

# Clinical Leadership Committee (CLC) Agenda

**Date:** 3-15-2018

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

**Call-In:** 888-585-9008; **Conference Room:** 986-422-885

CMH	CLC Member	In-Person	Phone	Absent
BABHA	Karen Amon Joellen Hahn		x	x
CEICMH	Shana Badgley	x		
CMHCM	Kathie Swan Julie Bayardo	X x		
GIHN	Kim Boulier	x		
HCBH	Tracey Dore		x	
The Right Door	Julie Dowling		x	
LifeWays	Gina Costa		x	
MCN	Julianna Kozara		x	
NCCMH	Cindy Ingersoll			x
Saginaw CCMH	Linda Schneider	x		
Shiawassee CCCMH	Crystal Eddy		x	
TBHA	Julie Majeske		x	
MSHN/TBD/ Other	Dani Meier Trisha Thrush Joe Wager Amanda Horgan Todd Lewicki Katy Hammock	X X X x	x	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
2. Approve minutes from last meeting: [February 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*

**INFORMATIONAL:** This is the last meeting for Central Michigan CMH member, Kathie Swan as she will be retiring on 4-13-18. Her replacement Julie Bayardo was present to begin her transition.

**DECISION POINT:** Feedback on the Population Health Plan (Amanda Horgan)

- a. **Background:** The Population and Integrated Health Plan was reviewed at the January CLC meeting. CLC members reviewed recommendations and provided to Amanda and reviewed at February meeting. Amanda updated the plan and provided to CLC members to review with their respective CMH Medical Directors and provide feedback by 3-2-2018.

Amanda to review the recommendations from the regional medical directors at the March CLC meeting.

**b. Question: Feedback from medical directors for population health plan?**

**c. Discussion:** Population health plan has been included in the Operations Council meeting for Monday, 3-19-18. Medical Directors meeting is rescheduled for 4-27-18, and this item is on the agenda for review, discussion, and feedback. Any items offered can be added/revise into the Population Health Plan.

**d. Outcome:** Amanda indicated the CLC and medical directors still have some time for review and provided a new target date for feedback until 3-30-18. Amanda requested that if CLC members have not had their medical directors review the plan to date, to please review with them and provide her questions and feedback for incorporation into the medical directors regional meeting on 4-13-18.

**FOR DISCUSSION: HCBS Update (Todd)**

- a. Background:** MSHN has created a document for CMHs to document HCBS compliance efforts. That document is [here in Box](#). At February CLC meeting, several concerns were raised and questions about clarification on this item. Amanda indicated this is a topic that can be reviewed with Todd Lewicki for clarifying the Compliance Reporting Documentation process and an opportunity for CLC members to ask questions and receive feedback. CLC members would like more opportunity to discuss topics of 1. deviated wage, WOIA, 14-C waiver, and 2. HCBS impacts on employment. CLC was in support of having HCBS as an ongoing agenda item for future meetings to help support conversation and planning. Dani has invited Todd L. to attend next meeting to support discussion and will reach out regarding providing CLC with greater clarification about the HCBS Compliance Reporting process and expectations for the CMHSPs. Is the role of the CMHSP's role to ensure the provider is meeting their plan of correction or to ensure the provider is meeting compliance? FROM TODD: The attached documents are site visit tools [here in Box](#) and [here in Box](#) that were developed to assist in the ongoing remediation process (this is an annual process). We will talk about these tools in light of the proposal for collaboration with the CMHSPs (HCBS Compliance Verification Plan Verification Plan). I will plan on having Katy attend CLC as well to talk about the attached.
- b. Question: Can MSHN provide feedback about the expectation of the directives from Katy about the form provided by email and the timeline?**
- c. Discussion:** MSHN has done site visits for some providers and had some surprising results of finding items that needed to be addressed that were not previously on the original plan. The review during the delegated site review is a way to determine if the work has been completed and have a sample. CLC members are looking for clarification around what the expectation of MSHN is around the providers and where some people did not have "higher scrutiny" but the CMH's believe that is where they are functioning. Todd added 4 additional documents to the CLC agenda folder for resources to address these areas. Todd communicated that it is our responsibility to make sure providers are

