



**PROGRAM AND PERSONNEL COMMITTEE**

**February 14, 2014 - 8 a.m.**  
**Mental Health Center – Board Room**

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

**AGENDA**

	<b><u>Disposition</u></b>
1) Call to Order	Quorum
2) Approval of Minutes of January 10, 2014 (Previously Forwarded)	Action
3) Items for Consideration	
-) Approval or Re-Privileging of Ronald Kidder, Ph.D. (Item #1)	Action
4) Old Business	
5) New Business	
6) Communication	
-) FridayFacts of February 7, 2014 (Item #2)	Information
7) Director's Comments	
8) Audience Participation	
9) Adjournment	
/jvv	

## REQUEST FOR COMMUNITY MENTAL HEALTH BOARD CONSIDERATION AND AUTHORIZATION

<b>COMMITTEE</b> Personnel Committee	<b>BUDGETED</b>	<b>NON BUDGETED</b>	<b>PARTIALLY BUDGETED</b>
<b>REQUESTING DIVISION</b> Network Development	<b>REQUEST DATE</b> February 14, 2014		<b>REQUESTOR SIGNATURE</b> Judy Cohen, Network Manager
<b><u>SUMMARY OF REQUEST (GENERAL DESCRIPTION, FINANCING, OTHER OPERATIONAL IMPACT, POSSIBLE ALTERNATIVES)</u></b>			
<p>Approval is requested for Community Mental Health (CMH) to re-privilege our agency's fully licensed Psychologist, <b>Ronald Kidder, Ph.D.</b>, in the areas of Certification and Authorize/Approve Clinical Treatment for the DD, MI Adult, MI Child, and Chemically Dependent populations, and in the area of Clinical/Internship Supervision for Licensure for the DD, MI Adult, and MI Child populations, effective for two (2) years from the date of approval. His current CMH privileging expires on February 24, 2014.</p> <p>Ronald Kidder, Ph.D. Psychologist has submitted the Independently Licensed Professional Staff Privileging Application/Approval form, Privileging Application Consent form, Statement of Truth form, three (3) Peer/Co-worker Reference Questionnaires, a copy of his current Michigan license as a fully Licensed Psychologist, his updated vitae, and copies of his transcripts sent directly from Michigan State University verifying his professional education.</p> <p>Dr. Kidder received his Ph. D. from Michigan State University in East Lansing, Michigan. He has extensive experience in the field of developmental disabilities and previously worked as a senior psychologist at the Muskegon Regional Center from 1978-1989, and maintained a private practice from 1982-1997 in Muskegon, Michigan. Dr. Kidder also served as an Adjunct Faculty member for Muskegon Community College (1987-1989) and Grand Valley State University (1987-1997).</p> <p>Currently, Dr. Kidder is the Senior Psychologist for Community Mental Health Services of Muskegon County since 1990 and is currently serving as the CMH Director of Program Evaluation &amp; Best Practices. His peer/co-worker references were excellent. Dr. Kidder is requesting re-privileging for the DD, MI Adult, MI Child, and Chemically Dependent populations in the areas of Certification and to Authorize/Approve Clinical Treatment, and for the area of Clinical/Internship Supervision for Licensure for the DD, MI Adult, and the MI Child populations.</p> <p>Dr. Remington Sprague has reviewed the privileging packet and recommends Dr. Kidder to the Board of CMH for re-appointment as a Licensed Psychologist.</p>			
<b><u>SUGGESTED MOTION (STATE EXACTLY AS IT SHOULD APPEAR IN THE MINUTES)</u></b>			
<p>I move to authorize the Community Mental Health (CMH) Executive Director to approve re-privileging of CMH Senior Psychologist, Ronald Kidder, Ph.D. Licensed Psychologist, for the provision of Certification and Authorize/Approve Clinical Treatment for the DD, MI Adult, MI Child, and Chemically Dependent populations, and for the provision of Clinical/Internship Supervision for Licensure for the DD, MI Adult, and MI Child populations, effective for two (2) years from the date of approval.</p>			
<b>COMMITTEE DATE</b>	<b>COMMITTEE APPROVAL</b> _____ Yes    _____ No    _____ Other		
<b>BOARD DATE</b>	<b>BOARD APPROVAL</b> _____ Yes    _____ No    _____ Other		



