

**Northeast Michigan Community Mental Health Authority  
Board Strategic Planning Session  
(Location: Rosa's Lookout Inn, Spruce, MI)**

**May 12, 2011**

**Present:** Linda Canfield, Maggie Clay, Virginia DeRosia, Judy Hutchins, Marie LaLonde, Terry Larson, Gary Nowak, Patricia Przeslawski

**Absent:** Tom Mullaney (excused), Tom Young (excused), Richard Anderson, Alan Fischer

**Guests:** Lee Ann Bushey, Cheryl Jaworowski, Ed LaFramboise, Cathy Meske, Dave Schneider, Tony White, Dick Wiitala

**Call to Order/Welcome**

Gary Nowak called the meeting to order at 3:00 p.m.

**Information And/Or Comments from the Public**

There was no information presented.

**Consent Agenda**

**NEMROC Contract Amendment  
Partners in Prevention**

***Moved by Linda Canfield, supported by Marie LaLonde, to approve the Consent Agenda as presented.*** Roll call vote: Ayes: Linda Canfield, Maggie Clay, Virginia DeRosia, Judy Hutchins, Marie LaLonde, Terry Larson, Gary Nowak, Patricia Przeslawski; Nays: None; Absent: Richard Anderson, Alan Fischer, Tom Mullaney, Tom Young. Motion carried.

**New Business**

Tony White informed Board members of two items needing action that came up after the mailing went out.

**Dewar Lease**

Tony White reported the lease for the Dewar Road Home is up for renewal the end of June. The current lease was a succession of three, three-year leases. Mr. White requested a one-year extension of the current lease with an increase of 3% in the rent. He noted the request is for one year only due to the unknown future of the need for the group home.

**Partners In Prevention – Educational Contract**

Tony White reported that under this agreement, Partners in Prevention will assist the agency in Community Educational efforts as addressed in Ends policy. Mr. White noted the funds for this is already included in the approved budget.

***Moved by Terry Larson, supported by Patricia Przeslawski, to approve the Dewar Lease and the Partners in Prevention contract as presented.*** Roll call vote: Ayes: Linda Canfield, Maggie Clay, Virginia DeRosia, Judy Hutchins, Marie LaLonde, Terry Larson, Gary Nowak, Patricia Przeslawski; Nays: None; Absent: Richard Anderson, Alan Fischer, Tom Mullaney, Tom Young. Motion carried.

Gary Nowak reported the Board had been awarded a certificate of appreciation for their support of the local Regional Interagency Consumer Committee (RICC) at the recent Legislative Luncheon. Tony White reported Senator Moolenaar and Representative Pettalia were in attendance, as were four Board members.

Alan Fischer arrived.

Judy Hutchins reported concerns recently with psychiatry and children services that were brought to her attention. Tony White reported that recruitment efforts continue and that there are current discussions with a psychiatrist. Mr. White reported that we have also begun an affiliation Operations Committee discussion about finding a regional solution.

### **Environmental Scan**

Dave Schneider, Northern Affiliation Director of Operations, presented the board with an overview of the mental health system from a national and State perspective. He notes he appreciates the invitation and opportunity to be party to the planning retreat. He reported this year has many topics to cover.

Dave Schneider began with the new administration. Governor Snyder is a venture capitalist who looks for a return on investment. He values outcomes from programs and tracks them using "dashboards". Thus far in budget planning, the Governor has protected the public safety net. In initial discussions, directors were told to expect up to a 25% cut in Medicaid; planned cuts for FY 12 may be around 1% for Medicaid and 3 to 5% for general funds. Dave noted the Governor's goals are efficiency, effectiveness, transformation and free up money for job development and economic growth. Dave noted the "2% rule:" Since only 2% of the population cares about mental health services, if the Governor protects mental health, 2% of the population cares; if the Governor destroys mental health, 2% of the population cares. This is an indication that still only those directly affected (consumers and family) have a stake in the public mental health system. He also noted the Governor has no interest in how we have always done it or why we have always done it that way; he wants to focus on how to design the system for the future.

Dave reported MDCH Director Olga Dazzo's background is in health plans. She ran some health plans in Michigan prior to going to Florida. Dave reported Jim Haveman (former MDCH Director) is a consultant to Olga Dazzo and likely has considerable influence within the new administration. He noted, in Olga's presentation at the Winter Conference, she commented that the 18 PIHPs, 46 CMHSPs, and 16 CAs in Michigan probably require too much administration.

