Clinical Leadership Committee (CLC) Agenda

Date: Thursday, July 20th, 2017 9:30am-12:00 pm
Location: Gratiot Integrated Health Network (GIHN) 608 Wright Ave, Alma, MI
Call-In: 1.888.585.9008 Conference Room: 986-422-885

CMH	CLC Member	In-Person	Phone	Absent
BABHA	Karen Amon		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 Sarah Bowman Joe Wager	X X X		

Purpose and Powers

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 (Additions?) *9:30 am Group raised concerns about Healthy Michigan expenditures (10 of 12 CMHs are overspent); Group expressed questions about CMH staff being contacted by Allison R. (SWMBH contracted nurse working for MSHN) regarding individuals that are not open to CMH services. Cindy and Kathy will forward emails to Dani and he will follow-up.*
2. Approve minutes from last meeting here: April minutes Group approved minutes.
3. **Decisions** (see below)

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

Decision 1: *9:35 am*

a. Topic: Veteran Navigator Introductions
b. Background: Impacting access for and service to veterans is a MSHN regional strategic plan goal. Given other demands, the CLC tabled this goal. The establishment of a veteran navigator (VN) at MSHN and bringing Kevin Thompson on-board from The Right Door for Hope, Recovery, and Wellness (Ionia's CMH) offers a position through which a regional approach can be fleshed out.
c. Questions/Decision Point:
    i. What are the top 3 priorities/issues CMHs struggle with when trying to serve veterans/active service military?
    ii. Is there a CMH point of contact for Kevin to work with on veteran issues?

iii. Can CLC members pass on information about Kevin to new/incoming veterans/active service military?

d. Discussion Notes (taken during meeting): CEI has also hired a veteran services navigator. Who are vet consumers? Outreach and stigma? Tri-Care/Funding issues? CEI Shared they only provide navigation services to those without Medicaid, not on-going services. CMHCM shared they are unable to serve individuals with Tri-Care as Tri-Care does not reimburse enough to cover CMHCM costs. Saginaw serves a small amount of veterans. Previous interactions focused on inpatient needs during a psychiatric crisis. Outcome: CLC members are to forward Dani a primary contact for VA issues within one week. Dani will send out contact info for Kevin so that CMH access managers (and other relevant staff) can share this information with Veterans seeking services. This information will be sent out within the next two weeks.

Decision 2: *9:50 am*

a. Topic: CMH-SUD Integration
b. Background: With consolidation of Region 5's three SREs (Sub-Regional Entities/Coordinating Agencies), MSHN saved $2.1 million which was channeled back to our 12 CMHs for implementation of 24/7 access, community collaboration/SUD coalition engagement (see the CMH Technical Requirement here in Box). Given the volume and cost of 24/7 access through CMHs which has been shared with Ops Council (here in Box), this area of expenditure is under review for possible reduction.
c. Questions/Decision Point:
    a. Under the area of increased CMH collaboration/engagement with SUD community coalitions, what can CMHs share is being done? Who at your respective CMHs would be the point of contact for this work?
d. Discussion Notes (taken during meeting): *Gratiot, Huron, and Saginaw provided summary of current SUD prevention efforts. Questions were raised re: what calls/contacts are included in the 24/7 access data that has been provided previously. Dani explained that Todd has found that CMHs are inconsistent with how/when they are documenting in CareNet. Group branched into a discussion of suicide prevention efforts in their local communities. Also branched into discussion about concerns with CMH staff lack of competence with treating co-occurring SUD. Concern there has been some drift from best practice treatment (appropriate stage matched treatment).*
e. Outcome: *Tracey will send Dani and email summary of Huron's prevention efforts. Dani will link with MSHN to gain access to audit proof documents that CMHs provide during site visits specific to prevention efforts. Group agreed to address SUD treatment fidelity concerns in the CLC SUD Integration Workgroup (chaired by Kim) - Kim will follow up. Group requested that key training be identified and supported by MSHN as appropriate.*

Decision 3: *(10:05 am)*

a. Topic: CLC Workgroups
b. Background: CLC workgroups were established in January with CLC members who signed up as Leads (the CLC workgroup list is here in Box). The workgroups are focused on two areas: 1) regional standardization (e.g. implementation of a standardized assessment tools and a regional understanding of how those standardized tools are used to inform clinical practice) and 2) integration and care coordination. Two workgroups have met: Kathie's LOCUS workgroup (3 times?) and Kathie's opioid prescribing policy group (Go Kathie!)
c. Question/Decision Point: Given we are in 4th quarter of FY17 and hoped to have some progress on these goals before FY18, how does CLC want to proceed on these regional initiatives?
d. Discussion Notes (taken during meeting): Dani expressed concern with lack of progress of some workgroups. He praised Kathy for her leadership of LOCUS and OPIOD prescribing practices workgroup.

