



PROGRAM AND PERSONNEL COMMITTEE

December 06, 2013 - 8 a.m.
Mental Health Center – Board Room

Program and Personnel Committee Chair: Cheryl Natte
Program and Personnel Committee Vice-Chair: Chuck Buzzell

AGENDA

	<u>Disposition</u>
1) Call to Order	Quorum
2) Approval of Minutes of November 08, 2013 (Previously Forwarded)	Action
3) Items for Consideration	
4) Old Business	
5) New Business	
6) Communication	
A) Presentation – Better Together	Information
B) Presentation – Mental Health First Aid	Information
C) FridayFacts of November 22, 2013 (Attachment #1)	Information
7) Director's Comments	
8) Audience Participation	
9) Adjournment	
/jvv	



Michigan Association of
COMMUNITY MENTAL HEALTH
Boards

November 22, 2013

FRIDAYFACTS - 13 pages

TO: CMH Executive Directors
Chairpersons and Delegates
Provider Alliance
Executive Board

FROM: Michael Vizena, Executive Director
Alan Bolter, Associate Director

RE: - **FY14 Membership Update**
- **OCCMHA's CEO Elected as New NACBHDD President**
- **HHS Access Point Grant Funding Update**
- **Legislative Update**
- **Expanded Scope of Nursing Passes Divided Senate**
- **Bill To Identify Impact of 'Obamacare' Advances**
- **National Update**
- **Obama Proposes Fix Allowing Consumers to Temporarily Keep Canceled Plans**
- **National Council Offers MMA Training in Michigan**
- **MACMHB Standing Committee Reports**
- **MACMHB Meetings for November and December, 2013**

FY14 Membership Update

On behalf of the Executive Board, MACMHB wants to thank members who have renewed their membership in the Association. Through today, 36 CMHSPs (78%) have renewed their membership and 57 affiliate members (74%) have renewed their membership. 2nd invoices to members not yet renewed will be forwarded to members in early December.

If members have questions regarding their FY14 dues or activities of the Association, please contact Michael Vizena at 517 374-6848 or mvizena@macmhb.org.

OCCMHA's CEO Elected as New NACBHDD President

Congratulations to Jeff Brown, CEO of the Oakland County Community Mental Health Authority. At its November membership meeting, Jeff was elected as the new president of the National Association of County Behavioral Health and Developmental

Disabilities Directors (NACBHDD). Jeff said: "I am honored to be selected to Chair the NACBHDD Board of Directors. NACBHDD is the only national voice for county and local behavioral health and developmental disability authorities in Washington, DC." Jeff's term is from 2014 through 2016.

As an affiliate of the National Association of Counties, NACBHDD promotes national policies that recognize and support the critical role counties play in serving people affected by mental illness, addiction, and developmental disabilities. Greg Snyder, Executive Director of Newaygo County CMH and Jeff Brown have both been on the NACBHDD Board because of the unique focus on county government and county safety net service issues. They encourage broader participation from the Michigan CMHSP and PIHP directors. Please contact them with any questions on this organization. As with the National Council dues, MACMHB pays annual dues on behalf of all of the CMHSPs in Michigan. As a member of MACMHB, all CMHSPs are entitled to full participation in NACBHDD at no additional cost to their board.

HHS Access Point Grant Funding Update

In last week's Friday Facts, we reported that two MACMHB members – Cherry Street Health Services (Grand Rapids) and Community Mental Health and Substance Abuse Services of St. Joseph County – as well as Detroit Central City Community Mental Health Services, had received Health and Human Services grants to expand access to health care for their communities. Since the announcement, MACMHB has learned that three additional members are involved in local community partnerships that received one of these grants.

Health Delivery, Inc. (HDI), headquartered in Saginaw, was awarded a \$858,333 grant to open two new access sites in Huron County, and expand and stabilize their two existing sites in Shiawassee County for comprehensive primary health care including medical, dental, and behavioral health services. According to Suzanne Prich, CEO of Huron Behavioral Health, "We were thrilled to receive word that HDI had received an access point expansion grant to establish a satellite clinic in Huron County. In 2012, Huron Behavioral Health staff worked collaboratively with community partners to conduct an evaluation of existing healthcare needs and resources. That study clearly showed the need for improved access to healthcare in the area. This access point funding will help us improve care for the underserved people in the county."

