



Region 5 - Regional Medical Directors Meeting
MEETING AGENDA
Friday, July 16, 2021, 12:00pm-3:00pm

All Meeting content linked here: <https://mshn.app.box.com/folder/140317842818>

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AGENDA

1. Welcome and Introductions

CMHSP	Participant	Present
BABHA	Dr. Roderick Smith	
CEICMH	Dr. Jennifer Stanley	Dr. Stanley
CMHCM	Dr. Angela Pinheiro Judy Riley	Dr. Pinheiro
GIHN	Dr. Sunil Rangwani	
HBH	Dr. Yolanda Edler	Dr. Edler
The Right Door	Dr. Joel Sanchez Teresa Martin	Dr. Sanchez
LifeWays	Dr. Aleksandra Wilanowski Courtney Sullivan	Dr. Wilanowski Courtney Sullivan
MCN	Dr. Razvan Adam	Dr Adam
NCCMH	Denise Russo	
Saginaw CCMHA	Dr. Ali Ibrahim Karen Becker	
Shiawassee Health and Wellness	Dr. Razvan Adam Crystal Eddy	Dr. Adam



Mid-State Health Network

TBHS	Dr. Usha Movva Tina Gomez	
MSHN	Dr. Zakia Alavi Sandy Gettel Todd Lewicki Dani Meier Barb Groom	Dr. Alavi Skye Pletcher Joseph Sedlock Sandy Gettel

2. **FY21 Q2 Behavior Treatment Review (Sandy Gettel)**

- i. **Background:** Discussion of proposed new measures for tracking the outcome of CMH compliance with Behavior Treatment Plan (BTP) standards. Additionally, there has previously been discussion by this group regarding whether oral medications prescribed for behavior control outside of the individual’s condition should be classified as an intrusive measure.
- ii. **Discussion:** During the course of site review activities one of the findings has been that plans of service contain restrictive and intrusive techniques that have not been put through the behavior treatment committee for review. How can our region increase the correct identification of intrusive/restrictive interventions? When it comes to prescribing of medications for behavior control the current MDHHS Technical Requirement offers a very literal definition that does not provide for physician clinical discretion. One consideration for PRN medications is ensuring specific documentation of who is requesting the medication – staff or consumer – and the purpose/intent of when it should be used. Additionally, it is important to ensure diagnoses are being updated accurately as needed; sometimes diagnoses are not updated accordingly making it appear as if medications are being prescribed for a purpose that does not align with diagnosis. Another question where there has been lack of clarity is regarding the use of antipsychotic medications for children with autism spectrum disorder to address agitation.
- iii. **Outcome:** MSHN will continue to compile the feedback and recommendations from this group to provide to MDHHS

3. **PIHP Performance Improvement Project (Sandy Gettel)**

- i. **Background/Question:** MSHN is in the initial stages of planning for the next PIP 3-year cycle. MDHHS/HSAG has indicated that the umbrella topic for the project should be a focus on reducing health disparities of some kind (not limited to racial/ethnic disparities only). Seeking RMD Committee input on possible areas of focus
- ii. **Discussion:** MDHHD will confirm the overall umbrella topic mid-August (such as reduction in health disparities). Please submit any ideas to Skye and Todd and MSHN will evaluate baseline data and feasibility of project implementation. To be discussed in more detail at the next RMD meeting scheduled in September. Initial ideas include Access to Primary Care and Tobacco Cessation Interventions
- iii. **Outcome:** Please bring forward any topics for consideration where disparities may exist in the region

4. COVID Updates/Issues

- i. **Background/Question:** Bi-weekly COVID response meetings have ended. RMD Committee agreed to change the frequency of the quarterly committee meetings to every other month and include pertinent COVID updates/issues at that time.
- ii. **Discussion:** SAMHSA has issued guidance that behavioral health and SUD treatment facilities are considered healthcare settings for the purpose of following OSHA guidelines regarding use of PPE in workplace. Anecdotally there are some CMHSPs that are not allowing any individuals who screen positive to enter facilities, which is an allowable exception within OSHA guidelines which would not require facility staff to wear PPE. Per Joe Sedlock, this is directly in opposition to guidance issued by MDHHS; public behavioral health/SUD services need to be accessible to all persons and CMHSPs and other providers should follow all PPE guidelines in order to serve all persons in need of services. Concerns raised that CDC rescinded the interim approval of the use of KN95 masks and MIOSHA updated guidance as well to indicate N95 and surgical facemasks are the only acceptable face coverings to be used in workplaces. This was unknown by many CMHSPs in the region.
- iii. **Outcome:** Additional clarification and guidance is needed from MDHHS

5. Michigan Psychiatric Care Improvement Project (MPCIP) Updates

- i. **Background/Question:** Updates from MDHHS pertaining to MiCAL (Michigan Crisis Access Line), crisis stabilization units, psychiatric bed registry and other MDHHS initiatives. MSHN is discussing the possibility of collecting data on regional psychiatric denials once again at the recommendations of CLC and UMC. Do Medical Directors agree there is need for data collection?
- ii. **Discussion:** Joe Sedlock provided information that the issue of psychiatric inpatient denials is very much at the forefront of conversation with MDHHS as a critical concern statewide. MDHHS is engaged in several strategies including rate development dependent on multiple factors (diagnosis, assessment of behavioral functioning, etc) which would offer different reimbursement rates for inpatient hospitalization dependent on the complexity of an individual's needs.
- iii. **Outcome:** Request for a high-level overview of MiCAL intended functions at the next RMD meeting in September so physicians have awareness of the impact to current aspects of service delivery and what this means for patients/consumers.

6. FY21 Q1-Q2 Quarterly Reports

- i. **Priority Measures Report**
- ii. **Follow-Up After Hospitalization for Mental Illness (FUH)**
- iii. **Penetration Rate by Race/Ethnicity**

Follow-Up Items:

Next Meeting(s)

- Discussion about consent to treatment for minors who are in care of MDHHS. Depending on legal status of case sometimes birth parent/guardian maintains legal rights to provide consent to treatment. CMHSPs face challenges when minors require treatment but are unable to secure consent from parents for various reasons



- Overview of MiCAL intended functionality and impact to current aspects of service delivery for patients/consumers
- Discussion about potential topics for the next regional Performance Improvement Plan (PIP); include review of available baseline data if possible