

**Northeast Michigan Community Mental Health Authority
Board Strategic Planning
June 13, 2013**

I. Call to Order/Welcome

Present: Virginia DeRosia, Alan Fischer, Roger Frye, Judy Hutchins, Judy Jones, Marie LaLonde, Terry Larson, Tom Mullaney, Gary Nowak

Absent: Linda Canfield, Pat Przeslawski (excused), Tom Young

Guests & Staff: Lisa Anderson, Dennis Bannon, Carolyn Bruning, LeeAnn Bushey, Lynne Fredlund, Diane Hayka, Cheryl Jaworowski, Ed LaFramboise, Cathy Meske, Dave Schneider

Gary Nowak welcomed Board members and guests to the Planning Session.

II. Approval of Minutes

Moved by Tom Mullaney, supported by Roger Frye, to approve the minutes of the May 9, 2013 meeting as presented. Motion carried.

III. Environmental Scan

Dave Schneider, Director of the Northern Affiliation, addressed topics of interest which include the current Northern Affiliation, the AFP and the Northern Michigan Regional Entity, Integrated Care and the Autism Benefit.

Dave reported the Northern Affiliation is subject to an external quality review by a third-party source. The external quality review consists of three parts. The first part is the performance improvement project. This year's project focused on peer delivered services. Dave Schneider reported the review scored 100% as all elements of measurement were met. The second part is the Information Systems Compatibility Assessment Tool (ISCAT) – a performance measure validation. This looks at all the data collecting systems to determine validity of the reported measures.

Linda Canfield arrived at 3:05 p.m.

The paperwork for this validation review is just underway and will be submitted in the next week or two. The reviewing group will look at the documents submitted and then will send in a team to determine whether the data integrity is as attested to.

The third part is the standards compliance. This year the six standards to be reviewed include QAPIP, utilization management, staff qualifications and training, enrollee grievance, Access, and appeals process. The desk audit request will be received shortly and the actual site visit will be conducted in August.

The MDCH site visit will begin shortly. This will be a one-week audit looking at the C-Waiver (Habs Supports Waiver). This review requires 100% compliance. The reviewers will be visiting each board for one day and complete the process at North Country for the remainder of the week. The Children's Waiver will also be reviewed and North Country is the only Board with children on this waiver.

Financially, the Affiliation is in good shape. Mr. Schneider notes we about \$1.4 million underspent affiliation-wide. This is about what is expected at this point of the year.

Mr. Schneider informed Board members of the recent open enrollment of the Adult Benefit Waiver (ABW) waiver, which had been closed for some time. This April enrollment was opened for a one-month period and participants in this program increased considerably. The added participants will allow for increased funding for this program noting regionally the revenue went from \$41,000 to \$109,000. This funding provides mental health services for those adults qualifying for the ABW who would not qualify for straight Medicaid.

Dave Schneider informed Board members of the data sharing pilot the state has been working on. The Client Level Data Workgroup looks at how integrated care can be implemented well. An invitation was sent to three PIHPs to participate in this group. There is also a Population Data Workgroup. Oakland and Macomb belong in this group. A data pilot was formed and all the data for the five PIHPs were provided with all the data related to health care claims, dental claims, prescription claims, and behavioral health claims. This does not include substance use data. Zenith Technologies was contracted with to provide an analysis of the data using a John Hopkins program to review data. This identified the medical conditions of diabetes, COPD, etc. Many people served through the behavioral health system have higher than normal occurrences of Emergency Room visits. Mr. Schneider notes the local staff participating in this group are reviewing the data and determining needs of the consumers served. He reported the way this is communicated to consumers will need to be handled carefully. Knowing this information might be problematic in the treatment process as consumers might not like the fact that some of this information is known by their clinician. Dave expects this pilot to continue until October 1 or possible January 2014. The software being considered is named "Frank" and it is hoped the pilot participants will be able to get a sneak peak at the program prior to the program being released to all boards.