In Shiawassee County, Joseph Sedlock, CEO of Shiawassee County CMH Authority said "The citizens of Shiawassee County will continue to benefit from the expansion of dental health, mental health, and other health services associated with the award of these funds. The partnership between HDI and Shiawassee County Community Mental Health to achieve real and sustained 'whole health' status improvements for individuals and families we mutually support is strengthened by these additional funds."

Traverse Health Clinic in Traverse City, Northern Lakes CMH Authority's integrated healthcare partner, received a \$866,667 grant. Northern Lakes CMH's Traverse City office was renovated to make space for Traverse Health Clinic to provide primary health services on site earlier this year. Full FQHC status, recently received by the Traverse Health Clinic, provides for enhanced funding and paves the way for financial sustainability of the new clinic. Greg Paffhouse and Arlene Brennan, CEOs of Northern Lakes and Traverse Health Clinic, are ecstatic about this achievement, which will strengthen their organizations' collaboration and increase access to care for more individuals.

LEGISLATIVE UPDATE

Expanded Scope of Nursing Passes Divided Senate

Last week, legislation designed to expand the scope of practice for nurses narrowly passed the Michigan Senate on a bipartisan vote of 20-18. The measure, which creates a new license for Advanced Practice Registered Nurses (APRN) and allows them to handle some duties previously limited to physicians, has been a hotly-contested controversy between supporting nurses, bill sponsor Senator Mark Jansen (R-Gaines Twp.) and Michigan physicians, who adamantly oppose the measure.

After three efforts to alter the bill in a specific fashion, a major revision was finally made on the floor before the bill was passed with the approved amendment inserting language stating that in malpractice or licensure removal actions, if an APRN practices as such without the supervision of a physician, the APRN will be held to "the higher standard of acceptable professional practice or care in the community." During the deliberations on the three amendments offered on the concept, Mr. Jansen argued at least one version would effectively "gut the bill." That allegation was denied by supporters of the concept and it is unclear at this time if the adopted language would actually render the bill ineffective. Another floor change essentially requires a four-year apprenticeship for APRNs pursuing the new license to expand their scope of practice if the applicant does not meet any of the stipulated four-year certification or licensure requirements. Another language change would bar an APRN from organizing or becoming a shareholder or member of a professional corporation or professional limited liability company once the bill becomes law in order to ensure APRNs do not, as amendment sponsors fear, "hang up a shingle" to practice medicine while an additional amendment adds two physicians to the APRN taskforce created by the legislation—making them acting board members as well.

The measure's passage was greeted with mixed emotions within the medical community. Nursing organizations argued the bill's adoption moved the state "one step closer to improving consumer choice" while organizations representing physicians expressed their "disappointment" over the fact the measure had been approved and argued the move would jeopardize patient care and "risk lives" in the

long run. In a similar tone, Senator Roger Kahn (R-Saginaw Twp.)—who is also a physician—said he was confident the state’s existing and new medical schools would fill the projected shortage of medical professionals cited by the bill’s supporters as a reason to move the bill forward.

Bill To Identify Impact of 'Obamacare' Advances

A proposal that aims to outline the financial impact of the Affordable Care Act (ACA) on insurance customers in Michigan advanced out of a House committee last week. The Insurance Committee voted along party lines, 10-5, to report a revised version of HB 4816, sponsored by Rep. Mike Shirkey (R-Clarklake). The new version of the bill asks health organizations to communicate to policyholders "an estimate of the impact on policy premiums" attributable to the ACA.

The bill adds that the estimate should include the impact of taxes, assessments and other requirements levied by the ACA. Insurers would also be required to include a statement in their communications to policyholders. That statement would say, "This portion of the premium is attributable to the federal Patient Protection and Affordable Care Act and not the enactment of any laws, rules or regulations of the Michigan governor, the Michigan Legislature or Michigan's Department of Insurance and Financial Services."

