Clinical Leadership Committee

Date: Thursday, May 23, 2019, 1:00PM-3:00PM

- 1:00PM-2:00PM: CLC Specific
- 2:00PM-3:00PM: Shared CLC/UMC

Location: Gratiot CMH 608 Wright Ave, Alma, MI

Call-In: Conf: 888-585-9008/ Room #: 818-235-935

Meeting content linked here: May CLC Folder

CMHSP	**CLC Participants** in RED=phone
Bay-Arenac	Janis Pinter, Karen Amon
CEI	Gwen Williams, Lia Sibilski
Central	Julie Bayardo
Gratiot	Michelle Stillwagon
Huron	Tracey Dore
Ionia-The Right Door	Julie Dowling, Amanda McPherson
LifeWays	Gina Costa
Montcalm Care Network	Julianna Kozara
Newaygo	Kristen Roesler, Anette VanderArk
Saginaw	Kristi Wolbert
Shiawassee	Crystal Eddy
Tuscola	Julie Majeske
MSHN	Todd Lewicki

UMC Purpose and Powers

Implement the UM Plan and support compliance with MSHN policy, the MDHHS PIHP Contract and related Federal & State laws and regulations.

- **Develop** *policies and standards related to access, authorization & service utilization*
- **Identify** *over/under use of services*
- **Recommend** *improvement strategies 6*
- **Monitor** *follow-through*
- **Coordinate** *with other committees*

CLC Purpose and Powers

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*

Clinical Leadership Committee Meeting Specific Content (1:00PM-2:00PM)

I. Review & Approve April Minutes, Additions to Agenda

April minutes accepted as drafted. No further additions.

II. PSP and YPSS

A. Background: Recently, MSHN was contacted by MDHHS regarding Parent Support Partner (PSP) and Youth Peer Support Services (YPSS) provision. PSP and YPSS need to be available in sufficient capacity in the PIHP region for children, youth, and families. It has been asked if a regional approach could be taken. There are also training dates for PSP and YPSS that have been set and require discussion (see content in Box).

B. Question: What is the committee's recommendations to meet these service requirements?

C. Discussion: Operations Council conversation was provided. Central does have some PSPs that are younger but are just outside of the age range. Many CMHs cannot support a full-time YPSS. What is the push for this and what are the outcomes that go with this service? Can we as a region ask for a waiver to use existing PSP to provide services. What about the legality of going to age 26? Saginaw has two currently. What happens when they turn 26? It was very difficult to find someone that met these criteria. HBH did hire a youth support, lasted about five months. Had some struggles. There are a lot of concerns with a person who is early in their recovery providing peer support to other youth. Shiawassee used Association for Children's Mental Health. Issues with understanding the youth-peer vision. It has been very hard to fill the position with the right person. Plans: get a waiver (as mentioned) or make it intermittent. Maybe explore with another Board to share an FTE. Shiawassee is going to move forward with Assoc. for Children's MH and will be posting. Looking at 25-30 hrs a week. LifeWays is reaching out to their adult peer services provider to see if they are willing or able to provide this. Right Door has a PSP that meets the age requirement and will need to get her trained. There are historic performance issues with many younger peers.

III. Autism Alliance of Michigan Request

A. Background: The Michigan Legislature has asked AAoM to review current clinical practices that may be contributing to the rising cost of the ABA benefit.

B. Question: The MDHHS has asked that there be follow up, but they are not responsible directly for this project. What is the CLC's proposal to handle this request?

C. Discussion: Not every child is deemed eligible for ABA. How about the BCBA and their annual re-evaluation. This also was a benefit that expanded greatly to age 21 which has influenced benefit expansion. What are the CMHs doing to assess if the kids are appropriate for ABA services? Are there any chances that there are other concerns like trauma or other genetic components that affect this issue? There has been training for access staff, Saginaw is trying to come up with a criteria list to focus on what is being observed. Central has one access manager that answers the ABA specific questions. This has helped.

