



Community Mental Health Partnership
of Southeastern Michigan

Performance Improvement (PI) Committee

Meeting Minutes

9-3-09; 1-4pm; LRC

Learning Organization Principles

SYSTEMS THINKING, SHARED VISION, TEAM LEARNING, PERSONAL MASTERY, MENTAL MODELS

Ground Rules:

POLITE, TRANSPARENT, INCLUSIVE, SAFE ENVIRONMENT

D. Sabourin, J. Anthony, B. Fowkes, **M. Scalera**, B. Wilson, **V. Stead**, B. Fortune, **L. Hall**, **J. Sahutoglu**, **N. James-Emerick**, J. Laskaska, CJ Witherow, D. Healy, **L. Newberg**, **B. Spalding**, D. Chisholm, **P. Cowan**, **M. Rozich**, **P. Moise**, **K. Szewczuk**, **S. Reitmeier**, **M. O'Hare**, **S. Weary**, **S. Sheldon** (*bolded name indicates present at meeting; non-bolded name indicates absent at meeting*)

AGENDA ITEM	DISCUSSION POINTS	ACTION/OUTCOME	RESPONSIBILITY
I. Check In / Approve Minutes & Agenda (ACTION)	<p>Agenda changes</p> <ul style="list-style-type: none"> None <p>Minutes changes</p> <ul style="list-style-type: none"> None <p>Update:</p> <ul style="list-style-type: none"> P. Cowen advised that the Washtenaw Scabies report will be out by the end of the year 	Agenda and Minutes approved.	
II. Breakthroughs, Barriers, Suggested PI Projects (standing item) (DISCUSSION)	<p>DD Peers Support update:</p> <ul style="list-style-type: none"> The curriculum was well-received by the AEC. The AEC had some of the same questions that PI had regarding funding, and training. Authorization was granted to present the curriculum at the fall conference, as a broad concept. L. Hall advised there was a lot of interest and approval of the content by the AEC. The sticking point was a source for funding. The curriculum will be presented at the fall conference as a conceptual model. 		
III. Local News and BTC (DISCUSSION)	<ul style="list-style-type: none"> M. Rozich (Monroe): There was a focus group last week: 2 scales were used for outpatient clients, and some consumers attended the focus group and provided feedback. Will check on update for the engagement group. P. Cowen (CSTS/Wash.): Nothing new to report. K. Szewczuk (Lenawee): Advised that the county is deep into system of care planning. It's for SED and DD kids. The focus group and system of care are going on Facebook. There was a legislative breakfast which approximately 80 people attended, including the judge and sheriff, and a senator. Everyone is concerned about potential cuts in mental health. 		

	<ul style="list-style-type: none"> • L. Hall (Livingston) <ul style="list-style-type: none"> - The systems for MI and DD for kids currently exist in silos. A home-based workgroup made up of DD and MI clinicians will meet to run through some cases to try to resolve the silo issue. - Livingston's Progress Notes are outliers. They're looking for explanations and are tapping into Jessica's expertise for further assistance. - There will be a readmissions workgroup to study causes for the fact that Livingston kids are outliers for hospital readmits, including looking at data and going through case-by-case evaluations, and will start quite soon. Leslie also noted that deaths aren't tracked on the substance abuse side; they are not considered sentinel events (unless the person was in residential treatment facility at the time of death). Leslie may be following up with a workgroup to address this lack of tracking. • 8/31/09 Clinical Admin meeting <ul style="list-style-type: none"> - This meeting represented a major effort in the affiliation to develop guidelines/methods/activities to manage GF consumers who request services and are currently in service. There's a possible major crisis looming for servicing those who don't have Medicaid. DD Admin, MI Admin, and SED Admin are leading the efforts. - Things that will change: how we prioritize a waiting list, who we serve, who continues to receive services, how much of what services, etc... Managing Demand is how that project is becoming known. - If there are budget cuts, reductions in workforce are likely. Mary noted that the affiliation is taking a proactive approach to possible reduced services, being planful about it. • P. Moise expressed concern that direct care staff may not be receiving all necessary communication regarding cuts/shortages. Donna advised that she has met with every single team in CSTS and provided details. She sends an email every morning with updates, or if there are no updates she advises "no new news" in the email. 		
IV. BTC revised policy – S. Sheldon (DISCUSSION)	Steve presented the policy. <ul style="list-style-type: none"> • Even though it's revised, it's almost word-for-word from the state, and is essentially new. Steve is asking for input from the committee. 		

	<ul style="list-style-type: none"> • There's a data element in the policy which relates to PI. • The policy does not mention token economies. Donna advised that a token economy mention is required by Joint Commission (JC). • Donna noted that procedures and JC language is gone from the policy and needs to be included. She's concerned that it's risky from a JC point of view for policies to be written without content experts. • Steve advised that it's been reviewed by Rights and Compliance, and is going to all the necessary groups within the affiliation. • Donna advised that Chairs of BMC and DD Admin should have reviewed the policy first. • Steve noted that the review process includes getting the document in front of the groups that need to review it, including the Behavior Management. The presentation to PI is part of the group presentations. • Mary advised that perhaps it's premature for PI to comment on the policy until at least DD Admin has commented on the language. • Phil noted that when trying to compare data between counties, clear definitions are necessary, such as an intervention, because different counties may define certain terms in different ways. Interpretations and definitions should be included in the document. • Mary proposed that PI be one of the later stops to review the document, and that the document should come back in October after some other groups have reviewed the document. • Nicole suggested that the BMC define the terms, such as intervention, before the document comes back to PI. • Larry suggested that the first group to review the document should be a combination of chairs of BMC and DD Admin. • Larry noted that whoever takes the lead on this initiative (collecting data, etc....) will need to coordinate and communicate across the affiliation to the various affiliation pockets that may be doing work toward this process. • PI agreed that when it comes to data collection, PI should be one of the last groups to view the policies, after necessary groups have reviewed the policy. • Mary advised that specific questions and/or comments should be forwarded to either Steve or Mary going forward. • Steve will forward the policy to the BMC and DD Admin chairs and will communicate with them directly. 		
--	--	--	--

