

**Northeast Michigan Community Mental Health Authority
Board Strategic Planning
June 11, 2015**

I. Call to Order/Welcome

Present: Linda Canfield, Roger Frye, Judy Hutchins, Judy Jones, Albert LaFleche, Marie LaLonde, Terry Larson, Eric Lawson, Gary Nowak

Absent: Bonnie Cornelius, Alan Fischer, Pat Przeslawski (excused)

Guests & Staff: Lisa Anderson, Dennis Bannon, Carolyn Bruning, LeeAnn Bushey, Lynne Fredlund, Cheryl Jaworowski, Ed LaFramboise, Cathy Meske, Mike Vizena

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

II. Approval of Minutes

Moved by Terry Larson, supported by Linda Canfield, to approve the minutes of the May 14, 2015 meeting as presented. Motion carried.

Due to a delay in the arrival of Mike Vizena, Ed LaFramboise began a discussion with an agenda item which would have been addressed later in the agenda.

Autism Expansion

Ed LaFramboise reported beginning January 2016 the Autism Benefit will be expanded to include services to children and young adults aged 6 to 21. Based on the current program, there could be a large number of individuals qualifying for this program. At this point there are 23 individuals in the current program having qualified for the ABA intensive services. Staff have conducted an analysis of the current known individuals who might qualify for those included in the expanded service range. Ed LaFramboise reported this agency may need to look at options for the provision of services to meet the needs. There may be a need for contractual arrangements with other organizations providing such services and/or finding additional office locations to directly provide these services. The service area can range from South Branch to the south to Hammond Bay to the Northeast. Ed LaFramboise noted there are some services currently being provided to children in the expanded age range so we know it will add about 25 additional children to the program. At this point, the benefit package has not been released for the new age group; however, once the benefit package is released, more families may seek support of the agency to provide eligible services. This program does not allow a waiting list.

Mike Vizena arrived.

III. Environmental Scan

Introductions were made. Mike Vizena, Executive Director of the Michigan Association of Community Mental Health Boards, provided the Board with an update of mental health services at the state and federal levels. Mike Vizena thanked Board members for their continued support of the CMH PAC. He provided information as to what the funds collected through the CMH PAC are used for. The dollars collected do assist in getting staff through the doors in various fund raisers allowing contacts with legislative representatives. Mike Vizena thanked Gary Nowak and Ed LaFramboise for being contributors in leadership roles at the Association level.

Mike Vizena reported there are many opportunities looming on the horizon for local community mental health agencies.

Fiscal Year 2015/2016 Budget

Mr. Vizena reported there is some positive news in the budget for next year. The \$20M supplemental added to the budget in this fiscal year continues to remain in the budget for next fiscal year. He reports these dollars are not just moved from another area of the budget but are designated dollars now. He reported the Department conducted a survey of how General Fund dollars were utilized by four boards last year and, while the data was not shared back with the community mental health boards, it was felt the legislature determined the need was there and the initial calculations were off. He notes there is also an actuarial rate increase of 1.5% to PIHPs for Medicaid and Healthy Michigan.

Managed Care Rebid

Mike Vizena reported the Request for Proposals for the Managed Care Rebid was released on May 8. This rebid is required of the Medicaid Health Plan providers to continue provision of managing Medicaid dollars. In this RFP, the Medicaid Health Plans must submit a bid to provide services in an entire prosperity region. In northern Michigan, the Health Plan must cover all areas of Prosperity Region #2 and #3, which are the same counties served by the Northern Michigan Regional Entity. The RFP is full of opportunities to work with the Medicaid Health Plans on a more integrated partnership. Examples of partnership opportunities include: 1) The Medicaid Health Plan agrees to work with MDHHS to develop initiatives to better integrate services covered by the Health Plan and the PIHPs...and to provide incentives to support behavioral health integrations; 2) The Medicaid Health Plan agrees to collaborate with PIHPs and MDHHS to develop shared metrics...; 3) To provide Early and Periodic Diagnostic and Treatment Services. Contractors must ensure screening and lab services according to the American Pediatric Association *Bright Futures* recommendation...; 4) Provide tobacco cessation treatment services; 5) Agree to provide primary care training on evidence-based behavioral health service models – Screening, Brief Intervention, and Referral to Treatment (SBIRT). Must reimburse primary care practices for behavioral health screening services; and 6) Contractor must provide or arrange for provision of community health workers or peer support specialists... Mike Vizena stressed the importance to continue our focus on Peer Delivered/Supported services.