At previous meetings, some representatives of the insurance industry questioned the burden HB 4816 could bring on their organizations. They said it could take quite a bit of effort to isolate and determine the specific financial impact of the ACA on customers.

NATIONAL UPDATE

Obama Proposes Fix Allowing Consumers to Temporarily Keep Canceled Plans

Responding to the backlash over insurance plan cancellation notices millions of Americans have received in recent weeks, President Barack Obama announced last Thursday an administrative fix to ensure Americans who like their insurance can keep it through 2014.

Obama’s proposal would allow insurers who currently offer plans in the individual market—many of whom have sent cancellation letters in recent weeks—to continue offering their plans into 2014, even if those plans do not meet the Affordable Care Act’s minimum coverage standards. Insurance companies will be required to inform customers how their policies do not comply with the ACA’s minimum requirements and direct them to the health insurance Marketplaces to educate them on new options that might offer improved coverage at a lower cost. Plans that are not in compliance with the ACA’s standards could not be sold to new customers, only renewed by existing customers.

The White House's new policy would not force insurers to continue offering canceled plans, nor would it force states to participate. States have the authority to regulate their private insurance markets, meaning that the availability of canceled plans in any state will depend on whether that state permits insurers to continue offering the non-ACA-compliant insurance plans. Hawaii, Kentucky, Florida and Texas have said they will allow insurers to renew the plans slated for cancellation. Indiana, Massachusetts, Minnesota, Rhode Island, Vermont and Washington have already rejected the proposal, citing concerns about its impact on their insurance marketplaces.

The National Association of Insurance Commissioners has said the President's policy could destabilize the new insurance exchanges and potentially lead to higher premiums. People who currently hold cheap, bare-bones plans in the individual market are likely to be healthier than those seeking comprehensive coverage through the exchanges, and allowing them to opt out of the marketplace could raise premiums for other consumers.

National Council Offers MMA Training in Michigan

The National Council has recently announced a series of regional Middle Management Academies in 2014, including one in Michigan, March 10-13th. The Middle Management Academy is a 3.5 day in-person training program that empowers middle managers with the best-in-practice management and leadership skills to become more effective as change agents within their agencies. We're really excited about the opportunity to make the MMA more accessible to middle managers in your area.

Register today!

- March 10-13 in Grand Rapids, Michigan
- April 30-May 3 in Washington, D.C. (right before the **National Council Conference**)
- September 7-10 in Lincoln, Nebraska

What is the Middle Management Academy?

The Middle Management Academy is the only program of its kind for future healthcare leaders. Steeped in proven business strategy, the Middle Management Academy is an intensive, practical, and highly interactive training that helps participants understand what great managers do differently. It has graduated more than 1,500 managers to the leadership fast track and has earned the appreciation of participants, as well as their CEOs.

Who Should Attend the Middle Management Academy?

Healthcare managers and supervisors who've recently stepped into management roles without formal training Experienced healthcare managers and supervisors who want to enhance their skills and contributions

Register today by clicking the link below to guarantee your staff a spot on the fast track to success. Space is limited and filled on a first-come-first-served basis.

https://ncc.expoplanner.com/index.cfm?do=reg.flow&event_id=9

Interested in joining the conversation? Join the newly launched **Middle Management Academy Facebook group**! Questions? Contact Jordan Winn at **JordanW@TheNationalCouncil.org**.

MACMHB Standing Committee Reports

(The Policy Committee meeting was canceled.)

Children's Issues Committee - November 19, 2013, 1:00pm

DCH Updates – Sherida Falvay, MDCH

Safe Schools/Healthy Students

Ms. Falvay reported that MDCH along with the Department of Education has received Safe Schools/Healthy Students grant from the federal government. Three school districts are involved; Saginaw Public, Detroit Education Achievement Authority and Houghton Lake. These schools will be working with the state to align programs to meet the substance use needs of students and to focus on violence issues in the schools. This is a 4-year grant, \$2.2 million per year split between the school districts. The state is convening this month for the first time since receiving the grant to begin the process.

