

Clinical Leadership Committee & Utilization Management Committee

Date: Thursday, September 24, 2020

Time: 1-2pm CLC, 2-3pm Joint, 3-4pm UMC

Location: Online/Phone ONLY; No in-person Meeting

Zoom Meeting: <https://zoom.us/j/7242810917>

Call-In: 1-312-626-6799; Meeting ID: 724 281 0917

Meeting content linked here: [UMC August Meeting Materials](#) [CLC August Meeting Materials](#)

CMHSP	Participant(s)
Bay-Arenac	Karen Amon; Janis Pinter; Joelin Hahn
CEI	Shana Badgley; Elise Magen; Tanya Seely; Tim Teed
Central	Julie Bayardo; Renee Raushi
Gratiot	Kim Boulier; Sarah Bowman
Huron	Natalie Nugent; Levi Zagorski
Ionia-The Right Door	Susan Richards; Julie Dowling
LifeWays	Dave Lowe; Kaitlin Burnham; Gina Costa
Montcalm Care Network	Julianna Kozara; Adam Stevens
Newaygo	Denise Russo-Starback; Annette VanderArk
Saginaw	Kristie Wolbert; Erin Norstrandt; Vurlia Wheeler;
Shiawassee	Crystal Eddy; Jennifer Tucker; Craig Hause
Tuscola	Julie Majeske; Michael Swathwood
MSHN	Skye Pletcher, Todd Lewicki, Katy Hammack; Sandy Gettel
Others	

CLC

- I. **Welcome & Roll Call**
- II. **Review and Approve August Minutes, Additions to Agenda**
- III. **WHAM Trainings (Whole Health Action Management)**
 - A. **Background:** MSHN Region awarded MHBG funds for FY21 to provide 3 WHAM trainings during the fiscal year. Originally planned for 1st training to occur in Oct/Nov 2020. The National Council is only conducting online trainings until at least 12/31. This is a 2 full-day training; are there concerns about low attendance/engagement over virtual platform
 - B. **Question:** Does CLC recommend scheduling an online training for November or waiting until after 1/1/21 to see if there is a possibility of face-to-face trainings later in 2021?
 - C. **Outcome:** *HBH in support of virtual, GIHN in support of virtual, LifeWays has had positive virtual training experiences. MSHN will move forward with The National Council to schedule virtual training in November (target date)*
- IV. **Revised HCBS Procedure**
 - A. **Background:** Ad hoc meeting held on 9/11 to review draft HCBS Procedure. Thank you to all who attended and/or provided input via email. Review current version of document which incorporates feedback.

- B. **Discussion:** *Reviewed the changes provided by the ad hoc meeting on 9/11*
- C. **Outcome:** *Approved the updated draft procedure; recommend moving to Ops Council*

V. Behavior Treatment Review Trends and FY20Q3 BTPRC Data

- A. **Background:** *Recent MDHHS review of behavior treatment committee processes yielded findings.*
- B. **Discussion:** *MSHN Quality Manager Sandy Gettel reviewed Behavior Treatment Review Data.*
- C. **Outcome:** *Next BTR Committee meeting scheduled for 10/9*

VI. CLC Charter Review and Annual Report

- A. **Background:** *Annual review and updates*
- B. **Outcome:** *Minimal updates needed; keep charter largely as-is; provide input regarding goals or achievements for the annual report to Todd by email*

VII. DECA Regional Training

- A. **Background:** *MSHN gathered information from CMHSPs regarding current training capacity and methods for CMHSPs to use the DECA. Summary of survey results contained in this month's meeting folder. Seeking committee feedback on regional training approach- 3 options summarized in document.*
- B. **Discussion:** *Preference to contract with existing State trainers so as not to place additional time/resource strain on CMHSP staff as trainers.*
- C. **Outcome/Action Steps:** *Provide recommendation to Operations Council for MSHN to seek contractual training opportunities for MSHN PIHP CMH Participants and their provider networks (Option B on Summary Document)*

