



Performance Improvement (PI) Committee  
**Meeting Minutes**  
6-4-09; 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, A. Kirchner, S. Reitmeier, M. O’Hare, S. Weary** (*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 <b>(ACTION)-1:00p</b>	Check In <ul style="list-style-type: none"> <li>D. Chisolm attended Gentle Teaching training</li> </ul> Agenda changes <ul style="list-style-type: none"> <li>Add Behavior Management Committees/PI communication strategy</li> </ul> Minutes changes <ul style="list-style-type: none"> <li>JCAHO should actually be J.C. (Joint Commission) under the NCQA update. (page 2)</li> </ul>	<b>Agenda and Minutes approved as amended.</b>	
II. Breakthroughs, Barriers, Suggested PI Projects (standing item) <b>(DISCUSSION)-1:10p</b>	<ul style="list-style-type: none"> <li>M. Rozich suggested that Monroe’s number of therapist-canceled appointments should be studied as a project.</li> <li>M. O’Hare advised that Progress Notes got the OK to change tracking from 24 hours to 1 business day, which changed the scores a bit. In addition, AEC approved the use of Progress Notes from 2 perspectives: clinical and financial.</li> <li>The percentage of DD consumers for whom the DD outcome tool in Encompass was used: rates are increasing as expected, but Livingston is not seeing movement.</li> <li>V. Stead questioned the status of the PCP Committee. PCP Committee presented to PI in February, then the CCC, and then the AEC. C. Witherow is checking with the state concerning some of the recommendations. One issue was the question of face-to-face vs. over-the-phone meeting</li> </ul>		

<p>III. Local News</p>	<p>requirement.</p> <ul style="list-style-type: none"> <li>• B. Fortune: The Inpatient Admissions form was updated. UR will only be reporting on people captured in the Michigan Mission Based Performance Indicator System (MMBPIS) report.</li> <li>• Another aspect to Inpatient Admissions is Livingston's local strategic plan, which is looking specifically at children's re-admissions because Livingston has been an outlier for some time.</li> <li>• Monroe: As mentioned earlier, M. Rozich would like to consider creating a workgroup to investigate the number of therapist-related cancellations. G. Harris is the champion of the Engagement project.</li> <li>• Lenawee: K. Szewczuk reported that consumers aren't getting critical labs done, so they're working on a workaround for that. One PI Committee suggestion is that transportation is a big problem. <ul style="list-style-type: none"> <li>- D. Sabourin advised that medical transport is an encumbered service (not a mental health benefit but a medical benefit), which means a consumer has to be housebound to be eligible for the service.</li> </ul> </li> <li>• Washtenaw: D. Sabourin advised that filming for the anti-stigma DVD took place. Town halls with staff reviewed how CSTS money works, including GF and Medicaid. Staff surveys were reviewed. Staff is working to devise ways to ensure that consumers who receive community living support also receive support, and that the support is monitored. DD Services is doing major renovations; teams will be set up geographically: Ann Arbor, Ypsi, etc...</li> <li>• For PCPs, some staff are using 1 general outcome and including multiple steps within the outcome, as opposed to using a separate outcome for each step, which seems to be a barrier for coordination of care.</li> <li>• Livingston has hired staff to help with its waiting list.</li> <li>• B. Spalding participated in legislative visits last month, which were regarding state-wide benefit cuts.</li> </ul>	<p>J. Sahutoglu will take it to the Coordination of Care group.</p>	
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<p>IV. Annual Customer Survey</p>	<ul style="list-style-type: none"> <li>N. James-Emerick advised that the federal government requires that the state has CMHs survey ACT and home-based teams, aggregate at the local level, and then forward the surveys to Nicole, who aggregates those. That data then goes to the state.</li> <li>6/1/09 is when surveys were expected to be distributed, for the next 2 weeks. Questions related to outcomes seemed to provide the most problems for PIHPs statewide.</li> </ul>		
<p>V. Update on Current Projects <b>(DISCUSSION)- 2:00p</b></p>	<ul style="list-style-type: none"> <li>DD Peer Support —Phil provided update: 3 of 4 people had the package ready to go. The plan is to have package put together by the end of the month. The next step will be to get review from AEC (hopefully sometime in July) in time to have the state review it in the fall.</li> <li><b>Coordination of Care studies</b> – Jessica: 2 indicators are supposed to indicate if people are getting their PHR in a timely fashion.</li> <li>For indicator 2, Washtenaw’s nurses were told to prioritize first-time PCPs (measure 1), which might explain why measure 2 has taken a dip.</li> <li>Encompass provided a prompt when a PHR was expiring, but does not prompt for a new PCP to be done. <ul style="list-style-type: none"> <li>D. Sabourin advised that the people who are doing the work (the nurses) aren’t receiving prompts, and need to remember to run reports.</li> </ul> </li> </ul> <p><b>Children’s Medicaid Expansion</b> – Jessica</p> <ul style="list-style-type: none"> <li>SED, SED/DD are in good health, except for the Medicaid-eligible children overall.</li> <li>What outreach is being done? Medicaid-eligible children were not being referred to CSTS, but will be now. Lenawee and Monroe are using either the JIFF or the courts for cases to be referred. Livingston is looking at all foster care kids in a one-</li> </ul>		

