senate Bill ESSB 6032

In order to receive these funds, each region must submit a plan addressing the following issues:

1. Reduction in the use of long-term commitment beds through community alternatives;
2. Compliance with RCW 71.05.365 requirements for transition of state hospital patients into community settings within 14 days of the determination that they no longer require active psychiatric treatment at an inpatient level of care
3. Improvement of staff recruitment and retention in community behavioral health facilities;
4. Diversion of individuals with behavioral health issues from the criminal justice system; and
5. Efforts to improve recovery oriented services, including, but not limited to, expansion of clubhouse models.

Ideas

Ideas for a **transitional facility** (Sharon Mc Millen):

- A 16-bed facility that could take both patients from WSH and patients that are being diverted from WSH. WSH patients would need priority if we are expected to discharge within 14 days. A 16-bed facility would make it easier for licensing purposes.
- Staff available 24/7. Medication monitoring would be preferred
- A case manager to work with the outpatient teams on transition and locating more permanent housing options and completing any remaining financial applications.
- SUD services would need to be easily accessible.
- It would need to be open to people with significant legal histories (i.e. murder, arson, significant assault)
- Short length of stay 30-60 days to ensure availability

Other Thoughts on “Residential Facility”

- Add **residential-like beds** in the most fiscally efficient way possible
- Whatcom and Snohomish counties both have **some housing for their PACT clients, but Skagit really does not.**
- **Housing that is dual diagnosis focused**, with possibly more money allocated to a community outreach program (or expand IOP) for those individuals who are housed there.
- If we have “more beds” for folks coming out of Western, could we **tack on more beds to an already existing subacute entity, E&T or facility like Smokey Point?**
- Do we have data on **what percentage of patients leave Western and go to residential versus independent living** with ECS/community case management/IOP/HCS in-home support? If we could pull our data to show any of the need, I think that would be a great way to present our ability to oversee the region to the MCO’s, and it might give us a clearer picture of what is needed.

- Do we have any data on individuals in our region who use our services and are involved in the CJS and what services they receive?

Some of the barriers to being able to discharge people from WSH within 14 days:

We can develop ideas to address these barriers to facilitate discharge

- Needed **financial applications often take longer than 14 days to complete**. WSH would need to alter how they are currently doing financial applications to ensure that people are ready to go as soon as the teams say that we can move forward.
- **Transportation** – the Discharge Team is currently providing transportation to **pre-placement visits and discharges**. They have increased the number of people on this team slightly, but they also increased the staff to patient ratio on these trips – so the additional staff did not decrease the wait time. **It can take 2-3 weeks to get a PPV set.**
- **CR's and LR's take time to be completed**. Currently the CR process takes about a week. The LR process takes 2(?) or longer.
- **Notification requirements for flips** – 30-35-day notifications required on many of the felony flip patients
- **Community resource availability** – The ARTF's have done well in improving their flow through – but it is still a limited resource.
- **Independent placements are very hard to find**. We are often looking at **clean and sober housing options**. We do have the transitional beds and use those when we can. It has been easier to get people into Alkire since they redid their admission criteria.
- Our numbers of **flip patients** continue to rise. These **patients often have legal histories that prevent them from accessing needed housing resources**.
- **Availability of community providers** – we would need to look at changing the system so that the **community staff come to WSH to meet with the patient almost directly after receiving the referral**. Time and distance is a major barrier to this.
- **Barriers to securing housing** -Legal charges, bad credit, etc

Other Ideas from BHO

- **Recovery Housing**
- **Early onset identification and intervention team**
- **Guardianship Team/Program** to identify individuals who appear to be appropriate for guardianship & start guardianship process early in the individuals stay at WSH
- Additional **community treatment and transition teams that utilize peers bridgers**
- Training
- Health Home Model
- **Dual-diagnosis intensive programs** (maybe more IDDT programs), and/or inpatient programs
- **PACT team on Whidbey Island** with some housing.

- **Transition-age youth facility or early psychosis project,**
- **Clubhouse Model**
- **Adolescent/Transition age youth crisis stabilization** *Focused population:* Children & youth with severe behavioral health issues that have been involved in high intensity services and are not responding. We want to divert them from involvement with the criminal justice systems & reduce the use of long-term commitments, frequent hospitalizations through effective community alternatives.

Additional Treatment Options

- Therapeutic Day Treatment Program
- Identify effective strategies for aggressive behavior that can be provided. Target population - early teens/adolescents, contact with the juvenile justice system and impacts of behaviors at school and in the community.
 - Work on identifying stabilization strategies for youth who need 24/7 observations.
 - Ensure that next day appointments are available for this population discharging from hospitalization or emergency departments.
 - Increase the planning for discharges.
 - Have SUD assessment complete while hospitalized for those who might need residential treatment on release.

Older Youth/Young Adult Education & Housing Options

Older youth transition into adulthood (ages 18-26) that need housing, job, mentoring and educational opportunities. For youth who have had a long history of behavioral health issues transition into adulthood comes with additional challenges and need for extra support.

- Education/ Trade Schools Options for this population
- Stable housing designed for 18-26 with intensive behavioral health needs. Additional 3 beds for this age group with SMH issues.
- Peer partners that support them during this transition.

Provider Ideas

- Funds to **increase salaries or give bonuses to staff**, and to implement **other retention strategies such as paying for licenses, training, etc**
- **Expand Peer Bridger program to work with local inpatient units** – Could be added to the transition team

Suggestions from **Compass Health** in rank order of priority are as follows:

- **Via increases in rates for all service types,**
 - Pay for Performance compensation, Team based Performance bonuses, license cost reimbursement,
 - enhancement of education funds,
 - premium pay increases,
 - sign on bonuses,
 - shift differential increases, pager pay increases, and increases in compensation for master's level clinicians as they reach their 2 year licensure opportunity.

Suggested Metrics: "Time to Fill Positions" and Retention Rates

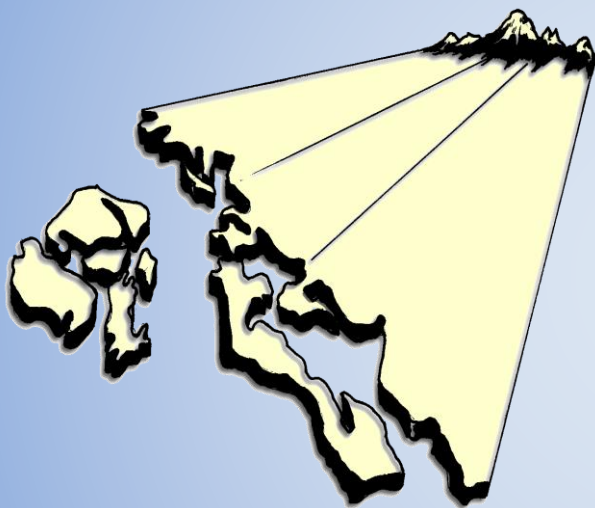
- To enhance services to facilitate discharges out of, and alternatives to admission to, Western State Hospital **add 50 more slots to the Skagit County PACT Team and allow for expansion of that team to also serve Island County.**

Suggested Metrics: Current measures used to evaluate success of PACT Team's.

- To divert from inpatient and jail settings **develop "CORS" like services to include "Outreach Extenders" in communities outside Whatcom and San Juan Counties to include Skagit and Island Counties.**

Suggested metrics: Those currently utilized for these services in Whatcom and San Juan counties.

As the public behavioral health authority for five counties in Washington State (Island, San Juan, Skagit, Snohomish, Whatcom), a major purpose of North Sound Behavioral Health Organization (North Sound BHO) is to ensure the provision of quality and integrated behavioral health services for all five counties.



North Sound BHO Quality Management Annual Review

2017

Lisa Hudspeth
Internal Quality Management Committee

North Sound BHO Quality Management Annual Review

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North Sound BHO Quality Management Annual Review

Executive Summary

The North Sound BHO Quality Management Annual Review provides a summary of the work done to satisfy the requirements of the North Sound BHO Quality Management Plan (QM Plan). The North Sound BHO QM Plan outlines the structure of quality management at North Sound BHO and all the activities that are accomplished throughout the year to satisfy Federal and State guidelines and ensure the provision of quality services to individuals in the North Sound region. The oversight of the North Sound BHO QM Plan is delegated to the North Sound BHO Internal Quality Management Committee (IQMC). The QM Plan Work Plan guides the IQMC's review of quality activities and sets a baseline standard for each area of oversight.

The North Sound BHO Quality Management Annual Review is broken into six (6) main sections that provide a synopsis of the wonderful work being done by BHO and BHA staff. Section one (1) of the annual review provides an update on the 2017 progress towards the goals outlined in the QM Plan. Section two (2) provides a summary of accomplishments realized by North Sound BHO during 2017. Section three (3) provides an update on the Performance Improvement Projects occurring throughout the region in 2017. Section four (4) provides information on the core performance measures that North Sound BHO is bound to through its Medicaid Contract with the State. Section five (5) provides an update on the North Sound BHO annual risk assessment. Section six (6) provides a summary of all the measures and oversight areas that North Sound BHO reviews throughout the year and are identified in the QM Plan Work Plan.

These six (6) summary areas provide a general overview of the work that is being done and gives the reader an idea of what and how North Sound BHO is measuring the quality of services that are provided in the region. When reading this document please use the North Sound BHO QM Plan as a companion guide to give you more detail on the areas of oversight and the activities that are conducted to monitor those areas.

North Sound BHO Quality Management Annual Review

Introduction

The North Sound Behavioral Health Organization (North Sound BHO) is a public behavioral health authority that serves the Northwest Washington State counties of Island, San Juan, Skagit, Snohomish, and Whatcom. North Sound BHO ensures the provision of Behavioral Health services, which include mental health (MH) and substance use disorder (SUD) services, to the entire five (5) county region. Services will be provided to Medicaid and non-Medicaid recipients, in accordance with the State of Washington Behavioral Health Contracts, using monies available through Federal and State Funding sources.

Mission

North Sound BHO has a history rooted in providing quality standards of care that place a primary importance on the active voices of individuals in planning their care, choosing their goals, and integrating community resources into their individual service-recovery plans. This notion is guided by the overarching goals and mission set forth by Washington State's Department of Social and Health Services (DSHS) and in particular to the Washington State Behavioral Health Administration. The mission of the Washington State Behavioral Health Administration is:

"To transform lives by promoting choice, independence and safety through innovative services."

North Sound BHO prides itself on aligning with the standards and goals set forth by the Center for Medicare and Medicaid Services (CMS), Washington State's DSHS, and DSHS's Behavioral Health Administration. The mission of the North Sound BHO is:

"Empowering individuals and families to improve their health and well-being."

Vision

A system of care that is shaped by the voices of our communities, and people using behavioral health services. The people who work in this system are competent, compassionate, and empowering and supportive of personal health and wellness.

Core Values

- **Integrity:** We nurture an environment of transparency, trust, and accountability
- **Collaboration:** We believe every voice matters
- **Respect:** We accept and appreciate everyone we encounter
- **Excellence:** We strive to be the best in everything we do
- **Innovation:** We endeavor to try new things, be forward thinking, learn from mistakes and be adaptable
- **Culture:** We endeavor to be culturally educated and responsive

Annual Review

The annual review of the North Sound BHO Quality Management Program is conducted by the IQMC. The IQMC uses the North Sound BHO Quality Management Plan as the guiding document for conducting the annual review. The North Sound BHO Quality Management Plan outlines the guidelines and processes utilized to maintain the North Sound BHO Quality Management Program.

North Sound BHO Quality Management Annual Review

The annual review is an evaluation of the North Sound BHO QM Plan and QM Plan Work Plan. The QM Work Plan outlines the activities and metrics that are used throughout the year to determine how well North Sound BHO and its contracted behavioral health agencies (BHAs) are progressing towards meeting the standards set forth by each authorizing source and/or the North Sound BHO. IQMC will also evaluate the activities and actions conducted during committee and subcommittee meetings.

The findings and recommendations made by this report is given to the North Sound BHO Leadership Team for review before distribution. After receiving approval by the North Sound BHO Leadership Team, the annual review is distributed to the North Sound BHO Advisory Board, the Quality Management Oversight Committee, and the County Authorities Executive Committee. The review is also distributed to the North Sound BHO contracted BHAs and other North Sound BHO stakeholders via the North Sound BHO website.

