MSHN
Mid-State Health Network

Region 5 - Regional Medical Directors Meeting
MEETING MINUTES
Friday, January 21, 2022, 1:00pm-3:00pm

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AGENDA

1. **Welcome and Introductions**

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

Shiawassee Health and Wellness	Crystal Eddy	
TBHS	Dr. Usha Movva Tina Gomez	 X
MSHN	Dr. Zakia Alavi Todd Lewicki Skye Pletcher Dani Meier Bria Perkins	X X X X X

1. **PIHP Performance Improvement Project**
   i. **Background/Question:** The PIHPs must submit one PIP annually to the external quality reviewer for validation. MDHHS has not mandated the topic, however, has provided a broad focus that is aligned with the Michigan Comprehensive Quality Strategy to be used for one of the two PIPs. PIHPs are to identify existing racial or ethnic disparities within the region(s) and populations served and determine its plan-specific topic and performance indicator(s).
   ii. **Discussion:** We are looking at Medicaid covered individuals of a particular race/ethnicity vs the number of those who received a CMH service in our region (measuring penetration rate). Goal is to address disparities throughout our system (disparity with access relative to the White population)– can see a huge disparity right now.
   iii. **Outcome:** Anytime there is a medical PIP chosen, medical directors want to be involved in choosing.

2. **Quality Assessment and Performance Improvement Plan**
   i. **Background/Question:** The QAPIP will be reviewed in depth for the March review, but it is being made available in January to allow for review.
   ii. **Discussion:** -
   iii. **Outcome:** Sandy to talk through QAPIP in the March meeting.

3. **Foster Care Psychotropics Medication Oversight**
   i. **Background/Question:** The Michigan Department of Health and Human Services (MDHHS) Foster Care Psychotropic Medication Oversight Unit (FC-PMOU), a joint unit within Children's Services Agency (CSA) and the Health and Aging Services Administration (HASA) conducts several oversight activities related to the mental health treatment and psychotropic medication use of children in foster care under the Modified Implementation Sustainability and Exit Plan (MISEP). The purpose of these reviews is to support medication monitoring in the clinical setting, improve coordination of care when needed, and address any safety concerns that medication regimens may pose to the children under MDHHS care and custody.
   ii. **Discussion:** What is the expectation for CMH oversight? Do we as medical professionals have a responsibility of oversight? If one goes above the previously approved dose range or if there is a new medication, it is expected that they notify PMOU. Does it specify for outpatient? Discussed burden of paperwork.
   iii. **Outcome:** Will invite Dr. Scheid from unit or someone else to join in on next meeting. Dr. Alavi will email Dr. Scheid and will forward any other material as it becomes available.

4. **Crisis Residential Services**
    i. **Background/Question:** Requesting a discussion on how CMHSPs are managing crisis residential services, medical oversight, staffing, what works and what doesn't. Would like to discuss experiences.
    ii. **Discussion:** Discussed concerns on how LifeWays CRU is being run. Dr. Wilanowski – no medication, no ability to monitor IV drips. Risk of malpractice? Do we insist on negative, clear drug screens before admission? Dr. Jennifer Stanley – CEI CRU is licensed as an AFC (not medical), tries to have nurses 24/7, but has them about 14-18 hours. Also has a psychiatrist most days. At night, they have mental health workers who are trained to pass meds and an on-call RN. Has a lengthy list of things they cannot take and an agency-wide procedure that says what they cannot do. Dr. Stanley only covers occasionally as a medical director. Has not heard of any recent issues. Dr. Sanchez – Because of policies, has not had any significant issues in a long time. No liability concerns, works well as it is set up. Can share with LifeWays. Dr. Ibrahim talked about CRU positives/successes.
    iii. **Outcome:** Dr. Stanley, Dr. Sanchez, and Dr. Ibrahim will send over policies, inclusions, exclusions, licensing categories, etc. to Todd who will share with the group. Maybe we will propose a uniform SOP on how to run CRUs.

5. **MiCARE**
    i. **Background:** The Psychiatric Bed Registry is housed in the MiCARE/OpenBeds platform which is Michigan's behavioral health registry/ referral platform which is operated and funded by LARA. Implemented statewide by January 2022.
    ii. **Discussion:** Model developed by a stakeholder workgroup. Bed availability to be updated at least twice daily (not perfect, but a start). Has promising attributes – 1. Can see availability online instead of spending time calling multiple facilities; 2. Reporting capabilities (denial tracking, for example). Looks good on paper, but not sure if process will be as smooth. Who will be responsible for keeping this accurate? Psych hospitals.
    iii. **Outcome:** Was set to be completed by January 2022, but full implementation date is unknown.

6. **Performance Bonus Incentive Project**
    i. **Background/Question:** See https://mshn.box.com/s/v670ojwnt46cyfn360wkwzq6223zi4ut
    ii. **Discussion:** A part of the MDHHS program requires us to measure quality and make improvements. Report is submitted every November about efforts, achievements, etc. All 12 CMHs are listed on report along with a summary of their efforts/achievements as it relates to the (5) Patient-Centered Medical Homes Characteristics: Comprehensive Care, Patient Centered, Coordinated Care, Accessible Services, and Quality & Safety
    iii. **Outcome:** The CMHs usually score high.

7. **Case Presentations**
    i. **Background/Question:** Move meeting back to 1-3pm. If there is anyone that wants to present, then go to 12-1pm for cases presentation if needed. What are the intentions of this function and plan going forward?
    ii. **Discussion:** Meetings used to be from 12-3pm, are now 1-3. What is the group thinking in terms of case presentation piece? Why or why not? Should we do physicians-only for

the first hour? If so, how will we bring PIHP in? May vary depending on how big the CMH is, how many psychiatrists at CMH (to answer questions), etc.

iii. **Outcome:** No answer today; group to think about it.

Follow-Up Items: Dr. Pinheiro had an item for review in future discussion, including the assessment for danger to others (increase of violent incidents by former CMH users).

In reference to Oxford High School – How are the schools using CMH staff for assessments of students who might be in crisis? Discussion occurring at CLC/UMC on 1/27/2022.

Next Meeting(s): Friday, March 18, 2022, 1:00PM-3:00PM