



Clinical Care Committee Work Plan 2006-2007

Goal Area:	Objectives:	Champion:	Indicator:	Status:
Consumers will gain increased competence and increased autonomy through the services they receive.				
	QAPIP #1 Primary Care Physician coordination	Clinical care committee	<p>A. Percentage of consumers with a primary care physician.</p> <p>B. Percentage of consumers with a primary care physician and appropriate authorization to release information for whom a consultative face-to-face or phone contact with the primary care physician was made by CMH staff</p>	<p>This is a dash board indicator reported to the PI committee. Reporting dates are:</p> <p>March (1st quarter data October-December)</p> <p>June (2nd quarter data January-March)</p> <p>September (3rd quarter data April-June)</p> <p>December (4th quarter data July-September)</p> <p>The CCC reviews these indicators the month before the indicators are due to PI (February, May, August and November CCC meetings.)</p>

	Goal Attainments	Clinical Care Committee	<p>A. Percentage of consumers with progress toward goals.</p> <p>B. Percentage of consumers with progress toward goals scoring 3 or higher.</p>	<p>The CCC will monitor the data ¼ ly until see consistency in the data and then will determine if continuing with this and an indicator. The way to gain consistency is to determine outcomes, staff training, and PCP peer Review Then once outcomes are consistently written across the region hope is that will see consistency in the data.</p> <p>Marci will send link for SAMHSA MH indicators. Can tie these into the EBP outcome measures. Send to everyone with a discussion on what we are doing with them next meeting and integrate with the EBP work plan items.</p>
	Increased consumer satisfaction with the Person-centered planning process.	SD/PCP/IF work group	The percent of persons who are satisfied with Person-Centered Planning process.	<p>The SD/PCP/IF work group reports on this indicator tri-annually to the CCC. The SD/PCP/IF work group reports to the CCC in February, June, and October.</p> <p>The work group was unable to present in October 2006. The group will present a progress report on November 3rd 2006.</p>

	<p>Increase the use of Independent Facilitators based on consumer needs.</p>	<p>SD/PCP/IF work group</p>	<p>The number of persons utilizing an independent facilitator.</p> <p>Set a threshold for this. How know what one would be and see what it is across the State.</p>	<p>The SD/PCP/IF work group reports on this indicator tri-annually to the CCC. The SD/PCP/IF work group reports to the CCC in February, June, and October.</p> <p>The work group was unable to present in October 2006. The group will present a progress report on November 3rd 2006.</p>
	<p>Increased use of fiscal intermediaries</p> <p>Continue at this time</p> <p>Reach out to consumer groups on the availability?</p>	<p>SD/PCP/IF work group</p>	<p>The number of persons utilizing a fiscal intermediary.</p> <p>Set a threshold. How know what one would be and see what it is across the State.</p>	<ul style="list-style-type: none"> • Training, curriculum, brochures completed. <p>The work group was unable to present in October 2006. The group will present a progress report on November 3rd 2006.</p>
	<p><i>DCH POC item</i></p> <p>1. Staff will be trained on the by 9/30/06, by assigned clinical staff at each agency.</p> <p>2. The CMHPSM will include the Procedure for Prescription for Services and the Prescription for Service form information in its new employee and annual Person-Centered Planning trainings, by 9/1/06.</p>	<p>SD/PCP/IF work group</p>		<p>1. Completed</p> <p>2. The SD/PCP/IF work group was unable to present in October 2006. The group will present a progress report on November 3rd 2006.</p>

	<p><i>DCH POC item</i></p> <p>1. A statement about the consumer's satisfaction with their treatment plan and the services they received will be formatted onto the periodic review and annual review.</p> <p>2. The Person-centered plan signature page will have a checkbox for a consumer to note if they are satisfied with current plan</p> <p>3. The CMHPSM will include this information in its new employee and annual Person-Centered Planning trainings, by 9/1/06.</p>	SD/PCP/IF work group		<p>1. Completed</p> <p>2. Completed</p> <p>3. The SD/PCP/IF work group was unable to present in October 2006. The group will present a progress report on November 3rd 2006.</p>
Consumers will experience more immediate and more lasting benefits through research and evidence based methods of practice.				

	Full system implementation of Co-occurring disorders EBP.	Co-occurring work group	COMPASS/CODECAT/IDDT A. The number of consumers served. B. The % of staff trained.	The IDDT sub group reports to Jeff Capobianco, who then rolls up the IDDT information into the Evidence Based Practice report to the CCC. The EBP report is presented to the CC monthly.
	Implementation of Jail Diversion programs based on MDCH guidelines	Jail Diversion work group		Jail diversion sub group: reports to the CCC quarterly, in February, May, August, and November.
	Implementation of a regional model for case management: Continuous Supports Model	Clinical Care Committee	A. The number of consumers served. B. The % of staff trained.	Training occurred March 10 th , 2006 for first level supervisors. Each affiliate started change management discussions or implemented those processes.
	Implementation of the family Psycho-education		C. The number of consumers served. D. The % of staff trained.	The FPE sub group reports to Jeff Capobianco, who then rolls up the FPE information into the Evidence Based Practice report to the CCC. The EBP report is presented to the CC monthly.
	Implementation of Parent Management Training of Oregon (PMTO)	PMTO group	A. The number of consumers served. B. The % of staff trained.	PMTO sub group reports to the CCC through the Children's administrator's group Bin-annually in April and October.
To maximize resources through the effective and efficient stewardship of public funds.				

