

Behavioral Health Advisory Council

Meeting Minutes

March 4, 2016

Members Present: Glynis Anderson, Julie Barron, Linda Burghardt, Karen Cashen, Elmer Cerano, Ashley Willis for Mary Chaliman, Michael Davis, Norm DeLisle, Erin Emerson, Kevin Fischer, Benjamin Jones, Eva Petoskey for Arlene Kashata, Lauren Kazee, Sara Koziel, Tina Louise, Kevin McLaughlin, Paula Nelson, Stephanie Oles, Jamie Pennell, Neicey Pennell, Marcia Probst, Mark Reinstein, Ben Robinson, Kim Rychener, Kristie Schmiede, Jane Shank, Sally Steiner, Brian Wellwood, Jeff Wieferrich

Members Absent: Lonnetta Albright, Joelene Beckett, Mary Beth Evans, Marlene Lawrence, Kevin O'Hare, Patricia Smith, Cynthia Wright

Others Present: Glenn Cornish, Lorianne Fall, Terri Henziri, Deborah Hollis, Eric Kurtz, Steven Mays, Larry Scott, Jennifer Stentoumis, Brenda Stoneburner, Ashley Wells, Lynda Zeller

Welcome and Introductions – Mark Reinstein called the meeting to order at 10:10 a.m. Introductions were made.

Review and Approval of Minutes – The council reviewed the meeting minutes from November 20, 2015. Linda Burghardt moved/Julie Barron seconded – minutes approved as written.

MDHHS/BHDDA Updates – Lynda Zeller

Boilerplate Section 298 – Lynda indicated that certain language in this section is causing significant concern and confusion. In response, key legislative leaders have stated the boilerplate will not move forward as written. The language must be amended through the budget process, which is expected to be completed in late May or early June. The Lt Governor has directed MDHHS to initiate a stakeholder conversation about how best to maintain what is working in the system and how to change things in the behavioral health and physical health system toward better integrated and coordinated care for people who receive services through public funding. The state wants the conversation to be driven by those outside the major state contractors (MDHHS, MHPs, PIHPs, CMHSPs, etc.). The desire is that preference is given to advocates and recipients of services and families over contractors. The Lt. Governor's work group of 84 people has been assembled with additional members to be added, up to about 120 persons. Public Sector Consultants are proposed to lead this group. They will meet 4 times to develop concepts to be provided to legislators and executive office to be considered in changing the boilerplate language. Lynda does not believe a full plan will be completed in 4 meetings, but it is expected there will be concepts to give to legislators and a high level plan for next steps. If anyone has concerns with Public Sector Consultants being the independent facilitator of this group, let Lynda know

personally. Before this group meets at the end of March, the department is trying to compile a list of facts to use in these discussions. Tom Landry (P&A) will be the independent facilitator of the facts group. Many members of the BHAC will be a part of this process. Some of the BHAC members had comments about their experiences thus far with the process. Lynda did indicate that there are certain laws (Social Welfare Act, Mental Health Code, etc.) that are realities in the discussions about change to the behavioral health system as described in the original boilerplate. If any proposed change conflicts with a law, support for changing the law would have to be obtained. Lynda indicated that “integration” has been a buzzword for several years. However, this has only taken hold in an active way at the service delivery level. It has been floating around unofficially for many years, but this boilerplate officially calls the question. Mark R. indicated that the part that really is concerning to those outside the state is that they were not consulted prior to the introduction of the boilerplate. Marcia P. echoed that concern and indicated that the BHAC and other groups have offered their consultation to the department on multiple occasions and never once were included in the discussion and how it is forced and rushed. Lynda admitted that there was a missed opportunity to consult BHAC about better integration of health plan functions and service delivery, long before this boilerplate was initiated, and she committed to working to do better with engaging BHAC on more strategic issues earlier.

