

PRACTICE IMPROVEMENT STEERING COMMITTEE

April 14, 2011 MINUTES

Michigan Association of CMH Boards Building, 426 South Walnut Street, Lansing, 48933
Teleconferencing Information- Dial-In: 1-877-336-1829; Access Code: 8881705

Attending in person:

Steve Wiland
Sheri Falvey
Connie Conklin
Mary Ludke
Jim Dillon
Karen Cashen
Karl Kovacs
Liz Knisely
Nora Barkey
Alyson Rush
Kathy Haines
Su Min Oh

Luann Gray
Rosa Thomas
Jim Johnson

Diane Cranston
Mary Ruffolo
Lori Ryland
Mike Vizena
Jim Wargel
Darren Lubbers

Attending by phone:

Lucy Olson
Leonard Smith
Sheri Hoekstra
Steve Sheldon
Kim Zimmerman
Luke Reynolds
Dave Parnin
Josh Snyder
Barb Glassheim

I. Welcome and introductions. (See above for attendees)

II. Review of 1/13/11 minutes. There were no adjustments, corrections or additions to the 1/13/11 minutes. Minutes were approved as submitted.

III. Agenda adopted as suggested.

IV. Mental Health and Substance Abuse Administration Updates:

Liz Knisely, CMHS Bureau Director:

Liz is familiar with the PISC having served on the Oakland County CMH IPLT. Cindy Kelly has been named the interim acting Deputy Director for the Mental Health and Substance Abuse Administration. The Department continues to support the EBP initiatives. The administration is currently working on a strategic plan and has named a committee to find a standardized adult functional assessment instrument.

ADULTS: Block Grant RFA was released on 3/17/11 with a due date of 4/28/11. The 18 PIHPs are each eligible to apply for up to \$130,000 to develop and/or provide mental health services for people with SMI who are uninsured. For further information, contact:
Karen Cashen: cashenk@michigan.gov

CHILDREN: PIHPs are invited to submit concept papers for block grant funds. Upon review, those approved will be invited to submit full proposals by 5/20/11. Children's

block grant funding is not restricted for use to those without insurance. This RFA is not related to the pending legislation related to juvenile competency. For further information, contact: **Jennifer Stentoumis:** stentoumisj@michigan.gov

V. Focus on Innovation/Advancement:

Jim Johnson, Thumb Alliance: (handout to be scanned and sent to attendees)

Outcomes Project: 6 of SAMHSA's 10 National Outcome Measures (NOMS) were chosen as a meaningful way to identify outcomes, compare results and data trends over time – *symptom morbidity, voc/ed, legal, housing, social connectedness, and perception of care*. Measurement can occur at many levels (individual, clinician administration, system, community etc.). Data are collected in OASIS, which is painless for the organizations with EMRs. For people to support this, the process must be quick and easy and produce useable results. Quarterly reports will be issued to assist in identifying, correcting and closing the service loops. This can help determine if treatment with an EBP is making a difference; whether the results are efficient and cost effective.

Currently the Thumb Alliance is determining what data to extract and how it will be used. Findings may be used as dashboard indicators. There was discussion about duplication of current required data submissions, especially the CAFAS. The CAFAS is valid and reliable. The state, agency, supervisor, clinician, child and family can look at the CAFAS result and make appropriate adjustments to improved treatment options and outcomes. The adult system needs a similar standardized tool.

The group noted the magnitude and impressiveness of the work the Thumb Alliance is doing. Especially noted: a brief, simple, systemwide ability to look at results over time, minimal duplication of data collection (with a goal of standardization over time); results can be varied by level and are reportable to many audiences.

VI. Medication Algorithm Project:

Jim Dillon, MDCH; Leonard Smith, Flinn Family Foundation:

Phase II of the study (focusing on best ways to implement) was published in the December 2010 Flinn Foundation report. Phase III (software development) - there is a non-working interface on the Flinn Foundation website for those who would like to see it. Currently recruiting beta testers; also assembling a periodic revision committee and making provisions for a meta-analysis by outside expert consensus. This will address the gap of 'what we know and what we do'. Some currently identified barriers include physician resistance, physician autonomy issue, compelling physicians to make dual entries; addressing CMHSP concerns about additional burden. On the positive side, this is a one screen module that, when used, arrives at the proper decision on medication.

The Flinn Foundation will provide the module license free to the CMHSPs, some of the other costs will be addressed through collaborations of Flinn, State and local resources. The intent is no financial burden to users. A common symptom measure for Schizophrenia, Bi-Polar and Major Depressive disorders is not in use, but the 6 pilot studies using different scales all indicate symptom reduction over time. This medication algorithm tool provides consistent guidance. Medication adherence is not a part of this module.

VII. EBP Sustainability Work Group efforts:

Mary Ruffolo, U-M:

The PISC meeting held after the Winter MACMHB Conference identified three topics to further investigate. 3 GoToMeetings explored, Measuring outcomes of EBPs (on 3/2); Funding and Adaptations of EBPs (on 3/10); and Technology-enhanced Training and Common Elements (on 3/17). Notes from these meetings were included with the notification email.

