



Serving Crawford, Grand Traverse, Leelanau, Missaukee, Roscommon and Wexford Counties

CONSUMER ADVOCACY COUNCIL

Northern Lakes Community Mental Health
105 Hall Street
Roger Dunigan Conference Room (third floor)
Traverse City, Michigan

www.northernlakescmh.org

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For information
about our services
call Alpha Center
at 1-800-49-ALPHA
or (231) 922-4850

After-Hours
Crisis Intervention
1-800-442-7315 TDD/TTY
or (231) 922-4850

AGENDA

June 8, 2011

- 1:30 p.m. Welcome and Introductions
- 1:35 p.m. Public Comment/Advocacy Stories
- 1:40 p.m. Accept Meeting Minutes of May 12, 2011
- 1:45 p.m. Brainstorming
- 2:15 p.m. CAC Assessment
- 2:30 p.m. Old Business
 - Update on Budget
 - Freedom to Work Amendment
 - RCF Meeting
- 2:50 p.m. Current Literature, Articles and Movies
- 2:55 p.m. New Business
- 3:00 p.m. Agenda Planning
 - NLCMH Strategic Plan
 - Network Provider
- 3:05 p.m. Public Comment
- 3:10 p.m. Meeting Evaluation/Adjourn

Enclosures: Consumer Advocacy Council Minutes 05/12/2011
CAC Assessment

Please call Greg Paffhouse (231-876-3200 or 231-935-3083) if you need transportation assistance; and contact Deb Lavender (231-935-3677) if you are unable to attend the meeting.

FY12 Budget Details

Issues related to CMH/SUD services

DCH Budget

- 3% caseload/utilization increase for Medicaid - \$215.1 million GF (\$672 million Gross)
- 1.17% actuarially soundness capitation rate increase for PIHPs - \$24.9 million Gross
- 3% reduction in Community Mental Health non-Medicaid line (\$8.5 million)
 - \$5.1 million in service reductions with a 4% cap (GF funding reduction will not exceed 4% for any CMHSP)
 - \$3.4 million targeted to administrative reductions in similar manner to the current year reduction.
 - MDCH does not anticipate to hold another workgroup for the FY12 administrative reductions
- \$2 million GF net increase for CMH Special populations (multi-cultural services) line
 - 15% reduction for CMH special populations line (\$1 million GF)
 - One-time funding was added for CMH special populations funding – \$3 million GF (Sec. 1901)
- 10% reduction to Children's Waiver (\$2.1 million Gross)
 - The intent would be to reduce administrative costs then attempt to achieve savings on services.

FY12 Budget Details

Issues related to CMH/SUD services, cont.

- Shift dual eligibles for Medicaid and Medicare into an integrated managed care model – anticipated savings \$10 million GF
 - Michigan was recently awarded a \$1 million planning grant to develop ways to improve care and services.
 - Anticipated start date of April 1, 2012 would generate \$29.8 million Gross (\$10 million GF) savings – federal waiver would be required to allow the State to receive the Medicare funds to manage the care.
- Include behavioral drugs on the Preferred Drug List – reduces pharmaceutical services line by \$6.3 million GF
 - A statutory change is required to realize savings – at this time it does not appear there is legislative support to pass the required legislative change.
- Budget assumes enactment of the 1% health insurance claims assessment (HICA) to replace the current HMO/PIHP 6% use tax.
 - 1% HICA to be levied on all health insurance claims paid – generates approximately \$400 million, which will be used as Medicaid match.
 - SB 348 (Kahn) has been introduced, it is anticipated the legislation will be passed prior to the summer legislative recess (July 1)

FY12 Budget Details

Issues related to CMH/SUD services, cont.

Substance Abuse Services

- 10% reduction to Substance abuse/State Disability Assistance (\$224,000 GF)
 - This is the room and board portion of residential services.
 - The House and Senate budgets proposed eliminating the funding (\$2.2 million GF), the final budget restored the cut to the executive recommendation.

