



AGENDA ITEM	DISCUSSION POINTS	ACTION/OUTCOME	RESPONSIBILITY
	<p>steps” for the affiliation use of the model.</p> <ul style="list-style-type: none"> <li>• <i>Clinical Practice Guidelines</i>: Clinical Care Committee (CCC) will review the guidelines for implementation into staff processes.</li> </ul>		
III. Outcome Measures	<ul style="list-style-type: none"> <li>• <i>Recovery Enhancing Environment (REE)</i>: Measure will be rolled out in spring 2008. Measure was chosen by the recovery council committee.</li> <li>• <i>OQ45</i>: Revisions, including consumer and recovery focus, are not expected soon</li> </ul>		
IV. Recovery Measures	<ul style="list-style-type: none"> <li>• Consumers may attend the Pathways to Recovery training</li> <li>• D. Orrin suggested use of 3 recovery tools to aid consumers in achieving their goals</li> <li>• Review of the tools was referred to the MI administrators group</li> </ul>	<p><b>CCC will ask the MI admin workgroup to review 3 recovery models by 4/30/08 and to select at least 3 measures for consumers to use to achieve their goals.</b></p> <ol style="list-style-type: none"> <li>1. Pathways to Recovery</li> <li>2. The Traveler’s Guide</li> <li>3. The 6 SAMSHA pamphlets</li> </ol> <p><b>S. Keener will update the CCC work plan to reflect this initiative.</b></p> <p><b>Professional Development Committee will be responsible for coordinating staff training of the recovery models.</b></p> <p><b>M. Phillips will follow up on the traveler’s guide staff training used in Livingston.</b></p> <p><b>J. Capobianco will follow up with Wayne State University on recovery models staff training offered.</b></p>	<p>L. Watassek</p> <p>S. Keener</p> <p>J. Baltzell</p> <p>M. Phillips</p> <p>J. Capobianco</p>
V. EIC/CCC Relationship/ Clinical Forms Changes	<ul style="list-style-type: none"> <li>• The current process for reviewing clinical form changes was discussed at a previous</li> </ul>	<p><b>It was decided the CCC will review all Encompass form change</b></p>	<p>CCC members</p>

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	<p>Encompass Implementation Committee (EIC) meeting.</p> <ul style="list-style-type: none"> <li>EIC requested the CCC oversee this function; EIC does not have the expertise to approve changes to clinical forms.</li> <li>An EIC member is available to attend CCC meetings to review the clinical forms changes</li> </ul> <p><b>The following suggestions were made:</b></p> <ul style="list-style-type: none"> <li>CCC review and approve Encompass clinical forms <b>and</b> processes</li> <li>Create an ad hoc committee of CCC to review the clinical forms changes</li> <li>Utilize the existing clinical forms group to review form changes</li> <li>Have the existing clinical forms workgroup meet face-to-face on a regular basis to review clinical form changes</li> <li>Re-evaluate existing clinical forms workgroup membership; discipline specific and front line staff will be considered for the group composition</li> <li>EIC member (J. Sproat) brings form change requests to CCC monthly for review. Approved changes get assigned to clinical forms group for completion</li> <li>Have all Encompass changes go thru CCC and clinical forms workgroup prior to roll out</li> <li>Clinical forms workgroup report to CCC</li> <li>Give CCC greater authority on project prioritization at the AEC level (process flowchart requested)</li> </ul>	<p><b>requests.</b></p> <p><b>J. Sproat will bring the requests for form changes to CCC monthly meetings for review</b></p> <p><b>The decision made on form changes by CCC will be forwarded to the clinical forms workgroup for action.</b></p>	<p>J. Sproat</p> <p>S. Keener/clinical forms workgroup</p>
<p>VI. Family Psycho-ed presentation</p>	<ul style="list-style-type: none"> <li>Dr. D. Healy presented a PowerPoint presentation on use of the EBP family psycho-ed</li> <li>Data showed reduction in hospital days for consumers that attended the multi family group meetings</li> <li>Overall cost savings of \$250,000 which was not offset by increased utilization costs.</li> </ul>		
<p>VII. SPMI Administrators Report-L. Watassek</p>	<ul style="list-style-type: none"> <li>Tabled</li> </ul>		
<p>VIII. DD Administrators Report</p>	<ul style="list-style-type: none"> <li>Report distributed and reviewed</li> </ul>		

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	<ul style="list-style-type: none"> <li>• Workgroup does not have a work plan or outcome indicators</li> <li>• DD &amp; Respite tools are completed and approved; training being developed</li> <li>• PERS system is being implemented affiliation wide</li> <li>• Workgroup is reviewing consumers respite skill building for conversion to CLS where appropriate</li> <li>• Reviewing the HSW report, to make it a more effective management tool</li> <li>• Identified placement of state facility consumer in community as a priority</li> <li>• Developing standards and criteria for consumers with criminal activity</li> </ul>		
<b>IX. Next meeting</b>	<b>2/1/08; 9a-12p; Towner Rm. #107</b>	<b>Agenda Items</b> <ul style="list-style-type: none"> <li>• <b>PCP Consultation Recommendations PI Workgroup Update</b></li> <li>• <b>CCC Work plan final revision</b></li> <li>• <b>Clinical Form Changes (standing agenda item)</b></li> <li>• <b>SPMI Administrators Report-L. Watassek</b></li> <li>• <b>Jail Diversion</b></li> <li>• <b>Self Determination/PCP</b></li> </ul>	<b>Parking lot</b> <ul style="list-style-type: none"> <li>• <b>Meeting frequency</b></li> <li>• <b>Notifying workgroup champions of reporting dates &amp; requirements</b></li> <li>• <b>CSTS supervisor communication concept</b></li> </ul>