

**BHRS Partner's in Quality Meeting
Meeting Minutes from Monday - 2/09/09
Lehigh County Government Center**

- I. Participants: Pat Theodore, Veronica Jarvis, Tim Boyer, Pat McGarry, Tee Decker, Ellen Chung-Finnegan, Paulette Hunter, Diane Marciano, Matt Bauder
- II. Status Report/ Quality Improvement Activity – Diane Marciano
Final BHRS Family Satisfaction Survey Questions for face to face interviews
Diane gave a handout of the revised survey. As discussed during our last meeting a “cheat sheet” has been added to the survey in italics to allow Recovery Partnership staff that complete the face to face interviews to have this readily available. Please refer to the attachment with the e-mail, “*BHRS Survey Questions Final 1 6 09*”. 40 families will participate in this survey. These 40 families interviewed will also have their provider's charts reviewed to match up with what is being seen from the interviews. When the charts are reviewed at the provider, if 5 charts need to be reviewed, about 10 would be requested to maintain anonymity of those who have been interviewed. Half of the consumers will have a diagnosis of an Autism Spectrum Disorder diagnosis. About 500 members from Lehigh and Northampton County receive BHRS that have an ASD diagnosis. Recovery Partnership will complete this over time in thirds; a third in January, a third in February, and a third in March. The completion date is the end of March. Matt stated he will share an update as to how the interviews went in January.

Task: Matt will share results of the Recovery Partnership interviews

- III. Access issue recommended resolutions from BHRS providers – Diane Marciano
MBH met with providers in January, it was a well attended meeting and all of the providers were represented. Diane gave another handout included in the e-mail, “*BHRS Proposals to Assist with BHRS Access Issues*”. The providers were able to identify many strategies. The providers expressed interest in hearing ideas generated from this group. Please refer to the handout.
Bullet point number 2 – the employer should discuss what the potential employee's goals are; to use the job as a stepping stone, to move into a supervisory position, to become a clinician, or working towards an advanced degree. This will allow for the provider to talk about opportunities in the work environment to the potential employee.
Bullet point number 3 – this will allow for enhanced/advanced skill levels of employees. It was mentioned that there should be a “systematic training”. Perhaps an informal type of certification with a set curriculum would be beneficial. MBH can explore this and consider an enhanced rate. This will

make a difference between having a formalized training and being trained by a family. A question was asked about staff being paid while in training to become a BHRS worker. Some providers are paid, some are not. This may depend upon how the employee is hired. Contractual workers can't be paid for supervision or training, they do receive a higher pay rate.

Since some individuals don't get paid for training a question was asked about the best way for these individuals to receive training. The response again was to look at that set curriculum and enhanced pay rate. Electronic learning was suggested.

Bullet point number 4 – we need to ensure there are local trainings.

Bullet point number 5 – this is something that MBH can further explore.

Bullet point number 6 – if one agency has too many applicants or if one agency doesn't have employees that are willing to work certain hours, etc. information can be shared between providers. Providers can give the names of other agencies/providers. It was stressed that providers need to communicate with one another.

Bullet point number 7 – let them know about the challenges, expectations, be up front with the potential employee. Be honest about the requests for individuals to work on weekends and in the evening.

Bullet point number 8 – One potential resolution to this issue is to allow the BHRS staff to provide services at the ARCH. Perhaps 2 rooms can be reserved at the ARCH thus allowing opportunities for groups and inclusive types of activities.

Bullet point 9 – Appropriateness of dress needs to be addressed as well. Ethical issues and etiquette needs to be addressed during trainings.

It was questioned if a TSS from one provider and a BSC from another provider could work together with one child. This could certainly be explored by providers.

Another suggestion was for families to receive a description of the different roles of the BSC, TSS, and MT.

Task: MBH will share the above discussion with providers.

IV. Provider tracking and draft algorithm for inquiry calls from families – Diane Marciano

The flow chart that was handed out at the meeting is attached to the e-mail “*BHRS Provider Tracker*” This document is in draft form. This form describes the process of what will happen when a parent/guardian calls to inquire about BHRS services for their child. This will be on MBH's 2/27 meeting agenda. There were many questions that the providers had about this form. Feedback offered today will be taken to the meeting MBH has at the end of this month. We viewed page 2 first. A receptionist will probably be asking these initial questions. Enough information needs to be gathered during that initial phone call to ensure the caller is directed to the proper source.

The family will be given alternative names along with provider contact information, Magellan, and county contact information when there are access issues, when the provider can not take the referral.

There was a suggestion that the caller information be given to the county. This is not possible due to confidentiality. Providers will be tracking this information on the first page of this handout. Providers are beginning to track this information. MBH is tracking this from the time an evaluation is completed and when services are implemented.

What will happen when a provider has the availability of for example only a BSC and not a TSS? This will need to be explored with providers.

On the section that states, "Does your child/adolescent have an evaluation w/recommendations for BHRS?" – add the hours to this section.

On the first page of this document all providers will update this monthly and e-mail this to MBH. They will document the initials of the child, date, time of call, the county, type of insurance, purpose of the call, and the outcome of the call. MBH will track this and evaluate it.

Task: MBH will share the feedback above with providers.

- V. "BHRS Completion Report" – this excel document is included in e-mail. – Diane Marciano

The first page is January through December of 07. The second page is January through March of 08. On the last page, the most recent quarter, is April to June of 08. It ranges from a low of 42% for MT to a high of 63% for BSC. As we continue to work on access issues, there will be improvements.

Can this be handed out to each provider? Diane will check on this.

Task: Diane will check to see if providers are given this data

- VI. FBA Bulletin, the pdf file is attached – Diane Marciano

Information was sent to the State regarding how many BSC's have been trained thus far. Providers are aware of the necessity for training. This bulletin provides guidance for services delivered to children with developmental disorders.

Next Meeting: 5/11/09 at 1:00 in Room 123

Addendum 2/25/09 per Matt Bauder - Status Report/ Quality Improvement Activity

- It was identified that the surveys will be rolled out roughly 13 per month for the months of Jan, Feb, and March
- At this time, out of 30 families contacted, 13 surveys have been completed
- The final group of 10 families is currently being sent the initial letter and RP will contact them in March
- We do not have any preliminary data at this time

