

Practice Improvement Steering Committee

January 13, 2011

Michigan Association of Community Mental Health Boards Building
426 South Walnut Street, Lansing, 48933

Meeting Minutes

Attendees: Luke Reynolds, Sue Savoie, Dave Parnin, Jane Konyndyk, Colleen Jasper, Karl Kovacs, Lori Ryland, Dave Schneider, Darren Lubbers, Daphne Brydon, Mary Ruffolo, Sheri Falvay, Alyson Rush, Connie Conklin, Mary Ludtke, Karen Cashen, Kathy Haines, Heather Visingardi, Su Min Oh, Steve Wiland, Mike Vizena, Jim Wargel, Jim Dillon, M.D., Josh Snyder, Dave Branding, Diane Cranston, Phil Cave, Irene Kazieczko, Leonard Smith and Lucy Olson.

I. Welcome and Introductions—Steve Wiland

All were welcomed by the new Practice Improvement Steering Committee (PISC) Chair Steve Wiland. Introductions were made by all attending.

II. Acceptance of 10/14/10 minutes

The minutes of the 10/14/10 were accepted.

III. Adopt Tentative Agenda

The Tentative Agenda was adopted.

IV. Mental Health and Substance Abuse Administration Update—Irene Kazieczko

Olga Dazzo is the new Director of the Department of Community Health. She is very well prepared and is committed to quality and health care. She met with the PIHP Directors on 1/7/11 and spent time introducing herself and talking with staff. Among the new administrations priorities are the budget and evaluating and measuring performance. A document from Governor Snyder, “Reform Michigan’s Healthcare System,” was distributed to the PISC.

V. Finalize Draft Charter-Group Discussion/Decision—Karl Kovacs

The revised draft of the PISC Charter dated 11/15/10 was reviewed and approved by the PISC. All were commended for their effort and enthusiasm.

VI. Input and Discussion re: Spring MACMHB Conference content—Mike Vizena

The committee was asked to provide suggestions on topics, themes and potential workshops for the Spring MACMHB Conference. It was indicated that it was right to recognize all populations of people that are served and also suggested that active engagement and innovative programs should be considered. Outcome measurement was noted several times throughout the discussion as a topic for the conference. There is concern about program funding, however, it was also noted that it is possible to have both quality and

cost effectiveness. Other suggested topics included reporting on the CAFAS project with one and one half years of data; measurement of PMTO; consumer feedback on EBPs; what have PIHPs stopped or changed in response to the budget difficulties; the role of the supervisor in promoting EBPs; the link to integrated health care; the impact of Peer involvement with EBPs; supported employment and the continuum of employment; gentle teaching; the role of the physicians and Medical Directors; fidelity versus performance outcomes (noting that fidelity is a weak to moderate proxy for performance); health care reform-how will it play out in Michigan and how can the PIHPs prepare; local promotion of EBPs; system of care; collaboration with services in the community; does a 20% budget cut result in service cuts or a redesign of services; and what core competencies are kept? There was discussion regarding the feasibility of having a session on the budget cuts at the Winter Conference. Mike Vizona appreciated the input and sees linkages in the suggested topics. There was also discussion regarding having a meeting with the IPLTs as had been done for the past two years. The focus could be on whether this is transformation to a system of choice or a small impact in regards to EBPs. Also, how do EBPs fit into a recovery oriented system of care (ROSC)? It was noted that developmental disabilities and children with serious emotional disturbance are not in sync with the idea of ROSC.