Discussion: concern about proprietary EBPs and the associated costs; about the small number of consumers served by the EBPs, the need to develop a continuum of care to match consumer need whether or not the treatment is identified as an EBP and the need to know expected outcomes so that core components of the practices can be identified. Kathy Haines is looking at all measures that are being used (and sent to her). Once it is clear that the measures are sensitive enough to know if the core practices work, adaptations then might be considered to achieve the expected outcomes. Further discussion identified that we need to know what the outcome measures are to tell us, at what level? Etc. but it is clear that outcome measures are needed, not process measures.

VIII. Updates Re: Spring MACMHB Mental Health Conference:

Mike Vizona, MACMHB

Plans are well underway for this conference, to be held at the Kalamazoo Radisson Plaza Hotel, including convening a statewide IPLT gathering on the morning of May 16th, followed by an afternoon Pre-conference Institute (1-4 pm) on "From Implementation of EBPs to Sustainability: Lessons Learned and Next Steps," registration for which is complimentary for participants in the morning IPLT event; if any questions or concerns or input arises, Chris Ward is the contact person at: CWard@macmh.org

IX. PISC Subcommittee Updates:

ACT-Alyson Rush

The Subcommittee is working to position ACT for the future by looking at Medicaid and field practice. Four areas of focus: admission, treatment, transitioning and discharge. Possible revisions to admission have been completed by the workgroup and will be presented to the whole subcommittee. Additionally, work is being done on an online training module for ACT physicians and nurse practitioners.

FPE-Alyson Rush

Fidelity reviews are occurring. Learning Collaboratives are planned based on field needs. Ratings post LC are very high. Spring Training held in March. 22 new Facilitators, 8 Advanced Facilitators and 3 Trainers completed the sessions. All 18 PIHPs have FPE Coordinators. The MA contract attachment for FY 12 has been submitted to the contract team. A modifier to add FPE to the ACT Medicaid Encounter Code was approved for use in March. The modifier is AM.

COD:IDDT-Steve Wiland

Possibly merging with the change agent leadership group. Currently IDDT serves 10% of the co-occurring disordered population; this must be broadened so that all consumers with COD are appropriately treated. Treatment providers need skills, intervention techniques, content knowledge. Minkoff and Cline helped develop a philosophy and global structure for advancing system-wide treatment. COD Conference is scheduled for April 25-26 and will address several areas of cross competency.

Darren Lubbers noted work he and others are doing in Ottawa County with tracking COD/IDDT practice elements as indicators of treatment success, with engagement/alliance/relationship, use of Motivational Interviewing/Motivational Enhancement, and involvement in 12-Step fellowships appearing to be the top 3 per review and analysis of available data thus far.

PMTO-Connie Conklin

A two day skill-based training is open to other therapists and two 18-day trainings are coming up. Continue to develop and grow the workforce. 4 Universities are currently involved, including: Portland State (pre and post), MSU Family Intervention, Task-FIT) and Eastern (CAFAS with Caregiver Wish List).

Trauma-focused CBT-Mary Ludke

Working with ***TF-CBT*** in 26 CMHSPs. 48% of treated children have experienced 3 or more traumas in their lives. 150 clinicians and 50 supervisors have received training in TF-CBT, a home-based adaptation of which is being explored, and a Learning Collaborative has been formed.

SUPPORTED EMPLOYMENT-Su Min Oh, transitioning to ***Amy Miller*** (*unable to attend today*)

Supported Employment 101 is a skill set training, MIFAST is being actively developed to provide fidelity reviews and deliver training; a vocational assessment tool is being developed.

MEASUREMENT GROUP-Kathy Haines

All CMHSPs are invited to submit the measurement tools that are currently being used; group is interested to see what is working in the field; there is a listing of tools available (grid format – will be e-mailed to PISC membership). Next meeting DLA as it is used at Ventures will be presented. Kathy has been analyzing peer work; looking at benchmarks of progress and how and when and to what degree peer assistance is helping.

TRAUMA and its relationship to EBPs-Steve Wiland

Is there a need for a PISC subcommittee addressing this as a cross-cutting area of important clinical concern? There is a need for clear goals for such a group to work successfully This is part of system transformation efforts.

X. Recap of Recommendations and Decisions Made

Thanks to Jim, continuing to solicit sustainability for IPLT, send measurement grid tools to Kathy; noted that all practices are within the microcosm of continuum vs the practice system; there is a lot of cross-over everywhere; need structure that supports the group; this raised the question about whether more than one Subcommittee might benefit from being re-structured with a systems-transformation focus. Steve is soliciting input.

XI. Next meeting agenda items:

Venture presentation on the use of the DLA, additional items tbd, follow-up as indicated on any/all of the above.

XII. Adjourned at Noon