

**APPROVED
OTTAWA COUNTY
COMMUNITY MENTAL HEALTH
CONSUMER ADVISORY COMMITTEE**

**Monday, February 14, 2005 1:00 PM
CMH Building A - Board Room**

Members Present: Donna Elston, Elizabeth Motman, Marie Ready, San-Dee Stradley, Lucile VanKoevering

Members Absent: John Bayer, Sue Buist, Beverly Chavez, Wendy Johnson, Kristi Nale, Laura Petroelje, James Veling

Staff Present: Greg Hofman, Gentry Mohr, Mary Moore, Cheri Parks, Erin Rotman, Stephanie Schaap

I. Review/Approve Agenda

A. The proposed agenda was approved with no changes.

II. Review/Approve Minutes

A. The minutes from the meeting on January 10, 2005, were approved with no changes.

III. Reports

A. CMH Recipient Rights Report

1. CMH: Gentry reported that in January she opened eight cases and closed five. The Committee reviewed and discussed the cases. Members asked why corrective action plans are different for the same offense, and Gentry replied that each provider takes into account the employee's previous history.

B. Consumer Comments

1. Cheri reported that there have been no new comments since the last meeting. She also stated, as follow up to a previous consumer comment, that the request for female products in the restroom was submitted to the County's Administrative Services and is pending approval.

C. QISMC

1. Mary reported on CMH's QISMC projects. She explained that there are two projects: Inpatient Diversion and Coordination of Care.

a. The purpose of the Inpatient Diversion project is to determine if crisis diversions are successful. In order to do this, Mary contacts the consumers who were diverted and interviews them about their services. Mary reviewed the Inpatient Diversion Project results from September to December 2004. She explained that there were a total of 16 diversions reported, but she was only able to contact three of the consumers. Mary reported that CMH is currently evaluating if the data is worth the time it takes to collect.

b. Mary reported that the Coordination of Care project is looking good for the first three indicators. Indicators one and two each improved six percent, and indicator three remained consistent. Mary explained that this is the first time indicator four has been reported, and it tracks the percentage of charts that show two-way communication between CMH and the primary care provider when two conditions are present. Sue Buist formed a work group to determine how to educate staff and make the numbers improve.

2. Both of these projects will be tracked and reported for two years. The goal for both is 95 percent. Members asked how CMH compares to Muskegon, and Mary explained that CMH is better on indicator one, similar on indicators two and three, and not as good on indicator four. Mary will report on this every six months.

D. CAC QI Report

1. Cheri reported on the CAC QI Report for the fourth quarter. She explained that all indicators were met except for indicator one. This indicator reported 97 percent of medical records reviewed (156 out of 161) contained documentation of consumers having received instruction regarding their rights, responsibilities, and grievance procedures, which is three percent lower than the benchmark. Indicator six was not completed this past quarter, but it will be completed for the next report.

E. Service Authorization Data

1. This report is deferred to the next meeting.

IV. Break: The Committee did not take a ten-minute break.

V. Old Business

A. Performance Indicators Outlier Update

1. Cheri reported on the follow-up information requested for indicator 3d. This indicator tracks timeliness of service and one DD consumer was not seen within 14 days of starting services but 16. Cheri explained that this consumer was actually seen within 14 days and reported that Tracy has changed this on the State report.

A. MI Satisfaction Survey Recommendation Update

1. Cheri reported that members made recommendations last month on improving the MI Satisfaction Survey. Cheri will meet with Greg Hofman, Director of Quality Improvement and Planning, and will report back at the next meeting.

VI. New Business

A. Electronic Medical Records System

1. Greg Hofman reported that CMHOC is currently in the process of implementing a new electronic medical records system. Creative Socio-Medics was chosen about a year ago as the new system and it will include consumer demographic information and billing information similar to CMH's current system, but will also include a new feature: a computerized medical record. This means that clinicians will enter consumer information directly into the system. Greg explained that there are two rationales for implementing this type of system:

a. It will allow clinicians to work more efficiently with less paper. It will also decrease the number of charts that are transported from different CMH sites, which will increase the level of privacy.

b. It will allow clinicians to tie progress notes directly back to the goals and objectives on the treatment plan, which will assure that these are being met with the services provided.

2. Greg expressed that the new computer system will have more privacy assurances in place. For example, staff will have limited access to only the cases they work with, in addition to having to use a password. If staff try to access a file outside of their workload, they will be required to document the reason they need access. The system tracks who looks at what information, and the System Administrator can run a report. Also, the information on the system cannot be changed after it has been written by the clinician and saved. Staff will need to append documents, as they will only be available as read-only.

3. With the Creative Socio-Medic system, there is a possibility in the future of upgrading to an electronic signature pad and a pharmacy module. The signature pad would eliminate the need to print forms for signatures and scan them back in, as it would electronically put the signature on the form. The pharmacy module would allow the

doctors to electronically send scripts to pharmacies, which would cut down on medication errors.

4. Greg answered various questions and addressed concerns from members.

B. Mental Health Code Revision: Kevin's Law

1. Cheri explained that Section 472 of the Mental Health Code was amended in response to a murder in Kalamazoo involving a person with a mental illness who was extremely symptomatic and not receiving treatment. This law allows citizens to petition a request to the court for Assitive Outpatient Treatment (AOT) for friends and family members who are not taking their psychiatric medication and/or are symptomatic. AOT is a court order that requires the consumer to get appropriate treatment. This law takes effect on March 31, 2005. Cheri will bring more information to the Committee as it becomes available, and she will include information in the Consumer Close-Up Newsletter. Members discussed the impact of this law.

C. Psychiatric Advance Directives

1. Cheri reported that the law allowing medical advance directives has been amended to include psychiatric advance directives as well. Hospitals and other facilities now have to accept the advance directives when a consumer is in crisis, as long as it is reasonable and not against good medical practice.

2. Kelly Sall is currently preparing a monthly campaign to explain psychiatric advance directives and give consumers more information.

D. CARF Prep: Consumer Orientation

1. Cheri passed out a copy of the CARF Accreditation standards on consumer orientation and a CMH-produced checklist. Cheri explained all of the pieces that need to be in the packet and said that some of the information will eventually be taken out of the orientation packet and put in the member handbook.

E. Topics for Next Agenda

1. Members did not have any topic suggestions for the next meeting.

VII. Next Meeting
Monday, March 14, 2005
1:00 p.m. - 3:00 p.m.
A Building, Board Room

Agenda

- I. Review/Approve Agenda
- II. Review/Approve Minutes:
 - A. January 10, 2005 (Attachment A)
- III. Reports
 - A. Recipient Rights Report
 - B. Consumer Comments – Kelly
 - C. QISMC Update (Attachment B) – Mary
 - D. CAC QI Report – Cheri
 - E. Service Authorization Data – Sue
- IV. Break
- V. Old Business

- A. Performance Indicator 3d Update – Tracy
 - B. MI Satisfaction Survey Recommendation Update - Cheri
- VI. New Business
- A. Electronic Medical Records System – Greg
 - B. Mental Health Code Revision: Kevin's Law – Cheri
 - C. Psychiatric Advance Directives – Cheri
 - D. CARF Prep: Consumer Orientation – Cheri
 - F. Topics for Next Agenda
 - G. CMH Board Minutes (Attachment C)
- VII. Next Meeting:
March 14, 2005
1:00 p.m. - 3:00 p.m.
Board Room