

Meeting Minutes

DATE: 06-05-2018

Meeting Called By	Dr. Sy Saeed, Chair
Type of Macting	Clinical Advisory Committee (CAC) Face to Face Meeting - Remotely via WebEx
Type of Meeting	3:30pm - 5:00pm

ATTENDEES					
NAME	Present	NAME	Present	NAME	Present
Dr. Sy Saeed, Chair ECU BSOM Psychiatric Medicine, Department Chair		Lisa Atkins, LCSW A Helping Hand of Wilmington, Clinical Director		Pamela Morrison, LPA, LCAS Coastal Horizons, Clinical Program Director	
Hillary Faulk Vaughan, LPA Vice Chair Physician's Alliance for Mental Health, Clinical Director		Gary Bass, LCSW PRIDE in NC, Chief Executive Officer		Jane St. John, LPA, LCAS Delta Behavioral Health, Clinical Director	
Dr. Burt Johnson Trillium Health Resources, Medical Director		Glenn Buck, LCAS PORT Human Services, Clinical Director			
Dr. Michael Smith Trillium Health Resources, Associate Medical Director		Natasha Holley, LCSW Integrated Family Services, Clinical Director			
Dr. Robby Adams LIP, Medical Director - Various		Dr. Catherine McCall RHA/The Harbor, Medical Director			

AGENDA

1. Agenda topic: Welcome/Call to Order Presenter(s): Dr. Saeed

Discussion	•	Introductions made.		
Conclusions	•	N/A		
Action Items			Person(s)	Deadline
			Responsible	
N/A			N/A	N/A

2. Agenda topic: Review & Approval of Last Meeting's Minutes Presenter(s): Dr. Saeed

Discussion	 Minutes were emailed to each Commit there were any changes or additions to none other than to note that Dr. Kathy and she had left the Committee by the 	o the written minutes. The Smith was listed on the	nere were minutes	
Conclusions	 The minutes were approved. 			
Action Items Person(s) Deadline Responsible				
N/A		N/A	N/A	

3. Agenda topic: Presentation for discussion of the Trillium Call Center Screening, Triage and Referral form (STR) along with several other documents being considered for use.

Guest Presenter(s): Christie Edwards, Senior Director of Trillium Connections

Discussion	 Ms. Edwards informed the Committee that the current S 	TD corponing			
Discussion		•			
	tool, which is mandated by the State, has been in use for				
	decade. Trillium is interested in the possibility of supple				
	basic tool in order to make the process more useful and				
	suggestions from the Committee. As potential example	s, she included			
	the Columbia Suicide Rating Scales and the CAGE. Re	esponses focused			
	on how to target referrals to agencies that were best eq	uipped to handle			
	them to minimize likelihood patients would have to be re	eferred to another			
	agency. This led to discussion of available diagnostic s				
	such as the APA "Crosscutting" Tools, and functional as				
	like the World Health Organization's WHODAS that are				
	relevant to acute screening.				
Conclusions					
Conclusions	Supplementation of the basic screening tool provides the opportunity to				
	enhance the screenings as well as the referrals carried out by the Call				
	Center. The CAC members are particular interested in approaches to				
	better match patient and referral to provider.				
Action Items	Person(s)	Deadline			
	Responsible				
The Call Center Staff will be working on enhancing the basic Christie Edwards,					
STR tool with supple	supplementary tools, and gaining input from Drs. Smith and N/A				
stakeholders like the	(A(: (: hristie Edwards will also follow lin	IN/A			
with Drs. Smith and	nnson to try to refine today's suggestion.				

4. Agenda topic: Review of a three part training series developed by Trillium's Training and Network Departments for distribution to its Network

Presenter(s): Dr. Johnson

Presenter(s): Dr	. Johnson				
Discussion	screening tools including the and the ACE were distributed largely as information about Network through the Trillium for comments about how to included whether the use of mandatory to which the ansi	e CRAFFT, the ed prior to meet t what was to be n educational p better present f these tools by swer is no, at lea g some of them pointed out tha	e made available to the ortal, but also with a request the material. Questions agencies or LIPS was ast for now, though Care when doing HRAs (Health Risk t training about the PHQ9		
Conclusions	 These tools promise to be helpful for both Trillium Care Coordinators and network providers/practitioners. 				
Action Items	Person(s) Deadline Responsible				
	mittee members about	Committee	Feedback is needed by		
improving the power	points were welcomed. Members July 1, 2018 to Miriam.Godwin@trilliumnc.org				