VIII. CMHSP Integrated Health Activities Summaries for MDHHS Annual Submission

- A. **Background:** *MSHN requesting information from each CMHSP regarding integrated health activities to compile for regional submission of the 2020 Performance Bonus Narrative. The 2019 Performance Incentive Narrative is included in this month's meeting materials for reference.*
- B. **Outcome:** *Please use the reporting template provided and return to Skye.Pletcher@midstatehealthnetwork.org by 10/15/2020*

IX. Addition to Agenda: Premium Pay Discussion

- A. **Background:** *Premium pay covers residential and H2015 is in the bundle and is 24/7 availability of ACT services and it was asked why premium should not be a part of their increase.*
- B. **Discussion:** *MDHHS was asked and it was noted as a "no" to ACT services. It may be hard to differentiate by program to determine where this applies. This is similar for home-based and for those that go in the community. Also includes crisis services. This is very hard to differentiate. In some cases nurses and clerical have asked for premium pay because they are in the building all day and this underscores how hard it is to differentiate.*

JOINT CLC/UMC

X. Council/Committee Survey

- A. **Background:** *MSHN's council, committee and workgroup process is evaluated periodically to assure the system(s) in place is making good use of time, working effectively and achieving the collaboration goal. A survey tool similar to previous years has been created to allow council, committee and workgroup participants the opportunity to provide input related to their working experience within each group. **The deadline for survey completion and submission is November 15, 2020.***

At your earliest convenience, please click [HERE](#) to complete the brief survey.

Please contact Amanda Ittner at amanda.ittner@midstatehealthnetwork.org with any questions or if you need assistance accessing, completing or submitting the online survey.

- B. Discussion:** *This was shared with CLC and UMC members asking to complete the brief survey and to provide feedback.*

XI. CMHSP SUD Transportation TA

A. Background: Approved in April 2019; Review and update to reflect current practice if needed

B. Discussion: *Availability of withdrawal management and residential treatment services has been limited, especially after hours nights/weekends. CMHSP access centers and crisis teams seeking more guidance from MSHN regarding best practice for handling after hours referrals to these higher level services*

C. Outcome: *Carry forward to next month to have a larger conversation. Skye/MSHN to provide additional resources and information related to SUD Access at next month's meeting*

XII. FY 21-22 MSHN Population Health & Integrated Care Plan

A. Background: Asking for input to inform the next 2-year plan cycle. Draft plan and change summary log can be accessed in Box. Reviewed by regional medical directors in July. After council/committee input plan will be moved forward to Ops Council.

B. Discussion: *Originally developed in 2018 (2-year plan) and now in a cycle to review and update the plan. Skye provided a summary document highlighting the changes. Skye reviewed the plan. Epidemiology and preventable morbidity is a new section but will help coordinate further planning and discussion for strategies. There is an expanded focus on health equity and addressing social determinants of health. There is a new section on addressing racial and ethnic disparities and related tasks. Discussed recommendation of consideration of feedback from regional and local consumer councils. The Medical Directors provided much feedback on this plan.*

C. Outcome/Action Steps: *Plan will be moved forward to Operations Council during their October meeting. Please provide any additional feedback about the plan to Skye or to Operations Council member for inclusion in Operations Council discussion*

XIII. Infant Mental Health: Discussion About Consistency of Process

A. Background: Seeking discussion/input regarding delivery of IMH services:

- i. Is primary consumer child or parent? *Generally parent, but sometimes child if child is more symptomatic*
- ii. If parent, what are the implications for tracking Level of Care utilization? (ie: parent is a primary consumer of their own services utilizing LOCUS assessment, child is receiving IMH services utilizing DECA) *This challenge was noted by many CMHSPs*
- iii. What CPT/HCPCS codes are being used to report IMH services? What falls within the scope of services provided?

