

<p>Page 1 of 5</p> <p>Chair: CEI (Paul Duff) Note taker: Stefanie Zin</p>	<p style="text-align: center;">CMHAMM Work Group Meeting Agenda</p> <p style="text-align: center;">Work Group: Quality Improvement</p> <p>Date: 1/9/09 Location: CEI 11:15 a.m. to 1:15 p.m.</p>	<p>cc: Team members ☒ = present Liz Holcomb, CEI Paul Duff, CEI Pamela Stants, CEI Stefanie Zin, CEI Lynn Charping, Gratiot Sally Culey, Ionia George Ott, Manistee-Benzie Cindy Ingersoll, Newaygo Susan Kilgore, Newaygo Kim Zimmerman, PIHP</p>
<p style="text-align: center;">Topics Discussed</p>	<p style="text-align: center;">MINUTES Discussion/Decisions</p>	<p style="text-align: center;">Action/Responsible Party; Due Date; Status (complete or barriers)</p>
<p>1. Review & approve 11/14/2008 minutes</p>	<p>Approved – No Changes</p>	<p>N/A</p>
<p>2. Review & approve today's agenda</p>	<p>Add: -Review of 2008 Performance Indicator data -Consumer representation on QI Workgroup (QIWG) -Affiliation Consumer Advisory Council Membership Procedure</p>	
<p>3. CSR Update</p>	<p>Julie Barron updated the group on CSR workgroup activities and Mystery Shopper program. The mystery shopper program is going well. Data from the first quarter is still coming in. It was agreed that in March, Julie will present the FY 2008 year end data. In the future, this presentation will be done during the January meeting.</p> <p>The CSR meetings have been difficult to convene due to the various schedules of the CSRs. Julie indicated that for the next couple of months, they may need to rotate who misses a meeting. Next week, they will be up in Gratiot to catalogue and inventory the Anti-Stigma Grant materials/supplies. She also noted that due to its popular demand, 5 more copies of the Anti-Stigma video are going to be produced and distributed. Julie noted that the CSR Orientation Packets have been updated, as have the Customer Service Handbooks.</p> <p>Liz suggested that maybe we should have the a CSR join the workgroup to facilitate communication between the QIWG and the CSRs. To foster consistency, it was decided that the CSR representative to the QIWG should be the same person and not rotate amongst the CSRs. Members of the QIWG indicated a willingness to work with their CSRs to modify work schedules so that the CSR group could meet on a regular basis.</p>	<p>Liz will follow up with CSRs regarding representative to the QI Workgroup.</p>
<p>4. Review of the 2007/2008 QI Workgroup Annual Report</p>	<p>Stefanie walked the group through the draft document. The report was approved with modifications. Stefanie will forward the report to Cindy who will present during the Affiliation Steering Committee in February.</p> <p>The group discussed how the reduction in the number of meetings has impacted the Workgroup's activities. It was noted that we need to have a record of our oversight activities and the group has fallen behind in terms of drilling down and analyzing Medicaid Claims and Clinical Records Review data. The group discussed the option of meeting more frequently. It was ultimately decided to keep the meeting frequency as it is (every other month) and if it was necessary to convene a meeting, a meeting could be scheduled and held via conference call to avoid travel time. The next scheduled meeting will be held on Friday, March 6th and Richard will present the Satisfaction Survey results. It was requested that if Richard has the survey results ahead of time, the group would like to have the opportunity to review the documents before his presentation.</p>	<p>Liz to ask Richard to forward copies of the satisfaction survey data to the QI Workgroup prior to the meeting.</p>

