

**System Management Group
Meeting Minutes
August 08, 2011**

Present:

**Anna Cimaglio, Bridgeway
Annee Belanger, Advocate
Cary Moller, CAPS
Geoff Heatherington, PCMH
Jennifer Lief, Polk County**

**Kris Cooley, Clear Path
Laura Hammack, Bridgeway
Teri Morgan, MCHD
Tomoko Gersch, Clear Paths
Trish Davis, MCHD**

Meeting called to order at 1:33 pm.

I. Announcements and Introductions

- Cary Moller made an announcement about the Governors Workgroup Assignments
 - Workgroups have been selected and are posted on the DHS website
 - Jim Russell is on the coordinated care workgroup
 - Dean Andretta is on global budgets work group
 - Quality and metrics workgroup
 - Integration for Medicare and Medicaid workgroup
- Drug Court Funding Issue – increase in responsiveness for adults
 - Coordinator funding is the biggest issue
 - Grant funding is still there for the court and treatment
 - Trying to keep all kids courts open if not able to then the focus will be on the Adult court
- Polk County update
 - They are in the process of receiving building permits
 - The floor plan has been approved
 - They have narrowed it down to two contractors
 - They are having a meeting August 9th to talk about having additional services.
 - Going to have only adult services at first
 - 1 Mental Health Therapist
 - 2 CADC's
 - 1 Bilingual

- Hoping to open in October
- Main Branch is under construction
 - Having trouble with group rooms
 - Referrals are down
 - They have a modified open access
 - 2 Days open access for 3 hours a day
- Health Department
 - Systems trauma group
 - Based off of Bonnie Malek's information and training
 - Meeting again at the end of 9 weeks and see how it went
 - Empowering themselves in situations where they need to advocated for who they are
 - Adolescents are booked out, but people are choosing to wait for MCHD instead of going to a different provider
 - They have same day appts for Adults

II. SE66 Funding – Cary, Everyone

Special conditions

- Tracking the number of people serve with our state title fund dollars in addition to our OHP services
- New contracts are a performance based contract
 - Defined number of people individuals we have to see during the contract year
 - Marion County has 641 to report to the state to meet our contract expectations
 - How are we going to track that specific expectation
 - With payer code 65 for termination where state general funds are supporting the client
 - Cannot count people already enrolled in services that roll over
 - Blended funding needs to be terminated with the 65 code
 - If you know there are problems please send them to Scott
- Monthly reports from each program
 - Scott will come and help you with the new report
- We will be required to pay back any money that is not used if we don't meet the 641 clients we are contracted to serve based on \$1200 per client
- Scott is compiling reports on admissions data
- Funding extensions requests
 - Need to have ASAM's
 - Need to know what the client needs and make clinical decisions not just Level of Care decisions
 - Scott is going do some training at your staff meetings

III. Data Tracking – Scott, Everyone

- 309 forms submitted between January and July
 - 143 indigent

- 166 MPCHP
- Engagement
 - 275 more than 30 days
 - Does not count for an assessment only
 - Payer code 65 for termination only works for people that engaged
 - Must be more than 1 contact in 30 days
- Retention
 - 165 in treatment 90 days or more
- Discharges
 - 143 successful completions
 - 56 people did not engage
 - 19 left without clinical advice
 - 17 incarcerated
 - 10 discharged for therapeutic reasons
 - 9 further treatment not appropriate for this facility
- Successful completions dropped
 - How do we get people to engage and stay in treatment?
- SBIRT might help with identifying what they are willing to do

IV. Clinical Practice

- This ties into the Screening Brief Intervention and Referral to Treatment discussion
 - Evidence based practice that meets people where they are
 - What is everyone doing?
 - Different tracks, is there a sense of what people need based on drug of choice, everyone through relapse prevention? Etc...
 - Were unsuccessful discharges related to under or over treatment?
 - How do we find the middle ground and do clinical focused work?
- Take a look at your programs and see if there are changes needed or that you might like to make.

Meeting Adjourned at 2:58 PM
Next Meeting October 10, 2011
Minutes by Janette Cotton