

PRACTICE IMPROVEMENT STEERING COMMITTEE

January 10th, 2013 Meeting, 9:00am – Noon

Michigan Association of CMH Boards Building, 426 South Walnut Street, Lansing, 48933

Minutes

- I. Welcome and Introductions:
 - a. Steve Wiland announced the recent hire of Mark Lewis to the Bureau of Community Mental Health Services team.
 - b. Attending members introduced themselves and their affiliations.
- II. Behavioral Health and Developmental Disabilities Administration Updates – Liz Knisely
- III. Review/Approval of 10/11/12 Minutes
 - a. Minutes approved
 - b. Mark Lewis is the scribe for the 1/10/13 meeting. Send information you wish to be included in the minutes to lowism@michigan.gov
- IV. Review and adjust agenda
 - a. Karen Cashen asked to add the 2014 Request for Applications discussion to the agenda.
- V. Discussion/Updates on Evidence-based Practice Development and Implementation
 - a. Updates from existing PISC Subcommittees/Workgroups

Measurement	Kathy Haines
<ul style="list-style-type: none">• Updating work group on availability of medical health partners including emergency room and hospitals• Mental Health Administration and Medicaid Services Administration on several fronts:<ul style="list-style-type: none">○ Client based systems for contact information○ Group with both PIHP and MSA to determine what they want to tract for physicians and hospitals. Determine what type of information they think would be useful.○ Design a physical healthcare approach for analyzing practices	

<ul style="list-style-type: none"> ○ Report by Alyson Rush to illustrate tracking 	
FPE-	Alyson Rush
<ul style="list-style-type: none"> ● Dovetailing with Measurement Alyson Rush presented a “Summary of FPE Evaluation December 2012.” <ul style="list-style-type: none"> ○ In deciding what to look at the work group chose to seek answer to the question “is there a decrease in services as a result of FPE. The group compared “<” and “>” than 10 units of services 9 months before and 9 months after FPE participation. The significant difference was a 46% reduction in hospitalization. Another difference discussed was a 7% decrease in crisis interventions. 	
DD/MI Subcommittee- <i>tabled</i>	Nora Barkey
Co-occurring Change Agent Leaders (COCAL)	Steve Wiland
<ul style="list-style-type: none"> ● Funding <ul style="list-style-type: none"> ○ The HH and TG Modifiers Technical Assistance Guideline were completed by the work group and have been disseminated. ● Outcomes ● Services Integration <ul style="list-style-type: none"> ○ Integrated services codes have been completed and sent to Judy Webb to be included in the Michigan Medicaid Manual Update ● Service Development <ul style="list-style-type: none"> ○ Work on the Combined Conference (MDCH and Co-occurring Services) is underway. The goal is to preserve the focus on defined practices while adding efficiencies of timing and location by having 2 conferences under one roof. ○ The COD focus will be on practice skills with workshops on skills. ○ The request for participation will be going out next week. 	
Supported Employment	Amy Miller
<ul style="list-style-type: none"> ● The biggest project has been a pilot program to determine how programs look at Data Collection. For example: Programs tend to use different codes for information, which makes it difficult to clearly analyze efficacy based on outcomes. The pilot is using 5 different programs to track effectiveness, who is working, etc. The result of the pilot will be used to guide other 	

programs in tracking data

- Two years ago the work group completed a project to clarify data used for quality reporting. This year the work group will revisit the way quality reporting of supported employment data is gathered and used, and develop a guidance strategy to be provided to the field
- Supported Employment Across the State:
 - Supported employment remains “small” which is not what we want.
 - The team uses site visits to help them grow through funding strategies
 - Spend time with sites to help them build Supported Employment and overcome roadblocks
 - One activity is to develop a complete understanding of all of the varieties of funding that systems use and disseminate that information for all to use to strengthen implementation, consolidation and sustain gains
 - A vital focus of this technical assistance type of approach is getting it into the culture that employment is a **STRONG** part of recovery rather than something that happens after recovery
 - This approach needs to be the norm for practice at Case management and all other program and practitioner level as a standard of practice
 - Help everyone understand how employment effects benefits, including new “Freedom to Work” rules and eligibility effect benefits for work incentive planning.
 - Benefit Information Network training will be provided. This is a four day training that will detail the ins and outs of the benefit process. Marty Alward will be posting the training dates.
 - Joe Longcor remains in the in the department to work on employment eligibility for persons with mental illness, specifically to follow work on the “Freedom to Work” rules. This activity defines the poverty level as it effects eligibility for employment and retention of benefits.
 - There are a lot of Supported Employment site review activities going on currently. Most of the activity is in Wayne County and is moving into the St. Clair area.
 - Reviews provided by the Supported Employment are strongly focused on technical assistance. The team seeks to teach, train, advise and act as a consulting to the review site as it is progressing.

- Evaluating data – SAMHSA wanted to know why 18% increase in encounters for Supported Employment. The analysis by the team identified several important areas:
 - There has been an increase in Evidence Based Practices in all areas
 - Constant communication through grant activity
 - Technical assistance approach to developing programs
 - Better engagement activities to help people realize the value

Trauma Subcommittee	Mary Ludtke
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Activity through this work group has been “busy”!

- In April a follow –up training with coaching calls is planned
- Community Connections training on Trauma
- Survey sent to all CMH’s. 17 are in and rest are due 1-11. This is to see what CMH’s have in place with regard to trauma supports and services.
- Another survey is being sent out to CA’s. The purpose is to help the work group know what is available, figure out what is needed to help build and increase trauma services.
- Colleen Jasper announced development of a webinar for areas not able to attend the training from Community Connections. She also recommends a track on trauma for the conference to train on self-assessment. Additionally she recommended the need to train on traum informed approaches at drop-in centers (Drop-ins serve about 16,000 people)
- Another focus comes through a request from Judy Webb for recommendations on how to build interventions for Trauma
- More in April from the work group after review of survey feedback.

