

PRACTICE IMPROVEMENT STEERING COMMITTEE

Meeting Minutes for September 27, 2018

Group Members Present: Kim Batsche-McKenzie, Katie Baxter, Kim Boulier, Lindsey DeCamp, Laura Demeuse, Clara Denman, Lorianne Fall, Kathy Fitzpatrick, Lu Ann Gray, Colleen Jasper, Jennifer Keilitz, John Langlois, Sydney Larson, Jodie Lewis, Joe Longcor, Mark Lowis, Brittany Pietsch, Price Pullins, Alyson Rush, Tom Seilheimer, Brenda Stoneburner, Justin Tate, Chris Ward, Jasmin White, Debra Willard, Stephanie Wilson

I. **Welcome and Introductions** – Mark Lowis called the meeting to order and introductions were made

II. **Review of Minutes** – Minutes from the PISC 2nd quarter meeting is available on the www.improvingMIpractices.org website

III. **Administrative Updates**

A. **MDHHS-BHDDA Administrative Changes** – Brenda Stoneburner

There have been significant changes to the senior leadership at BHDDA

- a. Deputy Director Lynda Zeller took a new position with the Michigan Health Endowment Fund
 - i. Her last day was September 10, 2018
- b. Dr. George Mellos has been identified as the new Deputy Director
 - i. He recently was the Bureau Director for State Hospitals in Behavioral Administrative Services
- c. Cindy Kelly will be moving back into the role of Director of the Bureau of Hospitals and Administrative Operations
 - i. Cindy will continue with her work on the buildout of the Caro's Center
 - ii. She will be balancing both roles for now
- d. Tom Renwick retired as the Bureau Director and is enjoying retirement
- e. Jeff Wierich was appointed as Acting Bureau Director, in addition to current role of Director for Quality Management and Planning Division
 - i. For the interim, he will be doing dual roles
 - ii. At this point, no further information on how the Bureau Director position will proceed

B. **1115 Waiver – Brenda Stoneburner**

In 2016, the initial application on the 1115 Waiver was submitted to CMS

- a. The goal was to try to place all of the current specialty behavioral health waiver services under one Medicaid authority
- b. A few pieces have been firmly decided but not all, and discussion and negotiations are continuing
- c. The original goal of putting all specialty behavioral health services under one Medicaid authority did not happen

C. **Section 298 Initiatives Update – Brenda Stoneburner**

The most recent report dated September 24th is on the website; a few of the highlights:

- a. The 3 pilot sites were mentioned in the last meeting minutes
- b. MDHHS has established a workgroup to guide the implementation of the pilots (the leaders group consist of the executive director of each of the CMHSPs and the chief executive officer of each of the Medicaid Health Plans (MHP) that are involved in the pilots and MDHHS representatives, primarily from the Policy and Legislative Affairs office)
- c. There are also 6 subgroups identified and established: finance; public policy; reporting; technology; case management; and utilization management
- d. They recently reached a consensus on the framework for a financial model on how 298 would be rolled out

- e. There has been a lot of discussion around the unenrolled population
 - i. Twenty-five percent of the Medicaid population is not enrolled in a Medicaid Health Plan for management of physical health, however the PIHPs manage the specialty behavioral health for this subpopulation
 - ii. Based on federal regulations, MDHHS is not able to enroll this population with the pilots
 - iii. MDHHS is developing options on how to manage the specialty behavioral health benefits for the unenrolled population during the pilot
 - iv. There was outreach done to various stakeholder groups
 - 1. As a result of that process, the Department will be issuing an RFP to select a single existing PIHP to manage the specialty behavioral benefits for the unenrolled population across all pilot sites
 - 2. It is anticipated that the selected PIHP will contract with other CMHSPs within the pilot for the delivery of the specialty behavioral health services
 - 3. The RFP is anticipated to be issued no later than January 2019
 - f. For up-to-date information on 298 go to https://www.michigan.gov/mdhhs/0,5885,7-339-71550_2941_76181---,00.html or to the MDHHS website and type 298 into the search box
- D. Self Determination – Laura Demeuse
 Laura provided a copy of the draft Self-Determination Policy to folks and is hoping to get it finalized soon
- a. If you have any feedback, please email her at DemeuseL@michigan.gov by mid-October
 - b. Key changes made to the SD policy: terminology changes; have an understanding and comprehension of the difference between the concept and the philosophy of SD (a lot of language added is very pacific to those two things); and formatting
- E. CMHAM Update – Chris Ward
 CMHAM was just awarded a 5-year subcontract with the University of Wisconsin Great Lake Addiction Technology Transfer Center
- a. Their role will be to identify training needs in Michigan with a focus on evidence-based, cultural competency and awareness, integration of school-based mental and behavioral health services, treatment for individuals with SMI who experience homelessness, integration of primary and behavioral health, outreach and intervention for youth and adults with a high risk of psychosis, and recovery supports including peer provided services
 - b. Bob Sheehan and Chris would like a standing agenda item for updates on the grant to the PISC members to get feedback and to help identify any holes in the education needs
 - i. CMHAM can reach out to the grant to see about more funding to provide supplemental trainings locally
 - c. Chris will email the basic information to Lorianne, so she can distribute to the PISC members

IV. Presentations – There were no presentations

V. Subcommittees

- A. Children's Services – Kathy Fitzpatrick talked about the FASD 3 pilot sites: Oakland; Macomb; and Genesee
 - a. Focus on the Families Moving Forward EBP for children with FASD
 - b. Training on implementing FASD strategies
- B. Assertive Community Treatment – Alyson Rush gave updates on training activities
 - a. For FY18, there were 6 ACT team and 14 ACT/IDDT team MIFAST reviews
 - b. The Annual MIFAST trainings were conducted for reviewers

