

Clinical Leadership Committee (CLC) Agenda

Date: 10-25-2018

Time: 1-3p

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 X	
CEICMH	Shana Badgley	X		
CMHCM	Julie Bayardo	X		
GIHN	Kim Boulier	X		
HBH	Tracey Dore		X	
The Right Door	Julie Dowling	X		
LifeWays	Gina Costa		X	
MCN	Julianna Kozara	X		
NCCMH	Denise Russo- Starback	X		
Saginaw CCMHA	Linda Schneider Erin	X		
Shiawassee CCCMHA	Crystal Eddy			Excused
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: [9-27-18 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: Started meeting with roll call.

- I. **CLC Charter**
Charter discussed and no further feedback.
- II. **EVV Updates**

EVV briefly discussed. No questions, but letter is in the Box folder.

III. **Review of FY19 Section 8 of Delegated Managed Care Site Review Tool**

- A. Background: Appropriate sections of the tool need to be reviewed and approved by the various MSHN committees and councils. Section 8-*Coordination of Care/Integration of Behavioral Health and Physical Health Services*, and Section 9-*Behavior Treatment Review*.
- B. Question: Does the CLC approve the recommended DMC review tool sections 8 and 9?
- C. Discussion: BTP discussion was on whether the CMHSPs have considered the effect of HCBS of adults with mental illness that fit B3 population potentially. Also addressed concerns with NGRI. No feedback on coordination of care.
- D. Outcome: Todd to get the state's perspective on NGRI and HCBS.

IV. **MSHN Training Grid**

- A. Background: MSHN is reviewing its training grid and is seeking CLC feedback and input.
- B. Question: What feedback does the CLC have regarding MSHN's training grid?
- C. Discussion: Carolyn presented the training grid. Looking for clarification on PCP and aide level staff. Support was provided for the yellow highlighted areas. Include Health and Safety discussion and concerns relating to behavior treatment and potential for emergent physical intervention. Covered SIS and LOCUS. Make sure the population that applies is specified.
- D. Outcome: Carolyn is looking to finalize the grid soon. Looking to finalize with Operations Council then to the Board after the November meeting.

V. **Behavior Treatment Plans**

- A. Background: Behavior Treatment Plans: HCBS/SPMI; also, BTPRC and ABA treatment need to be addressed.
- B. Question: How are the CMHSPs dealing with behavior treatment plans and the SPMI population as well as the autism population?
- C. Discussion: BCBA's tend to indicate no on plans when a person guides a consumer. ABA plans at Central do go through BTPRC. There are issues with not having psychologists to write plans. Addressed positive support plans. Looking a recruiting companies to assist. Differences also between psychologists in public versus private settings. BT tool is helpful to review relative to requirements. For HCBS/SPMI, there are very few scenarios where this seems to be an issue?
- D. Outcome: Todd will confirm with MDHHS with NGRI status and HCBS.

VI. **Recipient Rights**

- A. Background:
- B. Question: Are other CMHSPs experiencing similar issues where more and more right complaints (substantiated) are occurring where the consumer has felt disrespected (i.e. no eye contact) through tele-health services?
- C. Discussion: This does not seem to be a rights issue, but rather a grievance. Staff are reacting by being afraid to do anything. The CLC reacted with surprise that this is

occurring. Recent Right Conference did not seem to bring up this issue but have been urged to be firmer. There has been an increase in investigations, but not to this degree. If related to tone person uses, it could be an issue. If it relates to prescription choice, it is outside of the scope of rights. A good medical assistant has also been helpful in mediating these issues.

- D. Outcome: Julie B. will be discussing with her rights advisor to learn about what she is seeing in trends. CMHSPs may need to consider trainings relating to better eye contact and tone. This may relate to cultural competence as well.

VII. Policy and Procedure for Retroactive Chart Sampling-MCG

- A. Background: UMC is drafting a policy and procedure to cover sampling for review of acute care cases for parity.
- B. Question: Does the CLC support or have feedback to the UMC?
- C. Discussion: Input was provided. Question why substance use services is included in the CMHSP definition. Recommend removing it and clarify acute care services-is it the hospital only or should it include crisis residential and partial hospitalization?
- D. Outcome: Send feedback to UMC.

VIII. Regional Medical Directors Meeting/Information Timing

- A. Background: The RMD meets on a quarterly basis and CLC information should be well-timed.
- B. Question: Need to consider timing of information.
- C. Discussion: Information will be shared with RMD and CLC to ensure transparent communication.
- D. Outcome: CLC will ensure that information is shared in an early manner.

XI. School Safety Workgroup

- A. Background: This group meets monthly prior to CLC.
- B. Question: CMHSPs please provide information on how CMHSPs are working with the school systems.
- C. Discussion: Communication and collaboration and to hear from how CMHSPs are working with the schools.
- D. Outcome: Provide feedback to this workgroup as needed.

XII. HCBS Update

- A. Background: B3 compliance data was recently released. MSHN has just under 1,000 total survey outcomes to work on relating to heightened scrutiny and out of compliance. Also, current C-waiver reviews are resulting in different outcomes relating to CMH reviews and PIHP reviews.
- B. Question:
- C. Discussion: Status update provided.
- D. Outcome:

- **UPDATES**

Kim Boulier updated CLC on the progress of the School Safety workgroup. Currently have a draft policy that needs further work, but progress is going well.

Parking Lot-August

Status of Deaf Mental Health First Aid rotation

Next Meeting: November 15, 2018 at 1-4p at GIHN, Alma