**Michigan Association of**  
**COMMUNITY MENTAL HEALTH**  
**Boards**

February 7, 2014

FRIDAYFACTS - 7 pages

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

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

RE: - **Governor Snyder Announces FY15 Budget**  
- **MDCH Announces Health Innovation Grants**  
- **Legislative Update**  
- **Budget Hearings Begin Next Week (Public Testimony Opportunity)**  
- **National Update**  
- **Senate Committee Urges CMS to Preserve Mental Health Drug Access**  
- **MACMHB Meetings for February, 2014**

**Governor Snyder Announces FY15 Budget**

On Wednesday, Governor Rick Snyder unveiled his Fiscal Year (FY) 2015 budget proposal. The total Executive Budget Recommendation for fiscal year 2015, including all state and federal revenue sources, is \$52.1 billion in gross spending. Nearly 75 percent of the total budget is dedicated to education and health and human services. The Consensus Revenue Estimating Conference held in early January projected that revenues will be \$10 billion in the general fund and \$11.9 billion in the School Aid Fund for fiscal year 2015, for a combined total of \$21.9 billion.

During the presentation the Governor announced a plan to expand the Homestead Property Tax credit to provide \$103 million in tax relief for low- and middle-income taxpayers, which is expected to impact 1.3 million Michigan residents.

Overall the FY15 executive budget proposal had several key proposals for behavioral health and developmental disabilities services. *Below are the major items of interest in the FY15 executive budget:*

**Specific Mental Health/Substance Abuse Services Line items**

	<u>FY' 14 (final)</u>	<u>FY' 15</u>	<u>FY' 16</u>
-CMH Non-Medicaid services	\$283,688,700	\$97,050,400	\$97,050,400
-Medicaid Mental Health Services	\$2,152,917,100	\$2,206,980,60	\$2,206,980,600
-Medicaid Substance Abuse services	\$46,184,400	\$43,115,300	\$43,115,300
-State disability assistance program	\$2,018,800	\$2,018,800	\$2,018,800
-Community substance abuse (Prevention, education, and treatment programs)	\$80,093,000	\$80,093,000	\$80,093,000
-Children's Waiver Home Care Program	\$21,544,900	\$21,544,800	\$21,544,800
-Mental Health services for special populations	\$8,842,800	\$8,842,800	\$8,842,800
-Autism services	\$35,171,800	\$25,171,800	\$25,171,800
-CMHSP, purchase of state services contracts	\$137,761,600	\$139,465,600	\$139,465,600
-Health Homes	\$900,000	\$900,000	\$900,000
-Healthy MI Plan (Behavioral health)	--	\$205,350,300	\$205,350,300

**One-Time Appropriations**

**FY15**

-University autism programs	\$3,000,000
-Mental Health commission recommendations	\$5,000,000

**Other Highlights of the FY15 Executive Budget:**

**Mental Health and Wellness Commission Recommendations**

The FY15 executive recommendation includes \$15.6 million gross and general fund to implement the recommendations of the mental health and wellness commission. These recommendations will allow individuals and families living with mental illness, developmental disabilities and substance use disorders to receive coordinated mental health services that encourage independence and self-determination and provide better access to high quality and coordinated care. In addition, the recommendations support establishing metrics to evaluate the effectiveness of services provided.

The Department of Community Health will partner with the departments of Human Services, Corrections, Education, Military and Veterans Affairs, the Michigan State Housing Development Authority and the Michigan Strategic Fund to implement the findings of the commission workgroups. They include:

- Initiatives that address coordination between school districts and healthcare providers for services to children; appropriate job opportunities for individuals with mental illness or a developmental disability; and better access to timely services for Michigan's veterans.

- Initiatives aimed at increasing permanent housing and independent living services for homeless persons with mental illness.
- Initiatives that facilitate information sharing between physical and mental health care providers to help track and coordinate services.
- Initiatives that provide law enforcement with training tools to respond to individuals in emergency situations and ensure they receive needed services.
- Initiatives to reduce stigma associated with mental illness and the collection of data to evaluate policies, programs and services.

### **Mental Health Diversion Recommendations**

The FY15 executive recommendation addresses Michigan’s mental health needs by developing services to divert individuals with mental illness out of the criminal justice system and into appropriate community treatment. Total funding of \$6.1 million general fund is recommended:

#### **Assisted Outpatient Treatment: \$1.18 million**

Assisted Outpatient Treatment is a court-ordered program of community-based mental health services designed to improve outcomes for people with serious mental illness with a history of repeated hospitalizations or incarcerations attributed to non-adherence with outpatient treatment. Funding recommended for the Judiciary (\$730,000) will provide for court evaluations, attorney services, and training of local stakeholders. Funding of \$450,000 for the MDCH will provide treatment services through community mental health service providers.

