

**THE STANDARDS GROUP
Board of Directors Meeting
January 19, 2007
Minutes
DRAFT**

<p>Minutes taken by: Joanne Sheldon, TSG Director</p>	<p>Members Present: Nancy Miller, LifeWays; Erv Brinker, Summit Pointe; Bill Allen, Oakland CMHA; Jeff Brown, Oakland CMHA; Doug Morton, Pathways; Jane Terwilliger, Monroe CMHA; Judy Webb, MDCH; Robert Blackford, Access Alliance; Don Habkirk, Macomb County CMH; Paul Ippel, Network 180; Alexis Kaczynski, North Country CMH; Linda Kaufmann, CMH Central Michigan; Lisa Lepine, Arc of Macomb County; Sandra Lindsey, Saginaw CMHA; Michael McCartan, Thumb Alliance; Kathy Reynolds, Washtenaw Community Health Organization; Dan Russell, Genesee County CMH; Robert Sheehan, CMH Authority of Clinton-Eaton-Ingham Counties; and William Slavin, North Lakes CMH Authority;</p> <p>Staff Present: Joanne Sheldon, TSG Director</p>	
AGENDA ITEM	DISCUSSION	DECISION/ACTION
<p>Approval of Minutes from October 20, 2006 TSG Board meeting</p>		<p>Minutes were reviewed and unanimously approved as written</p>
<p>Approval of Agenda</p>		<p>Agenda was reviewed and unanimously approved as written.</p>
<p>Public Comment</p>	<p>There was no public comment.</p>	
<p>Director's Update</p>	<p>Joanne provided a summary of TSG's financials. November-December spending totaled \$18, 715, leaving a balance of \$368,351. Spending was in line with previous months.</p> <p>Joanne also informed the Board of presentations she has provided and those that are scheduled. During December, Joanne presented to the "Kiddie Administrators Group" and PALs, which is a group of PIHP COOs that meets on a regular basis to share information. She will be speaking at the upcoming Directors' Forum as well as the Association of Intellectual and Developmental Disabilities Conference. Joanne and the three Work Group Chairs will also be providing a Workshop on TSG at the February MACMHB conference.</p> <p>Joanne presented the updated Milestone Chart showing progress on all ten initiatives. Nancy asked for Board feedback on the pace of TSG's work, and comments that have been made about TSG not moving quickly enough. The following is a summary of Board discussion:</p> <ul style="list-style-type: none"> • Three months is too long in between updates. • Some members expressed disappointment and concern that products have not yet been finalized • Others indicated that perhaps original expectations need to be adjusted in light of the time it takes to engage others in our work (via the Work Group process). What is important is to track whether we are on schedule with milestones we have agreed to. • It takes time to produce a quality product, especially when using a work group structure. Products will be ready when we need them (in time for the '08 contract) • It is important to synchronize the target dates of initiatives that are inter-related (such as funding equity and access). 	
		<p>Joanne will begin sending summaries of TSG Executive Committee meetings out to the full Board each month to ensure Board members are kept abreast of TSG developments on an ongoing basis.</p>