CCBHC & Waiver Update – Eric Kurtz

Waiver Update – The waiver has gone out for public comment and CMS has read the draft waiver application. Continuing discussions with CMS will occur. Linda B., Elmer C., and Kevin F. are all on the stakeholder group for the CCBHC. If the Section 298 boilerplate language goes thru in any iteration, the 1115 Waiver would have to be amended. Lynda did indicate that the spirit of the 1115 is already focused on doing things better in the behavioral health system. Sara K. asked how SUD services would be improved within the 1115. A discussion of what the system should be providing vs. what it is actually being provided ensued. Jane S. asked about where services for youth fit into all this. Lynda indicated that Sheri Falvay at MDHHS is the expert on children’s mental health and might be a good resource for information on children’s issues. Stephanie O. asked about housing representation on these stakeholder groups. MSHDA is represented and so is the staff at MDHHS who deal with housing and also the Interagency Council on Homelessness.

CCBHC - Eric sent around a handout of the CCBHC draft timeline. The request for certification will be released on “Buy 4 Michigan” very shortly. Selection of 8 – 10 sites will be made by mid-May. The selected sites must then have a site visit before they can be certified. Concurrently, a needs assessment will be taking place and completed by June. On site certifications should be done by August and then the demonstration grant application will be submitted to SAMHSA by October 23, 2016.

FY17 MHBG Funding – Karen Cashen & Jennifer Stentoumis

Karen provided updates on planning and priorities for FY17 for the adult and children’s Mental Health Block Grant funding.

Reports

ROSC Transformation Steering Committee – Kristie Schmiede

There was an update on SUD peer curriculum and certification. This information will go out for public comment. They also reviewed the latest PSC report on SUD Workforce Development. A work group to provide feedback on this report was established.

Recovery Voices – Kevin McLaughlin

Michigan Recovery Voices was a strong group in Michigan but there are also other groups who can be included in updating the BHAC on recovery organizations. Kevin will include information from them in future reports.

State Work Group on Children’s Guardianship – Mark Reinstein

Mark gave some background on how the work group evolved out of some other Diversion Council activities. This work group is the newly developed work group that includes some relevant members that know something about children. The scope of this work group’s focus appears to be somewhat narrow, mostly looking at Mental Health Code Chapter 4A, which presently focuses only on hospital treatment. Jane S. indicated that from her organization’s perspective, the group needs to get down to the basics of what kids and families need - like having available hospital beds and consistent community-based treatment.

MDHHS Work Group on Case Management Conflict of Interest – Mark Reinstein

This work group is focused on the C Waivers thus far. The message from the feds is that case management needs to be separate from service delivery, either different agencies or separated by firewalls. This may eventually include eligibility determination, assessment, and treatment planning, too. The point of this is to prevent biases in service delivery that might be influenced by a particular agency based on funding or conflicts of interest.

Governor’s Mental Health Diversion Council – Steven Mays

Steven presented information on the Mental Health Diversion Council activities. PowerPoint slides were provided to the council.

Public Policy Updates – Mark Reinstein & Elmer Cerano

- **Restraint and Seclusion in Schools** – Ten bills have been introduced to reduce the use of seclusion and restraint in schools except in emergency situations. Bills have a reporting requirement included and encourage the use of Positive Behavioral Supports. There may be some opposition from private schools and Child Caring Institutions, however, these bills have bipartisan support so they are likely to be successful.
- **Assisted Outpatient Treatment** – The Senate is meeting on the House passed AOT bill likely March 22, 2016.
- **Prior Authorization Protection for Vulnerable Populations** – This protection may be in jeopardy. A group is starting to meet to talk about how to maintain this protection after 2016.

Public Comment – No public comment

Announcements

Kevin Fischer – The NAMI State Conference is May 19 – 20th in Novi. Go to the NAMI website for more information.

Jane Shank - The ACMH Conference is May 5th at the Radisson in Downtown Lansing. Go to the ACMH website for more information. Also, the second training cohort for Youth Peer Support Specialists is coming up and everyone is very excited about how well this is progressing.

Elmer Cerano – Elmer introduced Tom Landry to the BHAC and he spoke a little about the purpose of the FACTS Group in the legislative process examining boilerplate section 298.

Mark adjourned the meeting at 2:36 p.m.