<p>V. PCP Implementation Update – S. Reitmeier (DISCUSSION)</p>	<ul style="list-style-type: none"> • Shauna presented an update for the PCP Implementation workgroup (see document on shared drive for details). • The PCP process was presented to the AEC last week. Now the PCP workgroup will take the document being presented today, compare it to the current PCP Policy, and update the policy. CCC will receive the presentation next Friday 9/11. • The PCP Redesign group has already provided feedback, which has been incorporated into the document. • Donna advised that “Interim plan” really needs to be distinguished: interim plan on the front end, vs. interim plan between 2 different plans (which is actually an extension, not an interim plan). • Face-to-Face for the Assessment or PCP is required, as was determined by CCC. • The annual Person Centered Plan is gone. • All assessments must be done “at the end of the assessment.” That will include OT, PT, etc... • Donna: In the assessment section, p. 2 section b indicates “as it determines what the consumer is eligible for...” should also indicate “needs.” • Donna advised that CSTS is looking at more engagement approaches. Staff sometimes get so caught up in compliance efforts that other areas suffer. Donna wondered if there is a way that someone in the engagement phase can be separated in Encompass and therefore not considered in the numbers so that those in the engagement phase are not negatively affecting the state threshold. • Mary noted that at the AEC one of the things brought up is that the locals who do the PCP training are not part of the PCP Implementation group, but may be included in future iterations of the workgroup. • Donna requested that “service is not an outcome” be noted in the training, in big bold letters. • No additional questions were added to the assessment. The workgroup did not touch the assessment tool, which was not a part of its scope. • Mary and Shauna will get together to figure out a roll-out strategy, along with PDC and current PCP trainers. • Jackie Sproat met with the PCP group in regard to results of the Encompass survey results. • Implementation plan will go back to the AEC in October. 		
--	---	--	--

<p>VI. Q3 PI Report (DISCUSSION)</p>	<ul style="list-style-type: none"> • Mary presented the quarterly report (see document on shared drive for details). • Appeals data has been included in the report, but might not be ready to go to the board yet. Larry advised that the information is okay to go. • Competitive Employment continues to do well, despite the economy. • HAB waiver data looks good. • Mary requested that if the group wants to add anything to the report for its presentation to the AEC to let her know. <p>Jessica's projects updates:</p> <ul style="list-style-type: none"> • Rights update: they are still improving. Their 3 end goals: 1) avg. completion time = 45 days for an entire year running; 2) the maximum < 50 days for an entire year; 3) the group has to evaluate and determine that they are done. Once these goals 3 have been met, they're done reporting to PI. • Coordination of Care: measure 1 we're doing great and getting better. Measure 2, Washtenaw had some problems but is improving thanks to Judy Gentz. Measure 3, still dealing with artificially low rates because people aren't using the health category on their PCP outcomes. • Children's Medicaid Expansion: there is an enormous data lag, which indicates we haven't served enough DD consumers to meet the threshold. • Marci advised that Substance Abuse is part of the expansion, but is not on the radar. Jessica noted it is part of the dashboard indicators. 		
<p>VII. Utilization Review of Readmissions</p>	<p>Larry reviewed the data sets</p> <ul style="list-style-type: none"> • UR has started doing review of all readmissions within 30 days. Report includes Medicaid, non-Medicaid, and duals. • About ¾ of readmission were known to CM. • Starting with Quarter 2 UR will be reviewing all readmissions. Q2 report will spell out who is included. • Donna would like findings reported that don't blame consumers or family members for failure to engage. • Jessica reported that for MMBPIS data, adult readmission have been going up...but other data indicates that ALL readmissions have been going down. The disparity implies that all data must be reviewed, not just 1 subset. • Larry questioned if Washtenaw is not reporting all consumers to state? Nicole will first check with Sven to make sure what data is 		

	<p>being pulled. Then she will email the MDCH workgroup so they can determine what data should be pulled. If the MDCH group has a recommendation, it will then go to AEC.</p> <ul style="list-style-type: none"> • Mary asked if the UR report to PI should be included in the PI report to AEC, since UR already reports directly to the AEC. Group consensus is that Mary should include UR info with PI report. 		
VIII. Next meeting	10/1/09 1-4p;	Agenda Items <ul style="list-style-type: none"> ▪ Revised PI Training ▪ Indicator changes Recommendations ▪ Committee Chairs Training 	Parking Lot <ul style="list-style-type: none"> ▪ Customer Measure of Success Tool (developed for all PI Projects) ▪ Consumer Driven Dashboard