Juvenile Forensic Examiners

Ms. Falvay announced that training for juvenile forensic examiners, who will determine if a child is competent to take part in his/her own defense, is scheduled to take place on March 20, 2014. She indicated that the courts are responsible for providing and paying for competency exams; not CMH. The Department's roll is limited to reviewing the curriculum of the training for the examiners.

Evidence Based Practice Cognitive Behavior Therapy Training

Requests for training have exceeded capacity. Only eight CMHs have not had clinicians participate.

Resource Parent Training

Parents, foster parents, adoptive parents are being trained to be more aware of childhood trauma.

DECA(Devereux Early Childhood Assessment)

The electronic version of DECA is now being used. This is for the youngest group of children; preschool.

MIChild

Ms. Falvay reported that Blue Cross/Blue Shield will no longer be providing health care benefit for MIChild recipients. This is being transferred to the Medicaid health plans. Who pays for psychotropic medications prescribed by family practice/primary care/peditricians was not addressed with this change. The Department is hoping this can be addressed by the health plans and CMHs. Sheri will get clarification on how this is being addressed and a time line. The committee requested that guidance from DCH and any correspondence with Health Plans and MIChild parents be shared with CMHs as soon as possible.

New Directions Workgroup

Ms. Falvay reported that a workgroup was been convened to look at children that came out of traumatic situations at a very young age; children that are very compromised and have difficult behaviors that are hard to sustain. The group has made recommendations and is now looking at how to follow through on those recommendations, possibly developing some specialized services. CMH will be included when the workgroup reconvenes.

Children's Boardworks Module

A subcommittee, headed by Co-chair Connie Conklin, will continue to meet and plan a Children's BoardWorks Module. The group plans to report at the January Children's Issues Committee.

Legislative Update – Alan Bolter

Healthy Michigan

Alan reported that the House and the Senate are still working on a FY14 supplemental budget that would include an adjustment related to state general fund savings due to the passage of the Healthy Michigan plan not receiving immediate effect. The supplemental is expected to add \$50.9 million back to the CMH general fund reductions of \$152,931,100.00, based on an April 1 start date not January 1.

The supplemental is expected to start in Senate, but the date is still unknown. The administration would like to pass the FY14 budget adjustments before the end of the calendar year, but there are roughly 9 more legislative days left in 2013.

MACMHB staff and CMHSP leadership have had a number of meetings with legislators and fiscal agency personnel regarding the implementation of the Healthy Michigan plan (Medicaid expansion) and the implications for general fund support within the CMHSPs non Medicaid community based services appropriation.

Mental Health Courts

The Mental Health Court bills are on currently on the Senate floor now and are expected to pass before the end of the year.

Mental Health and Wellness Commission

The Mental Health and Wellness Commission is expected to have its recommendations completed by mid-December. It received 120 to 130 recommendations. For recommendations to be implemented there must be unanimous support. None will be released until the report is complete.

The next meeting of the Children's Issues Committee is scheduled for Tuesday, January 14, 2014, 1:00pm, MACMHB Office, Lansing.

Legislation Committee Meeting - November 20, 2013 9:30am

Report from Lobbyist

Muchmore Harrington Smalley Associates – Bret Marr

Bret Marr reported that the legislature will be adjourning for the year on December 12, about 17 days earlier than normal. By adjourning early, the Medicaid expansion implementation can take place on March 12 instead of April 1, based on CMS approval of the waiver submissions.

Bret also reported that with the state revenue numbers coming in stronger than estimated, the administration is talking about increasing the amount going into the stabilization fund and to pay off long-term debt. The transportation department would like to see some of the extra revenue go to road repairs.

He does not anticipate anything happening on the auto insurance or certificate of needs bills. The Senate passed a watered down version of the nurse anesthetist bill.

Bret referred the committee to HB4816 which would amend the Insurance Code to require a commercial health insurer or a health maintenance organization (HMO) to provide a written estimate as to the amount of any premium increases attributable to the federal Patient Protection and Affordable Care Act.