Progress Towards Goals

The North Sound BHO Quality Management Plan presents eleven goals that the North Sound BHO uses as guiding principles for its Quality Management Program. The goals along with the actions taken to achieve the goals for 2017 are listed below:

1. Maintain quality management capabilities on a regional basis through a single, integrated model.
2. Hold administrative costs to a minimum in order to maximize resources available for direct services.
 - a. North Sound BHO continues to operate on an administrative budget of around 5% which allows resources to be filtered to contracted BHAs in the way of providing training, funds for innovative programming, and funds for direct services.
 - b. North Sound BHO has implemented two (2) value-based contracts with BHAs that provides incentive funds, one (1) of which mandates 80% of the funds be distributed to the staff providing the services.
3. Demonstrate North Sound BHO mission, vision, core values and guiding principles, which include individual voice, choice and ownership, as well as recovery and resilience.
 - a. North Sound BHO continues to use the North Sound BHO Advisory Board as a voice for the community and the individuals we serve.
 - b. During 2017 North Sound BHO put out a request for proposal (RFP) to expand our network of BHAs to allow for better coverage in the region. During this RFP process North Sound BHO added six (6) additional BHAs to provide services. This includes newly contracted BHAs and new service contracts with BHAs currently providing other lines of service.
4. Be responsive to individuals and advocates through a system that listens to their needs and offers appropriate services and support.
 - a. North Sound BHO continues to receive individual voice through multiple committee meetings- North Sound BHO Advisory Board, Quality Management Oversight Committee, Performance Improvement Project (PIP) workgroups, and other quality improvement subcommittees.

North Sound BHO Quality Management Annual Review

- b. North Sound BHO uses the grievance and appeals system to review and assist with issues of concern. The issues discovered through this process can lead to reviews in the quality of care delivery.
5. Meet state and federal requirements, to include requirements mandated by the State of Washington DSHS, CMS, the Balanced Budget Act (BBA), the Health Insurance Portability and Accountability Act (HIPAA), 42 Code of Federal Regulations (CFR) Part 2, and the state of Washington's External Quality Review Organization (EQRO).
 - a. North Sound BHO conducts annual quality audits of all BHA contracted services. These reviews include the quality of documentation, program structure, and process design.
 - b. North Sound BHO conducts biennial administrative audits of all contracted BHAs for adherence to state and federal guidelines.
6. Implement a shared vision of quality services and a system that is effective, coherent, transparent and easy to navigate for all stakeholders.
 - a. North Sound BHO provides its Quality Management Plan to all stakeholders through the North Sound BHO website on a biennial basis.
 - b. North Sound BHO continues to provide training to all contracted BHAs with a regional training committee developing a shared vision as to what training should be included in the regional training plan.
 - c. North Sound BHO continues to present quality metrics and reports to the North Sound BHO Advisory Board, Quality Management Oversight Committee, and County Authorities Executive Committee (CAEC) for the sake of transparency.
 - d. North Sound BHO began the process of updating its website to enhance functionality for all stakeholders.
7. Engage Behavioral Health Agency (BHA) staff and their perspectives regarding service delivery.
 - a. North Sound BHO continues to solicit BHA participation in the Quality Management Oversight Committee to develop a comprehensive system of care and review quality issues that occur in the region.
 - b. North Sound BHO developed a quarterly Integrated Provider meeting to discuss issues and changes with the North Sound BHO system of care.
8. Assure consistency and focus over time in our service delivery models.
 - a. North Sound BHO continued the process of updating clinical and non-clinical policies and procedures to adhere to changes that occur at the state or federal level.
9. Acknowledge and support successful delivery models.
 - a. North Sound BHO continues to review and implement the use of evidenced based practices.
 - b. North Sound BHO implemented the Open Access model on a regional basis as a regional PIP. North Sound BHO will continue to provide support for the implementation of the Open Access model to all existing and new BHAs.
10. Achieve the right balance between resources devoted to service delivery and quality management activities to enhance the delivery of services.

North Sound BHO Quality Management Annual Review

- a. North Sound BHO continues to monitor the impact of its onsite review schedule. In 2017, North Sound BHO updated its processes and timelines for onsite reviews to mitigate the impact we have on service provision at the BHA level.
11. Create a culture based on using measurements and data to inform decisions regarding services.
 - a. The QM Work Plan was developed to create a system of measurement for every oversight area.

Summary of Accomplishments

North Sound BHO's Quality Management Program saw many accomplishments in 2017 regarding service delivery design, quality management oversight, and internal process redesign. Each of the accomplishments listed below were completed in acknowledgement of North Sound BHO's mission, vision, and core values.

Accomplishments

1. Reviewed and updated the Compliance policy, implementing requirements for monthly submission of an exclusion attestation statement by network agencies, to ensure compliance for federally funded programs.
2. Conducted a one-day Compliance & Privacy Officer Overview training for network agency providers, which included Health Insurance Portability and Accountability Act (HIPAA) Health Information Technology for Economic and Clinical Health Act (HITECH) requirements, breach reporting as a Critical Incident and privacy in School Based programs. This event was also attended by Compliance Officers from four (4) other State BHOs.
3. Continued to host a monthly web-based State BHO Compliance Officer Work Group meeting/training forum.
4. In follow-up to Phase 1 of an Office for Civil Rights (OCR) HIPAA Security Risk Assessment, conducted in 2016, contracted and funded the same assessment for each of our regional network provider agencies.
5. Contracted with a vendor to conduct Phase 2 and 3 of the OCR HIPAA Security Risk Assessment consisting of technical and non-technical testing, for which Recommendations and Mitigation Plan are final deliverables.
6. Contracted with a vendor to facilitate and conduct an Organizational Risk Assessment and Compliance Program review.
7. Rewrote and streamlined the grievance policies, procedures, and process to better align with state and federal regulations.
8. Updated and enhanced the grievance web portal to allow for ease in reporting and allow the capture of more data elements to better analyze and trend grievance data.
9. Successfully implemented three (3) PIPs with each receiving approval from the Department of Behavioral Health and Recovery (DBHR).
10. Implemented the Open Access model to improve initiation of individuals and achieved a greater than 100% increase in the number of individuals initiating into service within 7 days of making a request for service.

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11. Developed and prioritized the North Sound BHO Regional Opioid Plan to combat the opioid crisis in our region and around the state.

Performance Improvement Projects

During 2017 North Sound BHO developed one (1) new PIP and carried forward the measurement of two (2) PIPs developed in 2016.

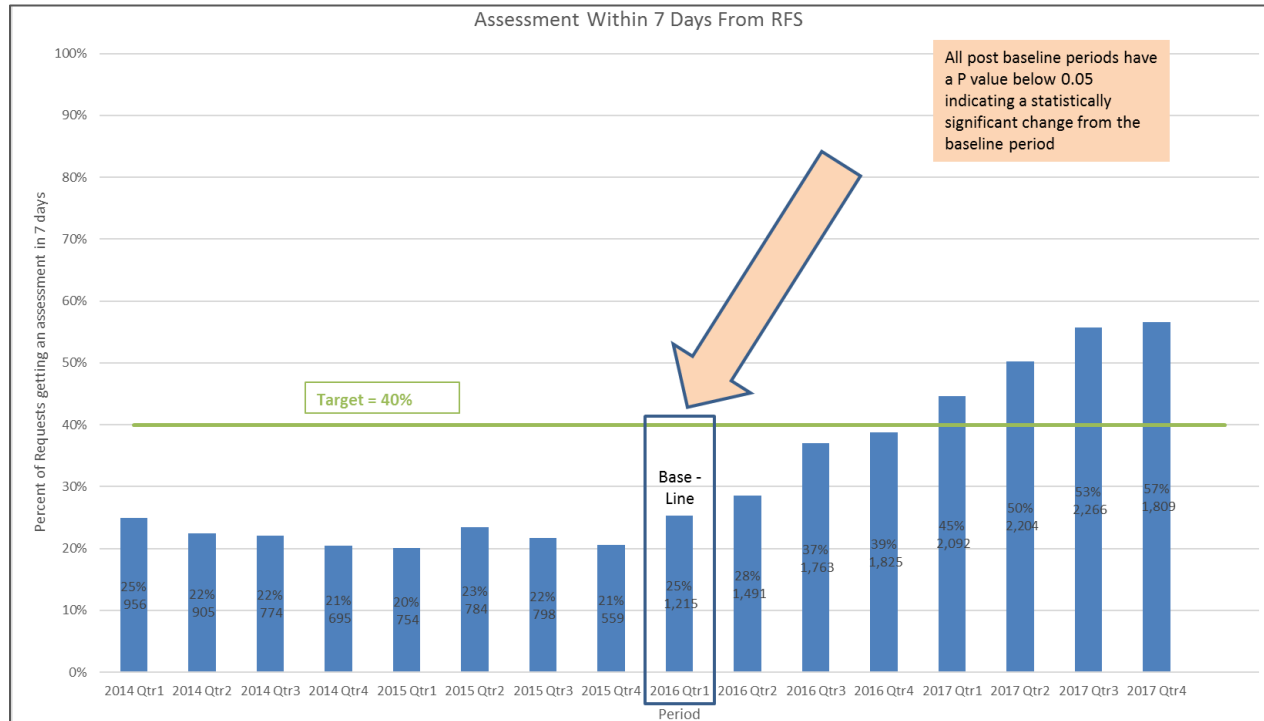
The Impact of the Open Access Service Delivery Model on Behavioral Health Treatment Initiation

The Open Access PIP is a part of a larger project by North Sound BHO to analyze the time it takes for an individual to enter treatment. This PIP specifically addresses the effects of implementing the open access model and how it impacts timeliness of services by decreasing barriers to enter treatment. The goal of open access is to streamline the access process, based on the BHA needs, and allow for more individuals to be assessed within a shorter time frame. Open access is a model designed to reduce the wait time from request for service (RFS) to assessment. This is done by creating open access hours at each BHA, tailored to the demand for services. During open access hours, individuals can drop in and receive an assessment. If demand proves to be too large during the open access hours, the individual requesting an assessment will be given priority for an assessment the following day. Appointments will still be given to individuals who meet BHO defined criteria which includes, but not limited to, least restrictive orders, psychiatric discharge, SUD residential discharge, and individuals requiring interpretive services.

The overall project consultation, to move towards open access was done by MTM Services, which included a thorough GAP analysis of each BHA's access flow and the time it takes to move an individual from RFS to 1st therapeutic appointment. The GAP analysis is an attempt to identify any barriers to implementation by addressing staffing levels, costs, current process flow, facility constraints, and BHA-imposed constraints. Once the GAP analysis has concluded, MTM recommends solutions to the barriers or gaps identified in the process and works with the BHA on implementation. The GAP analysis allows each BHA to have a customized process in place that matches the needs and limitations of the BHA. Because of this, North Sound BHO is addressing the intervention as a flexible model rather than a rigid structure.

MTM services provided consultation to twelve (12) outpatient BHAs with which seven (7) BHAs decided to incorporate the open access model into at least one (1) of their facilities. Five (5) BHAs decided not to proceed with the entirety of the consultation when realizing, through the consultation process, that they either did not serve enough individuals to warrant a change or the facility displayed constraints that would be unsuitable for the implementation of open access. One (1) of those five (5) BHAs decided to implement a modified open access model without using MTM's full consultation. The eight (8) BHAs that decided to implement open access represent more than 85% of the requests for service that are made in the North Sound BHO region. The phasing in of open access began in November of 2015 with the last BHA implementation occurring in fall of 2017. The effects of phased in implementation were considered during the data analysis portion of the project.

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The baseline period for this project was calendar Quarter 4 of 2015, with each re-measurement period occurring quarterly thereafter. The baseline measurement was at 20% with the goal of achieving 40% initiation within seven (7) days of making a request for service. Each re-measurement period showed marked improvement from the previous quarter and North Sound BHO reached its regional goal in Quarter 1, 2017. By the end of 2017, North Sound BHO surpassed the 50% mark for the region.

Due to the repeated success of this PIP, North Sound BHO has decided to move forward with retiring this PIP and begin the development of the next non-clinical PIP.

EPSDT and the Effects of Care Coordination on Level of Care

Through the annual Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) audit it was determined that qualifying EPSDT referrals were either not being documented at the BHA level or not being transmitted to North Sound BHO. In missing this data, North Sound BHO was not able to run analysis on these individuals to make sure they were receiving the contract-required follow up or receiving the necessary integration of allied systems into the recovery and resiliency plan. We were also missing data trends on the level of functioning for this group of individuals. North Sound BHO decided to have a brainstorming session on why EPSDT referrals were not being transmitted. It was determined that some BHAs did not incorporate the ability to track this information in the medical record or did not have appropriate processes in place to transmit the information to North Sound BHO. Once this issue was determined, North Sound BHO was able to send a mandate to all BHAs to improve the transmission of data around EPSDT referrals.

