

Clinical Leadership Committee (CLC) Agenda

Date: 9-27-2018

Time: 1-4p

Location: Gratiot Integrated Health Network (GIHN) 608 Wright Ave, Alma, MI

Call-In Information for joint session portion of the meeting: Conf: 888-585-9008/Room #: 818-235-935

CMHSP	CLC Participant	In-Person	Phone	Absent
BABHA	Karen Amon Joelin Hahn		X	
CEICMH	Shana Badgley	X		
CMHCM	Julie Bayardo	X		
GIHN	Kim Boulier	X		
HBH	Tracey Dore		X	
The Right Door	Karen Julie Dowling		X	
LifeWays	Gina Costa		X	
MCN	Julianna Kozara		X	
NCCMH	Denise Russo- Starback		X	
Saginaw CCMHA	Linda Schneider	X		
Shiawassee CCMHA	Crystal Eddy		X	
TBHS	Julie Majeske		X	
MSHN/TBD/ Other	Todd Lewicki	X		

Purpose: To advise the PIHP regarding clinical best practices and clinical operations across the region

- Advise the PIHP in the development of clinical best practice plans for MSHN
- Advise the PIHP in areas of public policy priority
- Provide a system of leadership support and resource sharing

1. Review and approve agenda (Agenda Content [Linked Here](#))
2. Approve minutes from last meeting: [8-23-18 CLC Meeting Minutes](#)

Decisions should be written in the form of questions identifying the precise decision that the group is being requested to make. Include links to relevant documents in Box

REMINDER: Start meeting with roll call.

I. Access Staff Burnout and Turnover

- A. Background: CMHSPs are reporting burnout and turnover in many positions throughout their respective organizations. This has brought up questions around recruitment, retention, referral programs, etc. Carried forward from last meeting.

- B. Question: What are strategies that could be used to address recruitment and retention of CMHSP employees?
- C. Discussion: LifeWays is hoping to implement paying access staff at a higher rate as compared to other departments. This works for a non-union workplace. Saginaw has not encountered turnover in access. Central is also very similar. Gratiot merged access and assessment and crisis departments, and it has worked well. This has become the front door. Saginaw uses a staffing agency for crisis staff and some employees contract at night. Central made it an option for crisis as intermittent. But, few have taken this option. Saginaw-many will work out of a larger pool. Montcalm is looking at the tele-screen option. This is billable now. The option has to be worth staff's while. There seems to be an increase in calls and admissions. CEI has encountered increased calls and contacts from people that have not been seen before (70% of activity). Many new graduates end up being hired, but they are underprepared. Central has struggled with getting psychologists. Should we consider having a staffing agency that would have clinical professionals? BABH has tried many different options. MSWs is a real problem right now. It is regarded as a crisis for BABH. Huron has posted on Facebook, which has worked well for them as has Shiawassee. Shiawassee's issue is with mobile crisis for kids, DD case management for children. The Right Door tends to pull from Grand Rapids and Lansing, which has led to stability. Contract provider organizations have had trouble with turnover as well. Burnout is a separate issue. Children's programs have struggled because of other agencies who are not as supportive as they could be.
- D. Outcome: CLC would like to look at a staffing agency of clinical professionals to assist. Consider use of a survey to identify high need areas/issues. Or use short term strategy: Each CMHSP HR to get data on open positions. Possible solution-student loan repayment. What about opening up licensing for a bachelor's in psychology.

II. **2018 Scorecard on State Health System Performance** [Michigan Scorecard](#)

Background: The scorecard reveals that states are losing ground on key measures related to life expectancy. On most other measures, performance continues to vary widely across states; even within individual states, large disparities are common. Carried forward from previous meeting.

Question: As part of your external environmental review to inform our improvement efforts, what is CLC's reaction and recommendations to the scorecard?

Discussion: Informational.

Outcome:

III. **School Safety Workgroup**

- A. Background: In the wake of the latest school shooting in Parkland, Shana wondered if other CMH's have crafted a formal policy about your response when contacted about "clearing" students who make threats/have concerning behaviors, communicating with schools, etc. The first workgroup meeting was 9/27/2018.
- B. Question: What is the progress of the workgroup?
- C. Discussion: Gwenda Summers from CEI also joined and looked at what CMHs are already doing. The meeting will continue. Focused on pre-screen hospitalization and a few other directions and are coming up with a policy of what they feel CMHs are responsible for.

