



Community Mental Health Partnership
of Southeastern Michigan

Performance Improvement (PI) Committee
Meeting Minutes
7/5/07; 1-4pm; LLRC

S. Reitmeier, D. Sabourin, P. Cowan, D. Chisholm, B. Leadford, M. Perez, B. Wilson, L. Newberg, M. Phillips, L. Hall, J. Newberry, B. Spalding, D. King, B. Gates, G. Harris, V. Stead, D. Virgo, CJ Witherow, S. Kapica, J. Capobianco, N. James-Emerick, L. Brown, E. Kurtz, M. Harding, K. Gauthier, P. Moise, V. Taylor, S. Brown, B. Fowkes, B. Fortune

(Bolded name indicates present at meeting; non-bolded name indicates absent at meeting)

AGENDA ITEM	DISCUSSION POINTS	ACTION/OUTCOME	RESPONSIBILITY
I. Approve Minutes & Agenda	<ul style="list-style-type: none"> • Agenda additions MDCH Indicator Surveys Affiliation Strategic Plan & Dashboard • Minute changes None • Ground Rules Keeper M. Perez 	<p>Agenda approved with additions.</p> <p>Minutes approved without changes.</p>	
II. Committee Updates	<ul style="list-style-type: none"> • Committee Updates Compliance-Tabled Encompass Implementation-Tabled Finance-Tabled • Network Management Committee (NMC) The NMC committee has experienced struggles with providers submitting PI data. A discussion was had with regional finance and it was decided provider checks will be held for missing PI data. Sanction will be implemented next fiscal year and contract language will reflect change. Majority of PI members expressed concern over implications to providers and consumers if checks are held. Providers stated concern over lack of clear instructions for completing PI data requirement. It was suggested to address the systemic issues of providers not reporting PI data instead of sanctioning providers. Provider survey questions will be created by committee chairs. PI members agreed. NMC will follow up with committee chairs to create an affiliation provider survey with capability to answer per county if necessary. 	<p>The Network Committee and Office of Recipient Rights Committee reports were approved.</p>	



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	<p>CSSN review report of affiliation findings was disbursed and reviewed. PI review team will create POC for affiliation items and submit to PI and AEC for review. It was suggested to measure POC outcomes to assure effectiveness. A detailed report for individual counties will be distributed separately at a later date.</p> <ul style="list-style-type: none"> Office of Recipient Rights (ORR) Tool created to collect per quarter but ORR data collection is cumulative. Data from previous quarters will be inputted. The collected data represents substantiated/resolved complaints. Indicator #2 tracks top four substantiations over the past several years. Data will be trended and reviewed at a later date. Provider stated data is very useful. 		
<p>III. PI Liaison Leadership Team Report</p>	<p>The PI liaison leadership team, which was created as a recommendation by AEC, has met several times. Group defined values and core items of a PI system. Handout disbursed and reviewed. Committee chairs were given a survey for committee members to complete. Family members, consumers and direct line staff will also be surveyed on how well PI is being conveyed. AEC will also be surveyed to assure alignment with affiliation goals. Recommendations will be made for improvement opportunities in fall. A PI blog was suggested in place of an open ended survey for line staff.</p> <p>It was suggested that PI liaison team disseminate MDCH and “sniff test” information.</p>		
<p>IV. Benchmarking</p>	<p>Benchmarking is a three year joint project between MDCH and PIHP. The purpose of the project is to identify best practices. Indicators have been chosen. The affiliation will develop a standardized way for collecting data. DCH and CAFAS data are used in the project. Each county will submit data and it will be compared to state and national averages. Each county will receive a report of their data benchmarked against state and national data.</p>		



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<p>V. CLS Summit</p>	<p>The UR committee has identified inconsistencies in data entry and authorization of CLS services across the affiliation. No uniform process exists for authorizing CLS services within the affiliation. The committee suggested a CLS summit occur to address the issue with an expected outcome of a standardized process for authorizing CLS in a community living setting. Focus will be on CLS in non specialized residential setting. Recommendations will be forwarded to PI for review.</p> <p>Next Steps</p> <ol style="list-style-type: none"> 1. Convene group 2. Focus on CLS non spec res (phase 1) 3. Individual budgets 4. Roommate splits 5. Creation of standards process/process 6. Documentation in Encompass <p>Identified group</p> <ul style="list-style-type: none"> • M. O'Hare-facilitator • PRU-adhoc • ORR-S. Ray • G&A- CJ • DHS-? • IM-M. Harding • Providers-S. Brown, ALS, Lutheran, Mfcomb, Macomb • Finance-L. Brown • Clinical-Kim Camswonensn, Livingston pilots, MI & DD & Kids • CSTS-Louise Hayward • Monroe-D. King • Consumer Reps-Customer services 	<p>A CLS summit will convene to create a standardized affiliation process for authorizing CLS services in community settings. L. Newberg will draft charge.</p>	
<p>VI. MDCH Indicator</p>	<p>Quarter two data has been reported to the state. Out of compliance on two indicators.</p>		



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VII. Surveys	The state consumer survey, targeting ACT and home based, will go to local CS reps and will be reported to State August 1. Follow up is needed on the process. Affiliation believes survey is too long. Issue will continue to be communicated to the State.		
VIII. Affiliation Strategic Plan & Dashboard	Discussion tabled. Document distributed.		
IX. Next meeting	8/2/07 1-4p; LLRC	Agenda Items	Parking Lot <ul style="list-style-type: none"> ▪ Consumer involvement (June '07-time permitting) ▪ PCP Consultation Team Recommendations (Aug. '07) ▪ Committee Report Format