This PIP is aimed at addressing the level of functioning for an individual 20 years of age and younger who received a physician referral along with subsequent care coordination. The process involved includes the contract required EPSDT screening and subsequent care coordination for individuals involved in the

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EPSDT process. Our intervention occurs through the enhanced use of an EPSDT flag, which will trigger a series of care coordination events, aimed at improving the overall level of care by which individuals are served within our system. We predicted that with this EPSDT intervention procedure we will be able to lower the Child and Adolescent Level of Care Utilization System(CA\LOCUS) levels of the individuals that we serve thus increasing the overall percentage of individuals that received a CA\LOCUS level less than what was given at assessment.

The care coordination procedure that BHAs must use with EPSDT referrals is noted below.

Primary Care Physician (PCP) Initiated Referral

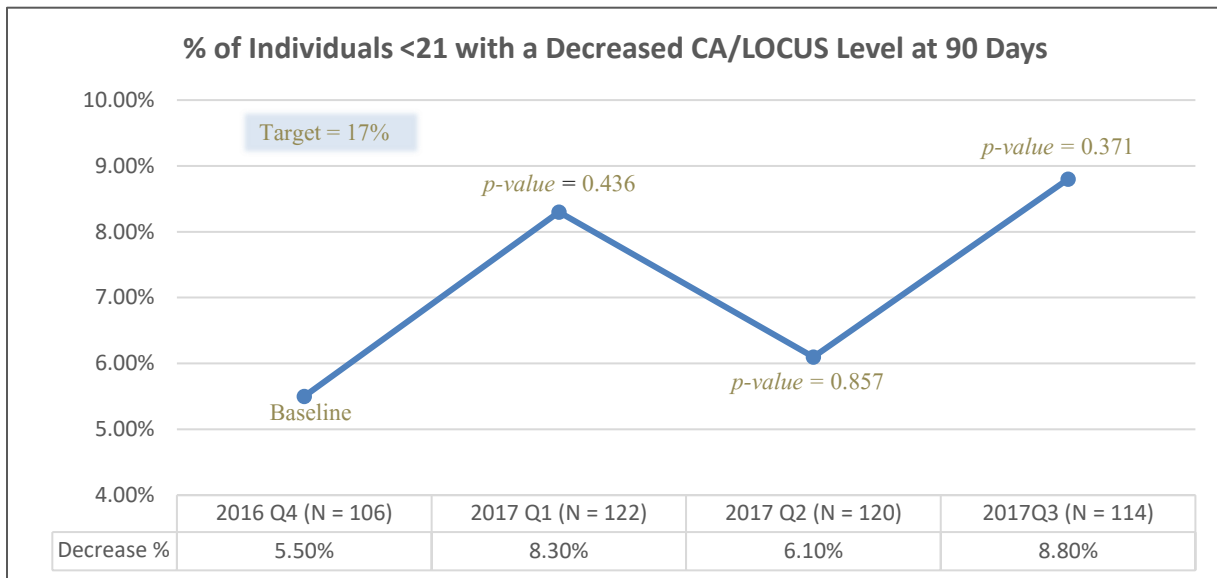
1. Contact the individual within 10 days of EPSDT referral to confirm that they want the services.
2. Conduct assessment with initial CA/LOCUS to determine if they meet access to care standards.
 - a. Intake Clinician initiates EPSDT flag at assessment
3. Individual is authorized by BHO.
4. Within 30 days from assessment the provider must (If individual meets access to care standards):
 - a. Send communication back to referring PCP (If the individual is not linked with a PCP then assist the individual with finding a PCP through apple health) with at least:
 - i. Date of assessment
 - ii. Diagnosis
5. First ongoing appointment to develop treatment plan to include:
 - a. A cross system care plan
 - i. Coordination between the provider and the PCP/office at least once every 30 calendar days with 3 attempted contacts completed in a 90-calendar day span.
 - ii. Coordination between provider and other allied systems (as needed).
6. Adhere to cross system care plan using the following SERI codes in compliance with the SERI guidelines (if attempted contacts do not adhere to the SERI guidelines then write incidental notes and attach to the clinical record).
 - a. H2015
 - b. H2021
7. Conduct a second CA/LOCUS assessment within 90 calendar days from original assessment.

The EPSDT procedure listed above requires care coordination tasks to occur between the BHA and the individuals' PCP/office on a frequent basis throughout a 90-calendar day period. The specific documented care coordination tasks that will be audited for are:

1. Attempted and logged phone calls to the PCP office.
2. Treatment updates to the PCP office.
3. Written communication about concerns/updates to the PCP office.
4. Received PCP initiated contact with information regarding concerns/comments with behavioral health treatment.
5. PCP initiated contact with physical updates.

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These tasks are essential to the success of the PIP and the EPSDT procedural intervention. Documentation of the tasks are reviewed during the annual EPSDT audit to ensure implementation of the procedure to fidelity.



The baseline period for this project was calendar Quarter 4 of 2016 with each re-measurement period occurring quarterly thereafter. The baseline measurement was at 5.6% with the goal of achieving 17% of EPSDT qualified individuals under the age of 21 that displayed a decreased level of care within 90 calendar days. Due to the construction of the intervention document we were only able to assess re-measurement periods Quarter 1, 2, and 3 of 2017. The Quarter 1 re-measurement displayed an improvement of 2.7% from baseline. The Quarter 2 re-measurement displayed an improvement of only .5% from baseline. The Quarter 3 re-measurement displayed an improvement over both Quarter 1 and 2. However, each measurement period displayed a p-value greater than .05 and will have to be monitored further in subsequent quarters to determine statistical significance. We will continue to keep an eye on each re-measurement period change as any variation in the metric could be a concern.

SUD Golden Thread

North Sound BHO reviews the quality of charting during an individual’s course of treatment through the annual utilization reviews. During these reviews, we have discovered quality issues around the identification of concerns in the assessment, the development of a dynamic and individualized service plan, and the process of addressing the identified goals throughout the course of treatment. This process, as it has been come to be known by the term “golden thread”, is a critical part of helping an individual progress through treatment. Adherence to the golden thread has become a priority among our region and the State of Washington in recent years. Washington State’s Department of Behavioral Health and Recovery (DBHR) has contracted with an External Quality Review Organization (EQRO), Qualis Health, to assess each BHO’s regional adherence to the golden thread philosophy. The SUD PIP will look to address those issues identified during the annual utilization review and the overarching issues identified by Qualis Health and DBHR.

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The North Sound BHO BHAs that were reviewed were found to be out of compliance with regards to several key questions during the utilization review process. The relationship between the questions that displayed a high rate of noncompliance showed a deficiency in linking the outcomes of the assessment to the development of identified goals in the individual service plan. The review also displayed a disconnect between the contents of the individual service plan and progress towards the plan via the progress notes. The disconnect that is recognized through the process of treatment documentation represents a variance from the golden thread philosophy.

In July 2017 North Sound BHO conducted a sample review of all clinical records for BHAs contracted to provide SUD Outpatient, Intensive Outpatient, and Opiate Substitution Therapy services using the North Sound BHO Golden Thread study tool. The sample pull contained Medicaid individuals and was based on a population size that included both Medicaid and non-Medicaid individuals. The review tool used to conduct the review is a modified version of the review tool used by Qualis Health. The tool is made up of 24 questions with “yes” and “no” responses, with the exception of a few questions that have “N/A” responses. The modified version of the tool was reviewed through the SUD PIP workgroup, which is comprised of staff from North Sound BHO, BHAs, advisory board members, and individuals with lived experience. The interpretive guidelines outlining how each question is scored were also reviewed and approved by the same group.

The scores received on the North Sound BHO Golden Thread study tool serves as the primary method for collecting the metric used to measure the success of the PIP. The metric is the overall regional composite score determined through the review. The composite score of the review is determined by taking the sum of “yes” responses given on the review tool’s 24 questions divided by the sum of “yes” and “no” responses. North Sound BHO will look at the scores received by each BHA for each question, each of the three sections, and the composite review score. Responses that were marked with “N/A” will not count in the calculation for question score, section score, and composite score.

North Sound BHO uses the encounter data from our consumer information system to determine how many individuals need to be pulled for the sample. This number is based on the total number of individuals who were in either an outpatient, intensive outpatient, or opiate substitution therapy episode with a North Sound BHO contracted SUD BHA. North Sound BHO uses a sequel query to randomly generate the list of individuals based on a minimum pull amount. Each BHA was required to have a minimum of 20 individuals reviewed with the final pull amount for the region equaling 348 individuals. The clinical chart reviews are conducted by North Sound BHO clinical staff. Each staff member involved in the review underwent training on the SUD Golden Thread Interpretive Guidelines to account for interrater reliability.

The intervention involves an education plan that addresses the deficiencies determined during the review. The expected outcome is an increase in composite review scores for the golden thread review. Each BHA will receive an overview of the golden thread through an external consultant, a mandatory competency training module through the North Sound BHO regional online training system, North Sound BHO onsite technical assistance, and monthly topical seminars to improve in their clinical documentation practices. Through these BHA tailored education plans we will look to target each BHAs weakness discovered through the review and address them through BHA specific technical assistance. At each re-measurement period, we will look at the progress made by each BHA toward the section scores

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of the review to ensure they are not only improving but doing so without creating a deficiency in another section.

North Sound BHO conducted the initial golden thread review in July 2017 and will use Quarter 3, 2017 to serve as the baseline for the PIP. Quarter 4, 2017 will serve as the first re-measurement period and serve as the implementation period of the 1st part of the intervention. Due to the timing of the clinical audits, North Sound BHO staff will be reviewing Quarter 3 and 4, 2017 in April 2018 and Quarter 1 and 2, 2018 in October 2018.

State Quality Performance Measures

The three contract quality performance measures are calculated through DSHS's Research and Data Analysis (RDA) Division. The data for these measurements and reports come from encounter data elements submitted by North Sound BHO to the Provider One System. North Sound BHO uses local data to replicate the reports for the purposes of identifying data gaps, identifying data submission accuracy and validity, and to trend for system analysis.

30-day Psychiatric Readmission

The 30-day Psychiatric Readmission measure is a contract measure developed by DBHR as an adaptation of the National Committee for Quality Assurance (NCQA) Healthcare Effectiveness Data and Information Set (HEDIS) measure. There are no current targets for this measure.

The data tables below display the number of individuals and percentage of individuals with a psychiatric hospital discharge and readmission within 30 days of discharge. Table 2 displays a correlation with the data found on DSHS's Cross System Reporting Measures website. However, table 2 does not utilize the same 12-month eligibility criteria that the DSHS data contains. North Sound BHO data displays a difference of n = 51 for 2014 all the way to n = 152 for 2016. This difference would account for the difference in readmission percentage. Since 2015 North Sound BHO has realized a decrease in readmissions each subsequent year. One reason for this is due to the incredible work of the North Sound BHO Care Transitions Team, offered through contracted BHAs, that are responsible for coordinating care with individuals discharging from psychiatric inpatient units. This program continuously meets the targets sets forth in their value-based contract. North Sound BHO will continue to further review the differences between State and BHO data to ensure accuracy and validity.

Table 1. 30 Day Inpatient Readmission With 12 Month Eligibility Criteria

Year of discharge	Discharges	Discharges followed by admit with 30 days	Percent of re-admits
2011	344	44	12.8%
2012	466	68	14.6%
2013	405	51	12.6%
2014	491	71	14.5%
2015	748	107	14.3%
2016	919	128	13.9%
2017	917	102	11.1%
2018	95	6	6.3%
Grand Total	4,385	577	13.2%

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Table 2. 30 Day Inpatient Readmission Without 12 Month Eligibility Criteria

Year of discharge	Discharges	Discharges followed by admit with 30 days	Percent of re-admits
2011	2,286	303	13.3%
2012	2,219	267	12.0%
2013	2,058	206	10.0%
2014	2,068	240	11.6%
2015	2,411	320	13.3%
2016	2,602	322	12.4%
2017	2,617	281	10.7%
2018	242	14	5.8%
Grand Total	16,503	1,953	11.8%

SUD Treatment Initiation and Engagement

The SUD Treatment Initiation and Engagement measure is a contract measure developed by DBHR as an adaptation of the Washington Circle measure. There are no current targets for this measure.

Due to issues with data reporting in the region around SUD services this measure is not yet ready for production. The data for this measure will be completed and reviewed by April 1, 2018.