Dave Schneider informed Board members the Affiliation had applied for FY14 Block Grants noting the difficulty in this submission as the current affiliation will be in existence for the first three months of next fiscal year only. The Block grant request includes support implementation of Health Information Exchange (HIE), support training to staff and also \$5,000 per Drop-In Center for the "Healthy Living" module. Integrated Health care will look to develop common format for admission, discharge and transfer and will be headed up by BCBS. We will need to have capacity in our records to produce the form in their format and will need to be able to receive information in the same format. There will be some software needed to assure security of information. Staff Training is also built into the Block Grant to address items associated with the AFP. .

Dave reported the current contract with the MDCH will be extended to the end of this calendar year. A new contract will be drafted once rates are established for the remaining nine months of the next fiscal year. Because of the two contracts, local boards might need to conduct two financial audits. This would impose an added expense for each board.

Application for Participation (AFP) Update – Northern Regional Entity - The initial AFP was submitted by the April 1 deadline with several blanks to be completed by July 1. Karl Kovac, Northern Lakes, and Dave have been working on the response to meet the July 1 reporting deadline. The legal documents creating the Northern Michigan Regional Entity need to be submitted. The AFP also requested the name of the Executive Director by July 1. A job description will be submitted in lieu of the name as one is not yet identified. Dave explained many of the policies to be submitted will be policies adopted from one of the current PIHPs so review will not be necessary as the Department has already accepted these policies. The submitted policies will be revised once the management for the entity is identified. The policies include the following:

Crisis Response Capacity – by January 2015 we need to have the capacity to handle any crisis emergency placement within the 21-county area. Dave notes there are no crisis placement options available in our area for children. This will need to be developed. Timeframes for the plan for crisis response capacity need to be identified.

Health and Welfare – [Health] Policies need to include: How are we going to share information, correspond with primary care providers, conduct transition planning, etc.? The plan will be reviewed by the Directors at tomorrow's meeting. [Welfare] How will the PIHP monitor the welfare of the consumers such as tracking incident reports, sentinel events, etc.?

Olmstead Act – People with disabilities deserve full access to the community like everyone else. This policy covers three areas; living arrangements, employment and segregated day programs and community activities. . The policy needs to identify how we will assure consumers are given choices in their person-centered plan concerning living arrangements and choices regarding roommates. Additionally, people who are living out of the area should have the opportunity to come back and live within their community. The policies will need to include how to increase alternatives to segregated workshops and work programs. The policy will also need to identify how the people served will be included in the community.

Substance Use Disorder – The Poleski Act requires by October 2014 the Coordinating Agencies (CAs) be transitioned into the Regional Entity. Dave Schneider is a contact for this region related to the transition of the two agencies. He notes he has met with Sue Winter, Director of NMSAS.

Recovery – There are no items due on this at the moment. Dave Schneider reports all job descriptions must include a statement "lived experience" preferred. This will allow for any person with a mental illness diagnosis, etc. to obtain employment.

Dave Schneider reported the Regional Entity Board has met twice and will meet again next Wednesday. This Board has a lot of work to do in a short time.

Integrated Care – Dave Schneider reported FY13 Block Grants were provided for review of Integrated Health. Each Board had to develop an integrated health care plan. The development of an integrated learning community at the state level was formed. There were goals developed and experts were brought in to run the learning community. There will be webinars available and they are providing coaching calls to all the boards.

The Autism benefit was rolled out April 1. North Country has enrolled two already. Northeast has one enrolled and another submitted for the benefit; four others are currently being tested. AuSable Valley also has some ready for testing. Ed LaFramboise reported the COP and the AMA have indicated there could be up to 16 in Northeast's service district. Additionally he reported those children on Medicaid must be evaluated by Stephanie Davis. If the child has private insurance, they must be tested through one of the four providers in the state. This benefit allows Medicaid money to pay for Applied Behavioral Analysis (ABA).