The Department of Community Health's goals are to improve health, improve care, lower costs through competitive and collaborative organized systems of care. Dave reported there is definitely a message here reinforcing the fact that we must collaborate with other agencies to be competitive. The Department is also looking to integrate the physical health and behavioral health to ensure patients receive optimal benefit from integrated services. Dave reported that patient centered medical home is not a new concept; the idea was actually conceived in 1967. There are standards already developed for patient centered homes. Another goal is to reform/reinvent health system infrastructure to reduce administrative and unnecessary health delivery costs. Dave reports about 20% of Michigan residents are currently on Medicaid.

Dave reported there have been changes in the Department of Community Health already. He reported the MH/SA Administration is now known as BH/DD Administration. Mike Head, Deputy Director, is gone and Cindy Kelly is currently "Acting Deputy Director." Tony White reminded the Board that Cindy Kelly's career in mental health began with Northeast as Office Manager and Recipient Rights Officer in the 1980's.

Dave covered the Affordable Care Act. While there is skepticism and doubt about what the future actually holds for "reform," it is currently the law. People like the fact that kids are covered to age 26 and the pre-existing condition exclusion along with the elimination of life time limits. With or without the Affordable Care Act, significant changes are going to take place and we need to be prepared. The changes most likely will be more significant than the changes that occurred back in 2000 when Managed Care went into effect.

Dave Schneider reviewed the external threats and opportunities list with Board members. Threats included 1) declining tax revenue, 2) increasing demand for public services, 3) speedy response needed,

4) pressure on MI Legislature, 5) CMH complacency, 6) system units (CMH, PIHP) too small, 7) lack of uniform or competitive costs, 8) lack of interoperable IT, and 9) competition. Dave also addressed the opportunities which included: 1) Governor & Legislature demand change, 2) shared data allows planning efficiencies, 3) resourceful and innovative leaders in the system, and ideas from other states, 4) Affordable Care Act, 5) new demand, new markets coming on line, 6) unique knowledge of our niche, and 7) investment is made, now time for return on that investment. Dave reported we need to be able to show there is a return on the investment at this point.

Dave stated there are several elements that we do know and we need to plan now for addressing those changes. This includes integration of primary health care and behavioral health care, reduced administrative costs, demonstrated outcomes to show how our tax dollars are spent, and the possibility of ending the current "carve out" of behavioral health. Patient centered medical homes for our population should be planned for. In addition, we should be planning for expanded Medicaid eligibles under the Affordable Care Act. We also need to be ready for changing payment arrangements. Dave reported there are discussions under way with the health care agencies (FQHCs) to work together toward integrating services.

Patient centered medical homes for those persons with severe, persistent mental illness need to be a focus. The patient establishes a one-to-one relationship with their physician. The patient's physician acts as a leader of a team that is responsible for the person's ongoing care. The patient's physician coordinates all care be it oncology, surgery, allergist, etc. Dave reported the community mental health system already operates under a team environment with consumers. This model just expands it into the primary care. A logical approach would be for CMH to be the medical home for people with serious mental illness and for those with developmental disabilities.

The 25-year mortality gap between people with mental illnesses and the general population is another important area that requires attention. Dave Schneider reported several grants are available and one has been submitted recently by the PIHP for "healthy living" services. The grant would provide funding to allow each board to work with consumers on healthier lifestyles (i.e., smoking cessation, nutrition, etc.). This grant is for approximately \$130,000.

Alan Fischer predicted expansion of staffing will be necessary to implement the patient centered home. This would include general practitioners, nurse practitioners, etc.

The state will continue to focus on reduction of administration within the system. Dave reported there has been some recent pressure to have the CAs absorbed into the PIHPs. Dave also reported there are redundant reviews and eliminating process regulations that do not add value. Currently there is interest in "deemed status" as a way to reduce some redundancies in the system. He noted, however, that he believes CMS will always mandate some type of process review at the state level.

Dave reported, in Michigan alone, the ACA will increase those eligible for Medicaid by 600,000. Insurance exchanges will also be provided for those needing subsidized premiums. This means most people will have insurance coverage and many will have some kind of mental health service need, even if non-serious. Community Mental Health will need to look at expanding the criteria for those we serve.

Dave reported we are currently developing a format for a regional planning process to take place this summer. He is planning speakers to attend to provide some good information related to preparing for the future, focusing on being competitive, efficient and effective providers.