Some members expressed concern about lack of understanding of what next steps were for each work group. Discussion ensued. Reviewed strategic work group goal and potential activities.

e. Outcome: *Group agreed to move ahead with workgroup meetings – any groups that have not met will meet within the next month (asap) and additional meetings or longer/more in-depth meetings to make clear progress prior to the end of the fiscal year. If workgroups need additional support related to data or planning/infrastructure of the group – they can request this support from Dani and he will assign appropriate MSHN or contracted staff to assist as appropriate.*

Decision 4: (10:25 am)

a. Topic: DMC Tool: Integrated Care standard 8.5 (Note: this is a topic that could be addressed by one of the CLC workgroups focused on integration)
b. Background: Consistent with MSHN's Strategic Plan objective which states: "Audited CMHSP participant records demonstrate evidence of primary care coordination (including consideration of CC360 information), standard 8.5 in the Coordinated Care DMC site tool addresses system level exchange of clinically relevant data between entities." This is rooted in the requirement in the PIHP contract to have meaningful data exchange such as ADTs, MiHIN, Care Connect360, etc.
c. Question/Decision Point: What currently is being done in terms of data exchange between CMHs and MHPs, PCPs, etc.?
d. Discussion Notes (taken during meeting): Pended till workgroup meets.
e. Outcome:

8.5	Coordination of Care Standard	Basis/Source	Evidence of Compliance could include:	Met Standard: Yes/No/Partial/NA
	The CMHSP uses systems and processes related to regular, meaningful exchange of clinically relevant data between entities. Identification and follow up of Shared Members with the MHP through ICDP, CC360 and/or MiHIN - MDHHS Contract,2016	Performance Bonus – Integration of Behavioral Health and Physical Health Services. PIHP contract.	Policies/procedures related to use of ICDP, cc360 and HIE, Source documents related to care plans and follow up	☐Y ☐N ☐P ☐NA

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.

- **STANDING UPDATE**: *(10:35 am)* CLC Workgroup Leads' updates – (Leads: Please update workgroup activities here: Updated CLC Strategic Plan Activities list). Documents re: the most recent meeting of the LOCUS workgroup are LOCUS updates in Box

Discussion ensued – concern expressed that Medical Directors need to have buy-in and take the lead on many of the clinical protocols. Currently, medical directors have not been informed of MSHN Measure Portfolio. Some medical directors are spearheading their own quality measure driven initiatives. Group will submit first monthly update prior to August meeting.

- **STANDING UPDATE**: *(10:45 am)* These Clinical Protocols in Box were presented to Ops Council in May. Each committee (CLC, Customer Service, etc.) has "ownership" of protocols for their standards. CLC is responsible

for two (2) protocols: 1) ADHD followup and 2) Cardio screens for those on antipsychotic medications. MSHN will start review of these protocols in August.

CLC Measures for review: (Joe W. and Sarah) *(10:50 am)*

Measure	Development/ Implementation Stage	Scheduled Review	Action Needed?
ADHD Follow-Up	11. Engage in QI Efforts PRN	Jan, April, July, Oct	Yes: June Review Due
Cardio Screening for Individuals on Antipsychotics	9. Develop Target	Not set yet	Pend Till Aug.
ER Visits by ER Treated Diagnosis	10. Publish Performance	Jan, April, July, Oct,	Yes: July Review Due
Inpatient High Utilizers	5. Review Draft Measure	Not set yet	Yes: Review
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

Sarah and Joe to send email update summarizing reports above and highlighting if performance is on track or not. Members requested that Sarah and Joe cc DAW/DataLab members in that email. Joe will request DAW/DataLab members on that email so they are aware.

