

PROGRAM DEVELOPMENT COMMITTEE

February 16, 2009 ó 6:00 p.m.
Michigan High School Athletic Association
1661 Ramblewood Drive
East Lansing, Michigan

MINUTES

MEMBERS PRESENT: Lynn Mason, Chair; Dale Barr; Jan Bunting; Dale Copedge; Cliff Herl; Deborah Smith

MEMBERS ABSENT: Shirley Carter; Pam DeVaney-Bozinoff; Jean Golden; Jim VanDoren

STAFF: Gary VanNorman, Executive Director; Mary Kronquist, Treatment Manager; Lori Griffin, Executive Secretary; Jeanne Diver, Quality Assurance Manager; Joel Hoepfner, Prevention Coordinator

GUESTS: Judi Cates, CMHA-SAS; Ericanne Spence, CMHA-SAS; Gail Cooper, CMHA-SAS; Lisa McCafferty, Ionia Co. Health Department/Ionia Co. alternate member.

CALL TO ORDER

Ms. Mason called the meeting to order at 6:05 p.m. without quorum.

Ms. Smith arrived.

PUBLIC COMMENT

There was no public comment.

NEW BUSINESS

Birchtree Cottage Update

Ms. Kronquist reported in January 67 bed days were used bringing the total used to 357 of 690 contracted for, which is 52% utilization. She added arrangements were made with CEI to transition some time from another position within CEI to assist Birchtree clients to the next level of care, but the person resigned. Other information reported were length of stay at Birchtree is 4 days, and most clients going into Birchtree transition to the next level of care in less than 7 days.

Mr. Copedge arrived. Quorum now achieved.

Discussion ensued on where clients go when they don't continue to the next level of care. Ms. Spence responded most go home. She explained aftercare is arranged when they arrive, but when they start to feel better they leave. Ms. Smith stated that fact appears like a disproportionate treatment failure, which it is not, and asked that additional information be provided so that perception is not communicated. She added the program should not be blamed for events that are not their fault.

Discussion ensued surrounding detox issues and ways to encourage clients to continue to the next level of care after detox. Mr. Copedge asked if there are still problems with sentencing. Ms. Cates replied few get sentenced for detox and many courts are not referring for any type of treatment. Ms. Smith stated work needs to be done in the jails when clients come in to identify those needing detox services. She added transportation is another issue. She suggested some overtures be made to CATA or special transportation services that reach across county lines to help clients get to the less expensive levels of care.

APPROVAL OF THE MINUTES OF OCTOBER 20, 2008

Mr. Barr moved approval of the minutes of October 20, 2008 as presented. Mr. Herl supported the motion. The motion carried unanimously.

ADDITONS TO THE AGENDA

There were not additions or deletions.

Election of Committee Chairperson and Vice Chair

Mr. Copedge nominated Ms. Smith for Chairperson. Mr. Barr supported the motion.

Ms. Smith nominated Mr. Copedge for Vice Chairperson. He declined due to other commitments.

Ms. Smith nominated Mr. Barr, who also declined.

Ms. Smith nominated Mr. Herl. Mr. Barr supported the motion.

Mr. Barr moved nominations be closed and a unanimous ballot be cast for Ms. Smith and Mr. Herl. Mr. Copedge supported the motion. The motion carried.

Ms. Smith requested Ms. Mason continue to chair the meeting.

Policies

Ms. Kronquist noted minor changes made to the policies as follows:

Primary Care Coordination Policy: "philosophy" should read "policy" and "goal" should be "purpose".

For all policies "attachments" have been changed to "references" for ease in locating them when they are posted to the web site.

Ms. Smith asked if Dr. Baker could sign off on the list of meds not to prescribe which is included with the Primary Care Coordination policy. Ms. Kronquist responded he has reviewed it, and she would ask him.

• **Client Satisfaction Survey Policy:** language was cleaned up to make it clearer for evaluation and our contractual obligation to MDCH to complete them. All levels of care are surveyed except for detox.

Charitable Choice Policy: language was cleaned up and references to CDRS were changed to the CCC.

Site Review Policy: language changes were made. Ms. Smith asked if Section 4.1.7. could be changed to indicate a financial review will be conducted annually and a clinical review may or may not be conducted.

Recipient Rights Policy: changes were primarily language.