#### **Probation Mental Health Resources: \$1 million**

Funding of \$1 million in the Judiciary budget will reinforce existing mental health courts through court coordination, mental health services, substance abuse treatment, housing and transportation services.

#### **Crisis Intervention Teams: \$1.7 million**

An investment of \$1.7 million in the MDCH budget will help develop and strengthen local crisis intervention teams to help divert offenders prior to booking into the criminal justice system. The funding will provide for local law enforcement training which is considered a best practice diversion strategy.

#### **Jail Behavioral Health Treatment: \$1 million**

Funding of \$1 million in the MDCH budget will help improve the provision of local in-jail behavioral health treatment. The investment is intended to enhance mental health treatment in areas such as psychiatric services, case management, co-occurring disorders management, and individual group therapy.

#### **Local Re-entry Behavioral Health Treatment: \$1 million**

An investment of \$1 million in the MDOC budget will support a contract for a pilot program in a local jail to arrange for appropriate mental health services when jail inmates return to the community.

**Data Collection: \$200,000**

Funding of \$200,000 will be included in the MDCH budget to collect data to measure the effectiveness of local mental health diversion. Data collection efforts will measure the changes brought about by investments in the strategies taken in preemptive, pre-booking, in-jail, post-booking and post-release diversion services.

**Boilerplate Sections**

The executive recommendation included the following boilerplate sections:

- Section 428 – Local match, Each PIHP shall provide, from internal resources, local funds to be used as a bona fide part of the state match required under the Medicaid program in order to increase capitation rates for PIHPs. These funds shall not include either state funds received by a CMHSP for services provided to non-Medicaid recipients or the state matching portion of the Medicaid capitation payments made to a PIHP.
- Section 492 – Permits the use of GF/GP dollars to fund those CMHSPs that provide mental health services to inmates of county jails.
- Section 494 – Contingent upon federal approval, if a CMHSP, PIHP, or subcontracting provider agency is reviewed and accredited by a national accrediting entity for behavioral health care services, the department, by April 1 of the current fiscal year, shall consider that CMHSP, PIHP, or subcontracting provider agency in compliance with state program review and audit requirements that are addressed and reviewed by that national accrediting entity.

**MDCH Announces Health Innovation Grants**

Congratulations to 8 CMHSPs and 6 affiliate members who were recently awarded Health Innovation grants. The Michigan Department of Community Health (MDCH) granted funding to 42 one-time projects with an innovative approach to improving the delivery of Michigan’s health services to residents. The purpose of awarding these Health Innovation Grants is to allow for the ability to bridge the gap between creative, collaborative ideas and their implementation. MACMHB members awarded grants included:

Copper Country Mental Health Services	Requesting funding to improve access of consumers to on-going diabetes education and nursing care.	\$13,200
Centra Wellness Network	Requesting funding to integrate technology applications to provide efficient access to evidence-based, self-care resources. Specifically, on line and mobile based self help resources.	\$16,000
Hope Network Behavioral Health	Requesting funding to enhance efficiency of their autism applied behavior analysis therapy delivery by piloting a technology solution, DataFinch Catalyst, to streamline	\$ 21,150

	collection of data for this data-intensive therapy, and thereby increase clinician efficiency and the number of children that can be served.	
Hope Network	Requesting funding to enhance access to care in lower density areas by providing transportation solutions to busing children from a centralized location in their home town to an existing clinic in a larger city	\$27,000
Hope Network Behavioral Health	Requesting funding to pilot Pitch4KIDZ which is a short-term, three day psycho-educational workshop designed to help children between ages 6-12 who have been exposed to childhood trauma, potential neglect and abuse due to a family member's substance abuse.	\$35,000
Pine Rest Community Mental Health Services	Requesting funding to provide staff data analyst capacity to assist with the analyzing and development of aggregate reports of Emergency Department/intensive services utilization that identifies service utilization trends and system issues within the children's behavioral/Emergency Department system of care. This will promote community collaboration to better meet the behavioral health needs of children and adolescents.	\$34,776
Genesee Health System	Requesting funding to design a substance use disorder delivery system through the use of peers/recovery coaches to support integrated primary care and improve outcomes for individuals who are currently living in recovery housing or will enter recovery housing during FY 2014.	\$35,000
Macomb County Community Mental Health	Requesting funding for a web-based application to deliver additional tools to enhance treatment after the individual ends his/her regular appointment.	\$30,500
Arbor Circle	Requesting funding to provide street outreach to youth and young adults who are living on the streets or staying in other unsafe, unstable, unpredictable living or sleeping situations.	\$14,658
CMH Authority of CEI Counties	Requesting funding for two trainings and training materials; one will cover fetal alcohol syndrome disorder and the second will cover neonatal abstinence syndrome.	\$5,164
Kalamazoo CMH and Substance Abuse	Requesting funding to provide quarterly biometric screening within their mental health recovery court that indicates one's risk for certain diseases and medical conditions.	\$17,188
Cherry Street Health Services	Requesting funding to purchase and implement Simbiote Development's CareSentry (Population Health Management) and Order Sentry (Order Tracking & Management) software	\$35,000