- Elimination of one-time funding for Self Help Addiction Rehabilitation (SHAR) program in Detroit (\$1 million GF)

- 3.2% reduction to the Community Substance abuse prevention and treatment programs (\$500,000 GF)
 - Reductions are targeted towards administrative costs to protect treatment
 - \$152,900 GF reduction to administrative costs for coordinating agencies
 - \$182,100 GF unspecified reduction for Community Substance Abuse prevention and treatment programs
 - \$165,000 GF reduction to the Salvation Army Harbor Light Program and Odyssey House

FY12 Budget Details

Various local community partners within DCH

- 28% net reduction to the Healthy MI Fund (smoking, pregnancy, and cancer prevention programs) – (\$3 million GF)
 - \$5 million GF funding was retained in the Healthy MI Fund, but it was rolled into one line item (Healthy Michigan Fund programming – targeted for public health projects).
 - One-time funding was added for Healthy Michigan Fund programming – \$3 million GF (Sec. 1901)
 - \$900,000 dedicated to combat cancer (Sec. 1902)
- 5% reduction to local public health (\$1.7 million GF)
- Maintains current year funding for Aging services (community services, nutrition services, and volunteer programs)
 - \$120,000 GF eliminated for Tribal Elders program
- Maintains employee background checks to providers and transfers to Department of Licensing and Regulatory Affairs (LARA)
 - Almost all the health regulatory functions were transferred to LARA.
 - The cost was \$2.8 million Gross and \$2.2 million GF/GP. In the LARA budget the background checks were funded at \$2 million GF/GP equivalent, with \$1 million GF directly from the LARA budget, and \$1 million GF from the DHS budget sent over in an interdepartmental grant.

FY12 Budget Details

Boilerplate Sections

The following items were INCLUDED in the budget:

- Sec. 295 – Requires the department to explore program and other service areas, including eligibility determination, where privatization may lead to increased efficiencies and budgetary savings.
- Sec. 462 – Requires continued use of the funding formula used in FY10 related to distribution of funding reductions to CMHSPs, but caps the reduction to 4% (GF funding reduction will not exceed 4% for any CMHSP).
- Sec. 490 – Requires DCH to continue a workgroup to develop a plan to maximize uniformity and consistency in the standards required of providers contracting through PIHPs, CMHSPs, and CAs.
- Sec. 491 – Requires DCH to explore policy changes in HSW allocation methodology to redistribute available slots to counties with greater demonstrated need.
- Sec. 492 – Permits the use of GF/GP dollars to fund those CMHSPs that provide mental health services to inmates of county jails.

FY12 Budget Details

Boilerplate Sections, cont.

- Sec. 494 (Deemed Status) – Requires the department to utilize applicable national accreditation review criteria to determine compliance with corresponding state requirements for CMHSPs, PIHIPs and subcontracting providers that have been reviewed and accredited. Requires a progress report by July 1, 2012 on implementation of section.
- Sec. 495 – States legislative intent that the department begins working with the CMS to develop a program that creates a medical home for individuals receiving Medicaid mental health services.
- Sec. 496 – Permits CMHSPs and PIHPs to offset funding reductions by limiting administrative cost of contracts with providers to 9%.
- Sec. 497 – Directs the distribution of substance abuse block grant funds to be based on the most recent federal census.
- Sec. 2001 – States Legislative intent to maintain the same level of funding for FY 12-13 with adjustments for caseloads, expenditure changes, federal match rates, and available revenues.

FY12 Budget Details

Other Items of Interest

DHS Budget

•State Disability assistance rates for people in independent living arrangements were decreased by \$3 million GF.

- Anyone in current SDA program will remain at \$269 per month – all new people entering the program will receive \$200 per month
- House budget proposed reducing funding to \$175 per month for current and future cases, saving \$10.7 million GF

Boilerplate Items in the Budget:

•Sec. 546 – Establishes administrative rate of not less than \$37.00 for private child placing agencies under contract with DHS; establishes general independent living administrative rate of not less than \$28.00; prohibits specialized independent living administrative rates from being less than rates provided in FY 2008-09; requires DHS to calculate and report on the per-diem cost of care for services delivered by DHS.

•Sec. 620 – the department shall establish a work group to explore if privatization of Medicaid eligibility determination would lead to increased efficiencies and budgetary savings. The work group shall include but not be limited too DHS staff and legislators.

FY12 Budget Details

Other Items of Interest, cont.

- Sec. 619 – Exempts individuals convicted of a drug felony after August 22, 1996 from the federal prohibition on receiving Title IV-A and food assistance benefits; requires benefits be paid to a third party for these cases. Revision adds additional condition prohibiting repeat offenders from receiving Title IV-A and food assistance.