meeting the HCBS rules, and if a provider is not meeting the rules, then please communicate those concerns to Todd to raise that provider to a level of heightened scrutiny. Linda Schneider requested the option of notifying MSHN of providers who need to be elevated to heightened scrutiny for potential site visits by MSHN vs. selecting a random sample. Todd talked a bit about the system "Fast Lane" that was borrowed from Lakeshore Regional Entity (PIHP) as a provider portal for communication. The system will have different levels for the PIHP, CMH's, and then there would be case ID's with the providers attached. Each CMH would only have access to their cases and providers, reports, and communication/feedback in process of HCBS. The system is secure, so it will allow for the flow and sharing of confidential information and eliminate the need for separate "secure" emails. Shana B. asked if clarification with LARA has occurred, as her staff Sharon Lopez was told at a training in Lansing by LARA staff that HCBS rules were not in compliance with LARA and that CMH's should be following LARA guidelines. Julianna with Montcalm also indicated her licensing person said something similar. Todd will be meeting with LARA leadership tomorrow and will ask for clarification on this topic. Shana communicated that she is working on getting "buy in" with HCBS, and the dissenting information from LARA impacts the ability to get people in support. The struggle is where the middle ground can be found, and health and safety concerns are highly challenging in terms of ways to address significant issues within the HCBS guidelines. Concerns expressed around individuals with Prader Willi needs, and NGRI status from MDOC populations within HCBS. The group requested that Todd take feedback around challenges and concerns with health and safety back to the State, and how this will impact provider networks and potentially reduce providers who can meet the HCBS guidelines. Katy H. provided feedback around visits to various sites, especially homes with multiple people living in them that struggle with individualization when attempting to meet a "group" need for housing supports. Michigan modeled its HCBS plan after Tennessee. Shana B. asked for update on B3 services. Todd reported they are waiting on data from DDI. MSHN has been cleaning up behind the scenes the emails that needed to be addressed for MSU to open back up the heightened scrutiny list.

- d. **Outcome:** Todd will follow-up with LARA leadership to get clarification on the priority of HCBS vs. LARA. He will also take feedback of the group and consult with MDHHS and his waiver team for future support and guidance.

#### **FOR DISCUSSION: CLC-UM Merger (Todd)**

- a. **Background:** After CLC's discussion last month about overlap and redundancies in CLC and UM, there was a follow up conversation in UM about a possible merger. Todd will share the outcome of that discussion.
- b. **Question: Next steps?**
- c. **Discussion:** Idea of UM-CLC merger meeting brought up to the UM team. Thoughts around joint meetings and rotations shared. Tracey Dore indicated she could see

benefits to UM and CLC having joint meetings, but that there was still a function of having clinical leadership have separate meetings. Julie Dowling also communicated the group time of 10a-2p would almost double the meeting time and the need to be sensitive to the time commitment. Todd reported that time period was a thought and perhaps the groups would meet for a portion of overlapping time, but then split off for individual group activities. Saginaw indicated they have previously not been supportive, but with the 298 pilot, they will not be participating long term. Kathie Swan requested the agendas be provided in advance for planning. May want to consider keeping the charters separate. Kim B. offered Todd and Dani reviewing the agendas for UM and CLC for the past year and seeing where joint meetings would have been beneficial and what proportion of items may be more appropriate for separate group topics of discussion.

- d. **Outcome:** Todd will be taking the feedback from CLC back to MSHN Leadership and Operations Council. He will also review the charters to see if any opportunities for a hybrid charter, with a target date in April 2018.

**FOR DISCUSSION:** Management of threats to schools (Shana)

- e. **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.
- f. **Question: Are their policies in place or should we consider a regional approach?**
- g. **Discussion:** Concerns raised around CMH therapists being put in the position to evaluate and "clear" students who may be at risk for school violence. Linda Schneider provided a hard copy at CLC meeting of an article/resource (Call for Action to Prevent Gun Violence in The United States of America) with 8 recommendations to reduce school violence. Conversation around if a mandate will be coming for CMH's to have school threat assessment teams. Examples of School Safety Alliance teams shared, and history of their implementation around grant funding from tribal entities, and the need for future collaboration of mental health and law enforcement agencies to address this need. Julie Bayardo recommended that when starting a conversation to seek out your local Sherriff as they have had a really positive experience, and they can be your ticket into relationships with other law enforcement agencies. After the Florida school shooting, Shana participated in a requested News 10 interview for "mental health awareness." The interview took a different spin than anticipated and did not show a significant portion of prepared question/responses and areas around stigma and mental health.
- h. **Outcome:** Linda Schneider will look for an electronic copy of the article to provide to CLC members. Julie Bayardo will be participating in a threat management meeting and is willing to bring that information back to the group to share.