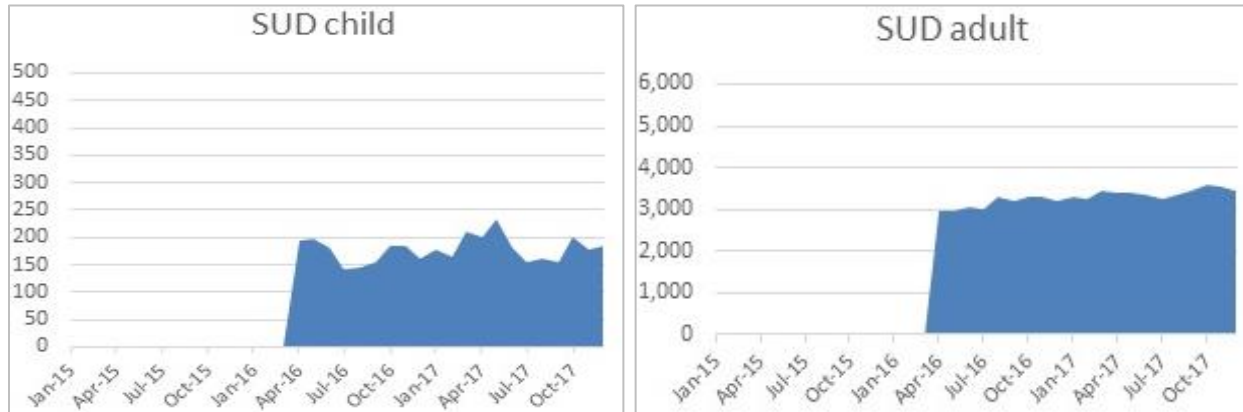
Behavioral Health Access Monitoring

The Behavioral Health Access Monitoring measure is a contract measure developed by DBHR to analyze monthly service utilization. The targets for this measure are benchmarked to the forecasted trend in population growth of persons in households at or below 200% of the Federal Poverty Level using data from the OFM County Forecast Model.

The data below displays a predictable trendline for each of the four age and service areas listed. The service tables displayed align with the data collected by DSHS and mirrors the data developed by RDA. The only difference is in the Adult SUD category where there is a difference of around 1,000 individuals. North Sound BHO believes this difference could be attributed to RDA adding RFS as a modality used to calculate the measure. We feel that RFS should not be included because it is not a treatment service.



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Annual Risk Assessment

North Sound BHO did not conduct an Organizational Risk Assessment in 2017 as the organization was working towards carrying out the mitigation plan for the 2016 HIPAA Security Risk Assessment. North Sound BHO is working with a contracted vendor to provide an Organizational Risk Assessment and Compliance Program review for 2018.

Based on the 2014 Organizational Risk Assessment, Information Systems/Information Technology (IS/IT) provided the greatest risk and vulnerability. Based on this risk, North Sound BHO conducted a HIPAA Security Risk Assessment in 2016 with a mitigation plan to be carried out through 2017. North Sound BHO completed 90% of the mitigation plan in 2017. This included an update to policies, an update to our hard-wired phone lines, an update to our SFTP process and policy, and an update to our organizational disaster and recovery plan.

Quality Management Work Plan

All of the quality management activities conducted by North Sound BHO fall into the guidelines stipulated in 42 CFR Part 438 Subpart D, E, and F. The quality management activities outlined in the North Sound BHO Quality Management Plan Work Plan fall into the below oversight categories.

Availability of Services

1. **Report:** Access Line Review Report

Measurement: The Access Line is a single point of access to request services from any of the region's contracted BHAs. Using a review tool that consists of 11 elements, North Sound BHO staff silently monitors phone calls, evaluating their content as compared to the contract requirements and North Sound BHO staff. Two (2) questions regarding the use of an interpreter and expedited appointments did not pertain to any of the calls received during the review. Access Line staff are aware that the review is happening, but do not have specific knowledge regarding which calls were being monitored.

Findings/Opportunities: There was only one (1) item this year that resulted in only two (2) 'no' responses for the entire review. For those two (2) calls, no warm transfer was attempted (when applicable). The areas for growth from last year's review were greatly improved (in particular, the encouragement of individuals to bring a support person to their assessment).

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Recommendations: The Access Line continues to readily take on the ever-changing challenges of the region's BHAs. Of particular significance in 2017 was the recent incorporation of SUD services into the North Sound BHO region. Several callers were seeking SUD services during this review and the clinicians were knowledgeable and responsive to this need. The Access Line showed improvement this year with a near perfect score on their review, therefore, the North Sound BHO does not recommend corrective action.

2. **Report:** 2017 Annual Second Opinion Report

Measurement: The review monitors individuals' rights to have a second opinion completed within 30 days of request and consultant agreement rates.

Findings/Opportunities: Unless the entity requesting the second opinion waives the 30-day window for a special request, this measurement has been met 100% for 30 straight quarters. In recent years, agreement rates have varied, which the North Sound BHO interprets as positive as repeated rates of 0% or 100% over time would raise questions about reliability and consultant bias.

Recommendations: The North Sound BHO recommends that BHAs continue the current second opinion process. BHAs continue to schedule and complete second opinion consultations within the 30-day window, ensuring individuals' rights to a timely consultation.

3. **Report:** Out of Network Report

Measurement: In February 2017, the North Sound BHO reviewed a total of four (4) Out of Network charts for the previous year at three (3) BHAs. Three (3) of the charts reviewed were more intensive services for Eating Disorder treatment and one (1) for Dissociative Identity Disorder (DID) treatment.

Findings/Opportunities: There were several areas that continue to be of concern for this review period:

- Out of Network Service BHO Notification & Update Form - This review period provided an opportunity for BHAs to utilize the Out of Network Notification Form to inform the North Sound BHO of needed subcontracted services. This form not only addresses background and needs of the individual, but also contains a signature line for the provider to attest the subcontracted provider is credentialed to perform the service and is in good standing. For these reasons, it is of concern that there were no submitted Notification Forms from any BHA for the four (4) reviewed cases this period.
- Lack of Documentation – Lack of required documentation continues to be a concern across provider agencies. These concerns include: six-month updates not being submitted or submitted timely; copies of the six-month contracts not being submitted or submitted within the 30-day timeline; lack of a release of information (ROI) between the subcontracted provider and the BHA; lack of documentation around, if medications are indicated, who is prescribing or changes in medications; and, providing complete charts for the annual review.

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- Utilization of Out of Network Services – The North Sound BHO has noted a consistent reduction annually in the usage of subcontracts for Out of Network services for individuals. The exact cause of this reduction is unknown; however, the North Sound BHO believes it may be related to (1) BHA staff under identifying the needs of an individual that would necessitate an Out of Network subcontract to be addressed, and/or (2) BHA staff are unaware/untrained on their agencies process for accessing Out of Network services once the need has been identified.

Recommendations: Surmising the regional need for improvement is potentially related to a training issue for provider staff. The North Sound BHO has elected not to issue remedial actions related to this review for any of the BHAs. Due to the above findings, the North Sound BHO is recommending development of a Relias training module on the North Sound BHO Out of Network policy for BHA staff to help ensure an understanding of the importance of need identification, the process for accessing Out of Network Services for that need and the care coordination/documentation expectations. The North Sound BHO will not be performing a chart review for 2018 due to both the small overall number of charts and the 43% decrease in that number from 2016 to 2017.

4. **Report:** Care Crisis Line Audit

Measurement: Care Crisis dispatch data is monitored through monthly submission to the North Sound BHO to look at call volumes, time of response and abandon rates. A site review is done to ensure these times are being met and to review actual calls to ensure consistency in response for individuals in crisis and coordination with the outreach teams. Data is tracked through the North Sound BHO Consumer Information System (CIS).

Findings/Opportunities: Care Crisis Line response continues to reflect consistent response to crisis calls, to include documentation of the nature of the crisis, proper paging of the emergency services (ES) worker in the field, good coordination with the ES worker, and the community. The documentation of the nature of the crisis is now more detailed in the charting, abandon rates have improved since the last review and have remained above 95%, and 30-second and 60-second responses have improved from the last review and now are above 95%.

Recommendations: The Care Crisis Line will continue to be monitored to ensure rates and responsiveness remains consistent with the North Sound BHO standards.

5. **Report:** Care Crisis Line Responsiveness to Crisis Calls

Measurement: As part of the Integrated Crisis Response System (ICRS), the Care Crisis Line is responsible for responding to calls from the community, triaging those calls, dispatching cases to ES staff in the appropriate counties and monitoring timely response from ES staff within 10 minutes. The Care Crisis Line submits monthly reports to the North sound BHO and this report is submitted to ICRS on a bi-monthly basis and tracked on the ICRS dashboard.

Findings/Opportunities: The total calls average for the first 11 months of 2017 is 5836, down from 6756 in 2016; however, this is an expected decrease, due to the transition from the ED (and less calls for the voluntary teams). The percentage of abandoned calls for the first 11

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months is 1.06%, down from 2.92% in 2016. This falls significantly below the 5% abandon rate benchmark set as a standard (5% has been a national standard). The percentage of calls answered in less than 30 seconds for 2017 was 95.29% (11 months), up from 90.44% in 2016. This percentage is a significant improvement from recent years. If there is a drop below 90% for more than 2 months regarding percentage of calls answered in less than 30 seconds, this is addressed with the Care Crisis Line.

Recommendations: This data will continue to be followed to ensure call volumes remain consistent, and to monitor abandon rates and 30 seconds per North Sound BHO standards.

6. **Report:** ICRS 2-Hour Dispatch Report

Measurement: ICRS contracted providers continue to work to ensure that crisis dispatch times to individuals are not exceeding two (2) hours or have adequate justification of why there is an exception to two (2) hours. Once dispatched, voluntary or involuntary service ICRS providers work to maintain or improve a 95% standard or better in meeting the two (2) hours both regionally and by agency. This data is reported through CIS, generating monthly aggregate and provider reports. It is also reported at ICRS on a bi-monthly basis.

Findings/Opportunities: Regionally, involuntary treatment act (ITA) numbers are at 92.3%, compared to 89.8% for 12 months of 2016. Voluntary teams numbers are at 94.9%, which is up from 89.3% in 2016. Numbers have improved but are still below the 95% benchmark. Voluntary teams are close to the benchmark. The ITA report has also shown steady improvements, closing in on 95%, and will also be monitored for changes. Data is being reviewed to ensure that complex cases and non-emergent cases are not pulling the data down. These cases will be pulled out of this report in 2018 and will have rationale better identified on the contact sheets for future reporting and reviews.

Recommendations: The North Sound BHO will continue to monitor both ITA and voluntary numbers in 2018 to ensure benchmarks are continuing to improve.

7. **Report:** Crisis Prevention and Intervention Team (CPIT) Summary

Measurement: These voluntary teams have been developed with the intent to see individuals in the community and divert individuals in crisis from hospitalization. The teams focus on trauma informed care, with a recovery-based focus. Peers are an integral part of the teams. CPIT is focusing on increasing community outreach working more closely with law enforcement to engage with the individual earlier and attempt diversion from the emergency departments (EDs). CPIT is monitored through CIS reporting, and annual reviews of the programs.

Findings/Opportunities: CPIT data is reported on the ICRS dashboard. Outreaches are down compared to 2016 data, and CPIT has expanded SUD outreach in Snohomish and Whatcom counties. CPIT dispatch times have improved in 2017.

Recommendations: CPIT is working with the North Sound BHO to increase dispatches and begin to focus on 911/LE outreaches. This data is being monitored closely.

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8. **Report:** Crisis Chat Pilot Report

Measurement: North Sound BHO has provided funding to operate a 24/7 Crisis Chat (online) program, www.imhurting.org, since June of 2016. North Sound BHO developed performance benchmarks for Crisis Chat to report monthly to include: Volume of chats received by County, user demographics, risk assessment and intervention outcomes, information and referral data, and timeframe data for availability of crisis chat specialists. North Sound BHO crisis quality specialists review monthly data and provide an annual summary of the program's utilization. As 2016 was a short pilot period, 2017 utilization data will be included.

Finding/Opportunities: Total Crisis Chat's handled, which includes national and regional volumes, showed a slight decrease from June to December 2017, with a slight percentage increase in regional volumes compared to national volumes. Increase in regional volumes may have been the result of Care Crisis marketing campaign in 2017. In 2017, Crisis Chat Specialists indicate that 93% of their total received chats were resolved with no additional follow up or referral needed. For the 23% of chats identified as an immediate risk, Crisis Chat Specialists follow safety planning protocols and, if indicated, will refer chat to our regional Crisis Line. In 2017, on average, 80% of individuals that complete an exit survey indicate that the session was helpful. ImHurting.org expanded its Post Chat Survey to capture suicidal risk factor data on its users following a chat intervention. The 2018 Annual Crisis Chat Summary will review this data.

Recommendations: There are no recommendations at this time. North Sound BHO will continue to monitor program's utilization and progress on the identified 2017 performance benchmarks and will perform a clinical review of the program in 2018.