Corrections Budget

- \$5 million in savings through consolidation and privatization of mental health services.
 - There is no boilerplate or budget details associated with this item
 - Senate passed budget included \$10 million in savings

DLEG Budget

- Reduction for the Centers for Independent Living (CILs)
 - For the last two years, as a way to avoid GF cuts the Centers had negotiated to exchange \$3.8 million of their general fund for Social Security dollars through Michigan Rehabilitation Services (MRS)
 - But this year, the stream of Social Security money MRS was using to pass down to the CILs was cut at the federal level and without the full \$3.8 million, the CILs are not able to draw down some \$13.2 million in federal funding.

Transformation of the Mind

A recovery class with a spiritual approach

FACILITATED BY CARYN OF YO STREET MINISTRIES

Thursdays 2-3:30 PM Starting June 16



105 Hall Street, Traverse City

**3rd Floor:
Board Room**



Battlefield
of the
mind

A WAR IS RAGING.
YOUR MIND IS THE BATTLEFIELD.

Winning the Battle in Your Mind

Worry, doubt, confusion, depression, anger,
and feelings of condemnation:
all these are attacks on the mind!

Our actions are a direct result of our
thoughts.

Come walk with us and learn how
to win the battle in your mind.

The book cover features a central image of a person in a dark, shadowy environment, possibly representing a battlefield of the mind. The text is arranged around this central image, with the title at the top and the author's name at the bottom.

Reference materials provided, including this book by Joyce Meyers

Any Questions? Call 231-620-7486

Expect Recovery (Make It Happen)

Published Quarterly

For consumers and staff interested in Recovery

Northern Lakes CMH Recovery Definition

"Recovery is a personal journey of hope, purpose and growth. It is the process of setting our own directions in life. We accept the responsibilities of meeting challenges, using our own abilities, strengths and determination."



Embracing Transformation

The first few "action group" meetings were held via video-conference between the Houghton Lake, Traverse City, and Cadillac offices on Tuesday, April 12, and the Grayling, Traverse City, and Cadillac offices on Friday, May 13. Similar to the previous Learning Community and Recovery Council Meetings, it was opened by reading the NLCMH Recovery definition and by sharing celebrations and/or positive things about yourself. These groups have been discussing/planning various important things like the annual Recovery Celebration (see page 2 for more information) and all the many important things that go with it (i.e., helping with the theme, decorations, awards), helping to plan upcoming Mini-Conferences, hearing about possible new recovery classes, Stigma Busting, and much more. This is a chance for you to get involved!

The next meetings are **June 15, 10am-12pm** (Cadillac, Houghton Lake, and Traverse City) and **July 12, 10am-12pm** (Cadillac, Grayling, and Traverse City) via video. We are encouraging EVERYONE to attend (staff and consumers alike).

The first Mini-Conference was held in Traverse City on May 24 and it was a great success with over 40 people attending (see page 2 for more information)! We hope as many people are able to take advantage of this opportunity in our other office locations. With your support and continued help, we move forward daily and keep our recovery train rolling! Good job everyone!

~Mary Beth Evans, CPSS, NLCMH Recovery Coordinator

Dates to Remember:

Mini-Conference Schedule

10am-3pm
June 23 Cadillac
July 19 Houghton Lake
Aug 23 Traverse City
Oct 27 Cadillac
Nov 16 Grayling

Other Special Opportunities:

July 28 – Annual Consumer Conference
 (Lansing, MI)
Sept 20 – Annual Recovery Celebration
 (Hagerty Center –
 Traverse City)
Nov 2 – Art of Recovery
 Art Show
 (Inside/Out Art Gallery –
 Traverse City)



"You are caught by what you are running from."

– Sam Keen

Treat Yourself! Mini-Conferences – You're Invited!

The summer mini-conferences in May, June and July are all focused on topics that people have said are important to them.

For example, after learning that people with mental illness live on average 25 years less than people without mental illness, many individuals have expressed a desire to improve their health. Summer is a great time to learn about making changes in one's diet to be healthier. Our gardens and farm markets overflow with an abundance of foods that are fresh, nutritious, tasty, and in rhythm with our seasons – all available locally to nurture our spirits as well as our bodies. There's a segment in the mini-conferences on how to purchase food wisely, basics to have in your pantry, benefits of eating low on the food chain (a plant based diet), and *Superfoods* – foods that pack the most flavor and health benefits per dollar.

In addition to taking care of our insides (losing weight, lowering cholesterol, exercising our muscles), we can also feel better when we take care of our outside appearance. A mini-conference segment on "Your Best Look" shares tips for both men and women on how to give yourself a lift by presenting yourself well.

