

**CITYWIDE PPC MEETING
WEDNESDAY, NOVEMBER 18, 2009**

PRESENT:

Dr. Audrey Parsley, Psychologist (Committee Chairperson)

Dr. Marlene Fisher, Nurse

Jane Hearnin, Audio/Vision

Dhamana Shauri, Social Worker (Recording Secretary)

Brad Wildi, Occupational Therapist

Molly Carroll, CTU Liaison

Dr. Adrienne Scherenzel-Curry, OSS

Jessica Barreca, OT/PT Manager

Benna Bell, Nurse Manager

Carolyn Franklin, Social Work Manager

Linda Kukler, Speech Pathologist Manager

Marcia Nowak, Psychologist Manager

The meeting was called to order by Dr. Parsley at 12:45.

MINUTES:

The minutes from the previous meeting were reviewed and approved.

Ms. Shauri suggested that there needed to be a quicker turn around between the time the draft of the minutes are sent to members and when the minutes are finalized, with any necessary corrections and additions. Last month that process took 3 weeks. We will attempt to have it done within 10 days for the November minutes.

Dr. Parsley suggested that the minutes should be sent to clinicians only by the PPC representative, not a designee. Furthermore, Ms. Franklin added that protocol is that the minutes aren't shared and disseminated until they have been approved at the Committee's next meeting. Beginning with the November meeting, minutes will be finalized by Dr. Parsley and Dr. Curry after members have had an opportunity to review them and submit corrections or additions. They will be sent to clinician groups only after they have been approved at the next meeting. Each clinician representative should develop an email list of their colleagues for that purpose. Dr. Parsley has how-to information for compiling those lists, for anyone who needs assistance.

Dr. Fisher asked about the clinician list she was supposed to send the minutes to and Dr. Parsley reminded her that she had received a list last year for that purpose. Dr. Fisher noted that the list is outdated by now and she isn't sure she will be able to create another one *because of her heavy school assignment*.

PROVIDING INTEGRATED SERVICES

There have been reports of clinicians being told that when they provide services in the classroom, they are to import all the general education students in the room at that time and create a progress note for each of them.

The managers will meet within their respective disciplines and develop regulations for providing services for integrated groups.

Ms. Franklin noted that clinicians need to be careful to distinguish a “universal intervention” from a “therapeutic service.” Those definitions are located on the menu.

There has been confusion about the meaning of the HSMP drop-down menu items, “integrated setting” and “non integrated setting.” The menu item is intended to indicate “who” is being seen, rather than “where” they are being seen. Many clinicians believe that it references where you are seeing the student(s). The suggestion was made that the word “setting” be changed to “group,” eliminating the confusion.

Another HSMP issue that needs to be clarified is that when you report an individual service, you are still required to indicate whether the service is integrated or non-integrated, even though only one student was seen.

Dr. Curry added that those are HSMP glitches and should be simple enough to correct. She will discuss these issues with the managers and sit down with Terryn Murphy to have the changes made so the system is more effective.

Mr. Wildi asked whether, in the meantime, a memo can be sent out to all clinicians clarifying some of these issues. That will be done after Dr. Curry has spoken with Ms. Murphy.

Dr. Curry added that it would be helpful if clinicians sent in examples of specific problems they have encountered with HSMP reporting, i.e. uploading whole classrooms of students, so they'll know what needs to be improved. Those scenarios can be emailed to Dr. Parsley and she will share that info with Dr. Curry.

NURSES' GRIEVANCE/AD-HOC COMMITTEE

In response to the issues that were addressed in the grievance, a meeting was held that included Ms. Bell, Dr. Curry, Amanda Strand, and Linda Clarke. A list was developed that included short-term, mid-term, and long-term changes to be put into place that will allow the nurses to receive the support they need and make their jobs simpler to perform.

Ms. Bell reported that some of the problems arise because there are times when clinicians are unable to access things on their laptops that managers can. Sometimes it is necessary for a clinician to contact a manager and sit down with them---and their laptops---to see if the problem can be resolved that way. Ms. Bell is optimistic that the problems can be worked out.

Dr. Curry added that Impact is short-staffed and things are taking longer now than they used to. She added that clinicians need to let their managers know what problems they're having so they will know what needs to be looked at.

Dr. Fisher reported that she is unable to pull up a compliance list and she really doesn't have time to make an appointment for someone to come to her school to look at her laptop. The school principal was able to assist her with the same problem before; she will ask him for assistance with this issue.

Ms. Bell suggested that she could also contact Nancy Lagesse, a school nurse at North Side College Prep.

Dr. Curry reported that OSS sent out an email to nurses asking whether they needed support to get their work done around medical compliance. They later learned that not all nurses received that email, but the nurses who did respond had LPN's deployed to assist them. This intervention was also an action that was a result of the nurses' grievance that was mentioned earlier.