MACMHB Legislative Update

FY14 Supplemental Budget

The Legislature is moving to consideration of the supplemental appropriations necessary to

accommodate the implementation of this legislation effective April 1, 2014 rather than January 1, 2014. MACMHB supports the plan to add \$50.9M back into the CMH non Medicaid line item.

The implementation of this legislation must be done in a planful way that does not put persons at risk of losing access to behavioral health services during the transition or that further erodes access to care for the persons who will not have Medicaid coverage. Based on MACMHB's review of the administration's calculated savings related to this Medicaid expansion, there are three areas not addressed in the plans for full year implementation of Healthy Michigan. These areas, and the general fund support needing to be restored, include:

- MACMHB estimates that \$10M will be needed to provide services to persons prior to enrollment and during periods where persons' coverage status changes.
- The Department's calculations indicate approximately \$10.6M of GF costs for all other services, including MRS cash match, jail diversion, and DHS worker costs. These other services include mental health treatment services to local county jails, pharmacy related costs, subsidies to DD, SEI, and MICHild waivers that provide additional match for federal funds, and services to underinsured children and persons 65 and over with private and Medicare insurance. MACMHB estimates that \$20M will be needed to finance these services to prevent additional local funding burden and continue the current community safety net services.
- MACMHB estimates that \$30 million will be needed to provide services to those individuals who will not be enrolled in private or public insurance programs.

Association staff will keep members updated on the supplemental.

HB 5136 – Standard Release Form

Coming out of the Diversion Council, this bill creates DCH workgroup to develop a standard release form for exchanging confidential mental health and substance abuse disorder information for use by all public and private agencies, departments, corporations or individuals that are involved with treatment of an individual experiencing serious mental, serious emotional disturbance, developmental disability or substance use disorder.

Sen. Booher Legislation – Create non-profit entities

This bill, which changes Sec. 226 of the Mental Health Code, would allow a community mental health services program (CMHSP) to partner with entities that provide and/or manage health care and rehabilitative services for purposes directly related to fulfilling the general health, welfare and service obligations of the CMHSPs.

SB 558 – Interagency agreement

This bill would amend the Mental Health Code to require each county to have a written interagency agreement with a CMHSP and other governmental entities to divert people with serious mental illness from justice system involvement to treatment, and would repeal the section of the Code requiring a CMHSP to provide incarceration diversion services to people with serious mental illness, serious emotional disturbance and developmental disability.

SB 557 – Section 492 Bill

This bill amends the Mental Health Code to prohibit DCH from preventing a CMHSP from using state GF dollars to provide mental health services to county jail inmates, if the CMHSP and the county or county sheriff had an agreement that the CMHSP would provide such services.

Both of the above bills are recommendations from the Diversion Council and will be in the Senate Judiciary Committee in December.

HB4891 – SUD Involuntary Committee -John Andrews

John Andrews reported that Rep. Matt Lori will hold hearings on HB4891 after the first of the year. MASACA is continuing to reach out to legislators to request support of this bill and encourage them to let Rep. Lori know of their support.

Network180 developed a resolution in support of this legislation. Association staff will share this resolution with all CMHs; as well as the talking points related to HB 4891 support.

Mental Health & Wellness Commission Update

The Mental Health and Wellness Commission is expected to have its recommendations completed by mid-December. It received 120 to 130 recommendations. For recommendations to be implemented there must be unanimous support. None will be released until the report is complete.

Association staff will keep membership updated.

The next meeting of the Legislation Committee is scheduled for Wednesday, January 15, 9:30am, MACMHB office, Lansing.

Member Services Committee Meeting - November 21, 2013

Conference Report

2014 Fall Conference (and beyond)

At a special meeting of the Member Services, the committee voted to return to the Grand Traverse Resort for the Association's 2014 fall conference.

Mike reported that the Association has secured the Grand Traverse Resort in Traverse City for the 2014-2018 fall conferences.

2014 Winter Conference

An RFP will soon be sent out for the 2014 winter conference. The Association is looking for presentations on topics including veterans, corrections, children's services, etc.

2015 Winter Conference

Association staff is working with the Ypsilanti Marriott in an effort to address concerns that the Member Services has regarding accessibility, distance to workshops and menu selection and prices. A final decision has not yet been made.