VII. Update on Evidence-Based Practices

Presentation on EBP Sustainability Grant Project results to date--Mary Ruffolo

Mary Ruffolo and Daphne Brydon presented on the research evaluating the Sustainability of EBPs. Her presentation, as well as other information such as the Executive Summary and statewide results can be found at <http://tinyurl.com/EBPsustainability>. The study methodology consisted of reviewing state grants and quarterly reports on EBPs; 49 key informant interviews at the Regional Level; IPLT focus groups at the Regional Level in which 16 of the 18 PIHPs participated and a Statewide Survey on Organizational Factors in Sustainability that was sent to 190 individuals with 139 returned. State results of the focus groups and key informant interviews included: the importance of a key point person for each EBP at the state level; the need for greater clarification about the role of the PISC and the State in regards to sustainability; the need to pace implementation of EBPs and not overburden staff; the need to support transportation issues for consumers and staff and promote more teaching of EBPs at the graduate school level. Several other findings included the importance of IPLTs as the key organizational structure for implementation and sustainability of EBPs, the need to balance fidelity with local need and worker turnover. The development of common outcome measures at the state level for EBPs was noted as another area that would enhance the ability for regions to determine what EBPs should be maintained as new EBPs emerge. The next steps and possible recommendations include: establish common outcome measures at the state level; develop mechanisms to adapt EBPs to meet regional needs; examine

current certification processes for EBPs and supervisors; increase the frequency of initial and ongoing training and utilize distance learning options and other forms of training. It was noted that many are not coding for the EBPs on encounters. The recommendations were cited as a natural foundation for the development of a workplan for the PISC. The specific responses for the three EBPs, FPE, IDDT and PMTO can be found on the above website. Mary will send a copy of the slide presentation to Steve to distribute to the PISC. It was noted that EBPs are difficult to deliver to sparsely populated areas and it is a good finding that some practices are effective vis a vis EBPs. It was suggested that Mary present her results at the Spring Conference. Mary encouraged all to participate in using the data from the study. Kathy Haines indicated that the Measurement Subcommittee and Leslie Mahlmeister from Wayne State University have completed a survey of the outcome tools that PIHPs are using. It was noted that there are not many tools adopted because the PIHPs are concerned that, if certain measures are implemented, MHSAA may mandate a different tool. Many look to the “Sacred Six” that are promoted by SAMHSA. Functional measures have been used with children but not with adults. However, Venture is using a functional measure for adults-Daily Living Activities (DLA) developed by the Lloyd Group. DD uses the Resource Allocation Protocol. Cost-benefit analysis is important and determining commonalities in what is helping across practices is important to identify. There was consensus that the measurement and sustainability studies need to maintain momentum. It was determined that an Ad Hoc group will be formed and discuss continuity at the February Conference. The group will have an overall focus as well as a focus on specific practices and on universal outcome measurement tools. This will also be on the agenda of the meeting with the IPLTs in May prior to the Conference.

Innovative Practices, outcomes, MHSAA’s position on practices and advancing different approaches—Heather Visingardi

Heather provided two handouts: New Models of Practice for Adults with Mental Illness (ppt) and Improving Practices Leadership Team Example Models of Practice. The Power Point was presented to the OCCMHA Policy Committee of the Board. It was stated that much effort has traditionally been expended at the “front door” screening people out and conducting extensive assessments that are provided by other service areas. Observations and recommendations for adjusting practices include: planning in terms of population management; making services available when services are needed; aligning services in terms of where people “are at”; focusing on low intensity brief services and intensive brief services at the front door; increasing Peer involvement; transitioning consumers from case management who no longer need it and creating a re-entry to supports and services that is not predicated on the consumer being in crisis. OCCMHA has six months of data from this initiative and will continue and share information with other IPLTs/PIHPs. It

was noted that the CMHs had historically introduced the admission and discharge model into the outpatient setting.

Updates (as indicated) from PISC Subcommittees

Due to time constraints, the chairs of the EBPs were asked to send a summary of their update to Steve and he will distribute to the PISC.

Connie Conklin announced that there were several evaluation projects for PMTO including a study of the two day trainings in conjunction with the developers. The University of Minnesota is evaluating the efficacy of individual versus group implementation and it is funding a position to assist states in their evaluation of PMTO. Livingston and Washtenaw are conducting qualitative research on refining the practice based on a continuum.

Steve indicated that there is a paradigm shift occurring at MHSAA from fidelity to outcomes. The PISC was directed to the back of the agenda for questions that were raised by the Site Review Workgroup.