Looking at prevention and partnering with schools. Use county CISM teams. Then look at a workgroup for school safety. Include schools, law enforcement, courts, etc. to discuss implementation and response. Building these relationships will be very important.

- D. Outcome: Looking at drafting a policy and a form to draft for use in schools, to be brought forward. Next meeting is 10/25/18, 12p-1p before next CLC meeting.

IV. Addendums to PCPs Extending Past 365 Days

- A. Background: Per request from Julie Bayardo of CMH for Central MI
- B. Question: How is this being handled?
- C. Discussion: Have run into not being able to use an addendum to extend the PCP beyond 365 days. It is questioned as to whether this is accurate. Most do an interim plan to extend the current plan.
- D. Outcome: Reviewing the technical requirement, but extensions/interim plans are currently being used.

V. Clubhouse Spenddown Grant ([linked here](#))

- A. Background: MSHN was recently awarded a grant for consumers with a Medicaid spenddown that will have their clubhouse visits covered during lack of Medicaid coverage.
- B. Question: Discussed reporting and the process.
- C. Discussion:
- D. Outcome: Eligible CMHSPs made aware and will be gathering and submitting data starting November 1, 2018, quarterly.

VI. Coverage/Staffing Issues and Agency Emergency Options

- A. Background: A increasing lack providers are able to maintain certain sites as they cannot find staff willing to apply for open positions. No staffing coverage for consumers throughout the day for the entire weekend was a recent issue. For health and safety, staff are needed in there. Options for agencies have been reduced. The families/guardians are not willing to have them back in their homes as they have their own health issues and would need assistance if they went home which is not available. This is becoming a theme for our provider agencies and we even added a new one and they are finding out that they cannot hire staff from around here either.
- B. Question: Are there possibilities of creating a system or process that would address this need?
- C. Discussion: CLS sites where CLS services are needed. Self-determination arrangements, specialized residential. There have been cases where there are open positions for several months. Not able to keep staff. Are there opportunities for development of an emergency housing situation? This has resulted in some consumers needing to be moved far away because of availability. Wages is an issue. It is also a safety issue.
- D. Outcome: Continue to consider options.

XI. Independent Facilitation

- A. Background: MSHN is seeking feedback on regionwide efforts around person-centered planning, independent facilitation, and self-determination. The question of whether MSHN has a uniform policy or procedure to address independent facilitation was also

brought up. One CMH observation has been that there is a lot of inconsistency in how different providers are doing independent facilitation and how they are documenting it.

- B. Question: What are each CMHSP's efforts as it relates to each? Should CLC develop standards of practice for the region which could include the documentation standards?
- C. Discussion: Some independent facilitators have stretched PCP processes and interpreted their role to be bigger than it is (i.e. that they could suggest or put in goals or determine level of care). The requirement is that independent facilitation be offered. Saginaw and CEI have had little interest in independent facilitation. Central has had increased interest in Midland county. MDHHS has supposedly been working on training for independent facilitation.
- D. Outcome: Review MDHHS requirements. Not pursuing a policy as of yet.

XII. Inclusion of PA for ACT

- A. Background: Recent memo issued by MDHHS. Going to Medical Director's group also in October.
- B. Question:
- C. Discussion: There could be some issues if there is a lack of face to face and certification on a petition. Despite this, it adds options.
- D. Outcome:

Added to agenda: Medical marijuana

- A. Background: A person receiving CLS has the worker take him to receive his medication via medical marijuana due to seizure disorder.
- B. Question:
- C. Discussion: Staff who have a medical marijuana card cannot use due to drug testing as well as the fact that it is still a crime at the federal level.
- D. Outcome:

• UPDATES

Management of Threats to Schools – Subgroup Update

a. Background: In the wake of the latest school shooting in Parkland, Shana wondered if other CMH's have crafted a formal policy about your response when contacted about "clearing" students who make threats/have concerning behaviors, communicating with schools, etc. Update: Decision from 4-19-18 meeting was to form a workgroup including Dani Meier, Linda Schneider, Julie Bayardo, Gwenda Summers (CEI Families Forward Director), and Kim Boulier (GIHN) will meet and develop a draft for consideration.

Outcome: Meeting scheduled for 9/27/18, 12pm-1pm

Parking Lot-August

Status of Deaf Mental Health First Aid rotation

Next Meeting: October 25, 2018 at 1-4p at GIHN, Alma