- i. The 2nd training will be held October 8th and 9th for those folks who missed the first one
 - c. For FY 19, training sessions and MIFAST visits are being scheduled
 - d. A handout was provided
- C. Family Psycho-Education – Alyson Rush gave updates on FY18 & FY19
 - a. For FY18, there were 2 FPE facilitator trainings held as well as quarterly steering committee meetings and TA/follow-up support on an as needed/requested basis
 - b. For FY19, plans include 1 facilitator and 1 (anticipated) advanced training as well as quarterly steering committee meetings
 - i. Stephanie Lange will continue as the lead on FPE initiatives
 - c. A handout was provided
- D. Services to Older Adults – Alyson Rush provided a handout for updates on the different workshops, seminars, and conferences
 - a. Charlyss Ray will be transitioning into the Older Adults project
- E. Improving MI Practices (IMP www.improvingmi.practices.org) – Alyson Rush went over the stats for the IMP site
 - a. Significant work continues with the State Training Guidelines Workgroup and the Reciprocity Workgroup
 - i. She provided a PowerPoint handout to the committee on Training Reciprocity for Direct Care Staff
 - b. A handout was provided on project updates as well
- F. Behavior Supports Committee – Mark Lowis has contracted with two professors at Western Michigan University, they developed a plan to guide the process for reviewing behavioral treatment plans and developed a fidelity tool
 - a. For FY19, there will be two trainings: one in Northern Michigan; and one in Southern Michigan
 - b. There has been one MIFAST pilot site review
 - c. For FY19, there are plans to have MIFAST visits conducted in all 4 regions
- G. Co-occurring Mental Health and Substance Abuse Treatment – Mark Lowis
 - a. Integrated Dual Disorder Treatment (IDDT) – Mark and Alyson have incorporated ACT, IDDT, and ACT/IDDT MIFAST reviews
 - i. The lead of IDDT (COD) MIFAST use to be handled by Jennifer Harrison
 - ii. The Department has decided to bring the management in-house and Lorianne Fall will be coordinating those activities along with the project specialist
 - b. Dual Diagnosis in Community Mental Health Treatment (DDCMHT) – For FY18, there has not been any MIFAST activities since the main focus has been on ACT, IDDT, and ACT/IDDT MIFAST reviews
 - i. MIFAST reviews are of an agency's general adult outpatient COD supports and services in a mental health setting
 - c. Dual Disorder Capability in Addiction Treatment (DDCAT) – Dual disorder MIFAST activity that measures to what degree folks are receiving mental health services in a substance abuse setting
 - i. Typically, this occurs at the local level
 - d. Co-occurring College – The 4th Co-occurring College was held
 - i. For FY18, it was expanded to two-days
 - ii. They had 8 breakout sessions that repeated over the two-days
- H. COD MAT – Mark Lowis gave a brief update on the MAT Clinics
 - a. Mark and Lisa Miller have been working with the Victory Clinic staff and that is going well
- I. Dialectical Behavioral Therapy – Mark Lowis
 - a. For FY18, there were 9 DBT MIFAST reviews followed by solid coaching strategies, consultation, and supervision to help staff
 - i. There were also 2 DBT trainings on both levels: one 5-day comprehensive training; and one 2-day Intro training
 - ii. The 4th DBT Summit was held and was well attended

- b. For FY19, Mark is planning on a DBT expansion to include both trainings in the Southeast region
- J. Drop-in Centers – Colleen Jasper
Colleen gave updates on the centers
 - a. Directors meeting was held yesterday
 - i. There were questions on: membership; guardianship; and non-profit status
 - b. There are around 50 statewide centers
 - i. Keystone, Inc in Kalamazoo will be closing
 - ii. Recovery Institute will remain open
 - iii. Group in Cass County is looking to open a center
 - c. For FY19, centers are entering their 3rd year with the Health and Wellness Grant
 - i. There are plans for a smoking cessation campaign
- K. Trauma Sub-committee
 - a. Training – Colleen Jasper
There will be another EMDR training held again for FY19 in TREM by Community Connections
 - i. Working on a peer ran Respite House
 - b. Children’s Trauma Initiative – Mary Ludtke wasn’t able to attend however, she provided a report to the committee
- L. Prolonged Exposure Therapy – Mark Lewis
The trainers come from Pennsylvania and they do a 4-day intensive training for clinicians
- M. Trauma MIFAST – Mark Lewis
For FY18, the entire Upper Peninsula had MIFAST visits
- N. LOCUS – Jasmin White
Held first meeting with PIHP leads
 - a. There will be a couple of train-the trainers coming up
 - b. For FY18, there were 15 MIFAST reviews
 - c. For FY19, their goal is 24 reviews with 15 agencies already requesting reviews
- O. Measurement UM – No update given
- P. Use of Encounter Codes – No update given
- Q. Motivational Interviewing – Mark Lewis ended up doing a lot of the trainings himself due to a lot of the trainers were working with Angie on the STR Grant
 - a. For FY19, there will be a TNT piece added to regional trainings
- R. Parent Management Training - Oregon – No update given
- S. PTC-R – No update given
- T. Psychosocial Rehabilitation –Brenda mentioned effective October 1, 2018, the Medicaid Provider Manual requires that all Clubhouses achieve and maintain Clubhouse International accreditation
 - a. Extension waivers are being issued for 6 months for those who have not achieved accreditation yet
- U. OROSC – No updates given.
- V. Supported Employment – Brenda gave a brief update on the SOR grant with Opioid and IPS being a targeted area

VI. Agenda Items for Next Quarter – None requested at this time.

VII. Mark adjourned the meeting

Next meeting scheduled for Thursday, December 6, 9:00 a.m. - 12:00 p.m.