Certified Community Behavioral Health Clinics

In April 2014 the Protecting Access to Medicare Act of 2014 was passed. It included demonstration programs to improve community mental health services. The demonstration programs do not cover those individuals with an intellectual or developmental disability.

A planning grant application was issued May 20, 2015 and is due August 5th. Up to 25 states will be awarded up to \$2M for planning and of the 25 states, 8 will be selected as a demonstration state. Mr. Vizena reports Debbie Stabenow is a principle supporter for this grant and it is hoped Michigan will stand a good chance of receiving the grant and hopefully then the demonstration project. Several of MACMHB staff are involved in partnering to write the grant.

Mr. Vizena reported Lynda Zeller has indicated she would like to see all CMHSPs become CCBHCs; however, the state will most likely identify the CMHSPs “most ready” to become CCBHCs to participate in the two-year demonstration. He notes there must be at least two CCBHCs involved in the demonstration – one urban and one rural. He anticipates more than two will be utilized as the CMHSPs are vastly at different stages of readiness. Ed LaFramboise reports this is based on Senator Debbie Stabenow’s Excellence in Mental Health Act, and Senator Stabenow is a very strong proponent of the demonstration programs. Ed LaFramboise and Cathy Meske note there is nothing frightening in this demonstration. There will be regular updates from the State once the submission is complete and continue should the State be awarded the demonstration project.

State Innovation Model (SIM) – Blueprint for Health Innovation

Mike Vizena reported Michigan received over \$70 M for an implementation grant, spread over the next four years, to test and spread healthcare reform and innovation. The areas of focus include: healthy babies - infant mortality; super utilizers of emergency rooms and multiple chronic disease which includes depression screening, reduction of alcohol consumption and reduction of tobacco use.

The organizational structure of the public system will include the addition of Accountable System of Cares (ASC) and Community Health Innovation Regions (CHIR). Ed LaFramboise reported the Northern Physician Organization contacted our agency to support their efforts in becoming an ASC as they are submitting an application. Ed LaFramboise reported the District #2 Health Department is applying to become a CHIR. He reports there is some speculation the CHIRs may take over the roles of the current PIHPs. The CHIRs have to bid according to the prosperity regions as well. He notes it is hopeful the Alcona Health Center and Thunder Bay Community Health Services will also apply. He reports the Alpena Regional Medical Center has not made any inquires about partnering up or gathering support for a submission.

The future structural design has no guarantees. The carve-out/carve-in fear prior to the release of the rebid was eliminated when the rebid specs were released and the carve-out remained. This means the state recognized the community mental health boards successes in managing the behavioral health and developmental disability services in the Michigan.

Mike Vizena reported the release of the prosperity region map began some interesting speculation among some CMHSPs. The state has invested significantly in the current regional configuration. In addition, the State is trying to provide for more standardized access and equitable care through regional PIHPs and rate rebasing. There will always be a challenge related to resources but the opportunities are vast. The carve outs do protect the most vulnerable. In the states where the carve outs were eliminated, the vulnerable population groups were the individuals most affected.

Mike Vizena requested Board members discuss with passion any issues they might have but don't talk outside the "family."

Second Waiver Renewal for Health Michigan Plan

The Second Waiver needs to be submitted by September 1st and must be approved by end of December for the Healthy Michigan to continue past April 30th. This requires CMS to approve an increase in cost sharing of up to 7% of family income for a person having been on Healthy Michigan for four years. Currently the Federal guidelines are only 5%. Since Healthy Michigan has only been in place for a little over 1 year, this will not apply to anyone at this point.

If the Federal government does not approve of the waiver, then state legislators can modify the state law to address this issue. The Michigan legislators are probably more cautious now than they were when the Healthy Michigan finally made its way through for passage. If neither option occurs, all 600,000 people in Michigan will lose their Healthy Michigan coverage as of April 2016.

