

TSG Board Meeting Summary

6/23/08

Present: Mike Head, Judy Webb, Irene Kazieczko, Erv Brinker, Lisa Lepine, Joanne Sheldon, Shareen McBride, Doug Morton, Mac Miller, Don Habkirk, Paul Ippel, Alexis Kaczynski, Linda Kaufmann, Sandy Lindsey, Kim Rychener, Liz O'Dell, Toby Bayless, Bill Slavin, Corine Mann, Dave LaLumia

Participants discussed the following questions:

- Does Mike Head/MDCH want TSG to continue?
- What is the status of the work products that were produced?
- Should we hire a replacement director for Joanne?

Mike addressed the questions raised and commented that DCH does not have much capacity to develop policies and standards. TSG is a joint effort with DCH to do this. The list of 10 topics that TSG was presented with initially has merit and there are additional issues as well. A standardized approach is a good idea. There appears to be some dissatisfaction that DCH did not respond to the TSG completed work products.

As Mike looks to the future he would like to have DCH staff closely involved in the TSG process. Working together should result in a product that is more easily accepted when sent out for final review and comment.

Mike presented a list of seven projects that he believes would be helpful for the system (attached, page 3). Board members shared their views regarding which projects should receive highest priority attention (#1, #2, and #5). DCH will choose three topics and formulate a statement of the problem with suggested outcomes. This will be done for the three chosen topics by mid July. It will be helpful to have clear expectations and framing for each topic, as well as discussion regarding the appropriate participants before proceeding to form a work group. The new TSG Director would be welcomed as a participant in the process of discussing the topics and choosing the members of the work groups. The Director would also be welcomed to spend part of the time working in the DCH office interacting with staff. It would be beneficial for the Director to attend MDCH meetings to gain a better understanding of the inner workings of the Department. Mike also offered to meet with the Director candidate to answer any questions she has.

The status of the three work products sent to DCH was summarized.

Access Standards – DCH modified the product so that it is appropriate as part of the PIHP/DCH contract and it will be forwarded to CFI for negotiation.

Self Determination – Mike stated the recommendations are in abeyance. The first set of standards, in Mike's view, do not add value to what was already in place. It did not add to the specificity needed. The second part with the budget needs more work. Mike believes Boards need technical assistance for budget development and he will send out a technical advisory.

HIT – It was not clear how this product fit, and what TSG would like MDCH to do with these recommendations. It is different from the other two initiatives. More discussion is needed to gain a clear understanding of the next steps.

Other Projects – Continue to have the TSG director provide the Federal Policy briefs. The development of a common advance notice form forms could also be helpful.

There were a number of questions and comments from the participants to Mike. This summary captures the main points that DCH is interested in continuing TSG, will participate and utilize the products produced, and will welcome the Director replacing the excellent work done by Joanne.

Postscript re New Director:

Erv and Joanne spoke with Laura Vredevelde, the top candidate for the Director position, following the Board meeting. We are pleased to report that Laura has accepted the position! We will structure it as a lease-back with Network 180. Laura and Joanne will meet with Mike Head in mid-July to further clarify where MDCH would like to go with each TSG project, which will help determine a start-date and allow us to work with Network 180 on a phased-in approach to Laura assuming the duties of Director. This will be followed by a TSG Board meeting, either later in July or August.

THE STANDARDS GROUP – JUNE 2008

Proposed Focal Issues

1. Develop recommended standards to guide the functions of "case management" to include case management, supports coordination, services coordination, independent supports broker, etc.
 - a. Start with Medicaid definitions
 - b. Include the constructs of independent coordination and brokering, as well as peer-delivered arrangements
 - c. Examine successful models in place in several CMHSPs/PIHPs
 - d. Core Competencies
 - e. Training
2. Develop recommendations that will better assure, for high users of services, especially persons with MI and who are not enrolled in managed care plans for primary healthcare, that their access to primary health care is assured and that there is coordination moving toward integration, of primary care with specialty mental health services
 - a. Focus on outcomes: assessment of chronic conditions; chronic care symptom amelioration; joint response to emergency room episodes; medication management to reduce complications;
 - b. Involve primary health care specialists, e.g. from health plans
3. Develop recommendations for uniform business practices for providers such that providers working across CMHSPs/PIHPs are not subject to multiple and differing methods for assuring compliance, meeting common information requirements, etc
 - a. Focus, first, on mental health and DD services
 - b. Include substance abuse services
 - c. Identify and bring into the picture several identified large multi-agency providers
4. Develop recommendations for improving the integration of mental health and substance abuse services
5. Develop recommendations for improving the consistency of jail diversion, jail mental health and prisoner re-entry services
6. Develop recommendations and an implementation strategy for achieving a web-based real-time online reporting system for sentinel events and related consumer-based actions
7. Provide recommended changes to existing policies and propose proper standards elements. These include existing policies on:
 - a. Housing
 - b. Consumerism
 - c. Inclusion

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~~Other ideas: Risk Reduction~~

~~2. Interface with VA~~
~~3. Informal Care~~