Many people are interested in testing the waters and exploring the possibilities of re-entering the world of work – maybe with a job, maybe as a community volunteer. There's a segment in the mini-conference about finding a good fit for yourself in the community – where to start, and how to deal with the stress that may also come with extending yourself in new situations and looking at new challenges.

We hope you'll make the mini-conference a time to indulge yourself a bit, learn something new, and open your thinking to the possibilities that are available for your future. We hope to see you there!

Mini-Grants Awarded!

Northern Lakes Community Mental Health (NLCMH) offered mini-grants to help transform the public mental health system to one based on recovery principles by strengthening consumer choice and enhancing personal recovery.

Many people with a mental illness put themselves out there and applied for funding to make their dreams come true – and seven grants were awarded! Congratulations to the successful applicants! The grants will allow for:

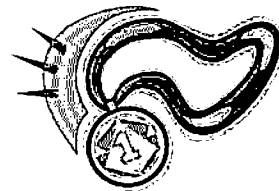
1. A book celebrating the recovery of Traverse House members.
2. Personalized physical evaluations and individualized exercise programs for Traverse House members.
3. Purchase of tools and supplies to create a garden producing healthy food and exercise for Club Cadillac members.

4. Purchase of four YMCA Memberships to be shared among Club Cadillac members.

5. Learned Optimism and Resilience Training Workshops for community members in several northern Michigan communities.

6. An educational mailing to employers promoting the employment of people with psychiatric disabilities.

7. Art of Recovery sessions in Cadillac area open to community members.



Recovery Celebration ~ September 20

The time has come again to celebrate all the hard work and dedication we have put forward in our recovery movement at NLCMH. This year's celebration is being held at the Hagerty Center in Traverse City. This is when we recognize people for their efforts in supporting the recovery movement at NLCMH and/or for assisting in an individual's personal recovery. If you would like to nominate someone to receive an award, make sure you fill out a nomination form to recognize the hard work and dedication someone has helped you with. Also, make sure to include specific information about the behaviors or actions that you have observed the person make which have helped an individual to recover, and/or helped Northern Lakes CMH be more recovery-oriented as an organization. This celebration will focus on the recovery movement at NLCMH, what we have accomplished so far, and how we continue to move forward with more positive changes. Be on the lookout for the

Recovery Award Nomination Forms coming out soon and we hope you will save this date as a day to focus on all the positives we have throughout our agency!!

7th Annual 'Walk a Mile In My Shoes' Rally at the State Capitol

Over 2,000 people gathered at the State Capitol in Lansing on May 11th for the Annual Walk a Mile in My Shoes Rally.

The rally is a walk for mental health and developmental disability advocates from around Michigan to gather at our state Capitol and educate the public and legislators about mental health. We want people to know that **WE MATTER** and that we have many wonderful things to contribute to society. This year, Mary Beth Evans (NLCMH Recovery Coordinator) was the emcee for the day and Justin Rankin (from Roscommon County) was the DJ!

Good job everyone on a **VERY** successful Rally!

Crawford County – Kim with Flag Bearer Heather: “CMH Services are our safety net. I hope our lawmakers hear me when I say that protecting our safety net services is not only the right thing to do but is good business – and will save the state money in the long run. No more cuts! Walk A Mile In My Shoes!”

Roscommon County – Christine with Flag Bearer David: “We are easily forgotten to some people, but we won’t go away. We will put a voice to our needs. We’ll shout until we are heard. We don’t ask for much, we just ask for respect and understanding. Walk a Mile In My Shoes!”

Grand Traverse County – Richard with Flag Bearers Lee and Brandalyn: “In Grand Traverse County there is not enough affordable housing for people with mental health issues or low income families. We need more housing options to support people’s recovery. Walk A Mile In My Shoes!”

Leelanau County – Toni with Flag Bearer Susan: “Times of stress are NOT times to cut mental health funding. If anything, mental health funding should be **INCREASED** to help people even more. Walk A Mile In My Shoes!”

Missaukee County – Kelly with Flag Bearer Deanna: “We believe that every single person in the world has value. We also believe it is right and good to help people who are less fortunate. The poor, the lost, and the wounded all need our support. Walk A Mile In My Shoes!”

Wexford County – Frank with Flag Bearer Malinda: “I am more than my illness. Don’t put labels on me. Walk A Mile In My Shoes!”



Asking for Help Can Be Difficult

For many consumers, asking for help when one is having a hard time can be difficult, especially if trauma is involved. There can be many reasons why one does not ask for help depending on how our caregivers responded to our childhood requests for assistance.