**INFORMATIONAL:** MSHN Regional Medical Directors Meeting Update (Has been rescheduled for 4/27/18 1-3p at MSHN)

**FOR DISCUSSION:** Update on Mobile Intensive Crisis Stabilization Service and MDHHS approval? (Kathy Swan)

- a. **Background:** Mobile ICSS packets were due to MDHHS on 1-5-18 for review. MDHHS previously provided feedback to PIHP's and CMH's.
- b. **Question: What feedback have CLC members received from MDHHS?**
- c. **Discussion:** Currently MDHHS is communicating requests for clarification or revisions directly to the CMH's. Timelines have been provided for revisions and resubmissions to MDHHS for review.
- d. **Outcome:** Please email Carolyn Watters and Trisha Thrush a copy of the final approved MDHHS version of your Mobile Intensive Crisis Stabilization Service Application Packet. Trisha Thrush to email CLC members this information and request for copy of approved MCISS plan after notification from MDHHS.

**INFORMATIONAL:** Priority Measures Update (Joe Wager) (Standing Agenda Item)

<i>Priority Measures:</i>
Initiation AOD Treatment
ADHD Follow Up
Follow Up after Hospitalization for MI
Cardio Screening for Antipsychotics
Diabetes Screening for Antipsychotics
Diabetes Monitoring for Schizophrenia
Adults Access to Primary Care
Children Access to Primary Care
Plan All-Cause Readmissions (30 day)

- Current data available in agenda folder. Also available [here in Box.](#)

**INFORMATIONAL:**

- **COFR Use between CMHSP's in region:** Previous agreement was to support services for people without the need to pursue a COFR for CMH partners within the Region 5 area of MSHN. Linda Schneider had a recent case and was seeking clarification. Kathie Swan was going to look for a recent communication from Todd Lewicki with UM around this area. [MSHN COFR Policy](#) (also available in agenda folder for meeting).
- **Autism Benefit Services:** The 14-day evaluation standard for individuals seeking evaluation of the autism benefit is waived due to capacity, but when the child/person is found not eligible, then the 14-day evaluation standard gets back checked as being out of compliance. **Feedback to be taken back to MSHN for feedback to MDHHS.**

- **Saginaw chosen as 298 Pilot Program:** Linda communicated the start date of the pilot is targeted for 10-1-18. Linda reported she is contemplating a retirement and how this could impact her predecessor and the wish to contact and communicate with CLC members to share their experience and perspective in the future.

- **UPDATE:** Status of Deaf Mental Health First Aid rotation.

Measure	Development/ Implementation Stage	Scheduled Review	Action Needed?
ADHD Follow-Up	11. Engage in QI Efforts PRN	Jan, April, July, Oct	Yes: June Review Over Due
Cardio Screening for Individuals on Antipsychotics	9. Develop Target	Not set yet	Yes – Set Target; Group reviewed national MHP performance (43.9%) Did not have time to address target setting.
ER Visits by ER Treated Diagnosis	10. Publish Performance	Jan, April, July, Oct,	Yes: July Review Over Due
ER High Utilizers	5. Review Draft Measure	Not set yet	Yes: Review new report
Monthly Inpatient Visits Year over Year	11. Engage in QI Efforts PRN	Feb, May, Aug, Nov	Yes: May Review Over Due
Continuum of Care: Follow Thru By CMHSP	4. Draft Measure Using Data	•	N/A
Primary Care Coordination – PCP Seen	6. Validate Data	•	N/A
Compliance with Trauma-Competent Standards		-	Yes: Review initial performance

Next Meeting: April 19, 2018 at 9:30-12p at GIHN, Alma.