



Clinical Care Committee Meeting
April 1st, 2005 Towner II Room 223

Present: L. Newburg, M. Phillips, S. Keener, S. Reitmeier, P. Moise, G. Petrik, J. Shovels, B. Fortune, J. Terwilliger, J. Capobianco, S. Sheldon

Absent: Robert Wilson, Karen Milner

AGENDA ITEM	DISCUSSION POINTS	ACTION/OUTCOME	RESPONSIBILITY
1) Approve Agenda & Minutes	<ul style="list-style-type: none"> • There were no changes to the minutes • There was one suggested addition to the agenda, related to the PI Data committee 	The agenda and minutes were approved.	
2) Check In	<ul style="list-style-type: none"> • Phil Moise reported that at this time, there will be no consumer or parent representation on the DD Administrator's committee, as any significant changes that were recommended would need to be presented to the Clinical Care Committee, which has both primary and secondary consumer representation • Mary Phillips reported that a group of respite coordinators that has been meeting informally for many years will likely be requesting that an affiliation respite coordinators work group be formed. 		
3) Outcome Development	<ul style="list-style-type: none"> • There was a great deal of discussion about the selection of outcome measures to measure effectiveness of CSM/SC services. • Jane T suggested that the president's New Freedom Commission's Report and the Mental Health Commission's Report have both laid out desired outcomes related to the recovery model, resilience, effective freedom etc. 		

	<ul style="list-style-type: none"> • Jeff C suggested that in selecting the outcome measures, we should refer back to the regional strategic plan, the vision statements of each CMH, etc. • Steve Sheldon recommended a book <i>Crossing the Quality Chasm</i>, which links research to practice and contains broad categories. • Steve Sheldon volunteered to draft something for the committee for the next meeting 		Steve Sheldon will prepare a draft for the next meeting
4) FTE/Caseload size information	<ul style="list-style-type: none"> • Larry N updated the committee on the work group's progress to date; have used the data to diagram each county's potential teams for MI adults and DD consumers. • Larry also reported that when the group began working on a similar diagram for children's services, they began discussing the differences in the way that things are structured in this area in each of the counties. • Per Larry N, the work group is recommending that children's services not be transitioned to the continuous support team model. The group recommended that we develop best practice guidelines for children's services in the future. 		
5) CSM/SC Philosophy statement	<ul style="list-style-type: none"> • Discussed further revisions 		Barb F will make the revisions for the next meeting
6) Work Plan	<ul style="list-style-type: none"> • There was discussion about how to approach defining admission criteria, continuing stay criteria, discharge criteria etc. • It was suggested that we first look at the existing definitions. It was also suggested that it would be helpful to form a work group to further address these issues and make recommendations. • Jane T suggested that the information be emailed to one person who can compile the information on a crosswalk. • There was discussion regarding how the definitions of scope, duration of services etc would fit with the Person Centered Planning Process. John S requested that Britt Paxton be involved in the discussion when we reach that point in the process. 		Committee members agreed to send the information to Barb F. by 4/8/2005. Barb will compile the information for the next meeting

7) Self Determination	<ul style="list-style-type: none"> • There was also discussion about how the Self Determination model will impact services, including our current work defining case management. • There are a number of unresolved questions that will need further consideration related to training staff on SDI, the impact of implementing SDI within the organization will have upon services, etc. • Shauna R. suggested that all of the questions be prepared, in advance, for the Directors to consider • Jane suggested that Program Administrators and Department heads form a work group to formulate a list of questions. Jeff C/ suggested that the PCP/SDI workgroup be available to educate and inform. • Phil M suggested that the planned training be provided first to Supports Coordinators and Case Managers, to assist in formulating the list of questions • Jane suggested that the Clinical Care Committee request to be added to the agenda for AEC's May meeting, to bring the questions and discussion forward to the Directors. 	<p>Committee members recommended that the curriculum be piloted to front line staff for this purpose.</p>	<p>Shauna Reitmeier requested that all questions be sent to her before April 25th</p>
8) Kevin's Law	<ul style="list-style-type: none"> • The committee has been working on flow charts for 2 different groups; those who are already receiving services and those who are receiving services elsewhere. • There has also been discussion regarding how to make some recommendations to the judges in each county related to what services can be provided 		
9) Next Meeting	<p>Friday May 6th, 9 -12 Towner 2 Room 223</p>	<p>AGENDA ITEMS:</p> <ul style="list-style-type: none"> ➤ Outcome ➤ Work plan ➤ Kevin's Law ➤ FTE and Caseload information 	