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<p>5. Draft of the 2009 QI Work Plan</p>	<p>The group reviewed the draft of the 2009 QI Work Plan and made suggestions to Sally for edits and revisions. The group discussed the revised Behavior Management regulations and the need to have the PIHP conduct quarterly reviews of data from the behavior treatment review committee. This language was added to section VI. (Use of performance Measurement data) of the Plan. It was noted that CEI's revised Behavior Management Policies and Procedures will be adopted for the Affiliation. (Liz will follow up with this).</p>	<p>Liz will take CEI's Revised Behavior Management Policies and Procedures and format them as CMHAMM Policies and Procedures for adoption by the Affiliation.</p>
<p>6. Advanced Directives</p>	<p>Sally inquired as to the status of revising the AD pamphlet and the AD training power point for staff. Liz indicated that the power point presentation was almost complete and when it gets finalized, she will get with Marcia Nelson from CEI's training unit to get the training on Essential Learning. The group discussed how the training will be provided to staff, consumers and members of the community. For the Community and Consumers, Liz noted that she was planning on publicizing and conducting two trainings and utilizing Cindy's existing power point. (Bea uses this in Newaygo). For staff, the revised and more comprehensive training will need to take place with Essential Learning. It was noted that some trainings regarding Advance Directives were being offered through out the state.</p>	<p>Liz to follow-up with regard to the AD pamphlet and the training power-point.</p>
<p>7. Recovery Enhancing Environment (REE) Measure</p>	<p>Sally was wondering about the status of the implementation of the REE. Kim noted that there are two sites (Northern Lakes and Oakland) who are currently piloting the REE. After the completion of the pilot, the State's plan is to mandate it state-wide and each CMHSP will be required to submit a written plan to the State regarding their implementation of the tool. However, there are no time-frames established yet. The Michigan Recovery Center for Excellence will be training the peers who will be administering the REE. Kim noted that there are a number of unresolved issues and unanswered questions. For CMHAMM, the Improving Leadership Practices Team (ILPT) will be the body who will be involved in providing guidance regarding the implementation of the REE for our Affiliation. Kim will keep the group updated as she finds out more information.</p>	
<p>8. MDCH and the status of the PIP</p>	<p>Liz provided copies of the memo from Tom Renwick regarding updated information and corrections to the previously distributed materials on the mandated Performance Improvement Projects. Liz reviewed a spreadsheet that she drafted based on the Milliman reports. The group discussed the challenges of using the Milliman data as it is not broken down by SED or DD or both SED/DD. Several suggestions were made in terms of moving forward (data collection efforts, etc.) However, it was decided to hold off on taking any action until after the conference call that will be facilitated by HSAG regarding the PIP. The call is scheduled for Wednesday, January 14th from 10:30 a.m. until noon.</p>	<p>Liz</p>

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<p>9. Coordination of Care Dinner 2-24-09</p>	<p>Liz updated the group on the status of the Coordination of Care dinner. She noted that based on the status of the RSVP's, there seems to be a strong interest in the event. Erin B. will contact Manistee Benzie and Newaygo regarding catering arrangements. Ionia will have folks come to Lansing. Lynn indicated that Gratiot may be able to video-conference via Manistee-Benzie as they have a "multi-user port." Liz reminded everyone that effective 1-1-09, the pharmaceutical companies could no longer hand out "freebies" as they have in the past. However, there will be tables set up and information will be provided and representatives of the various sponsors will be available for questions.</p> <p>The next dinner after the 2-24-09 event is scheduled for Tuesday, May 26th and the topic is ADHD. It was noted that this was the day after the Memorial Day holiday. Liz may look into changing the date to May 19th. It was originally thought that we could only get CEUs for three events, however, we are able to get CEUs for as many events as we can for 2009. The group discussed ideas for additional dinner seminars. The group thought that addressing co-occurring (MI and Sub. Abuse) disorders might be an interesting topic as the State is certainly emphasizing the treatment of co-occurring disorders. Liz will talk with Dr. Jonathan Henry and Dr. Walsworth regarding any ideas for topics. Ideas for topics will also be solicited on the evaluation form distributed during the February dinner.</p>	<p>All</p>
<p>10. QISMIC Data Review: Projects #1 and #2</p>	<p>Liz indicated that she is all set in terms of the QISMIC data.</p>	<p>Liz</p>
<p>11. Grievances and Appeals Report</p>	<p>Liz noted that the Grievances and Appeals report is due to the state by 1-31-09. She indicated that she will need Medicaid and local appeals/grievances data.</p>	<p>Liz</p>
<p>12. Jail Diversion Report</p>	<p>Paul distributed and the group reviewed the jail diversion data for Fiscal year 2008. Paul had noted that we were cited by MDCH for not reviewing the data and it was important that the data be reviewed in QI.</p>	<p>Paul indicated that he will be pulling together the CMHAMM Jail Diversion group in February to determine what can be gleaned from the data. Discussion topics might include making sure that the data is being captured and attempting to standardize the definition of "Pre-" and "Post-Booking" with the Affiliation.</p>
<p>13. Clinical Record Review Tool and Process</p>	<p>The group reviewed a draft CMHAMM Clinical Record Review Procedure. Workgroup members made some suggestions for modification. Stefanie will make the modifications.</p> <p>The group also discussed the outcome of the last CEO's meeting in terms of the disagreement regarding the number of records to be reviewed (one case per clinician per quarter versus one case per clinician per year). Kim suggested that if the QI Workgroup decides that one case per clinician per quarter is the best</p>	<p>Stefanie will update the procedure and forward to Kim/Toby.</p>