Tony White reminded that Board that last year's discussion included our decision to approach AuSable Valley about possibilities for consolidation of functions and perhaps, even merger; it was at that time that Floyd Smith, the director of AuSable Valley, had announced his retirement plans. Tony noted that it is often the time of a Director's retirement or resignation that the most fruitful discussions about consolidations can occur. Discussion then did occur with AuSable Valley and some continuing efforts followed, focusing primarily on mutual IT improvements, etc., but AV had no real interest in pursuing merger, at least at that time. The only other realistic partner with which such possibilities might be

practical is North Country. Tony also observed that he will be turning 66 in just less than 18 months; therefore, if any such considerations might be made, now would be the time to start planning.

Terry Larson gave the example of NMSAS, a 30-county board that acts as a coordinating agency. This model might be the future for CMH as well, versus a provider agency.

### **Monitoring Report: Ends**

Tony White reviewed the Ends Report with Board members. This year's report includes graphs to address the Ends. He reported the goal for DD Supported Employment is 113 consumers in paid employment. He noted last fall Lumberjack Enterprises went out of business and dropped our count to 108. Staff have worked diligently to secure employment for those consumers affected by the loss of employment. Graph #2 is focused on DD Supported Independent Settings. The goal for this End was 85 consumers in their own homes. Ed LaFramboise reported the decrease in numbers from December to now are due to a case closure, a couple residents moving out of the area and a death. He reported the case closure consumer is totally independent at this point.

The Ends addressing children with emotional disturbances were reviewed. The CAFAS scores and Behavioral Pathways benchmarking were the sources of this data. In June 2010, the Benchmarking program revised the CAFAS indicators they were tracking. There are now four versus two indicators. He reported definitions are being sought from Behavioral Pathways to determine what the categories are actually capturing.

The Ends addressing adults with serious mental illness were reviewed. Most of the data related to the established Ends reflects a positive outcome. The negative outlier in change in employment may be attributed to winter in northern Michigan. In the case of favorable change in employment status, the data collected represents the number of unemployed persons served that became employed. In the case of unfavorable change in employment status, the data collected represents the number of employed persons served that became unemployed. Tony White also reported that adult consumers' perceptions of improvement in mental health is being tracked using the SOQ; however, to-date, there is no practical way to extract information by program (versus by consumer or clinician); that is still a work-in-progress.

### **Discussion of Issues for Further Consideration and Prioritization**

Gary Nowak noted discussion now of the issues raised during the previous environmental scan would continue the planning process. Tony White noted that between tonight and September, the board should develop its plan.

Gary Nowak inquired as to how the Affiliation could assist us in finding administrative efficiencies. Dave Schneider reported some basic discussions have been undertaken related to some areas that might make sense such as recipient rights.

Tony White reported in some of the past mergers of CMH boards there were some boards that approached the potential merger in "baby steps" such as using joint program directors. Dave Schneider noted, at the affiliation level, there is no clinical director, but that could also become an option.

Terry Larson reported many of the Presque Isle County residents gravitate to Cheboygan and it would make sense to partner with North Country. He noted the courts, Department of Human Services, Intermediate School District and other agencies are housed in Cheboygan. Linda Canfield noted the hospital has medical control [ambulance service] over Presque Isle County; however, if the patient chooses to go to Cheboygan for the hospital and their wish is honored if the Cheboygan hospital agrees to accept the patient. Tony White inquired as to whether there are state requirements as to medical control (if so, that might imply that the State has already identified some medical service areas). Linda Canfield will investigate further.

Alan Fischer suggested the medical homes be an important focus in our planning process to best position us for what we will need to be successful. This could include hiring psychiatrists at the Affiliation level to provide the needs of the region by sharing of resources. Tony White reported Northeast has been able

to recruit physician assistants and clinical nurse practitioners, so we may be able to address some primary care needs as well. The problem area is psychiatrists; Dave Schneider reported the psychiatrist is problematic for each of the boards and the Affiliation will be attempting to address that in some way.

Gary Nowak suggested better advertisement and signage for the agency still needed. Tony White reported the contract with Partners in Prevention will address some of the community awareness issues. He also reported the agency provided the "Mental Health First Aid" class recently. Partner agency staff members were invited to attend the training including school success workers, court workers, and a judge in addition to a number of this agency's paraprofessional employees. The program was very well received; as a result, a second round of training is being scheduled and our training coordinator will be trained as a "Mental Health First Aid" trainer.