Mr. Vizena addressed the concern related to the impact Medicaid spend-downs have with General Fund shortages. He is optimistic the spend-down issue will be addressed. He had a recent conversation with Senator Stamas about the spend-downs and the type of care those individuals with spend-downs receive or don't receive based on whether their spend-down had been met. Because spend-downs can be quite high, individuals will wait to get their regular care by their primary care physician and will go weeks or months without any healthcare and then require services in an emergency room facility because their health concern has manifested.

Mike Vizena reported Bob Sheehan has been hired to succeed him when he retires. He will be there until the end of the year with Bob coming on in October. He expects all other MACMHB staff to remain as is.

Judy Hutchins inquired as to how the State is planning to make up for their Road funds with the defeat of Proposition #1, and whether General Funds will be affected. Mike noted having the \$20 M General Fund supplemental remaining in the budget for next fiscal year is good news. The legislature will be working through the next few months to determine how they will fund future road construction.

Mike Vizena reported the MACMHB has initiated a new recognition for longevity in Board member service. He reported Roger Frye will be recognized for 21 years of service. The recognitions will be bestowed at the Fall Conference.

Albert LaFleche stated the counties are afraid the revenue sharing dollars will be tapped to address the road funding and, if that occurs, it will devastate the counties.

Roger Frye noted he has served on many boards during his lifetime and this board is a well working board and have worked on many issues together to resolve.

Mike inquired as to how this Board serves those individuals with a mild to moderate mental illness. Ed LaFramboise reported the FQHCs in the area provide services to that population group as they have behavioral health clinicians in their clinics.

Mike noted he spoke with Tom Renwick recently related to Health Homes to gather information on the status of implementation. Mr. Renwick was vague as to the Department's focus on Health Homes.

Albert LaFleche inquired if the population served by community mental health agencies is increasing. Mr. Vizena noted there are some screening questions asked of applicants for Healthy Michigan and those voluntarily answering the questions have a high percentage of behavioral health, substance use or other services provided by CMHs.

Other

DHHS Potential Office Closures

Ed LaFramboise informed the Board members of the closure of the offices of Department of Human Services in Montmorency and Presque Isle counties. He and Cathy Meske have met with John Keller and Julie Sproul to develop a plan to possibly share space in those counties to assure a presence is maintained for DHHS in those outlying counties to eliminate the need for individuals to travel for services.

Marie LaLonde reported she attended a Board meeting earlier today for the Presque Isle DHHS and they are holding on to hope; however, the bill has passed both the Senate and House and only needs the Governor's signature.

Ed LaFramboise reported he has provided a proposal to Julie Sproul for sharing the Rogers City Office and also to John Keller to share space in the Hillman office. Mr. LaFramboise also reports the Thunder Bay Community Health Services has a lease on office space at the Fairgrounds in Atlanta and it is possible this might be an option for Montmorency County. He reports Alcona County is partnering with Iosco county; however, local presence is limited.

IV. Break for Dinner

Meeting adjourned for the dinner hour at 5:15 p.m.

Meeting resumed business at 5:50 p.m.

V. Discussion of Issues for Further Consideration and Prioritization

Integration with Primary Care

Ed LaFramboise reported we are part of a grant awarded to NMRE on behalf of Northeast, North Country and AuSable Valley to promote integration. We have contracted with an organization to aid in our partnership with the FQHCs. A meeting was convened to discuss obstacles for our clientele not being served. Carrie Standen and Cathy Meske are working together to address those obstacles. Ed LaFramboise and Cathy Meske are meeting next Wednesday with Dr. Hatuea, Michelle Styma and Steven Meno with the consultants to address how they can help to assure individuals are getting the services they need.

Cathy Meske reported the other big piece deals with physician offices having a policy of expelling individuals who might request too many pain medications or also getting services from the pain clinic. Cathy Meske notes we have had a successful relationship with Dr. Dargis which allows us to set up and manage medications for individuals should it become problematic or abusive.