<p>Self Determination Work Group</p>	<p>Lisa Lepine provided an update on the Paths to Self Determination Work Group, including an overview of the detailed action plan for 2007. The Work Group is on schedule to meet its goals. Subcommittees have been formed to:</p> <ul style="list-style-type: none"> • Clarify and enhance the existing MDCH Self Determination Guideline; • Develop recommendations for achieving a consistent approach to individualized budgets and fiscal intermediaries that can be applied across the state; and • Develop recommendations for achieving a consistent approach to person centered planning that can be applied across the state <p>Subcommittees will have their recommendations drafted by March 31, 2007.</p> <p>Joanne and Lisa are working on increasing representation from primary consumers with a developmental disability. One consumer with a developmental disability has joined the Work Group and discussions are underway with a second individual.</p> <p>Board discussion included the following:</p> <p>Judy stated that the SD Work Group is heading in a direction of SD being a philosophy and not being defined exclusively in budgetary terms. The goal is to encourage consistent opportunities for people to lead self determined lives. One way to do this may be via individualized budgets and hiring/firing staff, but this is not the only avenue.</p> <p>Board members indicated they are pleased with the progress of this Work Group.</p>	<p>The Board was supportive of the Work Group's direction and progress</p>
<p>Access and Eligibility Work Group Update</p>	<p>Joanne reviewed an updated Action Plan for the Access and Eligibility Work Group, which included a status update on each activity. She highlighted the fact that the Workgroup has drafted benefit plan grids, and also an Access System guideline, which includes values, core competencies, functions, and standards for public mental health system access systems. Once the Workgroup has had a chance to more fully discuss the most recent draft, Joanne will send it to Board members for written feedback.</p> <p>Board discussion included the following:</p> <p>Members indicated they are pleased with the progress of this Work Group.</p> <p>Judy clarified that once the product is approved by TSG's Board, it will be considered a final product for the PIHP contract.</p>	<p>The Board was supportive of the Work Group's direction and progress</p>
<p>HIT Work Group Update</p>	<p>Kathy Reynolds provided a progress update on the HIT Work Group. She highlighted the January 8th HIT training on national, state and regional developments for CEOs and CIOs, as well as the input the Work Group provided on federal electronic behavioral health records to the Council on Certification of Health Information Technology. She indicated the Work Group will focus its next training on strategies for working with existing RHIOs, as well as strategies for working with others to initiate a RHIO when one does not yet exist. She also indicated the group is working on a paper that will articulate the desired future state of HIT in the public mental health system and a detailed action plan for getting there.</p> <p>There was discussion regarding the importance of reaching out to PIHP CEOs to make sure they have the information they need on HIT developments to ensure readiness. Kathy indicated that one of the products the HIT Work Group is working on is a "CEO Road Map" that will meet this need.</p>	<p>The Board was supportive of the Work Group's direction and progress</p>

<p>Brief Update on Related Work Groups</p>	<p>Brief Updates on Equity, EDIT, Admin Costing, Practices Improvement, and Quality Improvement Committees are attached to these minutes. There was discussion regarding the status of efforts to establish a system-wide outcome tool. Adoption of a common tool is currently stalled because of concerns from Recovery Council members that the tool is not sufficiently recovery-oriented or strengths-based. Board members agreed that development of a common tool is important and supports many of the goals of TSG. There was consensus that TSG should go on record that, while we understand and respect the views of the Recovery Council members, it is important to move forward with utilization of a common outcome monitoring tool, consistent with industry standards, as this will enable PIHPs to use a common approach to measure and report on the effectiveness of their services.</p>	<p>Dave LaLumia will put this on the agenda for the next Directors' Forum.</p>
<p>TSG Future Planning</p>	<p>Nancy introduced a discussion about the future of TSG. She referenced a prior discussion she and Bob Sheehan had with Dave LaLumia about the need for more staff support for certain MACMHB committee functions (e.g. Policy Committee). She stressed the importance of longer range thinking to ensure a process for standardization is sustained. She pointed out the overlap that exists between some of TSG's initiatives and those of MACMHB's strategic plan. She referenced the discussion held at last month's Executive Committee meeting regarding whether this might be an opportune time to make PIHPs a distinct focus of MACMHB. Given the departure of MACMHB's Associate Director, is this a time to consider some potential re-organization of MACMHB, which could include the integration of TSG into MACMHB? Is there a connection between the policy focus of TSG and the policy pieces of MACMHB Associate Director's position?</p> <p>She referenced the discussion document prepared by Joanne and Dave LaLumia, at the Executive Committee's request. She stated that unfortunately the document created the perception that we are trying to make PIHPs <u>the</u> focus of MACMHB, which is not the case. Rather, we are addressing the item in MACMHB's strategic plan that indicates MACMHB's intent to make sure it is representative of both CMHSP and PIHP interests. The document was purposefully not presented as a proposal, but just a preliminary discussion draft to generate exploratory dialogue. She also indicated that MACMHB's Steering Committee had discussed the situation and concluded that it made the most sense to separate the decision about replacing the Associate Director's position from the discussion about the future structure of TSG. The Steering Committee awaits a decision from TSG's Board before moving forward.</p> <p>Dave LaLumia stated that this represents an opportunity for MACMHB and TSG to do some things together. It may be useful for TSG to expand into some other areas that would be supportive of PIHPs, possibly policy analysis and implementation technical assistance for PIHPs. It is important to note that TSG has been able to function successfully in tandem with MACMHB without getting bogged down. It will be important to maintain that structure. It is also valuable to include consumers, advocates, and MDCH leaders on the Board with the PIHP Directors. MACMHB's Steering Committee is interested in discussing ways to support the future successful functioning of TSG.</p> <p>Judy stated that she would like to see this effort sustained after the official TSG end date. She would like to see a mechanism that is long lasting to ensure that standardization continues to occur. Due to state budget cuts, MDCH has lost staff resources that previously focused on policy analysis. TSG has and should continue to play an important role in the policy arena.</p> <p>A summary of Board discussion follows:</p> <ul style="list-style-type: none"> • There is a PIHP-driven (not just a MDCH-driven) need for TSG, and TSG should continue. It is important to maintain the synergy of the process. 	<p>The Board passed a unanimous motion which states that the issue of the departure of MACMHB's Associate Director and potential re-structuring of TSG should be addressed separately. MACMHB should proceed to fill the Associate Director position. Over the next few months, there should be further exploration of the possibility of integrating the functions of TSG into MACMHB. This should be framed in terms of Goal 5 of MACMHB's Strategic Plan, which states "The Association will work to develop and implement efforts to support a sustainable PIHP and CMHSP system that delivers high quality services in a cost effective and equitable manner", with specific attention focused on Objective 5.4 which states: "Respond to changes in roles and responsibilities of CMHSPs and PIHPs at both the local and Association levels."</p>