MEDICAL COMPLIANCE

The question was raised why parents are allowed to enroll students who don't have their inoculations. Dr. Curry responded that principals know that those students shouldn't be enrolled, but many of them are reluctant to turn away any children because of the negative impact it might have on their population and subsequent staffing numbers. However, principals are beginning to take the policy more seriously now because they realize that their medical compliance numbers are a part of their overall "report card" grade.

CASE MANAGERS

Dr. Parsley reported that CPS has many new case managers who don't know their jobs and clinicians are being asked to train them and do some of the work the case managers are supposed to do. She added that the climate sometimes gets contentious and the case managers get angry with the clinicians.

Dr. Curry responded that clinicians need to let their discipline managers know about these situations and the manager should contact the respective SSA for the school. It is the job of the SSA to step in and provide case managers with the assistance they need. Dr Curry added that OSS has no supervisory authority over case managers. They are assigned to those positions by the school principal and there are no specific qualifications required for the position.

SUPERVISION OF CLINICIANS

There was a discussion of who can initiate a disciplinary action against a clinician. Ms. Carroll reported that this action can only be done by their manager. A principal can, however, issue a "cautionary note" (a warning) to a clinician. She added that the process should start with the principal contacting the manager with concerns about a clinician, but sometimes they skip that step and go to the cautionary note.

OT/PT CONCERNS

Mr. Wildi reported that there are discrepancies in how many therapists are in the respective clusters. Ms. Barreca responded that the actual situation is that the lists don't necessarily reflect where the clinicians work; they have to do with the clinicians' payroll assignment location. She added that clinicians are distributed based on students' needs and there are more clinicians in the North cluster because more OT/PT services are provided there.

Mr. Wildi also mentioned that OT/PT therapists' service compliance is sometimes low because of their heavy caseloads. If a student is absent on the day a therapist is assigned to that school, their schedule doesn't allow them to get back to that school, so the services are not provided.

He also reported that a therapist talked to her manager about having an unmanageable caseload, and she didn't get an adequate response from the manager.

Dr. Curry reported that even though clinicians have variance in the number of schools they have, the number of minutes that they are expected to provide should be similar.

Dr. Curry reported that OT/PT clinicians are short-staffed and they are now hiring. She added that hiring even one clinician is significant because that may cover provision of services for students in several schools.

There was a question about the duties of OT/PT leads. They aren't assigned to specific schools, but they provide services and complete evaluations.

A-V CLINICIANS

There are currently 50 uncovered schools and Dr. Curry reported that there have been 15 positions cut since last year. Ms. Hearn informed her of a clinician who died recently (Catherine Strack) and Dr. Curry reported that OSS will vacate her position and hire someone.

Ms. Hearn suggested that clinicians be given the opportunity to volunteer to help out at schools where there is a need. If this is put in place, it will have to be determined whether seniority is a factor.

HSMP

There was more discussion on the requirement that clinicians indicate a specific time that a service is provided. It is time consuming and is it really necessary. A suggestion is that the menu can be changed to allow clinicians to report only how many minutes the service took, not a specific time.

Dr. Curry advised that it's important to list the accurate time a service is provided in order to avoid double-billing. Ms. Shauri recalled that at the October meeting, Ms. Murphy reported that listing the actual time isn't necessary. If a 30 minute service is provided, it doesn't matter if it's listed as 9:00-9:30 or 12:15-12:45. That information is reflected in the minutes. Dr. Curry will discuss this issue with Ms. Murphy and provide clarification.

OUTSOURCING CLINICIANS

Dr. Curry reported that CPS Chief Executive Officer, Ron Huberman, has a consultant looking into whether clinicians should be outsourced *and/or* decentralized.

The distinction is that with decentralization, clinicians would not be assigned to specific schools by OSS; a principal would decide who they want in their school for how many days or the COA would send people where they want them to go. She added that she is not in favor of either of these and neither are most people at OSS. There are many more reasons not to do it than there are reasons to do it and it will be *chaotic* if it's put in place.

Ms. Carroll added that *if outsourcing occurs, it will have major implications for the clinicians' pension and insurance*. Even if clinicians are decentralized, a principal may hire someone for three days, but they may not be able to get a position for the

other two days. If that happens, their pension wouldn't be fully paid. Clinicians would also have to pay for their own insurance.

TRACK E

Applications for schools wanting to go to the Track E schedule were due on November 6th and the applications will be acted on at the January CPS Board meeting. About 90 schools have applied and that includes some high schools.

An email will be sent out asking if clinicians are interested in working a Track E schedule. OSS plans to get the scheduling done earlier this year---before July 1st.

COMMUNITY SCHOOLS

There was a question about clinicians, usually social workers, who are providing services in Community Schools. How does their work impact the CPS clinicians in those buildings? It was noted that those clinicians do not perform IEP mandated services. They are in place at many schools, not just Community Schools, because all principals can use their discretionary funds to hire them.

The meeting was adjourned at 2:45.

The next meeting is on Wednesday, January 10, 2010 at noon.

Minutes submitted by Dhamana Shauri