

Behavioral Health Advisory Council
Meeting Minutes
January 14, 2013

Members Present: Lonnetta Albright, Amy Allen, Julie Barron, Joelene Beckett, Linda Burghardt, Elmer Cerano, Mary Chaliman, Becky Cienki, Michael Davis, Norm DeLisle, Elizabeth Evans, Benjamin Jones, Marlene Lawrence, Shareen McBride, Kevin McLaughlin, Chris O'Droski, Kevin O'Hare, Stephanie Oles, Jamie Pennell, Neicey Pennell, Marcia Probst, Mark Reinstein, Ben Robinson, Lori Ryland, Linda Scarpetta (for Pat Smith), Kristie Schmiege, Sally Steiner, Brian Wellwood, Jeff Wieferich, Stephen Wiland, Grady Wilkinson, Cynthia Wright

Members via Teleconference: Sonia Acosta, Lauren Kazee, Jeff Patton

Members Absent: Mary Beth Evans

Others Present: Karen Cashen, Deborah Hollis, Elizabeth Knisely, Alia Lucas, Jane Reagan, Larry Scott, Jennifer Stentoumis, Lynda Zeller

Call to Order

The meeting was called to order by Steve Wiland at 10:05 a.m. Jeff Wieferich and Steve Wiland co-chaired the meeting.

Introductions

Steve welcomed all in attendance and oriented the group to the documents in the meeting binders. The attendees, both in person and on the phone, introduced themselves so that everyone would have a frame of reference for why each member was appointed to the Behavioral Health Advisory Council (BHAC).

Welcome

Lynda Zeller, Director of the Behavioral Health and Developmental Disabilities Administration (BHDDA), welcomed the group and reviewed some of the official duties of the group. She mentioned the Description of Good and Modern Addiction & Behavioral Health Services document developed by the Substance Abuse and Mental Health Services Administration (SAMSHA). The document is available on the SAMHSA website (SAMHSA.gov) and can be used as a reference when discussing integrated services.

Deborah Hollis, Director of the Bureau of Substance Abuse and Addiction Services (BSAAS), welcomed the group and indicated her excitement at utilizing the resources available through the council.

Liz Knisely, Director of the Bureau of Community Mental Health Services, also welcomed the group.

Questions & Answers

Elmer Cerano asked if the BHAC will interface with the Medicaid Dual Eligibles project. Lynda indicated that there is no official “link,” but we have Amy Allen at the table here on the BHAC to get information from the Medicaid system.

Ben Robinson asked about Medicaid Expansion. Amy indicated that no one is likely to know the way this is going to go until the Governor releases his FY14 budget. The Governor is very concerned with adequate service provider network and with the fiscal implications of Medicaid Expansion to the state in future years.

Updates

Lynda talked about how the BHAC is now, in the sense that substance use is now included and that the composition and charge now reflects that. Lynda wanted to provide the group with a “time line” of changes upcoming to the many systems. MDCH staff committed to putting together a timeline to send out to the BHAC membership. Amy indicated that Michigan is going with the Federal Partnership Healthcare Exchange Model. However, the state does have the ability to provide their own customer service and program approval pieces of the model. The deadline for a plan that will explain how this will look in Michigan is October 1, 2013. Not all of the details of the process are confirmed or available to the public currently. The earliest a state can get the 100% Medicaid match for expansion is January 1, 2014. The plan for expanding mental health and substance abuse services is not totally hammered out if Medicaid Expansion does occur. The Essential Health Benefits (EHB) Plan (Priority Health HMO) that Michigan has selected does not appear to meet the requirements for mental health parity, and the state is investigating this. Grady Wilkinson wanted the state to recognize that a comprehensive plan is required, not just episodic periods of care. Amy indicated that any plan would be subject to public comment.

The group took a break for lunch at 11:40 a.m. and reconvened at 12:15 p.m.

History of ACMI/Overview of BHAC

Karen Cashen provided some historical information on how the previous mental health planning council came about and how we have gotten to the development of this current behavioral health advisory council. Steve indicated that SAMHSA has reported that no state is doing a really good job in transitioning mental health planning councils to integrated behavioral health councils, so Michigan could be the first. Karen reviewed the required participants on the BHAC, per the law, and the requirement that at least 50% of the BHAC must be composed of people with lived experience and/or advocates. This is something that we must report to the federal government. There is information regarding the BHAC requirements in the block grant application guidance, which was provided in the BHAC binder.