Mr. Barr moved to recommend to the Commission approval of the policy changes as discussed. Ms. Smith supported the motion. The motion carried.

Ms. Smith commended staff on taking so much material and making it consistent throughout.

Prevention Plan Update

Mr. Hoepfner reported the current Strategic Plan the department operates under will expire in October of this year. He noted the regional planning collaborative group will be involved in writing a new plan which will cover 2011 through 2015, which will also be regional plan. Mr. Hoepfner stated his hope is to have it completed between October and December for the counties to utilize as they write their own plans. He asked for committee involvement providing input and review of the new plan as it is written.

Advisory Council Consideration

Ms. Kronquist reported language was added to the Commission's action plan to reestablish the Advisory Council, which was active until 2003. Recommendations are as follows:

1) The Advisory Council be comprised of two (2) appointees from the recovery community from each county. The Council would meet bi-annually in February and May. The Council would review program data information, results of focus groups, and other information based on best practices for the delivery of SUD treatment. The Council would make SUD treatment programming recommendations to the Program Development Committee.

- 2) Additional appointees be added to the Advisory Council should the Commission Board members not fulfill the remaining three guidelines on ODCP's Technical Assistance 01. The number and method to add to the Council would be at the discretion of the Program Development Committee.
- 3) By-Laws be amended to alter the component make-up and purpose of the Advisory Council.

Ms. Mason noted there is an advisory group in Ionia comprised of ordinary citizens, one person from each Commission district, and asked if the intention is for Mid-South's to be the same. Mr. VanNorman responded that individuals from that group could be potential members of Mid-South's Advisory Council.

Ms. Smith moved to make the Advisory Council consideration an action item and to support and recommend it to the Commission for approval as presented. Mr. Copedge supported the motion. The motion carried.

Scott Miller "Client Directed Outcome Informed Therapy"

Mr. VanNorman reported Mid-South has an opportunity to work with the Riverhaven coordinating agency to implement this method of therapy. He stated it integrates outcomes into therapy from the client's perspective, and that the Feds are talking about moving to outcome-based therapy at some point. He added we want to work with our providers to acknowledge the meaningfulness of this endeavor. The goal is to create this system in our agency by next year. Mr. VanNorman stated this will be discussed with our providers soon. He reported that a total of 100 clinicians would be needed so cost would be approximately \$28,000 the first year then \$12,000 thereafter. One other CA is doing this and two others are considering it. He reported there is one slot available for an August training if any member is available and would like to attend with a staff member. Since two providers were present, they were asked their opinion.

Ms. Patterson of Cristo Rey said it was exciting. Ms. Cates stated it is a lot of work at the provider level and consideration on the demands it will place on clinicians needs to take place, in addition to value received from it.

Ms. Smith noted a seminar was held on this at the Substance Abuse Conference, and this model allows a voice that is not heard. Clients need the ability to express themselves before they are lost in treatment. Ms. Smith said she would be available to attend the training.

Care Coordination Center Update

Ms. Diver provided handouts to the committee. One showed various locations where she has presented information on the CCC in the region. She indicated a lot of positive feedback has been received. Ms. Diver reported a process has been put in place where providers can access information on openings for the next day in residential programs on Mid-South's web site. She reported 62% of clients phoning the CCC have been transferred to providers via the "warm transfer" process. And lastly, she stated LifeWays

has reported there have been no complaints about not having a CCC staff person housed in their offices (as CDRS did).

Mr. VanNorman stated the information reported on is what the CCC is involved in, and the goal is to get clients to enter treatment at the provider level. There have been some other difficulties encountered, but the bottom line is to always put the needs of the client first. He added some management processes for follow-up are still being created, and the Scott Miller approach will improve treatment plan and the understanding of why they are in treatment. Mr. VanNorman also stated utilization review will be discussed with providers.

Methadone RFP Status

Ms. Kronquist reported two responses were received, both from our current providers. She stated that effective April 1, we will maintain the status quo with both, and at that time the new Methadone Policy will be in effect.

PUBLIC COMMENT

Ms. Smith announced she will graduate in May and will be Dr. Smith.

Mr. Herl asked how budget cuts at the state level will impact Mid-South. Mr. VanNorman replied a 5% cut would equate to around \$70,000.

ADJOURNMENT

The meeting adjourned at 8:32 p.m.