DBT	Phil Cave
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- Cohort Recruitment Process – DBT
 - Just started Cohort 10. Starting training in February.
 - Some persons are opting out of Cohort 10 and asking for Cohort 11.
 - There will be a letter to CMH’s in late June for Cohort 11.
 - Jim Henry is meeting with planners in Genesee (these are community partners and stake holders for children and family services). There will be one in Genesee and one in

Wayne County

- Recognition given to Steve Wiland and Josh Snyder for arranging DBT activities at last 2 conference calls
 - Team Locations
 - Assembled a list of interested people
 - Survey to determine levels of experience
- 8 areas of focus
 - Priority – 1st to have DBT Credentialing and Testing
 - List of Testers and Team Leaders.
 - 1/11 is the deadline for people to indicate interest
 - On the Improvingpractices.org site are several documents from Josh that are for giving feedback
- So far there are 45 known DBT Teams in the state. There may be others who have not been located yet.
- Some may or may not have had the official training from the state, which means there may be a range of quality with regard to DBT. The goal then will be to look at service quality and have a way to measure and enhance it.

ACT

Alyson Rush

- The older adult general information site is ready to launch
- It includes an online site for training to physicians (Mark Ragg)
 - There are four modules.
 - The first is descriptive of the method itself.
 - The second has elements of community resources.
 - The third covers practitioner skills.
 - The fourth has element to help physicians manage difficult exacerbations and challenges

FPE	Alyson Rush
<ul style="list-style-type: none"> • A Fall Training was held in Bay City • As a result there are a few new trainers and facilitators • Practice Groups were filmed (Mary Ruffolo) <ul style="list-style-type: none"> ○ Webcam will be used at several upcoming trainings for use by trainees to self-assess and strengthen skills including with social workers, caseworkers and support people. ○ Also a self-assessment survey will be used. 	
VI. Focus on Innovation and Advancement	<ul style="list-style-type: none"> • Evidence-based treatment versus Evidence Based Practice Distinction – Heidi Wale and Dave Petts • Common Elements Project update and beta-tester recruitment – Mary Ruffolo • http://improvingMIpractices.org updates – Alyson Rush
<ul style="list-style-type: none"> • EBT and EBP Power Point Provided • Common Elements Presentation Material Attached (please send information on persons who take courses to mruffolo@umich.edu) • Improving Practices Website – Recruiting testers <ul style="list-style-type: none"> ○ Looking for people to complete and evaluate Modules ○ The goal is to have all of the modules tested by April ○ Evaluation will be completed from feedback by September ○ May provide to formal 	
VII. Updates on MACMHB Associated trainings/conferences <ul style="list-style-type: none"> • Integrated Health Learning Community <ul style="list-style-type: none"> ○ Work Plans ○ Assist people with informing on where work groups are with regard to: 	

- Resources
- Training
- Contact information
- Looking for information to put on a resource site
- PIHP Grant
 - Contact People
 - Summary of goals for Block Grant
 - Need a work Plan format – Karen Cashen
- Drop-Ins are eligible to receive 5,000.00 dollars to develop an infrastructure to enhance communication with each other to aid in developing programs
- Just finishing Motivational Interviewing Modules
 - 20 in all
 - 10 are ready
 - CEUs and CACs will be offered
 - Nurse and Physician credits are being pursued
- April Board and Cross Cutting Conference
 - Integrated Community Connected with Board Association Website
- Integrated Health Learning Community
 - Staff training for participants in Homes and Health Communities
 - Some Face-to-Face Trainings will be provided as well
- Integrated Service Development
 - Kickoff will be on January 28th Meeting to get leadership; to declare participation, and showcase what people have done.
 - Information on participants will be provided

VIII. Added – 2014 Block Grant RFA

Karen Cashen

- 17 out of 18 applied for Block Grant
- 5,000.00 dollars to Drop Ins
- Fiscal 14 and 15 plans are being discussed at internal meetings with Substance Abuse to submit a combined block grant application to SAMHSA.
 - 13.5mil for MH Block Grant
 - 2/3 for Adult
 - 1/3 for children
 - SAMSHA priorities:
 - to support low income individuals at risk for losing benefits
 - To support services to low income individuals without benefits
 - Primary Prevention
 - Performance and Outcome data

IX. Behavioral Health and Developmental Disabilities Administration Updates

Liz Knisely

- Issue AFP to PIHPs
- 1915b waiver was extended to Incorporate 2014 regional map proposal
 - Intent to apply letters are out and due back by January 21, 2013 (one per region)
 - A rough draft of AFP is being developed for distribution to applicants and will contain major changes by the end of the year. Should be out in early February
 - There will be a number of weeks for responses to come in and then negotiations will begin
 - Some time and assistance will be given to allow CAs to fold into regions
- A plan is being developed to eliminate the DCH site visit review process by accepting NCQA or URAC Certification in its place
- The newly signed bill regarding driving while using intoxicant is being analyzed for intent as it may have implications for persons on psychotropic medications as contained on the list that accompanied the bill.

- Dual Eligible – Regions that will have dual eligible persons have identified. Medicare funding will go to IPL's who must contract with the Regions
- Governor has asked to quickly identify gaps in services to children and families in all boards. Draft of the gaps is done and will be part of the discussion on grants.
- Veterans Policy Academy is also a priority of the Governor.