

Community Mental Health Affiliation of Mid-Michigan
PIHP Behavior Treatment Committee
Meeting Minutes
September 15, 2011

Community Mental Health Authority of
Clinton-Eaton-Ingham Counties
812 E. Jolly Rd.
Lansing, Michigan

Facilitator: Kim Zimmerman

ATTENDANCE: Toby Bayless (Affiliation); Mary Clissold (CEI); Julie Dowling (Ionia); Amy Kurtti (Newaygo); Cheryl Parker (Newaygo); Kathy Perkins (Gratiot); Sukhvender Nijjer (CEI); Sue Poindexter (Gratiot); Robert Rubin (Gratiot); Katherine Von Zwoll (CEI); Kim Zimmerman (Affiliation)

ABSENT: Pat Miller (CEI); Jan Morningstar (Centra Wellness); Kathy Perkins (Gratiot); Cheryl Kobernik (Centra Wellness); Marian Wagner-Moccio (CEI) and Jason Moon (CEI CMH)

CALL TO ORDER: The meeting was called to order at 3:10 PM by Kim Zimmerman, facilitator.

**STANDARDIZATION OF
AFFILIATION BTC**

FORMS: Katherine VanZwoll of the CEI IS department was present today for the continued review of the mock up of Affiliation Behavior Treatment Committee forms.

The Comprehensive Functional Assessment Form was reviewed again today to determine what information/fields would be copied over from previous versions, what would copy from CDT and what would need to be completed new each time the form was completed. We also determined what information needed to be required to enable the signature to be completed.

Functional Comprehensive Assessment:

- The Main tab:
 - Will add a text box titled “Copies to Distribute”
- Identifying Information Section:
 - Date of Birth: Pulled from CDT
 - Gender: Pulled from CDT
 - Employ/Day Activity: Pulled from CDT

- Describe employment: Copy over from previous version...not required for signature
 - Assessment date: copy over
 - Assessment therapist: new info to be completed...required for signature
 - Residential Living: pull from CDT..required for signature
 - Describe Residential: copy over...not required for signature
- Diagnosis Section:
 - Copy over...required for signature
 - Axis III text box: copy over...not required for signature
- Physical, Medical and Health Issues section:
 - List Current Medications text box: add in parenthesis “ if no current medications, please specify “none”...this section will be copied over and required for signature
 - Describe physical, medical, or health issues that my impact on the consumer functions text box: copy over and required for signature
- Reason for Referral section:
 - This text box will only apply to initial assessment...this will not appear on re-assessment
 - Will not copy forward...need to be completed by clinician
 - Will be required for signature
- Information Sources Section:
 - After the title add in parenthesis “cite all individuals and or records consulted”
 - The date will not be copied over...will need to be completed by clinician
 - Source text box will be copied over
 - Both will be required for signature
- Background Information Section:
 - Add in parenthesis “include personal history and any traumatic events” next to title of section
 - This is required for signature on form
 - It will be copied over from previous versions
- Assessment of Adaptive Functioning Section:
 - Add in parenthesis after title “strengths, cognitive functioning, communication skills, community living skills, etc.”
 - This is required for signature

- Supports and Resources Section:
 - After title add the following in parenthesis “family, friends, community organizations, etc. who are supportive”
 - Required for signature
 - Copy over from previous versions

- Input from Individual and Others/Author’s Observations Section:
 - Required for signature
 - Will not copy over....must be completed by clinician

- Additional Factors Grouping:
 - Sensory/Communication Issues text box:
 - Required for signature
 - Will copy over
 - Environmental Variables that Enhance or Reduce Behaviors text box:
 - Required for signature
 - Will copy over
 - Cultural Issues to Consider text box:
 - This title will be changed to read: “Cultural Considerations”
 - Add after title in parenthesis “if none identified, please state “none”
 - Required for signature
 - Will copy over

- Behaviors to Enhance, Reduce, or Maintain Section:
 - This is required for signature
 - Will copy over

- Previous Interventions and Effectiveness of Interventions Section:
 - This is required for signature
 - Will copy over

- Update: Revisions and Changes from previous plan Section:
 - This title will be changed to be: “Plan Recommendations”
 - After the title, the following will be added in parenthesis: “No Plan, Positive Support Plan, Positive Support Plan that includes Restrictive Techniques)
 - Required for signature
 - Not copied over

- Additional Information Section:
 - Move this section to be located on form before the “Plan Recommendations” section
 - This is not required for signature
 - Will not copy over
- Recommendations Section:
 - This is required for signature
 - Will not copy over

The draft of the Positive Support Plan was not reviewed today as Jason Moon was not able to attend this meeting and he has questions for the group to answer. This will be reviewed during the next meeting.

Next Steps:

During the next meeting, the following will be reviewed. Please come prepared to discuss any recommendations you may have for each form.

- Positive Support Plan Document
- Restrictive Plan Document
- BTC Review Form
- BTC Periodic/1/4ly Review Form
 - Mary will work on this with volunteers to develop a draft to send out to the group for review

NEXT MEETING: The next meeting will be October 6, 3:00 PM to 5:00 PM.

ADJOURNMENT: The meeting adjourned at 4:45 PM.

Respectfully submitted,

Kim Zimmerman
Affiliation Compliance Administrator

Debra Heinze
Affiliation Secretary