	<ul style="list-style-type: none"> • Any time a leadership position is vacated, it is an opportunity to re-evaluate. However, it is important to keep decisions about replacing the MACMHB Associate Director and decisions about TSG’s future separate. This discussion is premature since we have not yet seen TSG products. It is important to maintain our focus on getting some products ready to demonstrate the model works. • The discussion about TSG’s future should happen methodically and purposefully and not be rushed by attaching it to a discussion of replacing the MACMHB Associate Director position, which is solely the prerogative of MACMHB’s Exec Director any way. • TSG represents an opportunity for the 18 PIHPs to provide leadership. It is not showing leadership to insert ourselves into the MACMHB personnel decisions. Though the Director has provided diligent leadership, it is disappointing how little has actually been accomplished. Are we adequately using the skills and abilities of the Director? • In any discussion of restructuring, it is critically important not to “sell out” on consumers and advocates. Their involvement is absolutely critical and that is a big part of what makes TSG valuable. • It would be helpful if MDCH could more formally state its support of and commitment to TSG. • This represents an opportunity to raise awareness and boost the credibility of PIHPs • What we need to focus on is how can we sustain TSG and ensure it moves forward quickly, while maintaining involvement and input from consumers and advocates. How can MACMHB best support this? • There is a gap in the area of federal policy analysis and dissemination. How are we going to do a better job of this? It is critical for PIHPs to grasp the implications of federal policy such as the DRA so they can assure they are trained, ready and compliant. 	
Public Comment	There was no public comment	

THE STANDARDS GROUP
ATTACHMENT TO JANUARY BOARD MINUTES
UPDATES ON RELATED COMMITTEES

Funding Equity

Following a meeting with MDCH, the decision was made to develop a recommended approach separate from the Department. A proposal regarding how GF should be handled was presented to the larger Equity Committee. While many are supportive of the general direction, consensus on an approach has not been reached at this time. The Core Equity Subgroup, a subset of CFI, voted to approve a set of equity principles. The work of the Funding Equity Committee needs to connect with TSG's Access Work Group.

Cost Allocation Team

Materials for *Phase I* that impact PIHPs, CMHSPs and their prime subcontractors were distributed and posted on the MDCH web site. A memo was sent from Pat Barrie to remind those entities of the upcoming due dates for submission of reports. The new MDCH/CMHSP contract (FY 05-07) that was agreed upon with CFI and subsequently sent to CMHSPs, contained the requirements, instructions and reporting templates.