More Active Involvement in Block Grant Submission

Karen explained the mental health block grant (MHBG) for adults and Jennifer Stentoumis briefly described the children's portion of the mental health block grant.

Larry Scott described the substance abuse prevention and treatment block grant (SAPT BG). The MHBG is about \$13.7 million and the SAPT BG is about \$58 million. Larry also described the SYNAR report, which is a requirement for the receipt of SAPT BG funds from the federal government. The state has decided to submit a combined mental health and substance abuse block grant application for Fiscal Years (FY) 14-15 per SAMHSA's guidance. Ben R. asked how those on the previous council can get up to speed on the SAPT BG. Deborah explained that the SAPT BG has specific regulations that they must follow and is the primary source of funding for substance abuse services whereas Medicaid is the primary source of funding for mental health services. Deborah indicated that BSAAS can provide a reference document to explain the SAPT BG. The funds will remain separate for the foreseeable future and each block grant has its own rules, requirements, and assurances.

Structure, Bylaws, Workgroups

Steve moved the discussion toward the technical aspects of the structure of the BHAC including leadership, workgroups, bylaws, etc. Steve asked if there were any members who wanted to volunteer to work on the bylaws. The following members volunteered: Norm DeLisle, Marcia Probst, Shareen McBride, Jamie Pennell, Chris O'Droski, and Neicey Pennell. Marcia agreed to lead the workgroup, which will draft the bylaws (including leadership, names, etc.). Steve indicated that the hope for the new BHAC is to have standing workgroups to focus on specific areas and/or to identify workgroups as needed to focus on emerging issues. Examples of possible workgroups are: Medicaid expansion eligibility, workforce development, etc. The group discussed how the BHAC wants to approach these issues.

Elmer moved and Ben R. seconded that the BHAC recommend that Director Haveman advise the Governor to participate in Medicaid expansion via a general letter with Elmer to sign the letter, since the current chairs are state employees. There was further discussion about the pros and cons of the possible impact of Medicaid expansion. Amy informed the group that the Medicaid Advisory Council sent a letter similar to what the BHAC is proposing to Director Haveman and the Governor. The workgroup could draft a letter, send it out to the whole group with a 48-hour turnaround time, and then come up with a final draft. The motion passed with all state employees abstaining from the vote. Elmer was elected to write and sign the letter. Sally Steiner read some suggested language for the letter.

Steve refocused the group on deciding whether the group prefers short-term topic focused workgroups versus long-term standing workgroups. Sally indicated there was reference to an "executive committee" that could help structure workgroups. The discussion continued and the work of the other advisory groups mentioned in the diagram provided in the BHAC binder and other advisory groups statewide could be utilized to inform any workgroups

established by BHAC. The topics that require immediate action are: bylaws, Medicaid expansion, and the block grant application.

Updates from the other groups in the chart will be provided by members of those groups who are also members of the BHAC as these updates will be standing BHAC agenda items. The **Practice Improvement Steering Committee** (PISC) meets quarterly, and their next meeting is **April 2nd**. The **Recovery Oriented System of Care Transformation Steering Committee** (ROSC TSC) meetings are quarterly, and their next meeting is **March 20th**. The Recovery Council meets every other month, and their next meeting is **January 18th**. The Michigan Recovery Voices group meets the 2nd Tuesday of each month (next meeting **February 12th**).

Frequency and Times of Meetings

The group discussed the time frame for future meetings. It was decided that they will be from 10 a.m. – 3 p.m., but they may get done early. Karen will look into perhaps identifying a larger room for future meetings. The dates for this year's meetings are March 22nd, June 28th, September 13th and November 22nd.

Karen indicated historically that the advisory council has reviewed the block grant application, and it is hoped that any member of the BHAC could provide input with regard to their own areas of expertise. Larry indicated that some items on the block grant application are required and some are requested. Steve Wiland indicated this information will be provided to the BHAC as soon as possible.

Alternates

Steve indicated that, if possible, each member should have an alternate who can attend the meeting and vote in the member's absence. Information on alternates identified by BHAC members should be communicated to Karen at cashenk@michigan.gov as soon as possible.

Public Comment:

Linda Burghardt reported that the NAMI Conferences is planned for April 19th and 20th at the Lansing Center.

The meeting was adjourned at 1:55 p.m.