Dave provided an overview of the positive things the department likes about the Northern PIHP. The Department believes the centralized IT system is a strong point and they like the site review process that is in place. Financially, the PIHP is solvent and the PIHP is solid and well run. The Department views the Northern Affiliation as leaders in integrated healthcare and likes the way new processes are embraced. Weaknesses are the relationships with the Medicaid Health Plans (MHPs). In the current region, we have four or five MHPs. He notes the Department has offered to assist in making those relationships stronger.

Discussion of Issues for Further Consideration and Prioritization

Integration with Primary Care

Cathy Meske reported the biggest issue related to the last grant opportunity was the aspect of sustainability without additional funding. Rather than apply for the grant, a local group was formed to address similar issues. She reported the consumers were reviewed and the persons served with a metabolic syndrome were identified with Northeast having 124 who are at risk under these guidelines. With the data analytics data, the count was narrowed to 84. This might be due to how the diagnosis is reported. Through motivational interviewing, consumers will be provided encouragement in their recovery versus focusing on their weaknesses. It was identified consumers had difficulty with getting their blood work done so Quest Laboratories has begun drawing labs at the Alpena office and the Rogers City office.

The Peer Support Specialists have been working with NEMCSA in providing a PATH program [Personal Action Towards Health]. Eight started the program with six graduating. A couple of the Peers have been trained in the WHAM program [Whole Health Action Management], which assists peers with teaching consumers how to advocate for themselves with their primary care physician. Cathy Meske reported next Friday from 9 to noon the presentation will be shown at the office for primary care physicians. The motto is "Increase by 8 in 8." Cathy Meske reported Board members are invited to attend this webinar by registering with LeeAnn Bushey.

Ed LaFramboise reported he has been working to obtain a child psychiatrist – Dr. Paul Liu. He will be providing telepsychiatry for several CMH boards. He has begun working with Newaygo. He has expressed an interest of providing 3 hours of child psychiatry and Jeff Brown, Oakland County CMH, has a child psychiatrist that might be willing to also provide 3 hours of services. Board members will be kept informed as the details are worked out.

Cathy Meske reported the nurses are diligently working to gather more information related to height, weight and blood pressures for children.

Judy Hutchins inquired about the drop-in center grants and whether the monies would need to be focused on health programs only.

Impact of Affordable Care Act (ACA)

Ed LaFramboise introduced the topic of the Affordable Care Act and the impact this Act will have on the agency. Lisa Anderson reports there are three areas that will affect Northeast as an employer – 1) Michigan Medicaid Expansion, 2) Part-time employees working 30 hours per week on average, and 3) multiple benefit plans.

Lisa reported if Medicaid is not expanded more of the agency's employees would be eligible for the agency's plan. Those employees eligible for Medicaid are "blocked" from the Exchanges. The Exchange offerings are unknown at this point so it is difficult to determine how those plans would compare to the current benefit plan. Ed LaFramboise reported there are 90 employees in this "new" group and the cost to the agency would be approximately \$1.1 million to provide the benefits. He reports the part-time employees have provided the agency with good quality service for many years and it would be unfair to reduce their hours to keep them under the 30 hour average. Ed noted if the Medicaid expansion passes, many of those part-time employees might be eligible for coverage by Medicaid. He reported the HealthFirst Committee will meet tomorrow to continue discussion on future benefits. He notes the Agency must provide a "bronze" coverage at least. Lisa Anderson reviewed the analysis related to the costs to cover those 90 employees. She explained the various fees and penalties the employer could be assessed.

She reported there will need to be a “bare bones” plan developed. She reported the plan might be tiered by salary income and the Committee will be reviewing the deductibles/co-pays/cost sharing employee portions. There is a mandatory notice that will be required to be sent to employees in October about their options. Lisa Anderson reported prior to implementation of the ACA requirements, there are negotiations with the union for two bargaining groups to deal with.

Linda Canfield inquired as to whether there are employees eligible for health care insurance that do not purchase the benefit plan. Cathy Meske noted an employee would have the option to take the employer’s plan or possibly take an exchange plan. Lisa Anderson reported if that happens, the agency will need to make sure they have documentation to prove it was affordable under their offered plan. Judy Hutchins inquired whether the Affordable Care Act will have any impact on those with a supplemental plan with an employer.