9. **Report:** Local Crisis Oversight Meeting Report

Measurement: North Sound BHO is an integral part of each local county system, bringing knowledge regarding behavioral health policy and procedures to the oversight meetings. Often the focus is on crisis policies. Collaborative efforts in each county support a consistent delivery of services and address systemic issues as they arise.

Findings/Opportunities: Skagit Oversight held regular meetings with representation from Skagit Valley Hospital, Cascade Hospital, law enforcement, Skagit Valley Justice center and our crisis providers. The primary focus was on continuum of care between our crisis program and other community programs. Several issues were collaborated on to include the opening of the Skagit Valley Justice Center, ED and Crisis Triage collaboration, and CPIT community outreaches. Oversight discussion also focused on forecasted changes, to include the relocation of Telecare E&T and the development of increased short-term stabilization beds.

Snohomish oversight held regular meetings with representation from BHA intensive programs, Snohomish County DMHPs, Snohomish Triage, law enforcement, National Alliance on Mental Illness (NAMI), Tulalip tribe, and community hospitals. Oversight focused on rolling program updates, Snohomish County embedded social worker program, the opening of Smokey Point Behavioral Hospital and utilization management processes for voluntary hospitalization.

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Whatcom has continued to work on coordination between stakeholders in the community, with a focus of continuing support for housing programs, CPIT updates, triage and acute detox facility updates, and early discussion of the newly proposed Grace project.

Island oversight began the year working on collaboration, continuing the focus with law enforcement, the jail, and ED. The meetings have not occurred since summer, so there are few updates. 911 diversion strategies are in development with the Island dispatch system as well as law enforcement.

San Juan has continued to work on oversights meeting across the Islands, moving the meetings each quarter, to accommodate the needs better. The development of the behavioral health outreach program and implementation is in full swing. This was an outcome of the oversight meeting. Trainings and outreach coordination with LE and EMS will continue into 2018.

North Sound staff are attending a variety of the meetings to improve awareness of programs and address stakeholder's issues.

Recommendations: These are county and North Sound BHO combined meetings designed to ensure there is planning for adequate services, to include available resources, and remaining pro-active to anticipate changes needed.

10. **Report:** ICRS Regional Meeting Report

Measurement: ICRS is a long standing regional committee comprised of the North Sound BHO and supervisors from MH agencies in the region who provide crisis services who meet bi-monthly to address policies and procedures to maintain a regional integrated responsive crisis system. It is a pro-active group, attempting to anticipate and plan around management of behavioral health crises in the region. This group also works as a team to review and revise crisis policies.

Finding/Opportunities: ICRS Meetings continue to address regional issues. Policy sub-committee meetings continue to address policy review and workgroup needs for ICRS. ICRS continued to meet bi-monthly in 2017.

Recommendations: This is a long standing, ongoing meeting requiring representation from all crisis providers. It is well represented.

11. **Report:** Evidence Based Practices (EBP) Report

Measurement: The North Sound BHO conducted a focus review on EBPs and curriculum being used at BHAs. This was a discussion without a chart pull. Reviewers inspected curriculum provided, reviewed training/supervision logs, and participated in a discussion with BHAs about current and future EBPs.

Finding/Opportunities: Five (5) out of seven (7) of the of the MH BHAs reported that they use at least one (1) EBP at their agency to fidelity. A total of eight (8) EBPs were reported as being used to fidelity within the region by the MH BHAs. Six (6) out of nine (9) of the of the SUD BHAs reported that they use at least one (1) EBP at their agency to fidelity. A total of six (6) EBPs were reported as being used to fidelity within the region by the SUD BHAs.

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Recommendations: It is recommended for BHAs to share any interest for future trainings with the North Sound BHO Regional Training Committee that meets quarterly. It is also recommended that BHAs continue to review and update their curriculum and EBPs.

Assurance of Adequate Capacity and Services

12. **Report:** Single Bed Certification (SBC) Report

Measurement: SBCs are used when there is a need for an individual to be detained to a facility not certified under Washington Administrative Code (WAC) 388-865-0500 to provide treatment to an adult on a 72-hour detention or 14-day commitment; or to a community facility to provide treatment to an adult on a 90- or 180-day inpatient involuntary commitment order for a maximum of 30 days; or to a facility not certified under WAC 388-865-0500 to treat an involuntarily detained or committed child until the child's discharged from that setting to the community or until he or she transfers to a children's long-term inpatient program (CLIP).

SBCs continue to increase due to lack of inpatient psychiatric beds. This has caused boarding issues. Boarding is a practice that is used to hold an admitted psychiatric patient in a setting (such as the emergency department or a medical floor) when there are no inpatient psychiatric beds available. This does not allow the individual to receive the psychiatric care that is needed and boarding can take place for hours or days.

Findings/Opportunities: Thru November 2017, there were 912 SBCs. This is down from the 1051 SBCs in 2016. North Sound BHO continues to monitor bed capacity and placement coordinators work with the DMHPs and hospitals to track beds across the state. Placement Coordinators also provide additional support if a bed is not available at the time of the DMHP evaluation, in order to try to transfer an individual needing hospitalization. Although these numbers are low, they are monitored closely.

The Sedro Woolley Evaluation and Treatment (E&T) facility has continued to have a positive impact in improving needed capacity for the region but still does not have much impact on the single bed cert numbers.

There was an additional layer added to timing and need for single bed certs, forcing the use, even if a provisional bed was located, but the time to transfer went over 4 hours.

The opening of Smokey Point Behavioral Hospital has increased the capability of support for involuntary beds in the region. Recent data is showing some decrease in the single bed certs in the local EDs, especially for Snohomish county.

Recommendations: This is monitored closely and will remain a focus of attention in 2018.

13. **Report:** 2017 Crisis Stabilization Review

Measurement: To ensure that individuals in crisis are utilizing less restrictive options (diversions) and the beds have full utilization, North Sound BHO monitors utilization of these programs and holds regular ICRS committee meetings. Encounter Data is submitted to CIS and reviewed by North Sound BHO. Providers submit utilization monthly summaries. Monthly CIS data reports have been produced and monitored during each phase of our improvement efforts

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to capture the most accurate stabilization data. This data is rolled into the ICRS Dashboard and presented to the ICRS committee. Program managers provide self-reported data as needed.

Findings/Opportunities:

Crisis Stabilization Program Utilization reviews unduplicated average of people receiving a stabilization service daily for selected facility codes. Regional capacity showed a 78% utilization of approximately 26 crisis stabilization beds. More specifically, the Whatcom county facility showed 114% utilization of its 5-bed capacity. The Skagit county facility showed 5% average utilization of its 5-bed capacity, however, there are identified data errors. The Snohomish county facility showed 88% utilization of its 16-bed capacity.

In 2017, North Sound BHO and Crisis Stabilization providers identified key areas for improvement on encounter data submitted to North Sound BHO. North Sound BHO held several internal and provider meetings to identify errors and improve methods to capture facility census, length of stay and the number of admissions. Going forward in 2018, North Sound BHO will include the end date of stabilization episodes to our census reports.

Recommendations: North Sound BHO and its providers will continue to address the identified improvements of 2017, with the goal of increasing data submission and improving census capturing. Crisis stabilization is a unique service that often requires multiple data solutions to capture accurate average daily census and length of stay. North Sound BHO IS/IT are continuing to work with BHAs and will monitor Crisis Stabilization Encounter data through 2018.

Coordination and Continuity of Care

14. Report: Early Periodic Screening, Diagnosis and Treatment (EPSDT)

Measurement: This report only reviews questions 3 through 7 of the EPSDT Tool Guidelines, the questions that were WAC specific. A “Yes” response to a question indicates the standards in the Interpretive Guidelines (IG) were met. A “No” response to a question indicates the standards in the IG were not met. If the question did not apply to that file or program being reviewed it was given a not applicable or “NA” response. The total number of responses for each question, minus the “NA” responses, gives the denominator for that response. The Compliance Rates were calculated by: $\text{Yes}/(\text{Yes} + \text{No}) \times 100$.

Findings/Opportunities: There were several issues identified that are BHA specific. As a region, issues were identified, as our BHAs received 54.5% for MH and there was no score for SUD due to no identified EPSDT files. There were a few areas of concern, most commonly in sending the date of assessment and diagnosis back to the referring medical professional and including the medical professional on the treatment plan. This is a significant improvement from last year. For MH overall, five (5) of the five (5) questions reviewed did not meet the 90% standard, with three (3) of the five (5) falling below 80%.

Recommendations: Each BHA is given the improvement recommendations and the necessary corrections through the individual reports. Because this is part of the children’s clinical PIP for MH, BHAs were given immediate feedback for process improvement and will be reviewed at the 2018 PIP review and questions added to the 2018 Utilization Review for follow-up.

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15. **Report:** Least Restrictive (LR) Order Review

Measurement: This review is a focused outpatient review to look at chart documentation based on WAC 388-877A-0195 and LR documentation procedures for LRs.

Findings/Opportunities: All BHAs certified to monitor LRs and any BHA currently with LRs on their caseload were reviewed. All BHAs showed significant improvement in most areas of documentation from the 2016 review, including the assignment of a care coordinator, reporting to the courts and monitoring violations. Individual reports were sent to each agency with strengths and recognized areas of improvement. Scores were provided with recommendations.

Recommendations: Charts will be reviewed again in 2018 to address recommendations.

Coverage and Authorization of Services

16. **Report:** 2017 Evaluation and Treatment (E&T) Seclusion and Restraint Report

Measurement: North Sound BHO's E&T Facilities submit daily Seclusion and Restraint data that includes type of restraints used and occurrence. Outlying cases where the use of seclusion or restraints are higher than expected are reported to North Sound BHO with clinical rationale. The program's use of seclusion and/or restraint is monitored through utilization reviews based on state standards for best practice and DBHR audits.

Findings/Opportunities: E&T operators make concerted efforts to attempt less restrictive behavioral management techniques and minimize the use of seclusion and restraint when clinically appropriate. This is evident by both providers significantly reducing the overall use of seclusion and restraint since 2014.

The average census at E&T-A in 2017 was 14.5. The average monthly use of seclusions is 2.5, with a yearly total of 30. This is a 16% decrease from 2016. The average monthly use of restraint gurney is reported as zero (0), with a yearly total of zero (0). The average monthly use of wrist-to-waist restraint in the milieu is 1.6, with a yearly total of 14. This is a 48% decrease from 2016. The average monthly wrist-to-waist restraint in a seclusion room is two (2), with a yearly total of 25. This is a 66% increase from 2016 data. ET-A reported zero (0) incidences of assault, injury to client, or patient fights.

The average census at E&T-B in 2017 was 10.73. The average monthly use of seclusions is 2.25, with a yearly total of 27. This is a 10% decrease from 2016. The average monthly use of restraint gurney is reported as four (4), which occurred in January 2017 and involved a single outlier. This is a 71% decrease from 2016. The average monthly use of wrist-to-waist restraint in the milieu is 0.16, with a yearly total of two (2). This is a slight increase compared to 2016 data. The average monthly wrist-to-waist restraint in a seclusion room is zero (0), with a yearly total of zero (0). This is identical to 2016 data. ET-B reported zero (0) incidences of assault, zero (0) injury to client, and 12 patient fights.

Recommendations: Use of Seclusion and Restraint differs between facilities (i.e., used while in the gurney vs milieu vs seclusion room). The North Sound BHO recommends continued monitoring to identify any outlier cases or change of practice and encourage clinical discussion of seclusion and restraint practice in our local ICRS committee. 2017 marked a slight increase in

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wrist-to-waist restraints used in the seclusion room for one BHA. Ongoing monitoring and discussion with this facility's program managers to explore ways to use less restrictive interventions to manage behavioral techniques should address this. Overall, programs continue to utilize less restrictive behavioral techniques to manage behavior and there are no further recommendations.

17. **Report:** 2017 Inpatient Utilization Management (UM) Summary

Measurement: Inpatient UM authorization data is monitored monthly and analyzed annually to identify patient and/or facility trends, as well as opportunities for quality improvements. Inpatient authorization determinations and Notice of Adverse Benefit Determinations (NOABDs) are reviewed and analyzed for quality assurance. The North Sound BHOs UM is audited annually to ensure adherence to North Sound BHO Inpatient Authorization Policies and Procedures, Health Care Authority (HCA) Mental Health Billing Guide, and Federal CFR, WAC, and Revised Code of Washington (RCW) standards for authorization of inpatient psychiatric services.