Alan Fischer suggested focus be on anti-stigma and how treatable mental illness is. He suggested a promotional campaign aimed at those individuals who will be covered under the Affordable Care Act should be aware that help is available. Linda Canfield also reported the primary care physicians should be encouraged to promote behavioral health services. She notes sometimes the doctors are very aware of the financial implications for treatment and so do not press their patients to seek treatment. Terry Larson reported our criteria still needs the individual to have a serious mental illness. Tony White noted, however, that individuals with Medicaid who have a non-serious mental illness are entitled to treatment covered by the Medicaid Health Plans.

Tony White reported the public service announcements need to be produced at another level (perhaps the Affiliation) due to cost. It was noted that SAMSHA provides some of those announcements. Linda Canfield reported the drug companies are one of the best promoters of mental health services as they are marketing their medications for treatment.

Gary Nowak reported he has been working with the Consumer Advisory Council and elections were conducted. The council members had expressed concerns about consumers with too much time on their hands and not being productive with that time. They are suggesting more publicity be provided on the drop-in center and clubhouse. They just want to get more activities to provide consumers with options. Tony White and Cathy Meske indicated the agency already supports Monday Night Activities and Tuesday Night Activities. The groups have such activities as attending dress rehearsal nights at the theaters, steam engine shows, air base tours, birthday nights, etc. Judy Hutchins reported the clubhouse provides a lot of activities for consumers. Cathy Meske reported transportation is mandated for clubhouse activities; however, the drop-in center would not have transportation.

### **Dinner Break**

Meeting recessed at 5:00 p.m.

Meeting resumed at 6:00 p.m.

### **Discussion of Issues for Further Consideration and Prioritization (continued)**

Gary Nowak requested board members provide additional suggestion for goals. Ed LaFramboise suggested the Mission Statement be looked at to incorporate our recovery focus and gentle teaching efforts. Gary Nowak reported the items will be categorized and provided for consideration at the next board meeting so board members can prioritize the items.

Maggie Clay reported the young people raising children in this period have no concept of raising children and did not have good role models in their own lives. The Great Start program, as an example, is working with these families but it will take a few years to change the behaviors in children.

Dick Wiitala reported the IS Departments within the Northern Affiliation work well with each other and more and more sharing of skills and resources is taking place. Cheryl Jaworowski reported this also drives the accounting and reimbursement needs and she is beginning to work with North Country's accounting representatives.

Alan Fischer reported there needs to be new measures for outcomes and at the same time decrease administration and bureaucracy. Having the accreditation process (deemed status) to promote efficiency is one thing, but if we haven't yet come up with decent measurement tools, will we ever? He hopes this doesn't lead to more bureaucracy and more inefficiency. Dave Schneider observed the challenge is to do all this with less money.

Tony White noted that the "handicap" we have as a community mental health board is Chapter 2 of the Mental Health Code; our competitors would not be held to the same standards. For example, the Medicaid Health Plans are not required to provide person-centered planning, etc. Dave Schneider noted there may be some changes that should be addressed in the Mental Health Code.

Judy Hutchins questioned if carve out changes would affect the prescription drug list. She reported that when medication tiers are established it takes longer to get someone in crisis on an effective medication. Cathy Meske commented it really is not difficult to get prior authorization. She also reported the drug companies will change one small element to rebrand and keep the costs of the medications higher. Cathy Meske reported there are a lot of medications on the \$4 list at Wal-Mart or the \$15 list at Kmart that treat mental illness effectively.

Dessert was served.

Marie LaLonde was excused from the meeting.

Cathy Meske reported it would be ideal to have agreements with the jails in all four counties for services that can be provided for inmates. Tony White reported agreements have been sent to the Sheriffs; we have confirmation from two and expect to hear from the others soon.

Dick Wiitala reported Merit is building fiber in all the counties and the fiber will be located close to each of the jails which will make it easier to provide telemedicine, not only to the jails, but outlying areas as well.

**Moved by Terry Larson to adjourn the meeting.** Patricia Przeslawski reported she needed, as Vice Chair, to provide a summary observation of the meeting. She reports the meeting was a good and board members interacted appropriately. She thanked the agency leadership for hosting this event. Gary Nowak noted the award received from the RICC for participation with that group. Patricia Przeslawski reported it has been her desire to get the community aware of the good things the agency does for the area. Judy Hutchins reported at the clubhouse, consumers write their own stories to feature their successes; stories such as these could be featured in community education efforts. **Supported by Linda Canfield, to adjourn the meeting.** Motion carried.

This meeting adjourned at 6:25 p.m.

signed by Gary Nowak on 6/9/11  
Gary Nowak, Chair

signed by Virginia DeRosia on 6/9/11  
Virginia DeRosia, Secretary

Diane Hayka  
Recorder