



Region 5 - Regional Medical Directors Meeting
MEETING AGENDA
Friday, May 20, 2022, 1:00pm-3:00pm

All Meeting content linked here: [5-20-2022 Regional Medical Director's Committee | Powered by Box](#)

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AGENDA

1. Welcome and Introductions

CMHSP	Participant	Present
BABHA	Dr. Roderick Smith Sarah Van Paris (Nursing Manager)	X
CEICMH	Dr. Jennifer Stanley	X
CMHCM	Dr. Angela Pinheiro Judy Riley	X
GIHN	Dr. Sunil Rangwani	
HBH	Dr. Yolanda Edler Dr. Jason Meints	
The Right Door	Dr. Joel Sanchez Teresa Martin	
LifeWays	Dr. Aleksandra Wilanowski Courtney Sullivan	X

MCN	Dr. Razvan Adam Melissa Maclaren	
NCCMH	Denise Russo-Starback	
Saginaw CCMHA	Dr. Ali Ibrahim Karen Becker	
Shiawassee Health and Wellness		
TBHS	Dr. Usha Movva Tina Gomez	X
MSHN	Dr. Zakia Alavi Todd Lewicki Skye Pletcher	X

1. Methamphetamine Psychosis Practice Guideline

- i. **Background/Question:** Often there is lack of clarity regarding which system of care (behavioral health or substance use) should have the primary role in providing treatment. The increasing volume and frequency of individuals presenting with acute Methamphetamine intoxication and Methamphetamine-induced psychosis has led to complex challenges identifying appropriate treatment settings capable of meeting acute co-occurring needs.
- ii. **Discussion:** Skye provided background and overview and offered to send content to group for feedback due within the next two weeks. Problem is that it is difficult to find a place that will accept an individual who is expected to clear within 24-48 hours. A cert is not allowed because of the SUD origin of the psychotic presentation. There are cases where history is unknown. Where should they go? This is very important to address. If SUD, then SUD provider should engage the person while in the ED. Agree not to take up a psych bed, but where next? Recovery coaches and frequent outreach? The Matrix Model in stimulant use? Explore use of contingency management programming
- iii. **Outcome:** Dr. Alavi asked the docs to review the MSHN document and provide further feedback/edits. Include vignettes in report to draw attention to this issue. Follow up with Dani on feedback from this topic. Possible look into how SOR grants are being used. Keep as an agenda time for next meeting.

2. Regional Youth Suicide Prevention

- i. **Background/Question:** The Interim Agreement from the KB Lawsuit (MI Kids Now) in 2020 includes a list of intensive services to be provided to eligible youth as listed in Appendix A. The services, while intensive, are not necessarily prevention oriented. The recommendation is to have a conversation to discussion prevention activities, recommendations and philosophies.
- ii. **Discussion:** There are issues in interaction with the juvenile justice system. Numerous agency to agency breakdowns creating rifts in effectiveness. There are numerous traumas that affect youth behavior and different agencies react differently. There is no clear solution to this. The CMH role is very important. The medical directors can really have impact right now based on how great these concerns are. There seems to be the ongoing critique that these problems are due to lack of access to youth mental health care. Cross-system collaboration greatly needed, especially the importance of CMH recommendations for issues like placement.

- iii. **Outcome:** Working relationships need to be better with DHHS, the schools (what are they doing and when do they refer to the CMH?), implement universal screening, include in health class discussion on firearms, suicide. There should be a program that addresses the parents. Prevention and skills training for families are necessary. MSHN will work on drafting written best practice guidance and recommendations for children's services to bring back to the RMDs for further discussion and refinement.

3. Crisis Residential

- i. **Background/Question:** MSHN continues to work on its crisis residential service. Asking the medical directors for their experiences in terms of what has worked the best and what lessons have been learned. This will help shape MSHN crisis residential policies and procedures.
- ii. **Discussion:** Close coordination with the person's treatment team at CMH. Lack of one consistent treatment plan between outpatient providers and crisis residential. Importance of administrative and clinical staff supporting the decisions of medical staff regarding admissions/treatment/discharge. Dr. Stanley discussed the importance of written protocols relating to medical conditions that are appropriate for admission or not. Importance of also having security available to assist. Recommendation to have mutual understandings with local hospital/ER regarding medical clearance issues.
- iii. **Outcome:** Dr. Stanley will share written protocols from CEI's Bridges Crisis Unit.

4. Opportunities for shared regional psychiatry hours to help with provider shortages

- i. **Background/Question:** Discussed at the last RMD meeting, the topic is being carried forward for discussion and decision whether there is any recommendation to be had.
- ii. **Discussion:**
- iii. **Outcome:**

5. Full Assessment of Case Prior to Psychiatric Referral

Discussion: This is not connected to step-wise treatment where authorization only occurs if the previous treatment was unsuccessful. Some may be requesting the psychiatrist to get their child on medication but there should be a better assessment addressing the needs of the family and recommendations to refer to the psychiatrist.

Outcome: Discussed clarification that the question is aligned with medical necessity.

6. National Council Integrated Care Framework

Discussion:

7. How CMHSPs Handle Petition and Certification from Non-Psychiatric Professionals

Discussion: Local probate court in Ingham County has allowed crisis residential psychologists to provide a secondary certification opinion pertaining to inpatient hospitalization. Sometimes a person is not appropriate for admission due to acute medical issue or SUD issue however the hospital petition and certs the person.

Follow-Up Items: None at this time

Next Meeting(s) July 15, 2022 (1:00PM-3:00PM)