Findings/Opportunities: The results of the 2016 Inpatient UM chart review confirmed results of previous reviews, with BHAs meeting all review standards with a 100% compliance. The results of the 2017 Inpatient UM chart review confirmed performance of previous years, with BHAs meeting all review standards with a 98.7% compliance. In 2017, North Sound BHO identified improvement for the program's consulting psychiatrists. In January 2018, this program transitioned its contract to a national organization to provide 24/7 consulting psychiatrist to review and provide expedited reviews for all inpatient authorization denials.

Recommendations: None

Confidentiality

18. **Report:** Privacy Officer Monthly Report

Measurement: The Privacy Officer provides a monthly oral report to the IQMC. This includes comment on any instances reported that resulted in a breach by the North Sound BHO or trends identified by suspected breach of an external originating organization, internal and external training efforts, and results of policy updates and requested healthcare attorney opinions. North Sound BHO staff report suspected/potential breaches by all methods (fax, E-mail sent to or received from, hard copy, lost, stolen or open equipment, etc.) to the Privacy Officer using the RAIN protocol developed in 2016 (Recall; Acknowledge; Identify; New E-mail). The Privacy Officer confirms receipt of the notification, opens and maintains a case file for each incidence, reviews the documentation to determine next step actions, and as needed, involves the HIPAA Security Officer for further investigation and determination of breach through technology analysis. The Privacy Officer provides feedback to the reporting individual to close out the case.

Findings/Opportunities: In reviewing the assessment of the BHO's Privacy Officer Monthly Report to the IQMC and a review of all 2016 individual case files, the following findings/opportunities were noted:

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1. Finding: There have been no confirmed breaches by the North Sound BHO for 2016. The Privacy Officer did note a trend of E-mails received from external organizations that were suspected/potential breach.

Opportunity: An opportunity exists for the Privacy Officer to provide a written vice oral report and to provide statistical data on a quarterly or semi-annual basis, as well as a separate annual report.

2. Finding: The North Sound BHO Privacy Officer noted to the IQMC that there was a significant increase in the number of E-mails originating from external entities where there was no apparent conscious encryption. Meaning, on receipt the BHO Staff could not tell visually if the message was encrypted (no type of marking) and the BHO receiver was not required to retrieve it through a secure portal. This required North Sound BHO Staff to report these E-mails as potential breaches for investigation to the BHO Privacy Officer. External agencies were notified that, going forward, E-mails received at the BHO and reported to the Privacy Officer that contain PHI from an outside entity that do not appear to be consciously encrypted or do not require retrieval through a secure portal, will be forwarded by encrypted E-mail by the BHO Privacy Officer to the respective entity's Privacy Officer via secure means for investigation and follow up by that originating entity, to determine whether a breach occurred that requires follow up per OCR HIPAA reporting requirements.

Opportunity: The BHO Privacy Officer will continue to monitor this issue. Statistics will be obtained to trend. The BHO Privacy Officer will inform individual external agencies if any increase is noted. Remedial action may be assigned through the Compliance Officer and Contracts Manager if negative trends persist. The HIPAA Security Officer will also determine the efficacy of developing a "white list" of those entities with which the BHO exchanges frequent E-mails that are not visually marked as secure, though on investigation, are determined to come from a secure source.

3. Finding: As a result of the update to 42 CFR Part 2 on March 21, 2017, the Privacy Officer began a collaboration with the contracted healthcare attorney to review all the current 22 BHO Privacy policies and Release of Information. This includes addressing needed simplification updates, resulting in the addition of several new policies. All documents were updated in 2017, though final formatting was planned for early 2018, with signing and publication soon thereafter.

Opportunity: The update of all policies presents an opportunity to review associated procedures and to then perform updated training of internal staff.

Recommendations: Continue with current Privacy Program activities, formalizing a written report to the IQMC on a quarterly/semi-annual basis to include trend of statistics. Pursue the above individual recommendations/opportunities for improvement of the Privacy Program. In particular, monitoring of the internal and external reports of suspected/potential breach, assigning remedial action as necessary, fully monitored in collaboration with the Compliance Officer and in concert with the Contracts Manager.

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Grievance and Appeal System

19. **Report:** DBHR Quarterly Grievance Report (Notice of Action)

Measurement: North Sound BHO collects, analyzes and reports Notice of Action (NOA) data to DBHR on a quarterly basis as part of the DBHR Quarterly Grievance Report. The data reviewed includes the number of NOAs for MH Medicaid Outpatient services, MH Medicaid Inpatient services, SUD Medicaid Outpatient services, and SUD Medicaid inpatient services. Information is further broken down by adults and children.

Findings/Opportunities: North Sound BHO reported a combined total of 878 NOAs in 2017 (Quarter 1 = 206, Quarter 2 = 254, Quarter 3 = 198, Quarter 4 = 220). Adults comprised 52.73% (n= 463) of the total NOAs sent, with MH NOAs accounting for 61.98% (n=287) of all adult NOAs sent. Children comprised 47.27% (n=415) of the total NOAs sent, with MH NOAs accounting for 64.82% (n=269). Further analysis shows that of the 287 NOAs sent to adults, 21.39% (n=99) were for MH outpatient services, 40.6% (n=188) were for MH inpatient services, and 38.01% (n=176) were for SUD outpatient services. Of the 415 NOAs sent to children, 33.74% (n=140) were for MH outpatient services, 31.08% (n=129) were for MH inpatient services, and 35.18% (n=146) were for SUD outpatient services. There were no NOAs sent for SUD inpatient services in 2017 for both adults and children.

Recommendations: North Sound BHO added Wraparound with Intensive Services (WISe) notices at the request of DBHR in 2017. DBHR also changed to Notice of Adverse Benefit Determination (NOABD) from NOA. In addition, there have been changes to the CFR and WAC regarding timelines being shortened. North Sound BHO is in the process of updating its policies and notice templates to reflect these changes. In addition, the North Sound BHO is working on the notice process for treatment decisions. North Sound BHO MH inpatient authorization system continues to undergo changes due to contract amendments.

20. **Report:** DBHR Quarterly Grievance Report (Grievance)

Measurement: North Sound BHO collects, analyzes and reports grievance information at both the BHO and BHA levels on a quarterly basis as part of the DBHR Quarterly Grievance Report. The data reviewed includes the number of grievance cases, the number of grievance categories reported, the grievance resolution category. Information is further broken down by Medicaid vs. State funded services, and adult vs. children. For the last two quarters of 2017, North Sound BHO was also able to differentiate between MH and SUD grievances.

Findings/Opportunities: North Sound BHO reported a total of 111 BHO and BHA level grievances in 2017 (Quarter 1=53, Quarter 2=34, Quarter 3=12, Quarter 4=12). Of the 111 grievances reported, 13.51% (n=15) were reported at the BHO-level. There were a total of 189 grievance categories reported. Access, Dignity and Respect, and Physicians and ARNPs were the highest reported categories, and comprise 54.95% (n=61) of all categories reported.

Recommendations: North Sound BHO updated its grievance portal to better capture grievance information included in the DBHR Quarterly Grievance report. North Sound BHO is also in the process of updating its grievance policies to reflect changes to CFR and WAC. An updated narrative form was created to ascertain why there is an overall decrease in the number of

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grievances region wide. BHAs complete the grievance narrative form and submit to North Sound BHO on a quarterly basis. North Sound BHO recommends close monitoring of BHA level grievance reporting in 2018 to ensure grievances are being reported consistently as a region.

21. **Report:** DBHR Quarterly Grievance Report (Appeal)

Measurement: North Sound BHO collects, analyzes and reports appeal information on a quarterly basis as part of the DBHR Quarterly Grievance Report. The data reviewed includes the number of appeals filed for MH Outpatient services, MH Inpatient services, SUD Outpatient services, and SUD inpatient services. Information is further broken down by adults and children.

Findings/Opportunities: North Sound BHO reported a total of 14 appeals in 2017. 92.85% (n=13) of appeals filed with North Sound BHO were regarding MH inpatient services. There were no appeals for both SUD Outpatient and SUD Inpatient services in 2017.

Recommendations: North Sound BHO is in the process of updating its appeal policies to reflect changes to CFR and WAC.

22. **Report:** DBHR Quarterly Grievance Report (Fair Hearing)

Measurement: North Sound BHO collects, analyzes and reports fair hearing information on a quarterly basis as part of the DBHR Quarterly Grievance Report.

Findings/Opportunities: There was one (1) Fair Hearing filed in 2017 and it was dismissed.

Recommendations: The North Sound BHO is in the process of updating its Fair Hearing policies to reflect changes to CFR and WAC.

Sub Contractual Relationships and Delegation

23. **Report:** Ombuds Report

Measurement: The North Sound BHO Ombuds are responsible for assisting individuals in navigating through the grievance and appeals process with BHAs and North Sound BHO. The North Sound BHO Ombuds reports to the IQMC quarterly on the number of individuals that assistance was provided to for grievances, appeals, fair hearings, and as a community resource. These counts are broken out by multiple demographic categories including gender, age, race/ethnicity, and service type.

Findings/Opportunities: The North Sound BHO Ombuds assisted 50 individuals, 3 with appeals, and 1 with fair hearing. Eighty four percent (84%) of the grievances that Ombuds provided assistance with occurred at the BHA level. Sixty percent (60%) of the individuals were male and forty percent (40%) were female. Ninety four percent (94%) of the individuals were age 21 and over. Fifty five percent (55%) of the individuals were Caucasian. Ninety four percent (94%) of the individuals served had to do with the provision of MH services.

Recommendations: North Sound BHO will continue to work with Ombuds to identify data elements of importance to our stakeholders. North Sound BHO will also continue to compare the data received from Ombuds with that of our own internal tracking of grievance and appeals data.

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Health Information Systems

24. **Report:** Encounter Data Validation (EDV) Report

Measurement: The review looks at 13 different encounter elements to determine the accuracy with which the BHA submitted encounter data elements matched what was recorded in the clinical record. There is a 95% target for each of the encounter elements. The elements are broken into 2 categories, demographics and service encounter. The demographic elements are first name, last name, date of birth, ethnicity, social security number, and preferred language. The service encounter elements are date of service, place of service, procedure code, service duration, provider type, signature, and procedure code agrees with treatment described.

Findings/Opportunities: Each BHA is provided an agency specific report with all of the recommendations that are needed. There were several issues identified that are agency specific. As a region we identified many opportunities for improvement and did not meet the minimum target in recording ethnicity, social security number, and preferred language. The region increased the match rate for six of the seven encounter categories with only place of service seeing a decrease in match rate. Overall, 9 of the 13 encounter elements reviewed did not meet the 95% standard with 5 of the 13 falling below 85%.

Recommendations: Each BHA is given the recommendations and the necessary corrections through the individual reports. Including the individual reports, we have recently begun a process of implementing remedial action around documenting services with several BHAs. The remedial actions are being conducted by the Compliance Officer.

Quality Assessment and Performance Improvement

25. **Report:** Children's Long-Term Inpatient (CLIP) Review

Measurement: The review was completed focusing on 2016 data of unduplicated admissions, using data from the most recent CLIP episode for each youth from a monthly report of individual admits, discharges, status of admission and CLIP facility that is provided via a CLIP Administration monthly report. The North Sound BHO CIS was also used. Some historical data was included for the purposes of comparison. Data for 2017 is not a full data set at the time of this report.

Findings/Opportunities: Ideally, when CLIP level treatment is being sought, a youth and family would come through the voluntary process of screening at the BHO level. This allows for a face to face discussion with family, clinical treating team, community team members and other allied systems. In looking at that ITA data, it is clear that, despite the recent reduction in admissions and slight increase in voluntary applications (for 2017), voluntary admissions are still happening far less often than ITAs. It is likely there are several layers of systemic issues that are currently being explored. Additionally, the data reflects outpatient services appear to be sought prior to CLIP admission and intensive services utilized post CLIP episodes.

Recommendations: North Sound BHO remains committed to helping ensure youth who are in need of treatment are able to access the appropriate level services to address their needs, from the lowest level intervention of outpatient to the most intensive in CLIP. Additionally, it is

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important to try and ensure a smooth transition wherever possible. To that end, North Sound BHO has updated the CLIP policy not only to reflect significant state contract changes but also to include BHAs on the monthly treatment calls throughout an episode of care, when a youth has been with a BHA 60 days or longer. Lastly, North Sound BHO is currently in internal discussions on revising the voluntary CLIP application process to include current and potentially new allied systems on a more regional level.

