



Community Mental Health Partnership  
of Southeastern Michigan

Clinical Care Committee  
Meeting Minutes  
 7/11/08; 9a-12p; Towner, Rm. #107  
 Meeting Room Telephone # 734-544-2937

**D. Healy, B. Spalding, S. Reitmeier, L. Newberg, P. Moise, J. Capobianco, S. Wiland, G. Harris, D. Orrin, S. Keener, J. Sahutoglu, J. Kearney, M. Phillips, J. Terwilliger, V. Stead, M. Scalera** (bolded name indicates present at meeting; non-bolded name indicates absent at meeting)

AGENDA ITEM	DISCUSSION POINTS	ACTION/OUTCOME	RESPONSIBILITY
I. Approve Minutes & Agenda	<p><b>Agenda additions</b></p> <ul style="list-style-type: none"> <li>Regional Consumer Advisory Counsel's (RCAC) Feedback on PCP Satisfaction Survey</li> <li>SAMSHA Pamphlets</li> </ul> <p><b>Minute changes</b></p> <ul style="list-style-type: none"> <li>None</li> </ul>	<p><b>Agenda</b> approved with additions</p> <p><b>Minutes</b> approved without change</p>	
II. Standing Agenda Items	<p><b>Performance Improvement (PI) Committee Update</b>-L. Newberg</p> <ul style="list-style-type: none"> <li>No information to report; PI Committee did not meet in July 2008</li> </ul> <p><b>Evidence Based Practice (EBP) Update</b>-J. Capobianco</p> <ul style="list-style-type: none"> <li><i>The Family Psycho ed</i> fidelity review has been rescheduled. Wayne State will conduct the review. Wayne State's list of fidelity requirements doesn't match the state's requirements. The Affiliation is in discussions with Wayne State to finalize the list. J. Capobianco is working with J. Sproat of the WCHO to assure modifiers are in their respective places in Encompass. There is an issue across the board with EBP modifiers in Encompass.</li> <li><i>Parent Management Training of Oregon (PMTO)</i> is rapidly moving within the affiliation. Trainees are certifying families. The number of trainers is increasing. Only staff that has been fully trained in the PMTO model can use the EBP modifier; these are the only staff that can perform the service.</li> <li><i>MDCH Block Grants</i>-The state has not indicated</li> </ul>	<p><b>S. Reitmeier</b> will follow up with J. Sproat to ensure evidence based practice (EBP) modifiers are in Encompass and accessible for staff use</p>	S.R.

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	<p>approval or denial of the grants; the state is still reviewing information</p> <p><b>Continuous Support Team (CST) Model</b></p> <ul style="list-style-type: none"> <li>D Healy disbursed compiled results of report 1389. Discussion ensued. Population used in the report consisted of active MI consumer with a team. The report didn't include DD or children consumers. Report was based on progress notes and face to face contact. The purpose of the report was to determine if consumers were hesitant to adopt the CST model. Contact rate was higher for consumers that received assertive community treatment (ACT).</li> </ul> <p>S. Keener gave an interim report on the CST model to AEC in June '08. The AEC concern with implementing the model is cost and frequency of staff contact. Efficiencies will be identified. Since there is no real Fidelity Tool for CST, the committee agreed that they would identify priority indicators that would show that the affiliation is moving in the direction of implementation of the CST approach. The CST model implementation is not currently a requirement for affiliates. The CST measures will be finalized at the next meeting. It was suggested to use CST as one of the NCQA studies.</p> <p><b>Clinical Form Changes</b>-J. Sproat</p> <ul style="list-style-type: none"> <li>No information discussed</li> </ul>	<p><b>D. Healy</b> will run the report again and include DD consumer and include a mean and standard deviation, and minimum and maximum.</p> <p><b>J. Capobianco</b> will revise the CST draft process measures and send them to CCC members for review.</p> <p><b>CCC members</b> will review the measures</p> <p><b>CCC members</b> will solidify the CST outcomes at the next CCC meeting</p>	<p>D. H.</p> <p>J. C.</p> <p>All</p> <p>All</p>
<p>III. Quick Summary of the MDCH Corrective Action Plan- S. Keener</p>	<ul style="list-style-type: none"> <li>The CCC portion of the response is completed</li> <li>The affiliation received an extension on the deadline for submitting the plan of correction to the state</li> <li>POC timelines will be reviewed by CCC</li> <li>The Jail Diversion Work-plan is completed; an affiliation community agreement template is being created</li> <li>No additional resources are required for Jail Diversion</li> <li>The Jail Diversion Encompass project is expected to be completed Fall '08</li> </ul>		
<p>IV. Workgroup Updates</p>	<p><b>SPMI Administrators</b></p>		

