

Parent Provider Council
 Minutes
 August 29, 2006

Attendees: Robin Stewart, DSPD, Kenneth Ekong, Mary Johnson, Alice Farnsworth, ,
 Theo Judson, Eric Johnson, Robert White, , Josette Dorius, Chris Frankowski, Michael
 Deily , Bonnie Anderson and Kim Treadway
 Excused: George Kelner, Monica Rafferty and Trisha Beck

Mission Statement: Our mission is to optimize the quality of life of the people we serve by providing excellent, compassionate, and integrated health services throughout the lifespan.

NOTE: Next meeting November 28th (Tuesday) at 6:00 p.m. to 8:00 p.m.

AGENDA

Agenda Item	Discussion	Action/Timeline
I. Review of minutes 5/30/06	Corrections made to the minutes. Approved with corrections.	Approved
II. Member roster and clinic introductions	<p>Member roster was reviewed by the council. Updates were provided. Updated roster will be sent by email to the council with the minutes.</p> <p>Introduced Bonnie Mintz Anderson, FNP, APRN. Bonnie has been with the clinic since December 2003. She sees most of the adults in our clinic. She is professionally trained in Family Practice and Psychiatry.</p> <p>Kim Treadway, CPC is our professional coder. She is responsible for the billing and claims management of our clinic. Kim began with our clinic in 2004. She is the expert on all insurance issues.</p>	Email updated roster listing to council.
III. Thank You – Mission Statement and Value Plaque	It was brought to the council’s attention that from a donor’s gracious gift we are able to display our mission statement and values for everyone to see. A special	A special thank you

	<p>thank you to helping us display the commitment we have in serving our clients, families and supports. We are all very proud and happy to share with everyone why we are here.</p>	
<p>IV. World Class U Pillars – Fiscal Year 2007</p> <ol style="list-style-type: none"> 1. People – Org Chart 2. Growth 3. Disenrollment 	<p>Presented the pillar goals for fiscal year 2007. There are six categories and we will be reporting our outcome to the targeted goal for the specific pillar. This is the first time we have actually put a target measure with a required timeline.</p> <ol style="list-style-type: none"> 1. Presented the organizational chart and highlighted the new staff with our clinic. The council didn't realize that the staff was so large. Provided a copy of the letter about the case managers and medical assistant responsibilities. This should help with coordination and being able to be responsive to parents and clients inquiries. 2. Home continues to grow beyond target projections. Sept budget enrollment was 430, actual enrollment is 445. <p>There was discussion about the Financial pillar in relation to hospital bed days being less than 50 days/month. Mike Deily indicated that this is aggressive with the ongoing growth. The focus of the case managers and the team are to be proactive in reducing hospitalizations due to difficulty in getting them discharged. Kenneth (KRS) indicated that it is</p>	<p>The pillars will be reported to the Council at each meeting.</p> <p>Report hospitalization information each quarter.</p>

	<p>difficult to get staff and proper funding for the at risk clients. The behavior supports are limited due to the restructuring of the funding by CMS. This could have a significant impact on our hospital days.</p> <p>3. The Disenrollment information was shared for the first time with the Council. Disenrollment from Jan 2000 to Aug. 2006 totaled 76 with 3 re-enrolling in HOME. There are 10 reasons for disenrollment.</p> <p>1=deceased 2=moved out of service area 3=out of state 4=admitted to SNF for >30 days 5=Didn't want to change PCP 6=Not eligible 7=Dissatisfied 8=Admit to ICFMR or USDC 9=Receive care thru CBTU etc 10=Pt request no reason given.</p> <p>The two highest categories were not wanting to change PCPs = 20 disenrollees and admitted to ICFMR or USDC = 15.</p> <p>Original HOME =24 Expansion = 52 Average disenrollment is 6.29% from 2000 to 2005.</p>	<p>Very low percentage. Will continue to track.</p>
<p>V. Letter to DSPD and Prepaid mental health plan clients.</p>	<p>We discussed the letter that was mailed to 162 clients that are currently receiving services in our clinic. These clients were supported with contracts thru DSPD or the prepaid mental health</p>	<p>Provide update of the 162 clients decision.</p>

	<p>plans, i.e, Valley Mental Health. We no longer have a contract to provide these services. There are 3 options that the client can choose. Kim Treadway explained in detail the options. She encouraged DSPD or anyone to have the patient's provider or parent call her to explain what we can do to support their decision. See attached letter for more detail on the options. When we have spoken with the families they are very understanding and have been comfortable in joining the HOME Program or transitioning their care to the local prepaid mental health plan.</p>	
<p>VI. Frequently asked questions – Update on Member Handbook, 20 year Anniversary flyer for UNI</p>	<p>Informed the council that Joyce Garcia is leaving us and that we are interviewing for a replacement. During this time there were reports generated by her that will be on hold. We will implement them again once we have her replacement. The website will also be on hold waiting for the new hire.</p> <p>We have submitted a draft of a Member Handbook to Medicaid for review. Hopefully, we will have this available in the next month. This handbook will outline the services available with HOME.</p> <p>A copy of the 20th anniversary UNI flyer was distributed. The back page highlights the UNI Outpatient Behavioral Health Clinics that are located at 60 Komas.</p>	<p>Alice Farnsworth would like to get information on the NO SHOWS.</p>
<p>V. Round Table</p>	<p>1. The one main issue is NOT GETTING A LIVE BODY when someone calls to our clinic. This is an ongoing concern by all of us and a</p>	<p>We have revised our phone tree and with 3 people having that number ring we are hoping to lessen the</p>

	<p>number of things continue to be looked at. We do not have the budget to support a receptionist position. We will continue to address at clinical meetings and look at telecommunication systems that may support a better process.</p> <p>2. Effective April 1st Drs Lehmann and Ashworth are going to adjust schedules to begin on the half hour instead of the even hour. We are hoping that this will enhance team efficiency and give patients an opportunity for a little later appointment availability. Our wait time is on average 10 to 12 minutes so we hope to continue with that standard.</p> <p>3. DSPD issue. Parents are wanting more options on being able to hire their own job coaches and not have to go thru the fiscal agents. It is very difficult to get the right people let alone anyone interested.</p>	<p>times people get the phone tree during business hours.</p> <p>This was not effective for a number of reasons so the staggered schedule was eliminated.</p> <p>Alice indicated that DSPD is looking at options. Will report at next council meeting.</p>
--	--	--

Meeting adjourned at 8:10 p.m.

Minutes transcribed: Josette T. Dorius, RN, MPH

Service Director

Child & Adolescent Behavioral Health Clinic

Neurobehavior HOME Program