Award Nominations Update

The committee discussed changes to the Hal Madden Award nomination form and the addition of the MACMHB Outstanding Professional Services Award nomination form. Association staff will make the changes and the revised nomination forms will be sent out to the committee for approval. The committee voted to call the new award The David LaLumia Outstanding Professional Services Award.

Board Member Involvement

Regional Board Member Forums – Jan Plas

A summary of the 2013 Board Member Forums was distributed.

There was discussion on having 2014 Board Member Forums, and there was agreement that changes are needed to enhance attendance. Jan indicated that he will meet with Association staff to plan and to develop ways to generate more interest and involve more board members, as well as the board chairs.

Updating BoardWorks

The committee voted to begin addressing the updating of the current BoardWorks modules and to possibly add some new modules; i.e, children's services, open meetings act. This will be on the committee's January 2014 agenda.

The next meeting of the Member Services Committee is scheduled for Thursday, January 16, 2014, 9:30am, MACMHB office, Lansing.

Contract & Financial Issues Committee – November 21, 2013

Close-out Issues: Tom Renwick and John Duvendek presented the MDCH response to concerns regarding the close-out language in the 10/1/13-12/31/13 PIHP contract. These concerns were discussed by PIHP Finance Officers and MDCH staff at a teleconference held on November 8, 2013. A grid was presented at CFI which proposed resolution of issues, based on 5 categories of PIHP:

- a) contracts in which the legal entity will not change on 1/1/14 (D/W, Oakland and Macomb);
- b) contracts covering a geographical area which becomes a new legal entity (NorthCare and Southeast);
- c) contracts in which a previous PIHP is subsumed as a whole within a newly constituted PIHP (network 180, Lakeshore, Venture, Central Michigan, Access Alliance, Saginaw, Lifeways and Northern Michigan);

- d) the two PIHP which combine to form a new single PIHP (Genesee and the Thumb), and
- e) the three CMHSPs which will move into different PIHP than will cover the rest of the PIHP.

The issues covered are:

- a) ISP and Savings calculations,
- b) equipment reconciliation;
- c) financial audit and compliance examination; d)MUNC reports;
- e) FSR and CRCs; and,
- f) encounter and data reporting.

CFI participants were generally pleased that MDCH was receptive to the input given in the previous teleconference.

PIHPs will not require an amendment. DCH is amenable to an 'approach which works' as simply as possible and which best maintains resources for serving consumers, even in cases where there may need to be different approaches within a category, specifically category #5. DCH staff will be preparing amendment language within the next few days and will share this with the field. **All PIHPs and CMHSPs are encouraged to review this grid (a copy is being e-mailed to each PIHP Director today, as well as CMHSP directors) so that a prompt response to the proposed contract language can be provided to DCH.** It is DCH intent to request that the amendment be signed prior to January 1, 2013.

Updates: Discussion of the status of ABW (1/113-3/1/13), the Healthy Michigan Program, (including the need for a contract amendment March 1), the status of the I-Waiver, and the need to change the Full-Management model with regard to CMHSPs financial support of State Inpatient Facilities. There is little information from DCH on any of these topics; MACMHB is tracking information as it becomes available in order to organize input from the field as issues become defined.

The next meeting of the Contract & Financial Issues Committee is scheduled for January 16, 2014, 1:00pm, MACMHB office, Lansing.

MACMHB Meetings for November, December 2013

(all meetings are at the MACMHB offices unless otherwise indicated)

- November 25th, 10:00 a.m. - Provider Alliance
- December 4th, 10:30 a.m. - PR Workgroup
- December 6th, 9:00 a.m. - Executive Board
- December 10th, 9:00 a.m. - Directors' Forum, Ramada Inn, Lansing
- December 16th, 10:00 a.m. - Provider Alliance
- December 20th, 9:00 a.m. - Leadership/Visioning Group

(Due to the Thanksgiving Holiday, the next publication of Friday Facts will be December 6th)

**Have a Great Weekend and Safe and Happy
Thanksgiving Holiday!**