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	<p>practice, then the QI workgroup should draft the procedure and forward it to her and Toby as a QI recommendation. Toby will then take it to the PIHP Leadership Group and then to the Steering Committee. The QI Workgroup voted 4 to 1 in support of moving forward with the recommendation. Thus, the recommendation was made by the majority of the workgroup members, and not by complete consensus. Stefanie will forward the modified procedure to Kim and Toby.</p> <p>The group then discussed the concern that Susan raised in terms of cases where a chart does not have a PCP. It was noted that it would not be prudent to have a "N/A" option. It was suggested that the instructions include some language like, "If the case has been opened less than 90 days and it does not have a completed PCP, there is an option to choose a different case". The group then discussed the prudence of having a CMHAMM procedure that articulates the expectation of the time-frame to have a PCP completed. Kim indicated that a CMHAMM policy regarding PCP and Self-Determination already exists, but it is being re-formatted into a procedure as the current policy is somewhat vague.</p>	<p>The QI workgroup referred the establishment of a time-frame for the completion of a PCP to the Self-D/PCP workgroup.</p>
<p>Standing Agenda Items:</p>		
<p>14. Review of Sentinel Events/Critical Incidents</p>	<p>None reported</p>	<p>All</p>
<p>15. Local QI issues for group discussion</p>	<p>N/A</p>	<p>All</p>
<p>16. Additional agenda items:</p>	<p>1. Consumer representation on the QI workgroup – Liz informed the group that Pamela Stants has needed to resign from the workgroup due to health issues as well as other responsibilities. The group discussed strategies to move forward. Ideas included inviting a CSR to be a standing member of the workgroup or inviting a member of the Affiliation Consumer Advisory Council (ACAC) to be a part of the workgroup. Kim noted that the ACAC membership is in a state of flux and advised that it might be better to involve a CSR until such time that the ACAC membership is more stable.</p> <p>2. Review of Performance Indicator Report data for FY 2008 - The group reviewed the reports that Paul distributed. Paul identified where Plans of Correction were required. The workgroup debated about the best place to review the reports (QI vs. Compliance Committee). It was decided that a small group of folks from the affiliates get together with the PIHP representative</p>	<p>Liz will follow-up with the CSRs regarding identifying a representative for the QI workgroup. Due to meeting at CEI, perhaps Julie would be the most appropriate staff to join.</p> <p>Paul will contact the affiliates to get the contact information for</p>

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	<p>(Paul) to review the data. It could just be a one time meeting or a conference call.</p> <p>3. Review of the Affiliation Consumer Advisory Council Membership Procedure – Liz and Kim walked the group through the procedure and the group provided guidance and feedback. The procedure will be revised, sent to Toby for review, and then go to the ACAC for their feedback.</p>	<p>those that work with the PI data to convene a meeting or a conference call. It was agreed that the PI data workgroup would report up to the QI Workgroup and that the QI Workgroup report to the appropriate body as needed. It was also noted that the Workgroup Agenda Grid needed to be updated to add "Review of PI Data".</p> <p>The procedure will be revised, sent to Toby for review, and then go to the ACAC for their feedback.</p>
<p>17. Next meeting Dates/Times 2009</p>	<p>Friday, March 6, 2009 from 11:15 until 1:15.</p> <p>One of the agenda items scheduled for the March meeting will be review of the CMHAMM Policies and Procedures.</p>	<p>Stefanie will see which policies/procedures are due for review.</p>