	<p>time assessment to identify SED.</p> <p><b>ORR Timeliness Study</b> – Jessica:</p> <ul style="list-style-type: none"> <li>• The study is helping to ensure that complaints are handled in a timely manner. The time it takes complaints to be resolved continues to decrease.</li> <li>• Question posed: Is there an end-date to this project? Jessica will investigate that. A goal may need to be written to address the completion of the project.</li> </ul>		
VI.	<p>HSAG study was submitted and reviewed. For the validation of the study set up the Affiliation has received a 100% score.</p>		
VII.	<p>Benchmarking Data - Not addressed in this meeting</p>		
VIII.	<p>Data Review &amp; Q2 PI Report <b>(DISCUSSION) 2:45</b></p> <p>M. O'Hare reviewed the PI report.</p> <p><b>Appeals and Grievance Data</b></p> <ul style="list-style-type: none"> <li>• The number of grievances was almost double in 2009 second quarter vs. first quarter. J. Sahutoglu's working with the Customer Services Committee to gather/display data in a way that can be trended.</li> <li>• C. Witherow advised that in the future auditors will be looking for more qualitative data as opposed to quantitative data so trending service types will become more important.</li> <li>• An increase in the number of grievances may have something to do with the fact that people have the knowledge that they can appeal and grieve decisions.</li> <li>• The new Consumer Appeals Policy is now passed and in use as well as the Encompass appeals module.</li> </ul> <p><b>Competitive Employment:</b></p> <ul style="list-style-type: none"> <li>• The numbers are down, most probably because the economy is bad.</li> </ul>		

	<p><b>Habilitation Support Waiver:</b></p> <ul style="list-style-type: none"> <li>The percentage of enrollees that received at least one service dropped to 79% last quarter, but the percentage is closer to 85% this quarter.</li> </ul> <p><b>PCP Satisfaction Survey:</b></p> <ul style="list-style-type: none"> <li>For question 4B, the Affiliation is at 95%. Passing the threshold of 90%.</li> <li>For question 7B, the Affiliation went from 80% in Q1 to 62% in Q2. The value of 7B's responses is unclear because those responding may be responding inaccurately (7A directs those who are unhappy or very unhappy with service to answer 7B, but there are more respondents to 7B than to 7A).</li> <li>There is a 23% return rate for the satisfaction survey.</li> <li>One question for consideration is how to get more consumer feedback.</li> <li>Question: Are PCPs required every year by the state? <ul style="list-style-type: none"> <li>V. Stead stated that every 2 years is better.</li> <li>L. Newberg advised that one reason PCPs are required every year is that some consumers do not continue service past one year.</li> <li>C. Witherow advised that she will research to find out if the state has a requirement for how often a PCP should be done.</li> <li>M. O'Hare recommended that the PCP Implementation group may look at that along with their recommendations for multiple ways to update a PCP.</li> </ul> </li> </ul>		
IX. ARR QI Plans	<p><b>The committee reviewed its role in the ARR projects to come.</b></p> <ul style="list-style-type: none"> <li>The committee will use the shortened, abbreviated version of the ARR, and M. O'Hare will have the full version available in case the group needs to refer to it during discussions.</li> <li>The project chair or champion of each ARR project will report to M. O'Hare on a regular basis, and then M. O'Hare will compile and present the report to PI.</li> </ul>		

	<ul style="list-style-type: none"> <li>PI's first step will be to find a home for the projects that do not currently have one. This job will be assigned to a subcommittee, made up of M. O'Hare, K. Szewczuk, L. Newberg, and J. Laskaska.</li> <li>Homework for the subcommittee: Review the ARR overview provided by M. O'Hare to decide which committees should take each project. This subcommittee will then meet to make decisions before the next committee meeting.</li> </ul>		
X. Behavior Management <b>(DISCUSSION)</b> – 3:45	<ul style="list-style-type: none"> <li>C. Witherow advised there is very specific contract language that quarterly aggregate data needs to come from QAPIP (Quality Assurance Performance Improvement Program) which would be PI's responsibility.</li> <li>For jail diversion data, a corrective action plan is needed to present to DCH. For everything that is being looked at, there is something that can be addressed by having a fresh pair of eyes review it, which C. Witherow believed the PI committee might be able to provide.</li> </ul>		
XI. <b>Next meeting</b>	<b>7/2/09 1-4p;</b>	<b>Agenda Items</b> <ul style="list-style-type: none"> <li>ARR QI Plans</li> <li>Workplan Update</li> <li>DD Peer Supports Project presentation</li> </ul>	<b>Parking Lot</b> <ul style="list-style-type: none"> <li>Customer Measure of Success Tool (developed for all PI Projects)</li> <li>Consumer Driven Dashboard</li> <li>Clinical Guidelines</li> </ul>