The PISC was informed that the National Council’s webinar on the Daily Living Activities (DLA)-20 will be on February 8th.

VIII. Recap of Recommendations and Decisions made at this meeting—Steve Wiland

Steve invited someone to volunteer to present on an innovative practice at the next meeting. He summarized that: the PISC had recommended that a workplan for the PISC be drafted; there was excellent input for the Spring Conference and the IPLT meeting; a group will meet in February to review and implement the results of Mary’s study; Mary will present at the Spring Conference and Heather made a very interesting presentation regarding innovative practices at the “Front Door” to increase availability of services at the time when consumers need them. Connie informed the PISC of the various evaluations that are occurring regarding PMTO.

IX. Next meeting: agenda topics

Not discussed due to time constraints. Please route any topic ideas to Steve at wilands@michigan.gov.

X. Adjourn

The meeting was adjourned at Noon.

Additional Subcommittee Updates

Supported Employment Subcommittee:

The process of using the TG modifier for evidence-based supported employment has been established. Through the application process, it allows PIHPs to report service

activities associated with the practice. The MIFAST service array for supported employment has been developed to support the development and implementation of this evidence-based model. 13 people are being trained to serve as reviewers on the MIFast team. MDCH will continue to provide statewide training during FY11, which include 4 (one-day) regional training on EBP SE 101 and 4 (two-day) regional skills development.

MDCH-MRS-MCB joint regional interagency meetings have been held across the state to implement the joint agreement, share the successes, address barriers, and facilitate collaboration among local partners. The agenda includes a way to address local needs within the efforts of evidence-based supported employment implementation.

The MDCH Contracts with the PIHPs and CMHSPs for FY 2011 include a new standard for consumer employment. This new standard calls for an increase in the number of persons with disabilities (MI, DD, and MI/DD) who are engaged in competitive employment. The target increase is based on each CMHSP's three-year history with regard to competitive employment for each of the three populations noted.

PMTO Subcommittee:

PMTO is working on several different evaluation projects with several Universities (Portland State University, Oregon, Eastern Michigan, Michigan State, and Minnesota), on both qualitative and quantitative evaluations to:

- Measure the essential components of the PMTO model from the parent/youth perspective
- Effectiveness of the group model
- Impact of the PMTO two day training (skills/tools from PMTO model): there will be an on line pre and post survey to measure if training participants are utilizing the tools/techniques with youth and families and the impact of this
- Effectiveness from the Individual and group model: comparison of impact as well as choice on the outcomes
- Impact on child functioning and parent's stress/confidence as a parent
- Parent satisfaction of the model

We can provide a longer update at the next meeting if members are interested.

ACT Subcommittee:

No updates indicated.

COD/IDDT Subcommittee:

A memo was issued to all of the PIHPs/CMHSPs to clearly acknowledge and communicate the change in orientation to the use of MIFAST IDDT Fidelity Review data. Whereas previously site- and team-specific scoring data was not shared with MDCH, under the more recent approach, such data will now be shared for the purposes of informing COD conference and training planning, so that MDCH-supported offerings can be more responsive to the needs of the field. Other sources of information to inform training planning (last year's COD conference and training input, Change Agent Leader survey results) were also discussed and focus areas identified for subsequent FY-2011 training.

Planning is ongoing for the 3rd Annual Statewide COD Conference, taking place April 25-26, 2011, at the Hyatt Regency Dearborn. Plenary speakers that have already committed include Michael Lambert from BYU on the topic of outcome measurement, Lisa Najavits from Boston on the topic of treating co-occurring trauma, and Morgan Fawcett from California on the role of support systems and music in dual recovery. The primary themes for selecting this year's workshop choices will be nuts & bolts treatment services for various dually disordered populations, and outcomes data measurement and use to inform practice. The deadline for presenter proposals is February 11th, after which time more information will be sent out to stakeholder groups.

Family Psychoeducation:

No updates indicated.

Measurement Subcommittee:

No updates indicated.