26. **Report:** Annual Compliance Officer Report

Measurement: The 2016 report is prepared and presented in 2017, first to the Internal Quality Management Committee (IQMC) and on approval, presented to the County Authorities Executive Committee (CAEC) during 2017. The report begins with providing an assessment of the North Sound BHO's Compliance Program accomplishments in the required Office of the Inspector General, Health and Human Services, 7 measures of an effective Compliance Program. The Compliance Officer highlights areas in which progress has been made to strengthen the program in these areas since the previous year's report. Several graphs are then provided to visually share and trend compliance case data.

- a. The first graph is a break out of the categories of individuals reporting a compliance issue during the year: Agency, Staff, Enrollee/Family Member, DBHR.
- b. The second graph is a break out by type of compliance issue reported during the year
- c. The third graph is a trend over time of the total number of annual issues reported as compliance cases over the past 5 years

The report also provides a list of the 2017 Compliance Program Integrity Goals.

Findings/Opportunities: In reviewing the assessment of North Sound BHO's Compliance Program accomplishments in the required Office of the Inspector General, Health and Human Services, 7 measures of an effective Compliance Program, there were five (5) specific findings with corresponding opportunities.

The Hot Button link on the North Sound BHO Home Page and the Compliance Officer E-mail address were used a total of eight times in 2016, a 400% increase from 2015. The North Sound BHO is currently in Phase 2 of a 3 Phase web site re-design. During the re-design process we will ensure the Hot Button Link and Compliance Officer E-mail address continue to be in a prominent location on the BHO's web site home page to encourage use and demonstrate the organization's commitment to the precepts of the Compliance Program.

1. **Finding:** The 2001.00 Business Ethics and Regulatory Compliance Program, Procedures & Plan was revised to update the transition from RSN to BHO and included a new requirement for monthly submission of Exclusion Attestation Statements from each Behavioral Health Agency (BHA). In the first 6 months of the pilot a 75% compliance with monthly submission was initially achieved.

Opportunity: To further improve compliance to 100%, this requirement is planned for inclusion in the next BHA contract amendment to make the Attestation Statement a monthly required deliverable. Submissions are tracked, and remedial action will be assigned as needed.

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2. Finding: In 2016, Phase 1 of an Office of Civil Rights (OCR) HIPAA Security Risk Assessment was conducted by a contracted vendor, which produced recommendations and a Mitigation Plan as a deliverable, the latter of which was 90% completed by the end of 2017.

Opportunity: The original vendor for Phase 1 of an OCR HIPAA Security Risk Assessment was again contracted in 2017 to perform a follow up review and update of the Mitigation Plan in early 2018. This plan will then be fully implemented. As a follow up to Phase 1 of the OCR HIPAA Security Risk Assessment, a vendor was contracted in 2017 and conducted Phase 2 and 3, Reasonable & Appropriate; Technical & Non-Technical Testing in September 2017. A deliverable report of Recommendations and Mitigation Plan is expected in early 2018. This plan will then be fully implemented.

3. Finding: In the break out of cases by the categories of individuals reporting a compliance issue during the year, it was noted that the largest number of reports of potential fraud or abuse, 7 cases or 60%, were registered by an Enrollee or their Family Member. This served to demonstrate public awareness both on the issue of fraud and abuse and ease and availability of methods to report same.

Opportunity: Continue to emphasize community awareness of the organization's Compliance Program. In past years the BHO has emphasized Compliance Program awareness both on the organization's web site, articles in the eNewsletter and in both internal and external training opportunities.

4. Finding: In the break out of cases by type of compliance issue reported during the year, of the total 15 cases reported during the year, 7, or 46%, were determined not to be a compliance issues. This served to demonstrate public awareness and confidence in reporting issues of potential fraud and abuse to the BHO, although following investigation these were determined not to be compliance fraud or abuse.

Opportunity: As stated above, communication with all stakeholders and high visibility of a proactive Compliance Program supports the confidence of individuals to report suspected/potential instances of fraud and abuse. Continue to maintain communication through all available venues.

5. Finding: In the trend over time break out of the total number of annual cases for the past 5 years, there was a 20% marked increase in 2016 over 2015. This increase may be because of the integration of MH and SUD services to become behavioral health beginning in April 2016 together with the expansion of the Medicaid eligible population because of the Affordable Care Act.

Opportunity: Continue to monitor this trend over time. In addition, in 2017 the BHO contracted with a vendor to facilitate the Leadership Team in an Organizational Risk Assessment in early 2018, followed by a Compliance Program review. The recommendations of each will become part of the Compliance Plan going forward.

Recommendations: Continue with current Compliance Program activities, incorporating the results of the Organizational Risk Assessment and follow up Compliance Program review in the

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Compliance Plan going forward for execution. Pursue the above individual recommendations/opportunities for improvement of the Compliance Program. In particular, monitoring of the Attestation Statement submission, assigning remedial action as necessary, fully monitored by the Compliance Officer in concert with the Contracts Manager as a contract deliverable.

27. **Report:** Integrated Dual Disorder Treatment (IDDT) Annual Review

Measurement: The review tool used by North Sound BHO is comprised of 18 standards focusing on areas important to providing services to individuals with intensive service needs. These items include elements focusing on appropriate and ongoing treatment level assessment, goal-settings and treatment planning, addressing of co-occurring needs, as well as proper crisis and discharge planning. The expected benchmark for these standards is 90% on each item. Typically, 15 charts are reviewed at each site.

Findings/Opportunities: Each program is provided a site-specific report detailing outcomes on each review element, including a discussion of strengths noted during review, opportunities for improvement, and any potential remedial action needed. Both IDDT programs in the region are administered by the same BHA. The annual results on these review standards showed very good performance, with only one item at each site falling below the 90% standard, and even these items were scored at over 80%. No remedial action was indicated, as no single item had shown year-over-year deficit.

Recommendations: As noted, each program receives a site-specific feedback report. This report includes scores received each specific item, as well as access to specific written remarks from reviewers which may address particular deficits, recommendations for improvement, and/or acknowledgement for exemplary documentation and treatment efforts.

28. **Report:** Adult Intensive Outpatient Program (IOP) Review

Measurement: The review utilized a total of 91 charts from all of the programs and an average of 15 charts from each program. The review tool is comprised of 17 standards focusing on areas important in providing services to individuals with intensive service needs. The expected benchmark for these standards is 90%.

Findings/Opportunities: During the 2017 review, all teams scored above 90% for their overall scores. There were only sixteen items from the tool that scored below 90%. Three (3) items scored below 90% two or more years in a row, and therefore rendered remedial actions. Areas of strength included evidence of coordination of care between the outpatient clinician and ICERS staff, coordination with other involved systems as needed, recovery-oriented services and recovery and resiliency plans, discharge planning, and scheduling of a prompt clinician appointment with individuals who have been hospitalized.

Recommendations: BHAs receive a program-specific summary and data report. Items scoring below 90% two (2) or more years in a row were placed in remedial action. In total, only three (3) items resulted in a remedial action.

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29. **Report:** Program of Assertive Community Treatment (PACT) Review

Measurement: The review utilized a total of 45 charts from all three (3) programs and an average of 15 charts from each program. An average of eight (8) charts from each program were randomly selected by North Sound BHO and the remaining charts were selected by each prospective BHA. The review tool is comprised of 11 standards focusing on areas important in providing services to individuals with community-based skills training and severe and persistent behavioral health needs. The expected benchmark for these standards is for all items to score a 3.6 or above. Items scored between 3.6 and 3.8 are identified as suggested areas of improvement and items scoring lower than 3.6 are considered findings.

Findings/Opportunities: BHA-A scores dropped from 2016, with eight (8) items scoring at or above 3.6, and two items scoring below 3.0. There were no items that were placed in remedial action this year. BHA-B scores went up slightly from 2016, as nine (9) items scored at least a 3.6, and four (4) items rendered a perfect score. There was one finding from this year that is being placed in remedial action. BHA-C scored at or above 3.6 on 7 of 11 items in 2016 but did not have any items in remedial action; this year they scored at or above 3.6 on 9/11 items, with two (2) of the items resulting in a recommendation for remedial action.

Recommendations: BHA-B and BHA-C teams both have items that were recommended for remedial actions. BHA-A does not have any items being placed in remedial action. BHA-A numbers dropped from last year, but the other two teams made improvements.

30. **Report:** 2017 Residential Treatment Facility (RTF) Report

Measurement: The review is conducted using the North Sound BHO's Utilization Review tool version "Mental Health Services in a Residential Setting". There are 49 questions in the review tool, covering the areas of: Assessment, Crisis Planning, Treatment Planning, Medication Services, Progress Notes and Legal Documentation. An overall score of 90% or above is expected for a passing grade in the review. Also, all individual review questions are expected to meet the 90% benchmark. If a BHA does not meet the required overall 90% review score, they are asked to submit a Corrective Action Plan identifying how they will address and correct deficiencies noted in the review. If the overall review score meets or exceeds the 90% benchmark, but any of the 49 individual questions fail to meet the benchmark, the BHA is not put into remedial action, but they are asked to submit a plan detailing their plans to improve the scores on these specific questions.

Findings/Opportunities: For 2017, review scores for the RTF's were all above the 90% North Sound BHO benchmark. Two (2) of the RTF's had scores of 99%, one (1) had a score of 100%. None of the 49 review questions at any of the three (3) RTF's scored below the North Sound BHO benchmark of 90%.

Recommendations: None

31. **Report:** 2017 Assisted Living Facility Report

Measurement: The review is conducted using the North Sound BHO's Utilization Review tool version "Mental Health Services in a Residential Setting". There are 49 questions in the review

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tool, covering the areas of: Assessment, Crisis Planning, Treatment Planning, Medication Services, Progress Notes and Legal Documentation. An overall score of 90% or above is expected for a passing grade in the review. Also, all individual review questions are expected to meet the 90% benchmark. If a BHA does not meet the required overall 90% review score, they are asked to submit a Corrective Action Plan identifying how they will address and correct deficiencies noted in the review. If the overall review score meets or exceeds the 90% benchmark but any of the 49 individual questions fail to meet the benchmark, the BHA is not put into remedial action, but they are asked to submit a plan detailing their plans to improve the scores on these specific questions.

Findings/Opportunities: The overall review score for the Assisted Living Facility was 96%. Therefore, no Corrective Action Plan was requested. However, four (4) of the 49 review questions failed to meet the North Sound BHO benchmark. Therefore, the Assisted Living Facility staff have been placed in Remedial Action and requested to review these questions and to undertake strategies to assure that they do meet the 90% benchmark in subsequent reviews.

Recommendations: The four review questions that failed to meet the North Sound BHO 90% benchmark are:

- Goals/Objectives for treatment are based upon individual's MH needs- 79%
- If during the Intake the individual reports having no PCP, a referral to a PCP is subsequently offered and facilitated- 50%
- The clinical record contains documentation of objective progress toward established goals on the RRP- 47%
- The services delivered are strength based- 40%

Assisted Living Facility staff have been advised that North Sound BHO review staff will be returning to conduct a review of these four (4) questions in July 2018. If the questions achieve the 90% benchmark, the Remedial Action will be ended. Any questions remaining below the 90% benchmark will necessitate ongoing Remedial Action by North Sound BHO to address and correct the deficiencies noted in these questions.

32. **Report:** Routine Utilization Review Report (MH)

Measurement: Between February 1 and April 30, 2017, North Sound BHO MH & SUD Quality Specialists conducted Routine Utilization Review (UR) at the SUD & MH outpatient programs in the North Sound BHAs. The review team utilized the 45 question Routine UR Tool to gather data to be analyzed for determining the level of compliance with BHO clinical documentation standards, and the quality and appropriateness of outpatient MH and SUD services in the region. A 90% benchmark was used to determine acceptable compliance levels for each question (standard), at each program, and for the region.

In October 2017, the North Sound BHO review team conducted a follow-up UR at each of the programs that earned less than a 90% compliance level on at least one of the questions. During the follow-up UR, only those questions that were scored less than 90% during the Routine UR were scored. This report compares the Routine UR compliance scores and those of the follow-up UR, and identifies the improvement, or lack thereof, in each program and the region.

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Findings/Opportunities: The 2017 overall regional compliance rate (spring and fall, all questions) for all BHAs combined was 96.41%. Only two (2) questions had overall rates of less than 90%:

- *Q #8. The Intake evaluation includes a risk assessment: 78.64%*
- *Q#25. The RRP is strengths-based: 86.23%*

Recommendations: Remedial action requiring corrective action plans were assigned to three (3) MH BHAs. These actions are to address one or more questions found to be in less than 90% compliance.

