

CMHAMM  
**Improving Practices Leadership Team**  
Meeting Minutes

October 21, 2010

Community Mental Health Authority  
Of Clinton-Eaton-Ingham Counties  
812 E. Jolly Rd.  
Lansing, Michigan  
Facilitator: Mike Hetzman  
G11-C  
1:00 PM – 3:00 PM

**ATTENDANCE:** Toby Bayless ( Affiliation); Rob Davis (CEI); Julie Dowling (Ionia); Mike Geoghan (Newaygo); Mike Hetzman (Gratiot); Cheryl Kobernik (Manistee-Benzie); Al Platt (CEI); Bill Ramsey (Manistee-Benzie); Pamela Stants (CEI); Kim Zimmerman (Affiliation)

**ABSENT:** Judi Cates (CEI); Mary Clissold (CEI); Paul Duff (CEI); Kevin Fitzgibbon (Gratiot); Vic Guajardo (Gratiot); Cindy Ingersoll (Newaygo); Ingemar Johansson (Manistee-Benzie); Todd Koopmans (Newaygo); Kari Korson (Manistee-Benzie); Maureen Moloney (CEI); Darby Moreno (Manistee-Benzie); Terry Pechacek (Manistee-Benzie); Sue Poindexter (Gratiot); Greg Snyder (Newaygo); Al Way (CEI); Rebecca West (CEI)

**GUESTS:** Marie Pulver (CEI); Chris Chambers (CEI); Ellen Sugrue-Hyman (DCH)

**AGENDA REVIEW:** Added: Clinical Directors Meeting Update—Mike Hetzman; Recovery Council Update – Kim Zimmerman/Pamela Stants, Handouts: Recovery Council policy draft & Draft Statewide Summary Report of the REE

**MICHIGAN RECOVERY COUNCIL  
RECOVERY COUNCIL DRAFT  
RECOVERY POLICY:**

- Background of Council
- Definitions of Recovery on page 3...intend to develop their own definition of recovery...intent would be to incorporate the values identified in the draft policy statement
- Recovery policy may be attached to DCH-PIHP contract...not sure...will follow up and report back on this
- Pamela will update us in November after the next Council meeting

**REE:**

- Draft was distributed at the trainings...discussion on training

- REE draft that was distributed at Recovery Council differed from draft distributed at training with CMH's; final report was to be out in October 2010, incorporating feedback from trainings
- REE: upon obtaining final document from the State, we will begin to each share what we are doing with the REE information
- Next Recovery Council: Friday, November 9, 2010

#### **MEMBERSHIP EXPANSION & IPLT MEETING**

##### **FREQUENCY:**

Toby has been asked to lead Healthcare Reform for the Affiliation and feels that if we expand IPLT, such as additional consumers, consumer advocates, community providers and various other partners, it might be helpful as we transform our services for readiness of Healthcare Reform and Toby also suggesting it would be helpful for ARR implementation. Discussions on various opinions on the topics:

- Some sentiment to separate the two issues as Healthcare Reform is a significant issue in and of itself, would IPLT issues then get lost
- Perhaps have split or back-to-back meetings

Tabled; to be discussed next month.

#### **HEALTHCARE REFORM:**

Affiliation Healthcare Reform meeting was held last Friday in Ionia. Group identified some of the threats and opportunities of Healthcare Reform. Visioning was not addressed at the meeting, but the Directors did discuss it this morning. Vision: Affiliation will be regional leader in behavioral healthcare; each CMH will also be the behavioral healthcare leader in their own areas.

Some possible scenarios:

- PIHP's and CMH's will maintain as current, with minimal change, under auspices of DCH
- CMH's and PIHP's become very powerful within their region, under auspices of others
- Another company bills out the entire State (e.g., insurance companies), that company will decide who gets the behavioral health contract; potential for regionalization

Senate Bill 420 or 421: regionalization of CMH's...will impact significantly course of mental health in the State. Goal is to sustain and be able to withstand all three different scenarios. Dale Jarvis presented at Fall Conference; coming to Affiliation in November. Michigan Hospital Association is working together with various partners to advocate for their concerns regarding Healthcare Reform.

Operating more efficiently; improving quality of care-----significant focus of Affiliation. Another scenario: collapsing of CMHs, public health, FQHCs, etc.

Four Focus Areas for the Affiliation:

Strong internal and external quality measures

Sustained EBP

Integrated medical and behavioral health

Prepare to survive various financial structures

Education: Continued training through speakers; National webinars will be promoted in Affiliation.

Workgroups focus on quality practices/two CEO's will be in each group:

A. Clinical, business, and financing practices (ability to practice and receive payments in a wide variety of payment environments)

1. Research local, statewide, & national outcomes to determine what the expectations are from payers
2. Make recommendations to CEOs as to which outcome measures should be pursued by our organization(s)
3. Make recommendations to CEOs on how to change practices so that the organizations will meet the outcomes required of the system and thrive in the emerging financing environment
4. Make recommendations to CEOs on how to train, supervise, and coach staff to foster high performance related to the outcomes required of the system and ensure the organizations thrive in the emerging financing environment
5. Make recommendations to CEOs on Federal demonstration grants to be pursued

B. Human resources

1. Research anticipated workforce demand related to healthcare reform
2. Identify skill sets needed related to healthcare reform
3. Make recommendations to the CEOs with regard to recruitment activities relative to anticipated workforce demand and skill sets needed, as identified in items 1 & 2 of this section
4. Present recommendations to the CEOs related to training employees on changes to their benefits package as a result of healthcare reform
5. Make recommendations to CEOs on Federal demonstration grants to be pursued

**SELF DETERMINATION**

**DISCUSSION:** The following are concerns/issues the group brought up for consultation with Ellen: Bundled services on the MI side; challenges; what can Ellen do to move things along?...seeking input from us; Kalamazoo is doing more CLS type services with S-D; some S-D arrangements are segregated programs (e.g. K-zoo and CLS) easier to operationalize; Mike Hetzman discussed an arrangement there: end of every year....need to throw in additional monies every year; FI is supposed to safeguard the funds; FIs are supposed to communicate overages; different FIs see their roles of FI differently; FIs work for the CMH; Should we put stuff in the contract that says CMH will not reimburse for services not authorized? Acumen-FI Organization out of Utah; real time data; met with DCH recently to discuss the services they offer. Significant issues with FI; responsibilities of FI and how to enforce their contract with CMH; need more competition; Costs of FI has skyrocketed. Self-determination and children/families: Self-determination does not exist for children and families, because children cannot be held to the values of self-determination as a child (parents have control); for families and children utilize the Choice Voucher arrangement (CMW). Overages: When options that support SD are not working, at times it makes sense to pull parts of the SD agreement back and put in place a provider agency for staffing for a short time and then provide education and perhaps later reinstate the full SD agreement; a person with S-D has both privileges of S-D and the RESPONSIBILITIES of S-D. If a SD arrangement is not working, CMH can stop the arrangement if other options do not seem to be working. Comments on policies have been collected; hope to do another technical advisory, but not sure when it will be coming out.

**OTHER:** Clinical Director Update will be done at the November meeting (MikeH).

Respectfully submitted,

Julie Dowling  
Ionia CMH