We may have been shamed, blamed, or punished for our innocent pleas for help. Maybe we were shunned or ignored, teaching us that no one was going to help and we were abandoned.

Or maybe our family instilled the need to convey the image of “be strong” and asking for help was against the family code of conduct. “What will others think?” can also be the demanding rules of the family. Or in some cultures, there is a “no talk rule” where family members are shunned or punished for talking about the “family secrets.”

Breaking out of these habits takes courage and strength and it can be done.

This inability to rely on others for help can be a barrier to recovery. “Similarly, for severe trauma, it has been said that healing can take place only in the context and content of relationships.” (Herman, 1992) Without relationships to support us, teach us, and nurture us, we remain in pain, stuck in the left-over emotions of trauma and retraumatization.

Learning to ask for help is critical in mastering our mental illnesses, traumas, and substance abuse. Learning to trust that our needs will be met when we ask for help can be a big risk. But risk taking in order to dissolve the pain and heartache of trauma and mental illness is worthwhile. We need to remember that we were not responsible for what happened to us as children, but we are responsible as adults for how we deal with childhood issues. No one else can do it for us, unfortunately. It is up to us to solve our own pain, which means learning to ask for help. Yes, we need to solve our own pain, but we do not have to do it alone.

One must also learn where to go for help. Calling a mental health agency can be confusing and intimidating. The first step is to be specific in saying what type of help you want. What is good about a mental health agency is, once in the door, they have many different kinds of programs and therapists and the staff is trained to direct you to the help you need specific to your issues.

Explore your own experiences of the past in asking for help. Learning to remember the reactions and feelings you had in response to asking for help can assist in pointing what emotional barriers you currently have when going for help today. Reframing your asking for help into new questions, creating new contexts of asking for help can overcome the old emotions connected to asking.

Role playing and rehearsing asking can be helpful in overcoming anxiety in asking. Many people who grow up in nurturing environments cannot comprehend the courage it takes to ask for help, and to keep asking for help until one gets the exact right help they need can be challenging. But asking for help is a crucial coping skill that leads to a full recovery.

The risk in asking for help can seem overwhelming. But asking for help can set you on a recovery journey that changes your life. Begin today by asking for help in a non-threatening situation that can lead to bigger requests. Don't let your life be led by shame; you deserve to have the life of your dreams.

~Colleen Jasper~

Consumer & Director of the Office of Consumer Relations
at MDCH in Lansing



“They do not want to hear what their children suffer. They’ve made the telling of the suffering itself taboo.” (Alice Walker)



WEDNESDAY
June 15
10AM to NOON
*Cadillac, Houghton Lake
& Traverse City Room 219*

TUESDAY
July 12
10AM to NOON
*Cadillac, Grayling &
Traverse City Room 219
by Video*

ACTION GROUP
FOR PEOPLE WHO WANT TO
Jump in and see what it is about - a chance to get involved!
We are planning the annual recovery celebration for September
20, planning for annual recovery awards, helping plan
upcoming



Regional Consumer Forum Minutes

May 19, 2011

10:00 AM – 12:10 PM

Present via videoconference:

Cadillac Office: - FT, JH., MB, RR, and KD

Ludington Office: DB, LS, MC, and KH

Traverse City Office: DG, DB, LS

Absent with Notice – LM, LH

Welcome - RR

RR announced that LM from WM has turned her resignation in. WM is working on filling the position to their CAP. KD has also joined the RCF as minute taker. MB noted that it is good to be back!

Agenda Review

The Agenda was reviewed. Additional attachments were sent out including the Quality Oversight update and the NWCMA Guide to Services (Medicaid Handbook).

Minute Review

The minutes from the February 17, 2011 meeting were reviewed and approved. Additional clarification as provided regarding the proportion of adults currently in services to peer services.

Affiliation Updates– DB

DB explained that he completes a Chief Managed Care Officer's report monthly for the Board of Directors. The report contains updates from each of the committees. A significant document was approved in April, the Eligibility and Level of Care Guidelines. Clinical leaders from across the Affiliation wrote these Guidelines. He emphasized that the Guidelines are used to guide clinicians, but exceptions may arise. Implementation of the guidelines will occur by October 1, 2011.