	<p>Implementation of consistent clinical standards and criteria of service provision.</p>	<ol style="list-style-type: none"> 1. DD Administrators work group 2. Respite work group 3. Children's Administrators 4. SPMI Administrators 	<ol style="list-style-type: none"> 1. TBD HSW project 2. TBD. 3. TBD Include their work plan tasks. 4. TBD 	<ol style="list-style-type: none"> 1. Reports to the CCC in February, June, October. The DD Administrators were assigned a new task in July 2006 regarding the Habilitation Supports Waiver. The task is to review the current HSW processes and recommend a regional process. The DD Administrators group reports to the CCC Bi-annually every January and July. 2. Reports to the DD administrators work group 3. Reports to the CCC Bi-annually, every April and October 3. Reports to the CCC Bi-annually, every January and July. .

	Complete DCH POC	CCC was assigned this task. The CCC assigned a work group to address this POC item.	B.10.1.11. Aftercare service planning is completed in conjunction with hospital personnel.	<p>The Clinical Care committee assigned a work group to review this standard and review possible causes for 86% compliance.</p> <p>The results of the work group and the plan of correction recommendations will be reviewed by the Clinical Care Committee of the CMH Partnership of Southeast Michigan (CMHPSM) on 10.6.06</p> <p>The work group's recommendations were approved by the CCC on 10/6/06. The work group will present it's process outline to the CCC December 1st, 2006.</p>

	Complete DCH POC	CCC	<p>C.2.15. Individuals are provided with ongoing opportunities to provide feedback on how they feel about services, supports and/or treatment they are receiving, and their progress towards attaining valued outcomes.</p>	<p>A statement about the consumer's satisfaction with their treatment plan and the services they received will be formatted onto the periodic review and annual review.</p> <p>The Person-centered plan signature page will have a checkbox for a consumer to note if they are satisfied with current plan.</p> <p>- Both were <u>completed</u> via EIC forms group.</p> <p>Each affiliation trained their staff and supervisors by 7/31/06. This was <u>completed</u> during the encompass PCP module training in July 2006, at each affiliate.</p> <p>The CMHPSM will include this information in its new employee and annual Person-Centered Planning trainings, by 9/1/06. The SD/PCP/IF work group was unable to present in October 2006. The group will present a progress report on November 3rd 2006.</p>

	Complete DCH POC	CCC	B.13.3.1. <u>Staffing</u> All services, including supports coordination, are provided under the supervision of a physician or other licensed practitioner of the healing arts.	<p>The clinical care committee approved the procedure for obtaining physician prescriptions for services and the accompanying for during its July meeting. Staff will be trained on the procedure and Prescription for Service form by 9/30/06, by assigned clinical staff at each agency.</p> <p>-Completed</p> <p>The CMHPSM will include this procedure in its new employee and annual Person-Centered Planning trainings, by 9/1/06. The SD/PCP/IF work group was unable to present in October 2006. The group will present a progress report on November 3rd 2006.</p>
	Complete DCH POC	CCC	G.3.8. Prescribing/referring physician	See B.13.3.1 above.
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Timelines for paperwork	The PI Committee would like a list of all clinical documents with due dates. It was suggested to include timelines for providers as well as CMH. There was discussion about timeliness of documentation being a procedure attached to a policy, to ease amendments. The timeliness document should be a standard stand alone document. Timelines document should be compared to any existing master list of clinical forms mandated time frames from DCH, JCAHO, EQR standards, etc.	CCC		<p>Report due to Regional PI November 2, 2006</p> <p>It was decided Clinical Care Committee would create timeliness for clinical forms w/o required/compliant time frames. -completed</p> <p>The Corporate Compliance Committee will provide timelines for regulated clinical forms dates. -CCC requested specific references for information provided by the compliance committee. Gerlayn Harris will follow up with Suzanne Kapica and report back to CCC in November.</p> <p>CCC members will bring back the list of current process for timeliness of clinical documents across the affiliation. Target date 10/6/06 meeting. -completed</p> <p>Jane Terwilliger and GERALYN Harris will draft a policy and bring it back to the CCC in November.</p>
JCAHO: Anne Barrins items	PC 2.40 Personal Health Review Specify the responsible staff and determine decision criteria for determining the need for a physical (or referral).	CCC		<p>Report due to Regional Compliance Committee</p> <p>Each county will bring their procedure regarding the PHR to the November CCC meeting.</p>