Phase II work has begun and is on target. The team is looking at alternative, already-existing, sources of financial information about non-profit and for-profit providers so that neither provider nor PIHP/CMHSP will need to go to extra lengths to fulfill this requirement. The team plans to issue a draft proposed methodology later in February to PIHPs and CMHSPs for feedback.

EDIT, III

The meetings during the first months of 2007 will be devoted to discussion of the quality and completeness of encounter, QI and cost data in preparation for the submission of this data to the actuary in the Spring of 2007. The intent is to share information that MDCH can glean from the data warehouse so that PIHPs can go back and look at their own data with an eye for ways of improving it. The January meeting was devoted to the claims "traffic" through the DEG, and statewide FY05 cost per unit data was shared and briefly discussed. At the February meeting, EDIT will focus on methods for splitting CLS and Personal Care for people in specialized residential settings, FY06 MUNC and Sub-element cost reports cost per unit and administrative costs, and the areas for improvement that the actuary identified in June 2005 as seen in the FY 04 data.

PRACTICES IMPROVEMENT STEERING COMMITTEE

Over the last 2 ½ years, the PI Steering Committee has overseen the integration of two adult EBPs and one children's practice using Mental Health Block Grant dollars to facilitate local implementation. As a result, all 18 PIHPs are engaged in this activity: 11 are implementing family psycho-education, 10 are implementing IDDT, five are implementing both and 11 are implementing parent management training. The subcommittees and MDCH staff are monitoring sites' progress in completing their implementation work plans. To be determined is whether MDCH should continue to provide block grant support into a third year to those sites that are behind in their implementation. In addition, the Steering Committee will need to decide what other EBPs or best practices should be promoted/supported with block grant dollars. The Steering Committee has also helped MACMHB identify the plenary and workshops sessions focused on EBP for the Spring conferences in 2005 and 2006, with EBP tracks at the other conferences. MDCH set aside some funds to subsidize the trainings for IDDT and FPE. This calendar year the FPE trainings are being expanded to train trainers/supervisors so that we maintain a Michigan-based cadre of experts.

The Steering Committee is promoting or supporting through conferences and trainings other EBP or best practices, including *ACT improvements*, development of a corps of *trained Peer Specialists*, *Medication Algorithms*, and *DBT*. In addition, much work has been done with the *Pharmacy Quality Improvement Project* to bring CMHSP physicians' prescribing practices in line with national protocols.

The Autism Spectrum Disorder Workgroup, charged by the Governor's Human Services Cabinet to develop recommendations for better serving children 0-6 years with ASD, has nearly completed its work. It has developed standards for assessment, made recommendations for evidence-based interventions, and is finalizing a training plan and financing mechanism. These standards and recommendations span the human service agencies that have contact with young children.

Developmental Disabilities Improvement Team (DDPIT) has established a mission, values and goals for services for people with DD. Various members have been engaged in providing technical assistance and information to CMHSPs and providers about how the goals of supported independence, whether in the home or work place, can be accomplished for people with intellectual disabilities. The DD PIT is now pursuing how to measure success through performance indicators that it will submit for consideration to the MH QIC, and through surveys with individuals.

Mental Health QIC

In 2005, the EQR identified areas that might be standardized: customer services and credentialing. The QIC assigned the tasks to work groups who worked throughout the year. The result, in 2006, was a set of Customer Services standards, and CS handbook with standard language, and a training module that can be used by CS units to train staff; and a credentialing policy. In addition, QIC commissioned a workgroup to develop a new, standards method for administering the consumer satisfaction survey to persons with serious mental illness and emotional disturbance receiving public mental health services. This method will be employed in May 2007. MDCH is developing "interpretive guidelines" for the Medicaid site review protocols that will assist PIHPs and their networks to understand what the MDCH site review team is expecting when it visits. The QIC will be providing input into that product.

Uniform Contract Committee

Boilerplate language for a uniform contract is 98% complete. The plan is to move forward with attachment templates that will allow for differences between CMHSPs.