B. Discussion: *Most CMHSPs noted many questions related to the delivery of these services as well as how to define the age groups for various children's services as they are defined differently by different assessment tools and evidenced-based practices (ie: DECA assessment is used for ages 0-3, does this mean 0-36 months when the child turns 3 or 0-47 months throughout the third year of life)*

C. Outcome: *Lack of clarity and conflicting guidance from different sources has led to variation in practice. Developing a regional clinical service protocol will help establish clarity and understanding*

XIV. MiCAL Statewide Access/Crisis Line- 3:00 pm

A. Background: MDHHS put out RFP for a contracted vendor to operate statewide crisis/access line. Intent to interface with CMHSP/PIHP system and perform warm-handoffs. Seeking stakeholder feedback via upcoming Listening Sessions regarding necessary elements for successful implementation

- B. Discussion:** *Significant concerns about the proposed intention for CMHSPs to end current afterhours crisis lines and link to MiCAL instead, as presented during recent listening sessions. This was not previously communicated by MDHHS as the intention of MiCAL. Clarification is required as this is a very concerning change. Has the mental health code been updated as it currently requires CMHs to maintain 24/7 crisis lines? Susan Richards from The Right Door provided the revised mental health code excerpt which became effective 4/26/20 (330.1165 Michigan crisis and access line, Sec. 165).*
- C. Outcome/Action Steps:** *MSHN to seek clarification regarding if there will be a requirement for CMHSPs to end their current afterhours crisis lines and link to MiCAL instead.*

UMC

XV. NEW Proposed COFR Resolution Procedure

- A. Background:** *New draft procedure for purpose of establishing an efficient and equitable regional process for resolving COFR disputes (both in-region and out-of-region) in a timely manner. Clarification provided from Operations Council that they prefer to eliminate in-region COFR arrangements. Is there still a need for a regional COFR committee to provide recommended resolutions?*
- B. Discussion:** *There are still existing COFR agreements in the region; guidance needed regarding how and when to end these existing agreements now that Operations Council has clarified that COFR agreements should not be used between CMHSPs in the region. Is there value in keeping current draft resolution procedure to apply to instances involving outside-region COFRs? MDHHS has been increasingly asking for PIHP involvement in resolving disputes, this procedure utilizes an equitable/unbiased format of CMHSP content expert review rather than solely MSHN staff recommendation. Agreement by many members that there is value to have this type of resolution process when dealing with outside-region COFRs. In-region CMHSPs would agree to take responsibility for case if that was the recommendation of the regional review committee; MSHN would pursue resolution with other PIHP if the committee concluded that in-region CMHSP was not responsible.*
- C. Outcome:** *Move procedure back to Operations Council in October noting that there is not complete agreement from UMC regarding the usefulness of this procedure. Some CMHSPs prefer to rely on established MDHHS/CMHAM resolution process and do not think an additional regional resolution procedure is needed; other CMHSPs think there is value in utilizing a regional procedure to achieve resolution in order to attempt to avoid escalation to MDHHS/CMHAM resolution process when possible.*

XVI. LOCUS MI Fast Reviews 2021

- A. Background:** *MDHHS LOCUS MiFAST review team is attempting to schedule reviews with all remaining CMHSPs who have not yet participated. The goal is to have all initial reviews completed across the state by the end of FY21 and to schedule follow-up reviews for any agencies who scored below a 4 average and/or if it has been over 2 years since first review*
- B. Discussion:** *CMHSP LOCUS Leads were given the information to schedule MiFAST reviews. Goal is to complete all initial reviews and begin to schedule second round of reviews for CMHSPs whose initial review was 2+ years ago and/or for those that performed under a 4 average on first review. Priority is to ensure all initial reviews are completed in 2021.*
- C. Outcome:** *Requested that CMHSPs follow up as applicable by submitting MiFAST review request form that was provided*

XVII. UMC Charter Review and Annual Report

- A. Background:** *Annual review of committee charter and annual report*
- B. Discussion:** *Skye covered the charter and the annual review. Proposed to include reference to the Mental Health Parity and Addiction Act and ensure that UMC decisions are consistent with this.*

Reviewed achievements and addressed upcoming goals. Looking for additional feedback by the next meeting to include upcoming goals.

- C. Outcome:** *UMC Support to move charter forward. Annual report will be completed by October meeting including any feedback that is provided related to upcoming goals/priorities.*

Parking Lot/Upcoming:

October Meeting- 1st reading of draft Jail Diversion procedure (follow-up from July meeting)

Case Management/Supports Coordination Workgroup Report Out

Please return MCG Quarter 3 Reviews to Skye.Pletcher@midstatehealthnetwork.org by 9/30/2020