

Clinical Leadership Committee (CLC) Agenda

Date: 12-21-17

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

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

NOTE: This was an abbreviated call-in-only meeting held on our regular meeting day to address specific issues.

CMH	CLC Member	In-Person	Phone	Absent
BABHA	Karen Amon Joellen Hahn		X	
CEICMH	Shana Badgley		X	
CMHCM	Kathie Swan		X	
GIHN	Kim Boulier		X	
HCBH	Tracey Dore		X	
The Right Door	Emily Betz			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 Sarah Bowman Joe Wager Todd Lewicki Josh Hagedorn		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: [November 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

SEEKING INFORMATION: HCBS Rule Change - CAPS

- Background:** Issues and challenges are being experienced by CMH's in supporting providers with reactions and responses to the Corrective Action Plans (CAPs) being sent out from MSHN regarding the standards and implementation of the HCBS Rule Changes.
- Question:** Are other CMH's experiencing similar challenges? How are the other CMH's in the region responding and/or supporting their provider networks?

- c. **Discussion:** Todd Lewicki with MSHN joined conference call to support conversation around HCBS Rules and CAPs. Other CMH representatives on phone indicated they are having similar challenges, especially with CEI and Saginaw sharing experience. Saginaw has indicated they have set up an email for providers to access with concerns, and has drafted framework policies for the providers to adapt to use for the CAPs. A concern was raised around providers having one individual in the AFC/home that needed a higher level of supervision or restrictions than other residents, and the home consequently wanting to amend the other residents of the AFC/homes PCP's to match the restrictions of the person with the most limitations. This issue has been seen in other counties as well as noted by other CLC reps. Saginaw has attempted to resolve this issue by having any PCP amendments of this nature be reviewed by their Behavior Treatment Committee. CLC members reported providers are feeling as though they will not be successful with the HCBS Rule Changes and may need to close. Todd offered feedback about the HCBS Rule Change process and wanting providers to succeed which may take support and partnership with the contracted CMH.
- d. **Outcome:** CMHSPs are continuing to support providers with the CAPs process and CLC members will seek out assistance from Todd or Waiver Coordinators as appropriate for assistance.

SEEKING INFORMATION: MDHHS Intensive Mobile Crisis Stabilization Service

- a. **Background:** MDHHS has now contractually required that each CMHSP have an Intensive Mobile Crisis Stabilization Service within their area for youth from birth to age 21 years, as of 10/1/2017. Mobile ICSS enrollment packets were distributed to CMHSPs around 11-1-17, with a due date back to MSHN on 12/1/17. Packets submitted to MSHN were reviewed and either 1) sent back to the CMHSP for further information or revisions, and or 2) sent to MDHHS for final review and feedback or approval.
- b. **Question: When is each CMH implementing this service? When does MDHHS expect the full implementation of the service to start? What are the hours of operation for the ICSS?**
- c. **Discussion:** Consensus amongst the conference call participants indicated most CMHSPs to begin implementing their Mobile ICSS teams around 1/1/2018. Saginaw previously had an ICSS team in place and has already implemented it for youth. Concerns were raised around the safety of staff going to unknown locations and the focus on screening through the initial phone conversation to piece out when police intervention/assistance is needed for safety purposes. For some rural counties, there may only be one law enforcement personnel on shift during some hours, and their availability to respond to support may be limited depending on the needs of the county at that time. Staff safety may also translate into staff turnover on the ICSS teams, if issues arise. The hours of operation ranged from 2-7p (Tuscola), 5-10p (Saginaw), and most from around 2p-10p hours being covered. Trisha Thrush with MSHN shared the MDHHS Consultation Summary information which indicated the contract requirement of 10/1/17 as the contractual language but the recognition by the State of an implementation period being needed past this time for CMHSPs to be compliant.
- d. **Outcome:** CLC members were going to email each other copies of their pre-screening & screening tools to review. Kathie Swan with Central CMH to email out their Resource Packet to share with CLC members. Trisha Thrush is going to contact MDHHS about guidance for 1)

implementation date, and 2) process/timeline for approval/feedback about Mobile ICSS enrollment packets. (Email sent to MDHHS 12/21/17. Waiting for response.)

SEEKING INFORMATION: Youth Peer Supports

- a. **Background:** Kathie Swan with Central CMH requested a discussion regarding Youth Peer Supports to determine how other CMHSPs are approaching this topic. Youth Peer Supports are between the ages of 18 to 26 years old.
- b. **Question: Are other CMH’s using Youth Peer Supports?**
- c. **Discussion:** Kathie Swan communicated the guidance from the State has been that when Youth Peers exceed the age 26 limit, then they can be transitioned to a Peer Support Specialist position. While that is a great option when the capacity is needed, Kathie expressed concerns with having many youth peers that will turn into adult Peer Supports which may exceed the capacity need for their county area. Other CLC members indicated they are not currently using Youth Peers Supports now. Saginaw CMH offered some feedback about adding guidelines to their Peer Supports, such as an educational component (i.e. Associates degree, or other training) to help offer transition to other positions within the CMH.
- d. **Outcome:** N/A

Information

All available information should have been shared and reviewed prior to the meeting. Prior to the meeting, attendees review materials and prepare questions/feedback. Information includes previous minutes, data reports/dashboards, announcements, etc.

- **UPDATE:** Deaf Mental Health Care 2017 Training Video – MDHHS provided a hard drive to the PIHP directors. It needs to be circulated to each CMH for review by relevant staff. We’ll go alphabetically, starting with those CLC members in the room at the meeting.
- **UPDATE:** [Clinical Protocols](#) (Sarah)
- **UPDATE:** CLC Measures for Review (Joe W.) - Reports placed in CLC agenda folder 9-21-17 for CLC member access. CLC requested the data be updated monthly and reviewed quarterly. CLC requested the data be emailed out to the CLC members for ease of access to data.
- **UPDATE:** SUD Integration & Access Issues/Updates
- **UPDATE:** CLC Workgroup Leads Updates

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

Action List:

This is a running list of actions that (a) are being requested of group members by the committee lead or (b) have been identified as to-do items based on group decisions. These are actions that occur outside of a committee, which can be items for individuals, sub-committees, workgroups, etc.

Next Meeting: January 18, 2018 at 9:30-12p at Gratiot CMH.