5. Agenda topic: Update on two projects to monitor use of Clinical Practice Guidelines by Trillium Network Providers

Presenter(s): Ashpley Matthews, Trillium Integrated Care Nurse and Dr. Johnson

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Discussion	 Ms. Matthews summarized the status of the guideline for prescribers to mon and either serum glucose or Hemoglo antipsychotic medications. Trillium and claims-based tool to accomplish the sureceived final validation and is now fur communication of the monitoring production acknowledging that getting these lab to abnormal) is only part of the desirable on antipsychotics, which should ideally Body Mass Index (BMI) and abdominated the Committee of depression rating scales to track paties effort to implement this process has begroups, all of whom have representating Committee. Several agencies have be others are in the process of implement screening to systematic status monito tendency towards clinical inertial which 	itor metabolic parameter bin A1C levels) for patientally its staff have development objective, which have considered and objective, which have considered and acting on them metabolic monitoring of y also include measurent all girth. It is progress in agency utient progress in treatment een focused on the large on on the Clinical Advisored able to document retation, moving from more ring so as to minimize the occurs in all specialties	rs (lipids ints taking iped a s just used on if patients nents of ilization of . The est provider ory gular use, e e entropic	
Conclusions	Trillium is making progress with its efforts to make monitoring of these two Clinical Guidelines a reality in its network. This would be enhanced by active peer review processes at the agency level.			
Action Items		Person(s) Responsible	Deadline	
relevant prescribers a reporting on their per Committee members depression rating sca	abolic monitoring guideline will be to notify about the data that will be sent to them formance. For the depression guideline, need to promote systematic use of ales in their agencies and Trillium will need not the project to smaller agencies and	All Committee members, Dr. Smith	N/A	

6. Agenda topic: Report of Nominating Committee **Presenter(s):** Dr. Johnson

LIP prescribers.

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Discussion	Since Dr. Saeed is resigning from the Committee and his Chairmanship,
	the Nominating Committee (Drs. Saeed, Smith and Johnson, and Hillary
	Faulk Vaughan), have named current members Hillary Faulk Vaughan as
	the new Chair and Glenn Buck as the Vice Chair.
	The Nominating Committee has also been recruiting new members.
	Several have already accepted including a Psychologist and a Cherry
	Hospital Psychiatrist. A Nurse Practitioner has been identified as a good
	candidate and appears interested. More work needs to be done to
	identify someone with IDD experience and an ECU/Vidant representative
	to replace Dr. Saeed. Hillary Faulk Vaughan, Gary Bass and Dr.
	Catherine McCall have chosen to renew their participation on this
	Committee for another 3 years.

Conclusions	 New officers and two new members for the new fiscal year have been named, and we expect additional members to be identified. 			
Action Items	Person(s) Deadline Responsible			
	riduals for the Committee who will bring the e Practitioner, IDD Clinician and	Dr. Smith	Fall, 2018	

7. Agenda topic: Changing of the Guard

Presenter(s): Dr. Johnson

	COMISON		
Discussion	 Dr. Saeed will leave the Chairperson of years of distinguished service on the Advisory Group for the Trillium legacy Behavioral Health. Current Vice-Chair Dr. Saeed as Chair and Glenn Buck would John has declined the opportunity for leaving the Committee after also having distinguished service on the CAC at The CoastalCare. The two significant loss compensated by the addition of new note. Johnson will be retiring from Trillium become Trillium's Chief Medical Office. 	Frillium CAC and the Clinorganization East Carolicy Faulk Vaughn will become Vice-Chair. Jacanother 3 year term and any provided many years or illium and its legacy organs of these valued members described about mas of 6/29/18 and Dr. 5	ical ina ill succeed ane St. will be of anization pers will be e.
Conclusions	 The Committee will be experiencing s membership but is in more than capal 		•
Action Items		Person(s) Responsible	Deadline
Next meeting will be	August 7, 2018.	The Committee	08-07-18

Meeting Adjourned: 5:00 PM

Next Meeting Date: Tuesday, August 7, 2018. It is noted that the December meeting, which had to be rescheduled in 2017 due to a conflict with the Annual Pinehurst MCO meeting might also need to be rescheduled. Dr. Johnson will ascertain the date of the 2018 Pinehurst meeting, and provide that information to Dr. Smith and Hillary Faulk Vaughan so they can decide about rescheduling.

Supporting Document/Attachment for Minutes: (these documents are proprietary. Contact Ann Singleton if questions.)

- C-SSRS Full Scale
- CAGE-AID
- -SSRS Screener
- 2008-12-31 Registration Form
- C-SSR full scale children and-or CI
- ACE Final 4.3.18
- PHQ9 and GAD7 Final 4.3.18
- CRAFFT and CAGE-AID Final 4.3.18
- CAC Presentation for Metabolic Monitoring June 2018 w/o Notes
- Prescriber Letter (Dr. Johnson's attachment)