- **STANDING UPDATE:** ***(11:20 am)*** SUD Integration and access issues/updates – Information re: the Michigan State Police Angel Program is here: MSP Angel website – Please alert your CMH Access staff to potential calls for SUD treatment referrals from MSP Angels. Let them know this referral should be expedited, but can otherwise mimic the normal process for an SUD phone intake. To help with the process, please distribute this "cheat sheet" here in Box. *Dani provided brief overview.*
- **STANDING UPDATE - INFO SHARING:** ***(11:25 am)*** Per the plan for CLC members to share their CMH's coordination of care efforts in alphabetical order, 2 per meeting: BABH and CEI went in April. CMHCM (Kathie) and GIHN (Kim) are next. *DID NOT ADDRESS DUE TO TIME CONSTRAINTS*
- **OTHER:** Health Michigan Update: 9 of 12 CMHs cannot budget HM within per member per month rates currently. Huron is overspending in Healthy Michigan. Healthy MI individuals have presented in Huron with higher needs/level of impairment than those with Medicaid coverage AEB higher LOCUS score. Saginaw is reported experiencing the same issue, including the trend of individuals shifting from Medicaid to HM. CEI and Saginaw reported they attempted to meet the need at Outpatient but more intensive services were needed (CSM, ACT, etc.) to meet their needs. Joe reported that Healthy Michigan penetration rate has increased throughout the region by 10%. Members believe advocacy is needed due to the transition of DABs to TANFs. Dani will include this item in agenda for next month and invite Joe S. to participate.

Action List: *(11:40 am)*

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.

Task Name	Due Date	Assigned To	Group	Responsible
Schedule and Facilitate first ADT Response Strategy Workgroup	March 3	Dani Meier	Clinical Leadership Committee	CMH Designee(s)
Determine regional strategy for moving ahead with use of ADT feeds	March 9	Dani Meier	Clinical Leadership Committee	Clinical Leadership Committee
Schedule and facilitate first Care Coordination Workgroup	March 31	Dani Meier	Clinical Leadership Committee	CMH Designee(s)
Schedule and facilitate first Population Health Plan Workgroup Meeting	March 31	Dani Meier	Clinical Leadership Committee	CMH Designee(s)
Schedule and facilitate Opioid Prescibing Practice Workgroup	March 31	Dani Meier	Clinical Leadership Committee	CMH Designee(s)
Schedule and facilitate SUD Integration Workgroup	March 31	Dani Meier	Clinical Leadership Committee	CMH Designee(s)
Request enhancement to EHR to capture admission status (voluntary or involuntary) as structred data	May 17	Dani Meier	Clinical Leadership Committee	CMH Designee(s)
Decide when/how to address these priority areas in CLC	May 18	Dani Meier	Clinical Leadership Committee	Clinical Leadership Committee
Implement Clinical Protocals at Local Level	May 18	Dani Meier	Clinical Leadership Committee	CMH Designee(s)
Review Inpatient Visits per 1000 Year over Year	May 18	Dani Meier	Clinical Leadership Committee	CMH Designee(s)
Integrate MDHHS TISC assessment tool with PIHP Tool	June 2	Dani Meier	Clinical Leadership Committee	Clinical Leadership Committee
Determine Next Steps with Defining Regional Appraoch to Transitions	June 8	Dani Meier	Clinical Leadership Committee	Clinical Leadership Committee
Phone Call with Nat Con Care Transitions Presentor	June 8	Dani Meier	Clinical Leadership Committee	Clinical Leadership Committee
Provide updated data on SUD access thru CMHs	June 8	Dani Meier Todd Lewicki	Clinical Leadership Committee	Clinical Leadership Committee
Review Continium of Care Report - does it meet intent?	June 8	Dani Meier	Clinical Leadership Committee	Clinical Leadership Committee
Share Portfiolio Measure Clinical Protocals in MCIS Meeting	June 9	Dani Meier	Clinical Leadership Committee	Clinical Leadership Committee
Share need to have structred data for voluntary/involuntary inpatient admissions in MCIS meeting	June 15	Dani Meier	Clinical Leadership Committee	Clinical Leadership Committee
Identify membership for Clinical Process Standardization Workgroup	5 days ago	Dani Meier	Clinical Leadership Committee	Clinical Leadership Committee
Quarterly Review of ADHD Follow-Up Measure	Thursday	Dani Meier	Clinical Leadership Committee	CMH Designee(s)
Review "other data requests"	Thursday	Dani Meier	Clinical Leadership Committee	Clinical Leadership Committee
Review ER Visits by Treated Dx Report	Thursday	Dani Meier	Clinical Leadership Committee	Clinical Leadership Committee

Next Meeting: August 17th, 2017 – 9:30-12 pm