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	<ul style="list-style-type: none"> <li>No report given</li> </ul> <p><b>DD Administrators Update</b></p> <ul style="list-style-type: none"> <li>Working on a plan to roll out the DD outcomes tool to staff</li> <li>Reviewing Mt Pleasant State Hospital data</li> </ul>		
V. QAPIP Study Update & Future Studies Discussion- J. Sahutoglu	<ul style="list-style-type: none"> <li>J. Sahutoglu distributed and presented a PowerPoint presentation on the primary care QAPIP Study</li> <li>50% of consumers get a PHR completed in the 1<sup>st</sup> year</li> <li>28% receive PHR annually, after receiving 1<sup>st</sup> one</li> <li>Answers in the PHR are not triggering responses</li> <li>A meeting has been scheduled on 7/16, from 3-5p in room #223 to discuss, phase 4 of the study</li> </ul> <p><b>Future Studies</b></p> <ul style="list-style-type: none"> <li>WCHO has to complete 4 studies, 2 clinical and 2 administrative for NCQA accreditation requirement</li> <li>Suggestions are welcomed</li> <li>CCC was asked to provide suggestions</li> <li>Studies should be meaningful to staff, consumers and performance improvement</li> <li>The WCHO data group will have discussions on future NCQA studies</li> <li>It was suggested that NCQA and Joint Commission FEMA studies be linked</li> </ul>	<p><b>CCC members</b> will submit ideas for PHR phase 4 recommendations need to J. Sahutoglu</p> <p><b>CCC members</b> will submit ideas for future NCQA studies to the WCHO data group for consideration</p>	<p>All</p> <p>All</p>
VI. Clinical Practice Guidelines Policy-J. Capobianco	<ul style="list-style-type: none"> <li>J. Capobianco revised the policy</li> <li>For NCQA standard, new technology aspect was added to the policy</li> <li>Clinical Practice Guidelines need to be reviewed at least every 2 years or whenever change occurs, per NCQA guidelines</li> </ul>	<p><b>CCC members</b> will provide J. Capobianco with policy feedback within 2 weeks; absence of comments constitutes acceptance</p>	<p>All</p>
VII. Regional Consumer Advisory Counsel (RCAC) Feedback on PCP Satisfaction Survey-P. Moise	<ul style="list-style-type: none"> <li>RCAC suggested a reward for consumers that complete the PCP satisfaction survey</li> <li>RCAC also suggested affiliates review their PCP Satisfaction Survey procedures (some consumers not receiving self address stamped envelopes)</li> </ul>	<p><b>Each CCC staff member</b> will review their PCP Satisfaction Survey process</p>	<p>All staff</p>
VIII. SAMSHA Pamphlets-D. Orrin	<ul style="list-style-type: none"> <li>The Consumer Advisory Group is forming a group to review the SAMSHA pamphlets</li> </ul>		

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	<ul style="list-style-type: none"> <li>• Each group will have 2 facilitators</li> <li>• Washtenaw County only activity</li> <li>• Pathways Manual training has been postponed</li> <li>• State is still piloting the outcomes tool</li> </ul>		
<b>IX. Next meeting</b>	<ul style="list-style-type: none"> <li>• <b>9/5/08; Towner #107</b></li> <li>• <i>No meeting in August 2008</i></li> </ul>	<b>Agenda Items</b> <ul style="list-style-type: none"> <li>• SPMI Administrators Report</li> <li>• Jail Diversion</li> <li>• DD Administrators</li> </ul>	<b>Parking lot</b> <ul style="list-style-type: none"> <li>• Meeting frequency</li> <li>• Notifying workgroup champions of reporting dates &amp; requirements</li> <li>• CSTS supervisor communication concept</li> <li>• Primary Care Study Next Steps</li> </ul>