	solutions which provide customizable data queries and metrics to facilitate patient care management.	
Summit Pointe	Requesting funding to partner with a local nonprofit organization, Sprout Urban Farms to support their Food Sovereignty Pilot Program. Through this program, individuals with disabilities will learn food system skills through employment with Sprout Urban Farms.	\$35,000
Ten16 Recovery Network	Requesting funding for an integrated primary care program that combines medical and behavioral health services to meet the broader range of issues that patients bring to primary care.	\$20,900
Community Mental Health for Central Michigan	Requesting funding for clinicians to be trained to provide "Mom Power" services to families that are deemed high risk.	\$33,270
Summit Pointe	Requesting funding for Life Skills Series curriculum with Life Coach to improve school engagement and performance measures.	\$35,000

The sixteen grants total \$408,806.

## **LEGISLATIVE UPDATE**

### **Budget Hearings Begin Next Week**

Both the House and Senate DCH Appropriations Subcommittees will hold budget committee meetings next week.

On Wednesday, February 12, the House DCH Appropriations Committee will hold their first hearing at 10:30am in room 352 (House Approps Room) of the Capitol Building. The agenda is expected to include a DCH budget overview.

On Thursday, February 13, the Senate DCH Appropriations Committee will hold their first hearing at 1:30pm in the Senate Appropriations Room (3<sup>rd</sup> floor) of the Capitol Building. The agenda is expected to include a DCH budget overview as well as **Public Testimony for Behavioral Health.**



## **NATIONAL UPDATE**

### **Senate Committee Urges CMS to Preserve Mental Health Drug Access**

In a rare display of unanimity, the 24 members of the Senate Finance Committee have sent a joint letter to the Centers for Medicare and Medicaid Services urging the agency to roll back a proposal that would drastically limit consumers' access to mental health drugs.

The letter strongly urges CMS to preserve the Medicare Six Protected Classes policy "as it exists today." This policy allows Part D enrollees to access all or substantially all medications within six classes: antidepressants, antipsychotics, anticonvulsants, immunosuppressants, antineoplastics, and antiretrovirals. The policy was developed by the Bush Administration – and later codified by Congress – as a means to ensure that vulnerable individuals with severe and disabling conditions could access the full range of medications they need.

CMS has proposed to revoke protected status for antidepressants and immunosuppressants (with antipsychotics set to lose their protected status at a future date). Opposing this change, the members of the Senate Finance Committee wrote, "We are very concerned this change will lead to decreased access to medication, especially for those beneficiaries afflicted by mental health problems. These vulnerable individuals rely on multiple medications to control and treat their illnesses. Unfortunately, over the course of treatment, certain medications may cause undesired side effects or become ineffective. As a result, certain beneficiaries must have a wide range of treatment options available. By limiting the number and type of medications offered under a Part D plan, a beneficiary may be forced to rely, if only temporarily, on medication that simply does not work or results in adverse side effects."

The National Council strongly supports preserving the Six Protected Classes policy and applauded the bipartisan letter. We thank Senator Baucus, Senator Hatch, and all the members of the Senate Finance Committee for taking the lead in opposing CMS' proposed change.

### **MACMHB Meetings for February, 2014**

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

February 10<sup>th</sup>, 4:00 p.m. – PAC Committee (at Winter Conference, Best Western Lansing)

February 10<sup>th</sup>, 6:00 p.m. – Executive Board (at Winter Conference)

February 11<sup>th</sup>, 7:45 a.m. – Provider Alliance (at Winter Conference)

February 18<sup>th</sup>, 10:30 a.m.- Budget & Finance Committee

**Enjoy the Weekend. See you at the Conference.**