

**Endorsement Criteria and Service Definitions Sub-Group
Of the Community Support Steering Committee
Minutes
Sept. 17, 2009, 9:00 – 3:00
Dix Campus, Royster Building, Room 223**

Attendees:

Cindy Ehlers	Fonda Gonzales
Jan Harris	Michelle Lewis
Dave Peterson	Manay Gunter
Stephanie Beck	Khalil Nassar
Peggy Balak	Patty McGaffagan
Mike Rhoades	Carrie Baines
Kathy Smith	Karen McLeod
Dan Zorn	Brianne Smith
Melvin Nowling	Allison Hartsock
Dexter Mitchell	Fred Waddle
Carolyn Floyd-Robinson	Christina Carter
Beverly Bell	Peter Bernardina
Mabel McGlothlen	Dick Oliver

Welcome and Introductions:

Cindy Ehlers, ECBH, sub-group chair, welcomed everyone and expressed appreciation for those in attendance. Everyone introduced themselves. Cindy reviewed the comfort agreement to ensure everyone has an opportunity to voice their opinion equally.

Charge of the Committee:

The workgroup is charged with the development of the revised checksheets and instructions for four definitions: Community Support Team, PSR, Intensive In-Home, and Children and Adolescent Day Treatment (MH/SA). The revised documents should provide a strengthened endorsement process that will promote higher quality of service providers. The revised checksheets and instructions are due by the close of business day on 9-29-09.

The workgroup discussed conceptual ideas regarding endorsement, including the following:

1. Clinical Competency:
 - quality of providers delivering treatment is not consistent
 - LME staff do not understand service definitions, clinical competency of LME staff is not consistent
 - no process for clinical interviews with clinical staff to determine knowledge of treatment, evidenced based practices, and how services overarch all definitions

2. Consistency:
 - staff turnover affects the ability to provide consistent quality services
 - the implementation of endorsement process is not consistent
 - the level of expertise of staff conducting endorsement interviews is not consistent
 - duplication currently occurs as LME staff conduct endorsement activities, need to eliminate duplication
 - Policy/Procedure manuals should be reviewed in a consistent manner across all providers
 - lack of knowledge of endorsement process by all stakeholders
 - empowerment, authority, ownership of endorsement process
 - some LMEs micromanage while others do not
 - consistency of communication is a problem

3. Training:
 - LME staff conducting endorsement activities (clinical interviews, business verification, etc.) should be certified/qualified and need to insure interater reliability
 - LME staff need training in order to conduct endorsement activities effectively and consistently

4. Miscellaneous:
 - the business verification piece of endorsement should continue to be monitored after it has been verified
 - checksheets should recognize the value of national accreditation
 - need to look at outcomes and data
 - workforce is a problem (obtaining and maintaining)

The workgroup presented ideas regarding themes/components of endorsement and how the process could be operationalized:

1. Endorsement Review Panel:
 - review panel made up of professionals and consumers
 - panel makes final decision regarding endorsement
 - certification of LME staff conducting reviews regarding specific service definitions
 - panel will review the training practices of the provider
 - panel reviews the knowledge of the service toolkit and fidelity to model
 - panel reviewers should be required to be trained, training should be consistent for all reviewers (including cultural competency)
 - required training should offer CEUs

2. Regional Perspective:
 - mirror the comprehensive provider approach

- if endorsed once by the panel of reviewers, endorsement is accepted by all LMEs in that region

3. Review Components:

- reviews should capture the knowledge of the provider regarding the continuum of care and model being used by the agency
- use a standardized interview tool
- should not repeat the clinical competency piece for each service if it has already occurred, clinical competency piece should cover more than one service
- clinical review should include the local staff in addition to Medical Directors and address eligibility, continued stay/need for services, discharge, and continuum of services.
- business infrastructure is expected to be sufficient to support an integrated service structure, including review of clinical competency
- during business verification include an organizational clinical review regarding overall organizational structure AND during the onsite/service review include a more detailed clinical review of individual services.
- endorsement is based on provider staff knowledge of service definitions, ability to deliver the service per the definition, national accreditation, acceptance of state funds, etc.
- entrance criteria would include one document to determine eligibility

4. Miscellaneous:

- need to determine how affiliates fit
- what about providers that do need a medical director
- process should nurture the clinical environment
- LMEs should be paid up front by the state in order to insure training occurs, promote consistency, etc.

Checksheet Revisions:

Community Support Team Checksheet and Instructions:

The workgroup reviewed each component of the Community Support Team Checksheet and agreed upon revisions.

Child and Adolescent Day Treatment:

The workgroup began the review of each component of the Child and Adolescent Day Treatment Checksheet and agreed upon revisions.

The DMH has final authority regarding approval of the documents.

Next Steps:

Community Support Team Checksheet and Instructions

Cindy and ECBH staff will incorporate the revisions, including the instructions. Cindy will email the draft documents to Beverly Bell and Mabel McGlothlen for review before the next meeting.

Child and Adolescent Day Treatment:

Cindy and ECBH staff will incorporate the revisions using the Community Support Team draft revisions as a guide, including the instructions. Cindy will email the draft documents to Beverly Bell and Mabel McGlothlen for review before the next meeting.

Adjournment:

The meeting was adjourned. The next meeting will be Sept. 22, 2009, from 1:00 – 4:00 pm in the Royster Building, Room 116, on the Dix Campus.