D. Outcome: CLC members asked to follow up with AAoM regarding the request.

IV. Workforce Survey

Questions about providers that are fee for service, the amount of time is being questioned. What will this result in? What is to be gained? The thought is that it became a bigger project. What is the ask and the expectation to participation?

Combined Meeting with Utilization Management Committee (2:00PM-3:00PM)

IV. Autism Code Discrepancies

A. Background: There has appeared to be continued use by some of the CMHSPs on the non-face to face code and it is related to confusion by shared Autism Providers.
B. Question: What does the group recommend to address and resolve the confusion?
C. Discussion: Provider network is reporting that the encounters are longer in length. There are providers that they believe may be thinking that the service does not include non-face to face in the cost, but it should.
D. Outcome: Non-Face to face should be rolled into the cost of the service, not separate. The CLC felt this issue was resolved.

V. Overnight Health and Safety Support

A. Background: Per the **proposed** waiver application language: Overnight Health and Safety Support is defined as the need for someone to be present to prevent, oversee, manage, direct, or respond to a beneficiary's disruptive, risky, or harmful behaviors, during the overnight hours.
B. Question: By 10/1/19, will the region be ready to implement this service for SEDW?
C. Discussion: What would not be behavioral interaction that would not be CLS. This appears to be a crisis-type service that is not yet a crisis. With CLS there is a teaching component to the service. Is it the intention that there be more flexibility to provide more support than being alone? Central has felt that CLS is not appropriate for overnight and MDHHS may have come up with this new service to be reflective of addressing the need. Concern that this may become a trend that this will lead to increase in costs given a blanket approach to administration of overnight staffing. Will this have to be staffed at a lesser rate? For SEDW, this is less likely. If our committees have feedback, MSHN would like to receive it to aggregate to the state. What is a risky behavior? This is preventative in nature and is unclear about what is to be completed.
D. Outcome: Need clarification for whom this is available to. There needs to be clear definition in the Medicaid Manual. Need to determine the threshold for when a CLS worker is trained appropriately for when to intervene and/or discern the difference. Will MDHHS change standards on who can provide CLS?

VI. Integrated Care for Kids (InCK) Update

A. Background: Due to the design of the InCK Model, it covers many different core child service areas. On 4/19/19, MSHN submitted an RFI to MDHHS to participate in implementing the model in Clare/Gladwin and Jackson counties.

B. Question: If MSHN is selected, how often would the committee like updates?

C. Discussion: Todd gave a report on the status of the RFI.

D. Outcome:

VII. HCBS Implementation (Standing Agenda Item)

A. Background: HCBS transition is underway and is brought to the CLC as part of regular updates.

B. Question: Is the MSHN region moving toward full HCBS compliance?

C. Discussion: Discussed pace of reviews and expanding staff to address HCBS site visits to complete C-waiver out of compliance and move toward use of the REMI audit module for document results.

D. Outcome: Continue to provide monthly updates.

X. Admission Benefit Stabilization Workgroup Update (Standing Agenda Item)

No May meeting.

Parking Lot:

Child Parent Psychotherapy Learning Collaborative

Services for children ranks 5th out of 15 regionally, based on CMHSP community needs assessments. The MDHHS is collecting applications to participate in Child Parent Psychotherapy (CPP) Learning Collaborative to build capacity across the state for trauma treatment to young children and their families. LifeWays indicated they will be participating and will provide updates.

School Violence Workgroup Update & School-Based Mental Health Funding

31N is the section of the Michigan Department of Education FY 19 budget bill that provides $30 million to schools and school-based child and adolescent health centers to provide school-based behavioral healthcare to children and adolescents with mild to moderate mental health needs. The 31 N Advisory Group met on 4/17/19, for the first time to provide guidance to this initiative. CMHA is a member of that Advisory Group. Lifeways was asked to collaborate with Hillsdale ISD on their 31N proposal; Montcalm, Gratiot, and CMHCM indicated collaboration with their local ISDs as well

Ideas for Collaborative Learning/Roundtable Discussion:

- How does each CMH manage HCBS authorization?