The first PIHP Site Visit was completed at NL on May 12. The report was finalized and sent out less than a week after the review. Clinical records are reviewed, with a large section of the review pertaining to person-centered planning. The percentage of elements found in the record are calculated and a score of less than 95% requires a plan of correction. DG suggested using the record review tool to educate case managers on how to complete and document plans. DB explained that this is a high level of review, but on the CMHSP level they also review records with a greater amount of specificity.

Local Consumer Meeting Updates -

Walk-A-Mile Rally

LS shared details about the Walk-A-Mile Rally in Lansing. She said there was a great turnout, with all but one county represented.

Reports from Committees

The WM Consumer Advisory Panel held their annual orientation recently. They reviewed the Healthcare Act and the impact it will have on consumers and the Cost Benefit Analysis. The Cost Benefit Analysis was started at WM and completed by the Anderson Group. The study showed that the Affiliation does very well at using their funding to provide services for consumers. The hope is that the study can be used with law makers to show the importance of maintaining funding for services. The CAP has also written letters to law makers, to the paper and volunteered with a food truck.

FT and JH reported that the NL Consumer Advisory Council had guest speaker, Lynn Ross who spoke about Medicare and Medicaid. An issue with calls not going through to Michigan Protection and Advocacy has been

resolved. The Council visited Club Cadillac during their meeting. Club Cadillac received a mini-grant to plant a garden. The produce that is harvested is used in the meal preparation. DG provided updates on Traverse House.

PIHP Activity

Consumer Member Handbook

RR explained that WM has ordered enough Member Handbooks to last through November. Currently, NL does not need to order any handbooks. RR encouraged RCF members to review the handbook and provide recommendations on content, readability, look, feel and other changes. MB and JH suggested having a cover art contest for consumers. ***Please bring feedback on the Member Handbook for the August meeting.***

Regional Consumer Conference

MC explained that the April Consumer Conference was postponed due to low numbers of people signing up for it. There was a discussion regarding reasons why there was a lack of interest in the 2011 conference. Possible reasons:

- Lack of information dissemination: At NL, information was in waiting rooms and clinicians received information at their unit meetings to share with their clients. A similar process was followed at WM. DG said it was good to contact the clinical workers as they have the most contact with the consumers.
- Snow days hampered schedules, prevented people from committing to driving in unknown conditions.
- Topics that interest only a small group of people, not interesting/entertaining or inspiring.
- Concerns about gas money
- Other events in the same timeframe (Walk-A-Mile)

Discussion regarding revising the purpose of the conference occurred. Some people do not understand what advocacy means. DB explained that the purpose of the conference could be revised through the ARR review process.

There was also discussion about possible topics including job skills and others. MC reminded the group that a conference is different than a clinical service.

DB will speak with the ARR team about rethinking the Consumer Conference and the purpose. RR will follow-up with GP and put this on the PIHP Customer Services agenda.

RCF By-laws

DG noted that the by-laws are nice. ***The RCF reviewed the guidelines and had no recommendations.***

Consumer Involvement Plan (CIP)

Review CIP for fy10-11

The Consumer Involvement Plan was reviewed.

RCF Committee member satisfaction survey - Review for changes

The name portion of the survey is now optional. The survey will be sent out in early summer, with results available at the August RCF. The survey goes to all consumers that are on Affiliation Committees.

Regional Customer Service Committee Update

CS Activity Report fy10-11 2nd Quarter

The CS reports contains information regarding what types of calls CS receives from consumers. They also track grievances (expressions of dissatisfaction) and appeals (appealing a decision regarding services). RR explained an appeal dismissal. A dismissal typically occurs when a judge does not have jurisdiction, for example if the person doesn't have Medicaid, they would have to do an alternate hearing process. Sometimes, the consumer will withdraw a request if their concerns were resolved locally.

Quality Oversight Committee Update

MC reviewed the Quality Oversight Report from LH with the RCF. Data collection has begun for the Quality Assurance Performance Improvement (QAPI) project on Integration with Primary Care. A perfect score on the evaluation of our project on Peer Delivered Services was received from HSAG. The Affiliation is moving towards more and more common data collection procedures. Later this summer a PIHP-wide satisfaction study for persons with developmental disabilities will be implemented. Interviews will be conducted with a sample of persons with a developmental disability who have received services. Also, there will be mail-in surveys with guardians of persons with developmental disabilities.

Next Meeting

The next meeting will be a face-to-face in Ludington on Friday August, 19 2011 from 10:00 am – 2:00 pm.

Meeting Evaluation

The meeting was useful and meaningful.
Information was understandable.

Adjourn

Respectfully Submitted:

KD