JCAHO: Anne Barrins items	PC 2.110 Personal Health Review (nutrition screen)	CCC		Report due to Regional Compliance Committee Each county will bring their procedure regarding the PHR to the November CCC meeting.
EQR	<p>EQR was here in Feb. They had looked at our PCP and Member Service process with all the documents given at orientation and at PCP for the consumer. They wanted a check list of all items to be given out at the PCP and have that signed to ensure the consumer is given the entire list of items.</p> <p>Is this something that could be done via one of the clinical care subcommittees by chance? Member Services has a list of all materials for orientation and may be of help but since PCP is such a clinical function, I didn't know where to go. What do you think?</p>	CCC	Geralyn will send out a list and request people to add items or cross off items and bring back list to the committee in February.	<p>Report due to Regional Compliance Committee:</p> <p>The CCC reviewed this in October 2006. Geralyn Harris will ask Suzanne Kapicza for a time frame or due date for this task.</p> <p>-Completed. HSAG will be back and review this (we think) in fall '07 so we want to have evidence of it's use by then.</p> <p>Geralyn Harris will report this back to the CCC in November 2006.</p>

State Hospitalizations plan		CCC		<p>Report due to AEC</p> <p>Next steps include review of:</p> <ul style="list-style-type: none"> • Consumers per county • Cost • Barriers to treatment • Discharge plan • Number of consumers due to discharge in '07 <p>Format template will be completed which includes location, status, prognosis, community placement barriers, needs (such as specialized residential)-recommended living situation or minimal restrictions, services needs. Target date 10/6/06 meeting -completed and passed on to Sandy Keener.</p>
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<p>CSSN Reviews Item #1</p>	<p>Advanced directives: Ensure implementation of the regional policy and forms.</p>	<p>CCC</p>	<p>Livingston Livingston County Community Mental Health Authority staff were trained on the following dates In Advanced Directives:</p> <p>9-12-06 9-14-06 9-20-06 10-3-06 10-5-06 10-11-06 10-13-06 10-16-06 10-18-06 10-31-06</p>	<p>Report due to Regional PI November 2, 2006. The CCC will bring work plan to the PI meeting, noting plan for completion.</p> <p>Monroe completed training 10/3/06. WCHO training 11/9/06 CSTS Lenawee: All training was completed at staff meetings this past month ----Access/ES (9/28/06),DD(9/14/06), MI CSM(9/25/06), Child Staff 9/26/06, Customer Services (10/24/06) and finally, (10/26/06) Meds Only.</p>
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<p>CSSN Reviews Item #2</p>	<p>Personal health review: Update form to be clear when “no information available” or consumer refuses to provide information or no follow-up is needed (rather than leaving the sections blank.) Ensure that Health Reviews are completely filled out and that follow-up is incorporated into the PCP. Suggested radio buttons one each for no information available and for consumer refuses to provide information</p>	<p>CCC</p>	<p>Check back with EIC and forms group to see if putting on the radio button to note if consumer did not enter all of the information on the form. GH.</p> <p>Regional procedure</p> <p>E-mail task, for the procedure.</p> <p>Bring tool back and see if user friendly.</p>	<p>Report due to Regional PI November 2, 2006. The CCC will bring work plan to the PI meeting, noting plan for completion.</p> <p>Geralyn Harris will follow-up with the EIC forms group for recommendations. –completed 10/16/06.</p> <p>Staff should use the comments section and note any blank areas in the above sections were due to consumer leaving the information blank or refusing to provide the information. Each affiliate will decide who will enter this information onto the form on encompass. Each affiliate will train their staff and report back to the CCC their process on November 3rd, 2006.</p>
<p>CSSN Reviews Item #3</p>	<p>Assessments: Ensure that assessments provide support for the level of care the consumer is receiving. Ensure that information provided in the assessment is carried over to the PCP when appropriate. Specifically if changing the level of care. Cited Monroe as doing well.</p>	<p>CCC</p>		<p>Report due to Regional PI November 2, 2006. The CCC will bring work plan to the PI meeting, noting plan for completion.</p> <p>The CCC has reviewed the regional Assessment Policy twice. It is in draft form and being review by the affiliates.</p> <p>The draft policy will be reviewed for final CCC approval in November 2006.</p>

<p>CSSN Reviews Item #5</p>	<p>PCP: Training needed to obtain clear, achievable goals; clear amount, scope, duration of services being authorized; clear designation of responsibilities to CMH staff, providers, etc.)</p>	<p>Supervisors recommended to role play in front of staff how to have conversation.</p> <p>Motivational interviewing techniques</p> <p>Items to include in outcome statement:</p> <ul style="list-style-type: none"> • in consumers own words and to link it to something that is community integration, productivity or community integration, also language in the state plan • look at what the consumer will do • Use language related to a covered service • A purpose to the outcome • Measurable/achievable (as evidenced by) • forward thinking/pro-active <p>Ask staff how to deliver the pc p training...is the current training meaningful, would another training model be more meaningful. Mary Phillips will put some questions together. In zoomerang survey.</p>	<p>Report due to Regional PI November 2, 2006. The CCC will bring work plan to the PI meeting, noting plan for completion.</p> <p>CCC will meet with CJ Witherow and the SDI/PCP work group chair on 11/3/06 to define appropriate outcome statements and service authorization statements in the plan of service</p> <p>Modify training for staff not new to the agency (an advanced training.) Incorporate latest and greatest DCH poc items.</p> <p>Mary will take the lead through professional development. But it seems to be a project for them.</p>	<p>16</p>
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