

**CMHAMM**  
Work Group Meeting Minutes

<p><b>WORK GROUP NAME:</b> Quality Improvement</p> <p><b>LOCATION:</b> Crystal Mountain Resort</p> <p><b>DATE:</b> 5/31/06</p>	<p><b>PRESENT:</b> (please <b>bold</b> note-taker)</p> <p>Paul Duff, CEI  Fran Jozefowicz, CEI  Liz Holcomb, CEI  Stefanie Zin, CEI  Lynn Charping, Gratiot  <b>Sally Culey, Ionia</b>  Chip Johnston, Manistee-Benzie  Cindy Ingersoll, Newaygo  Susan Kilgore, Newaygo</p>	<p><b>cc:</b> Work Group Members:</p> <p>Liz Holcomb, CEI  Paul Duff, CEI  Fran Jozefowicz, CEI  Pamela Stants, CEI  Stefanie Zin, CEI  Lynn Charping, Gratiot  Sally Culey, Ionia  Chip Johnston, Manistee-Benzie  Susan Kilgore, Newaygo  Cindy Ingersoll, Newaygo</p>
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New, Follow-up, Ongoing	Topics Discussed	Discussion/Decisions	Action/ Responsible Party	Due Date	Status (complete, barrier to completion)
Ongoing	1) DCH Site Visit	<p>1) Discussed upcoming site visit and any final information that needs to be ready. Fran identified some specific information that she needs to have for the Administrative Review part of the survey.</p> <p>Fran requests that affiliates check in with her to give updates during their individual site visits.</p>	Everyone: Get your final evidence to Fran asap.	6/5/06	
Ongoing	2) QISMC Project #2	<p>2) Report is due to the State by the end of June.</p> <p>-Liz will get info from Darren on the status of his assessment of CMHs.</p> <p>-Indicator data will be collected quarterly and report.</p> <ul style="list-style-type: none"> <li>• # consumers served MI and/or SA</li> <li>• # consumers identified as having a co-occurring disorder, MI AND SA</li> </ul>	Everyone: get information to Liz	6/15/06	
New	3) Sentinel Events	<p>3) Discussed the need for root cause analysis training, as well as further discussion of the definition of a sentinel event and DCH requirements.</p> <p>Also, PIHP needs a summary of sentinel events as they occur for Medicaid consumers. Report to Liz upon occurrence.</p>	RCA/SE trng/discussion planned at Newaygo CMH.	6/29/06 11a-1p	

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Follow-up	4) QI Plan Goal Review	<p>4) Discussion of Goal #1 related to penetration rate of Medicaid eligible served. One report is that the federal assumption is a penetration rate of 10% for any services; DCH had not given a target. Originally our data was inconsistent and data collection is different from affiliation to affiliation. Currently, DCH pulls penetration info from the data warehouse, as opposed to our collecting the data ourselves.</p> <p>Suggestion that we look to validate DCH's data/encounter data. Will ask how they are collecting the data.</p> <p>Also a note of clarification: per Judy Webb, CMHSPs are to count the 1<sup>st</sup> 20 visits they do as part of their contracts with MHPs.</p>	Determine who will contact DCH regarding data collection question.	7/7/06	
New	5) Customer Services	<p>5) Mystery Shopper: CSRs are still planning to meet with this workgroup in July to discuss status of project. At Gratiot, they are doing some training locally on a facet of Mystery Shopper.</p> <p>Job Expectations: State is still working on comments obtained from CMHs related to the customer services standards. Will look at their final information before going further with this.</p>	Follow up on status of this at next meeting.	7/7/06	

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Ongoing	6) Compliance Issues & 7) QI Issues	<p>Expectations for CSRs: Role of CSRs to be discussed at 6/8 Advisory Council meeting.</p> <p>Initial ideas about expectations of the CSR:</p> <ul style="list-style-type: none"> <li>• liaison between consumers and CMH administration</li> <li>• help consumers navigate the CMH system</li> <li>• clearinghouse of information related to community resources</li> <li>• consumer advocate</li> <li>• consumer trainings</li> </ul> <p>Discussed the need to provide CSRs with training on their role, as identified.</p> <p>6 &amp; 7) None reported.</p>	-----	-----	
Follow-Up	8) Other	<p>8) Discussed the last HSAG visit. Fran emailed the 2 reports. A couple of highlights:</p> <ul style="list-style-type: none"> <li>• consumer handbook: needs to have a listing of providers, locations, numbers, and languages spoken; needs to note that CMH will help consumers access physical healthcare</li> <li>• ISCAT: HSAG really liked it; we have best practice in monitoring of accuracy of data collection. CA data was reported separately</li> <li>• HSAG liked our affiliation policies and procedures.</li> </ul>	-----	-----	

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	<p>9) Next Meetings</p>	<p>Paul sent letter to Mid South regarding validation of data, and they were unable to validate, with most providers being unable to report data and having never been asked to report. HSAG was notified that Mid South was unable to validate data. PIHP did a plan of correction with Mid South to work with their providers on outlier data and data accuracy, etc. Mid South will be providing monthly reports.</p> <p>9) Next Meetings: 7/7 10a @ Gratiot; 7/21 10a @ Ionia</p>			
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