General Fund Issues

Cheryl Jaworowski reviewed the financial statements. She reports there is a net loss of \$205,149. She notes there was a contract settlement for FY10 that added \$103,900 to the Local Fund bucket. Line #15 includes the self-insured costs are overspent and this will most likely increase. In addition, the Net Asset Distribution received from MMRMA was \$75,356.

Ed LaFramboise reported the over spending is not due to staff expenses but to services provided for consumers. He notes we have requested \$250,000 from the Department to assist in our deficit for General Funds. In addition, the Agency has tightened their offering for services for those without Medicaid and a waiting list has been established.

Tom Mullaney inquired about Miscellaneous Expenses. Cheryl Jaworowski reported some of this is attributed to the 10% of County Share of Inpatient costs the agency pays for local match.

IV. Break for Dinner

Meeting adjourned for the dinner hour at 5:00 p.m.

Meeting resumed business at 5:50 p.m.

V. Review of current Mission, Vision, Strategic Plan and Ends

Mission & Vision Statement Review

Ed LaFramboise reported the proposed change in the Mission Statement will make the language to modern terms as it refers to substance use. This proposed change will amend “substance abuse” to “substance use.” Ed LaFramboise reported Management will be reviewing the Mission Statement in its entirety shortly to come up with a somewhat shorter Mission. This will be presented back to the Board for approval once all the wordsmithing had been complete.

Moved by Terry Larson, supported by Roger Frye, to amend the Mission Statement as presented.
Motion carried.

Strategic Plan Document Review

Ed LaFramboise reported the Strategic Plan needs to be updated to reflect current goals, barriers, opportunities, etc. Board members were requested to review and come prepared to discuss further at the July meeting. He reported Lynne Fredlund and he will work to develop proposed changes to this plan document.

Ends Policy Review / Monitoring Report

The Board Ends Statement Policy is for information at this time only. In the fall, there will be some changes proposed addressing the structure.

Ed LaFramboise presented the Ends semi-annual monitoring report. He reviewed the various sub-end goals. He also reported there will be a recommendation when this policy is up for review to eliminate the reference in the non-Medicaid Revenue of the exceeding of 105% of revenue.

The annual report extra copies were received Tuesday so there are copies available for distribution. Ed LaFramboise reported Tom Hainstock has trained 57 participants since October in the Mental Health First Aid. The Youth Mental Health First Aid has been offered twice. LeeAnn Bushey indicated there is a class tomorrow and there are openings still available should Board members wish to attend. Tom is working with the Northeast Michigan Children's Behavioral Initiative to offer all school employees the training to help identify warning signs. Alpena Schools have had good participation with paraprofessionals in the schools noting it is more difficult to arrange the training to reach teachers. Terry Larson suggested the schools be contact now as there are three days prior to the start of school that are designated for training and it might work with their schedule.

Moved by Virginia DeRosia, supported by Linda Canfield, to approve the Ends Monitoring Report as presented. Motion carried.

VI. Wrap Up

Roger Frye indicated there have been questions asked of him related to a suicide at the Montmorency County jail and he has responded that he cannot provide any information. Ed LaFramboise reported under The HIPAA legislation there are stringent guidelines addressing confidentiality regardless if the person is deceased. In addition, licensure and contracts also have provisions addressing confidentiality; therefore, the Agency, its employees and Board members cannot acknowledge whether or not a person is or isn't a consumer of services. Tom Mullaney also noted any information contained in a Board Packet is subject to the Freedom of Information Act and could be published in a newspaper so caution must be used in any Board communication.

VII. Adjournment

Moved by Terry Larson, supported by Virginia DeRosia to adjourn. Motion carried.

This meeting adjourned at 6:15 p.m.

[signed by Alan Fischer on 08/05/13]
Alan Fischer, Secretary

[signed by Gary Nowak on 07/11/13]
Gary Nowak, Chair

Diane Hayka
Recorder