

Clinical Leadership Committee & Utilization Management Committee

Date: Thursday, August 26, 2021

Time: 1:00 - 2:00 pm Joint Content

2:00 – 4:00 pm UMC and CLC Breakout Sessions

Location: Online/Phone ONLY; No in-person Meeting

Zoom Meeting: <https://zoom.us/j/7242810917>

Call-In: 1-312-626-6799; Meeting ID: 724 281 0917

Meeting content linked here: [UMC CLC August Meeting Materials](#)

CMHSP	Participant(s)
Bay-Arenac	Karen Amon; Joelin Hahn
CEI	Gwenda Summers; Tamah Winzeler; Tim Teed
Central	Julie Bayardo; Angela Zywicki; Renee Raushi
Gratiot	Sarah Bowman; Taylor Hirschman
Huron	Natalie Nugent; Levi Zagorski
Ionia-The Right Door	Julie Dowling; Susan Richards
LifeWays	Gina Costa; Shannan Clevenger
Montcalm Care Network	Julianna Kozara; Sally Culey
Newaygo	Kristen Roesler, Annette VanderArk, Denise Russo-Starback
Saginaw	Kristie Wolbert; Vurlia Wheeler; Colleen Sproul
Shiawassee	Trish Bloss, Jennifer Tucker; Becky Caperton; Crystal Eddy
Tuscola	Julie Majeske; Lindsay Harper
MSHN	Skye Pletcher, Todd Lewicki
Others	

JOINT CLC/UMC SESSION

- I. **Welcome & Roll Call**

- II. **Review and Approve July Minutes, Additions to Agenda**

- III. **Informational Updates (No Committee Action Needed)**
 - A. Regional Crisis Residential Unit Status
 - B. Staffing Shortage Concerns Follow-Up
 - C. MPCIP Updates (Michigan Psychiatric Care Improvement Project)

- IV. **Behavior Treatment Plan Review Committee (BTPRC) Q3 Report**
 - A. **Background:** Review quarterly data report and offer recommendations. Recommend that goal 2 regarding compliance with behavior treatment standards be included in the BTPR Performance report.
 - B. **Discussion:** The data may give the impression that there are increasing numbers of individuals with restrictive/intrusive measures however this is a reflection of improved accuracy in the identification of restrictive/intrusive measures that were previously not being identified as such. CMHCM noted that they have seen consistency in the specific providers who tend to utilize emergency interventions however these same providers are some of the few who are willing to work with individuals with complex behaviors so there may be multiple individuals with challenging behaviors living in one home.

Most CMHSPs note a correlation between physical interventions and 911 calls (ie: when physical interventions increase, police involvement decreases or vice versa).

- C. **Outcome:** No additional recommendations or disagreements with the recommendations.

V. Intensive Crisis Stabilization Services (ICSS)

- A. **Background:** Thank you for submitting re-enrollment packets during the month of August. Reminder that Children's ICSS Annual Data Reports are **due to MSHN by 10/23/21**. A copy of the report template and directions for submission are included in this month's meeting folder.

VI. Population-Specific Assessments

A. LOCUS

- i. There will be one PIHP regionwide training code for FY22 instead of CMHSP-specific codes. Please see document in meeting folder containing code and instructions. Previously each CMHSP received its own specific code to access the online training system. New for FY22 each PIHP has only one code for all CMHSPs in the region. Skye will include in next month's meeting materials as well so that the code is readily available. CMHSPs can give the code to their contract providers as well. The code should be used after September 1st.

B. PECFAS/CAFAS

- i. Rater Reliability training requirements and Agency Trainer booster training requirements are extended until 180 days after the Public Health Emergency Order ends.