Health Information Exchanges

Ed LaFramboise reported there is a demand for healthcare organizations to join a Health Information Exchange which allows for sharing of healthcare data between providers. He reports there were presentations conducted by three entities. Northeast will follow the lead of our local health care providers and our principle health information exchange will be Great Lakes Health Connect. This will cost us 2¢ per Medicaid enrollee per month. There is a possibility of some additional hidden expenses.

A letter of support was sent to the Northern Physician Organization indicating we would be willing partners should they become an ASC. If that happens, there is a cost of \$350 per physician per year. We may wish to become partners in both organizations.

Ed LaFramboise reported Dennis Bannon will provide more information at a future board meeting as an educational issue.

Funding Issues

Ed LaFramboise informed Board members of the change in distribution of General Funds. The state will be taking away some general fund dollars earmarked for Purchase of State Service dollars. These dollars are used for purchasing days at the state hospital should there be needed admissions. The lapsing funds for the Purchase of State dollars will be taken and the Department will make sure all Boards are whole at the end of the fiscal year. In the past, any Purchase of State dollars not used for inpatient services were able to be used for community needs. If not used in that fashion, 5% could be carried forward. The Department will be sending a contract amendment to address the change and Ed LaFramboise indicated he will refuse to sign the amendment; however, the Department has already taken the money. At this point, there are no vacancies in a State Hospital if a Board needs it. The agency will still get the billing for state hospital services for the 10% local match portion. Cheryl Jaworowski reported we may need to work with the local hospital to develop some crisis beds to accommodate needed admissions. Many hospitals elect to keep individuals with lessor issues versus accepting an aggressive more challenging admission.

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

Mission & Vision Statement Review

Board members were provided with a copy of the Mission and Vision Statements along with the Core Values. There were no recommended changes.

Strategic Plan Document Review

Goals were discussed. Discussion ensued related to the fundraising for the endowment fund as a goal and the need provide more focus in that vein. The majority of dollars collected are from staff in conjunction with the United Way Campaign conducted in the Fall. In addition, there is a column in the Annual Report alerting others to the availability of contributions to that fund.

Ends Policy Review / Monitoring Report

The Ends monitoring report was reviewed. This is the semi-annual report. Cathy Meske reported the report indicates successes in most areas. Cheryl Jaworowski reports the financial is reported monthly.

Marie LaLonde left the meeting at 6:15 p.m.

Ed LaFramboise reported there were few trainings offered this year in Mental Health First Aid. Mary Schalk (Youth), Carlene Przykucki (Adult), and Madeline McConnell (Catholic Human Services) will all receive training for trainers. These three will be able to continue training after Tom Hainstock retires. Judy Hutchins inquired as to whether this training was offered in the school system. Judy Jones inquired if this was available for other organizations. Ed LaFramboise noted this is available to any organization but there is a requirement to have at least eight individuals participate in the course and the training is six – eight hours long.

Albert LaFleche questioned if the DHHS office had contacted the counties for local support. Ed LaFramboise noted he was not aware of this; however, the rent for the Montmorency County and Presque Isle County offices is quite expensive.

Other

Ed LaFramboise reported there most likely will be excess funds in General Funds again this fiscal year. In the near future, he most likely will be requesting consideration from the Board to allow for 236 transfers. Northern Lakes has already requested to be considered for a transfer. Mr. LaFramboise notes the Northern Lakes board has an unfunded pension plan as it is a defined benefit plan (unfunded by approximately \$8 Million). Northeast has no unfunded post-retirement benefits.

Ed LaFramboise reported he included last year's strategic plan document in the mailing for this meeting and sent it to management members to review and provide input for suggested language changes. Over the next few months, this document will be updated to reflect current needs, barriers, etc. Once in a final format, the Board will need to approve the Strategic Plan for next fiscal year.

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

VII. Wrap Up

There were no additional comments made.

VIII. Adjournment

Moved by Terry Larson, supported by Eric Lawson to adjourn. Motion carried.

This meeting adjourned at 6:32 p.m.

[signed by Alan Fischer on 7/09/2015]

Alan Fischer, Secretary

[signed by Gary Nowak on 7/09/2015]

Gary Nowak, Chair

Diane Hayka
Recorder