

QI WORKGROUP MEETING

March 4, 2010 – 9:00 am
Mid-South Conference Room
2875 Northwind Drive, Suite 215
East Lansing, Michigan

MINUTES

Present:

Ericanne Spence, Birch Tree & HOC
Kara Ludlow, Victory Clinic Lansing

Carol Patterson, Cristo Rey
Pat Wheeler, NCA

Present via Teleconference Call:

Carol Waters, ASCC
Kathy Davis, C&FS
Patricia Burbank, FSCA-
Jackson/Lenawee
Jack Jesse, ESAP
Chris McDaniel, CCCC

Carol Adams, VCIII
Barb O'Connor, ASAS
Deb Thalison and Toni, ICSAI/ICHHD
Will Volesky, Kairos
Gary McCullough, MVA-
Lenawee/Hillsdale

Staff Present:

Gary VanNorman, Executive Director
Jeanne Diver, Treatment/CCC Manager

Lisa Larson, CCC Utilization Coordinator

I. FY 10/11 Executive Budget Implications

Gary explained there is an overall 21% proposed cut to general funds, to include 12% cut of general funds in addition to elimination of SDA funds. Due to the administrative budget reductions this year, Mid-South eliminated one position in CCC.

II. ABW funding Implications

The State is holding an ABW Work Group in which Gary is a member. There are four CAs (Mid-South, Oakland, Network 180, and NMSAS). One is a PIHP (Network 180), and one a Public Health Department (Oakland), and two stand-alone CAs involved in this work group. ABW was SCHIP dollars, Title 21, which feds said could no longer be used to fund programs not involving children. The State wants full risk and not partial risk, to be passed on to the PIHPs. Whether PIHPs may pass the risk on to CAs, if full risk, is questionable.

The draft ABW proposal includes methadone as a limited covered service (six months covered within a twelve-month period). As proposed, ABW will now have two levels of administrative costs, PIHPs and CAs will hold some administrative costs based on A-87 criteria and moving it under Medicaid. Most CAs did not charge administrative costs under the old structure, since funding did not cover costs to start with and CAs did not have more than the state (DCH)

reviewing the program. Under the draft approach, oversight will exist as under Medicaid criteria, including HSAG, data processing and all the monitoring by PIHPs as is done for Medicaid services. The goal of the work group is to have a plan on how this will work by the end of March since the feds must have it under contract with the state by then.

III. Provider Retreat for FY 10/11 Strategic Planning

Mid-South is looking for provider input for next year's contract in order to provide good quality care and a recovery model given the funding cuts. What is Mid-South going to buy from our providers? What do we have to do as a system to address funding changes, work with changing economy, and still provide good service to our clients? Mid-South is looking from providers to identify what we need to give clients good care.

Thursday, May 6 at 9 a.m. - 2:30 p.m. (tentatively), is the scheduled Provider Retreat with the location to be determined. The retreat will strategize the plan for next year. Mid-South will let providers know what Mid-South will purchase in each level of care. There will be more focus next year with drug courts and addressing domestic violence, anger management, and trauma cases in treatment. Gary is working with NCA and the 55th District Court to see what is lacking and what may be done to improve referrals and have more private-pay clients.

Jack Jesse, ESAP, announced he is working on a Recovery Coaches manual and will make it available to all providers when completed. Gary shared we will need to create an inventory of the things we will need in order to build a recovery model, but we will utilize what other CAs have already created.

Mid-South is looking at what it wants in contracts and what may be incorporated in services without additional funding; such as, peer support, case management, recovery coaches, and continuum of care. Jack Jesse recommends providers see recovery oriented system of care (ROSC) as a transformational model with community connections to build health and wellness for people. Gary added this is why we need to bring drug courts into ROSC.

IV. Input on Training Needs

A comment on hesitancy from the providers to provide training needs, as requested at last month's meeting, was made. There is hesitancy to move forward with training needs when the focus may change. Gary shared the State is looking at one year out before we see recommendations regarding (ROSC).

V. No Smoking Regulation & Implications

Michigan's Smoking Ban was distributed and briefly discussed. All providers are aware of the new law and are currently practicing according to policy.

VI. Focus Groups

Several focus groups have been scheduled (1- Clinton County, 2 in Eaton County with 1 more scheduled for later the day of this meeting, and 1 – Lenawee County). Participants have been asked what they think about the system. Results so far are: 1) there are too many groups and not enough individual counseling sessions and 2) participants wish there were group sessions specific to drug court clients. If providers have questions, please refer to Mary Kronquist.

VII. Advisory Council Status

Two people from Ingham County signed up for the Advisory Council and Jackson had excellent interested candidates.

VIII. Follow Up with Referral Source

Physicians from County Health Departments would appreciate feedback from providers whom they refer their patients to, as they wish to know how their patients are doing. The group discussed how the patients do not always want their physician to know how they are doing and providers have to respect confidentiality if the patient does not agree to give permission to discuss treatment with the physician who referred them to the provider.

IX. Grant Updates

- a. ROSC – attachments A-E were sent to providers for their information. Eaton and Ingham Counties are involved in this grant proposal. A lot of work on writing this grant was involved and it is recommended providers read attachments B and C if nothing else.
- b. Jackson Drug Court – The grant is worth \$325,000 per year for three (3) years. Allegiance Addiction Recovery Center is the provider of importance. The proposal for the grant is due March 16.

X. Client Satisfaction Survey

Providers were asked if there were implications if they no longer had to survey clients for Mid-South, as the CCC staff would randomly survey clients instead beginning next fiscal year. Some providers shared they have different surveys to meet their accreditation requirements and feel clients are surveyed too much. Providers are okay with Mid-South's decision to have the CCC survey clients.

XI. Care Management

Lisa Larson explained the criteria for care management. Clients who meet the criteria will be contacted by the CCC Utilization Coordinator (UC) either by mail or phone. Clients who already receive case management will not be care managed.

Lisa identified situations whereby care management may be used. One case may be a parent at risk of losing her children and needs an assessment and treatment in order to get her children back. The UC will work with the this client to make sure she gets into treatment as soon as she can in order to appease the court, who is responsible for returning the woman's children.

Another case may be a client who, when contacting the CCC for service, is found to have had four previous treatment attempts and he left against staff advice each time. The UC will discuss why the client does not remain in treatment and ask questions to ascertain the best treatment for the client. The UC will warm transfer the client to the provider of choice and discuss with the client and the provider's intake worker, the clients' needs and schedule an appointment for an assessment. The UC will then follow up with the client to assure he has been admitted into treatment and contact him throughout his treatment if he does not have a case manager. The UC will follow the client throughout the client's treatment to assure his needs are met or work with the client's provider to assure needs are met. Contact with the care managed clients may be by phone or letter

Gary announced he had Lori forward to providers Legal Action Centers' link (guidelines) to protect client confidentiality, specific to residential programs for addressing the 2010 census.

XII. Next Agenda Items
ROSC