C. Children's SIS

- i. Planning year for implementation of Children's SIS. Need to discuss regional SIS assessor capacity as it may not make sense for each CMHSP to hire their own assessor due to significant difference in volumes of assessments between various CMHSPs. MSHN has begun to collect and include data on SIS denials. SIS assessment completion database:
https://tbdsolutions.shinyapps.io/exploreSIS_node_mdhhs/

VII. Appropriate Placements for Co-Occurring SUD/Psychosis

- A. **Background:** SUD residential providers reporting an increase in persons presenting for SUD residential treatment with psychotic symptoms. Not appropriate for psychiatric inpatient units if psychosis is likely substance-induced however most SUD residential providers do not have the resources to monitor and stabilize psychotic symptoms. Seeking feedback if CMHSPs are encountering this and if there is a need for additional treatment resources?
- B. **Discussion:** All CMHSPs agree this is a significant problem in their catchment areas and law enforcement reports that amphetamine/methamphetamine use is one of the biggest challenges they currently face. These persons are at risk for violence while under the influence and jails are not really equipped to handle this. Many individuals end up being petitioned by law enforcement and psychiatrists certify because it's difficult to determine that psychosis is solely attributed to SUD. Most amphetamine-induced psychotic symptoms often clear in 48-72 hours. Often once the person has been in the ER or inpatient unit and the acute drug intoxication wears off they present with a stable mental status and thus, tied up time and resources while under the influence. BABH protocol is to place in psychiatric unit for short stay 2-3 days to address psychotic symptoms and impulsivity/safety issues and then transfer to residential SUD as needed/appropriate.
- C. **Outcome:** Important to improve and strengthen integrated treatment approaches, including options for medically-supervised withdrawal management. The committee supports a regional initiative to develop best practice protocols which should be shared with emergency departments, law enforcement, behavioral health, and SUD providers. Ensure linkage to an SUD program. Must address the barrier of individual's ambivalence or lack of desire to attend an SUD program.

VIII. Integrated Health Performance Bonus Incentive Narrative Report

- A. **Background:** Annual narrative report submission includes summary of CMHSP efforts and achievements. A copy of FY21 report is included in meeting folder for reference. **Requesting that each CMHSP provides updated information by 10/15/2021.** Updates should be entered here: [CMHSP Grid.xlsx | Powered by Box](#)
- B. **Discussion:** Our region has had very good success at achieving integrated health performance bonus metrics in the last 5 years. The annual narrative report is an opportunity to highlight the excellent and innovative work being done throughout the region in the area of integrated health. There is an excel spreadsheet (CMHSP Grid linked above) which is organized by CMHSP and includes each CMHSPs submissions from last year. Please review and provide updated activities, efforts, and achievements for this year.
- C. **Outcome:** Requesting that each CMHSP update the [CMHSP Grid](#) in Box by 10/15/2021 so that MSHN can compile contributions and submit finalized report to MDHHS by due date.

CLC BREAKOUT SESSION

I. Annual CLC Charter Review

Reviewed the CLC charter and there were no edits to the main body of the charter. FY21 accomplishments were discussed and FY22 goals identified. The CLC would like the updates to be made to the charter and shared back with the committee to determine if there are any further edits.

UMC BREAKOUT SESSION

I. Annual UMC Charter Review & UM Plan Review

- A. **Discussion:** The committee supports adding CCBHC services to the UM Plan and noting how the eligibility requirements are different than the typical population eligibility requirements for PIHP/CMHSP services.
- B. **Outcome:** MSHN will add draft language to UM Plan regarding CCBHC service eligibility for committee to review during September meeting. Requesting that UM Committee members review the UM Plan and UMC Charter documents in this month's meeting folder in Box and provide comments and recommended edits in the body of each document (track changes are on). Changes will be reviewed during the September meeting for acceptance/approval.

II. Reports

- A. ACT Utilization

PARKING LOT

- None

DELIVERABLES

- Children's ICSS Annual Data Report due to MSHN 10/23/21
- Integrated Health Performance Bonus Incentive Narrative Report: CMHSP updates due to MSHN 10/15/2021