33. **Report:** Routine Utilization Review Report (SUD)

Measurement: The review team utilized the forty-five question Routine UR Tool to gather data to be analyzed for determining the level of compliance with North Sound BHO clinical documentation standards, and the quality and appropriateness of outpatient SUD services in the region. A 90% benchmark was used to determine acceptable compliance levels for each question, at each program, and for the region. The review looks at five (5) different elements of the clinical record broken out between the questions: Assessments, Crisis Plans, Recovery & Resiliency Plans (RRP), Progress Notes, and Medical. A “Yes” response to a question indicates whether the standards in the Interpretive Guidelines (IG) were met. A “No” response to a question indicates the standards in the IG were not met. If the question did not apply to that file or program being reviewed it was given a not applicable or “NA” response. The total number of responses for each question, minus the “NA” responses, gives the numerator for that response. The Compliances Rates were calculated by: $\text{Yes}/(\text{Yes} + \text{No}) \times 100$.

Findings/Opportunities: Each BHA is provided an agency specific report with recommendations. There were several issues identified that are agency specific. As a region we performed well overall, scoring 91.10%. There were a few areas of concern, most commonly in diagnostic justification, RRP, and documentation of implementation of the RRP. The SUD programs are participating in the SUD PIP, Golden Thread, and taking actions that will address these areas of concern. Overall, 8 of the 45 questions reviewed did not meet the 90% standard with 4 of the 8 falling below 80%.

Recommendations: Each BHA is given the recommendations and the necessary corrections through the individual reports. Including the individual reports, we have recently begun a process of implementing remedial action with four (4) BHAs. The remedial actions are being conducted by the Contracts Manager.

34. **Report:** SUD Residential and Withdrawal Management Utilization Review Report

Measurement: The review team utilized the 33 question Residential and Withdrawal Management Review Tool to gather data to be analyzed for determining the level of compliance with North Sound BHO clinical documentation standards, and the quality and appropriateness of residential and withdrawal management SUD services in the region. The review is based on an independent review tool developed collaboratively with the nine (9) Washington State BHOs with the agreement to review their own in-region facilities and disseminate the results with

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each of the other BHOs. A 90% benchmark was used to determine acceptable compliance levels for each question, at each program, and for the region. A “fully in compliance” response to a question indicates the standards in the IG were met and was given a score of 3 points. A “partially in compliance” response to a question indicates the standards in the IG were partially met and was given a score of 1 point. A “not in compliance” response to a question indicates the standards in the IG were not met and was given a score of “0”. If the question did not apply to that file or program being reviewed it was given a not applicable or “NA” response. The total number of responses for each question, minus the “NA” responses, gives the denominator for that response. The Regional Compliance Rate was calculated as $((\# \text{ fully in compliance} * 3) + (\# \text{ partially in compliance} * 1) + (\# \text{ not in compliance} * 0)) / \text{total possible points } (\# \text{ of responses} - \text{“NA” responses}) * 3$.

Findings/Opportunities: There were several issues identified that are agency specific. As a region displayed many opportunities for improvement, scoring 77.27% for Residential and 81.98% for Withdrawal Management. There were a few areas of concern, most commonly in addressing co-occurring needs, coordination of services and care, and discharge planning. For residential overall, 16 of the 33 questions reviewed did not meet the 90% standard with 13 of the 16 falling below 80%. For withdrawal management overall, 14 of the 33 questions reviewed did not meet the 90% standard with 8 of the 14 falling below 80%.

Recommendations: Each BHA is given the improvement recommendations and the necessary corrections through the individual reports. The BHAs were given 6 months to make improvements before the reviewers return to re-review the programs.

35. **Report:** Wraparound with Intensive Services (WISe) Annual Report

Measurement: The WISe annual report was based on the information collected from our CIS and the statewide data portal, BHAS. The information included in this report included the number of youth served (433) during the 2016-2017 fiscal year, demographics, WISe efficacy patterns displayed in key intervention needs, and strengths development over time.

Findings/Opportunities: The average age of youth receiving treatment are 12 years old and just over half are male. The ethnicity data is slightly skewed, because individuals who list more than one ethnicity are captured in the “other” category. So, “other” ethnicity is 15%, making that category of youth the third highest. Generally, youth who are enrolled in WISe are showing marked improvement with family relationships, emotional control, mood stability, behavior at home, decision making, school behavior, school success, relationship permanence, increase in natural supports, increase in community connection and resiliency.

Recommendations: Continue to support WISe providers in accurate data capture provide WISe training.

36. **Report:** Wraparound with Intensive Services (WISe) Chart Review

Measurement: The WISe chart review looked at 32 items, which were derived from expectations in the Wraparound WAC and the WISe manual. The benchmark for each item is 85%. The items are broken into four (4) categories: access and engagement, cross system care

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plan, child and family team, and staffing. The majority of items in the access and engagement section are related to timelines for the Child Adolescent Needs Strengths (CANS) assessments, which are entered into a statewide data portal. Reviewers were able to access the data portal to answer those questions, in advance of the site visit. The items in the cross-system care plan section look at components of the care plan, cross system care coordination and safety planning. The child and family teams review the compilation of team members and needs that are being worked on, as well as transition planning. The staffing section is related to the support that peers provide to youth and families.

Findings/Opportunities: The lead reviewer met with each BHA to discuss the outcome of the chart review, which included reviewing the areas for growth and strengths. The regional results were discussed in a meeting with leadership from all BHAs providing WISE in the North Sound region. A plan to continue areas of strength and prevent model drift was discussed and action steps for the coming year were agreed on.

Recommendations: As a region, WISE Leadership and the North Sound BHO agreed on ways to improve WISE practice throughout the region, which included formalizing a regional coaching model and supplemental WISE training.

37. **Report:** 2017 Annual Critical Incident Review Committee (CIRC) Report

Measurement: The annual CIRC review looks at volume/appropriateness and trends in types of critical incidents (CI). To review the volume/appropriateness of CIs, the number of BHA notifications/CI reports are compared to the number of CIs the North Sound BHO reported to DBHR. When there are more BHA reports/notifications than North Sound BHO reports, the North Sound BHO is more confident in BHA “good faith” reporting. To evaluate the trends in types of CI, the number of each type (category) of CI is reviewed to identify trends, and analysis of the effectiveness of quality improvement activities.

Findings/Opportunities: There were a total of 61 BHA reports/notifications received. Of these, 16 screened out, indicated BHA “good faith” reporting. Quality improvement efforts to reduce large volume (5) of MH BHA breaches of client information in the first half of 2015 were effective. There was one (1) breach in 2016 and one (1) breach in 2017. A high rate of CI involving violent behavior showed steady increase from 28% in 2013 to 82% in 2016. In January 2017, the North Sound BHO Medical Director addressed the Quality Management Oversight Committee regarding the need to improve risk assessments. The rate of CI involving violent behavior subsequently dropped to 59%.

Recommendations: Continue monitoring rates of breaches and violent behavior to see if improvements hold in 2018.

38. **Report:** Customer Service Report

Measurement: The annual report included all of 2016 data and some 2017 data and compared against 2015 data. However, the 2017 data set is incomplete due to the presentation timing of the report. All incoming calls to the North Sound BHO are initially triaged by Support Staff to the appropriate Quality Specialist (QS) or their back-up QS with expertise in the area of the caller’s

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inquiry. This helps to ensure the most informative, thorough and timely responses to all inquiries. Calls that are not specific to a particular area of expertise, or that may be unclear in the initial inquiry, will be transferred to a customer service QS staff or their back-up identified by the QS customer service schedule for that day. Additionally, excluded from this data are calls that fall under specialized category of the QS such as (but not limited to): Children's Long-Term Inpatient Program (CLIP), Western State Hospital (WSH), Care Coordination, or other areas of specialty. These interactions may be documented elsewhere. All data findings are pulled from the CIS, which are entered by the individual QS staff handling the call.

Findings/Opportunities: Within the last two plus years, North Sound BHO staff increased significantly in size due to merging the MH and SUD systems. This necessitated not only a review of the current call handling process and adjustments as needed, but also a review of customer service training procedures for both clinical and support staff. Clinical staff worked to define new categories for 2017 for SUD specifically, however only one category was removed. Support staff worked with Clinical staff to address any barriers or "snags" in the call handling and response process.

Recommendations: In comparing the 3 years of CIS data, it is clear from the full report that some customer service needs stay consistent over time, while others may change from time to time. The impending changes in the behavioral health system will necessitate that the North Sound BHO customer service process be evaluated periodically to ensure the needs of individuals are being addressed.

39. **Report:** 2017 Group Services Focused Review Report (MH)

Measurement: During the month of August, North Sound BHO quality specialist reviewers conducted a focus review at each of the BHA outpatient MH programs who provided group services in the previous year. The review focused on aspects of group services reflected in five standards/questions review tool. The benchmark compliance rate was $\geq 90\%$.

Findings/Opportunities: The overall regional compliance rate (all BHAs, all questions) was 92%. Two (2) of five (5) questions scored less than 90%, with questions 2 and 4 scoring 91%. The actual reviews took far fewer man hours than expected.

Recommendations: Remedial action requiring Corrective Action Plans were assigned to three (3) MH BHAs. These actions are to address one or more questions found to be in less than 90% compliance. The Group Services Focused Review questions will be folded into the 2018 routine UR tool.

40. **Report:** 2017 Discharge Planning Focused Review Report (MH)

Measurement: During the month of July, North Sound BHO quality specialist reviewers conducted a focus review at each of the BHA outpatient MH programs. The review focused on aspects of discharge planning reflected in the nine (9) standards/questions review tool.

Findings/Opportunities: The overall regional compliance rate (all BHA, all questions) was 95%. Only one (1) of nine (9) questions showed a regional compliance rate of less than 90%. Question 8 scored 89%. The actual reviews took far less man hours than expected.

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Recommendations: Remedial action requiring Corrective Action Plans were assigned to two (2) MH BHAs. These actions are to address one or more questions found to be in less than 90% compliance. The Discharge Planning Focused Review questions will be folded into the 2018 Routine UR tool.

41. **Measurement:** Administrative Reviews are conducted once during the contract cycle. For the contract cycle 2016-2018, the BHO began administrative reviews May 2017 continuing through May of 2018. The review is limited to policy/procedure with the exception of personnel records, which are reviewed on site. The BHO's expectation is BHA policies are in compliance with the BHO's and up to date with WAC/RCW/CFR.

The review tool measures compliance in the following areas:

- Individual Rights
- Access to Care
- Cultural Competence & Sensitivity
- Local Responsiveness (Ombuds)
- Grievance Process
- Care Coordination and Recovery Oriented Services
- Residential & Housing Support
- Inpatient/Residential Coordination/Continuity of Care
- Quality Management
- Compliance
- Privacy
- Management Information System
- Personnel
- Subcontracts
- Postings

Findings/Opportunities: Established network BHA's are found to be in compliance, over 90% on the overall tool and no section falling below the 90% benchmark. The SUD BHA's have been under contract since April 2016, their compliance rate was somewhat lower than our established BHAs, but not falling below the benchmark to warrant a Corrective Action Plan. The BHO has one more BHA to review during this contract cycle, this review will take place in mid-2018. Overall, the BHAs in the North Sound network have developed the policies and procedures to ensure compliance with contract, WAC/RCW/CFR. North Sound BHO continues to provide technical assistance where necessary.

Recommendations: North Sound BHO will continue to provide technical assistance to its network BHAs ensuring service delivery is occurring according to contract.

Conclusion

North Sound BHO prides itself on having a comprehensive Quality Management Program that not only aligns with Federal and State guidelines but also attempts to incorporate emerging techniques into the oversight of services provided in the North Sound region. We use the North Sound BHO QM Plan as the guiding document for conducting quality improvement activities and review. The QM Plan also serves as the guiding document for the development of the North Sound BHO Quality Management Review.

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Through this process we can identify opportunities to improve the policies and process that are in place to enhance the provision of behavioral health services in our region. The identification of these improvement opportunities will not only ensure our region remains compliant with all Federal and State regulations, but it will also give us the opportunity to expand on the quality of services provided the individuals in our region.

Advisory Board July Retreat Topics

1. Review Bylaws
 - a. Review the composition of the Executive Finance Committee. Adding Ex-Officio to serve on this committee.
2. Opioid Reduction Plan
3. What is the Advisory Board members role in the community
 - a. Citizen versus an Advisory Board member
 - b. Discussion in the Bylaws
4. Law Enforcement: Managed Care Organization Transition
 - a. Barriers that Law Enforcement face
 - b. What has been implemented with the Managed Care Organizations to effectively collaborate with law enforcement
5. Future of the Advisory Board
 - a. Discussion of creating a proposal to the counties
 - i. Member composition
 - ii. Terms of service
6. Reconstructing of the Crisis System – Sandy Whitcutt
7. Advisory Board Advocacy with the Managed Care Organizations
8. Budget
9. Executive Director Report