

Council, Committee or Workgroup Meeting Snapshot

Meeting: Regional Consumer Advisory Council

Meeting Date: February 14, 2025

RCAC/MSHN Attendees:

20 members, T. Lewicki (MSHN), S. Donnelly (MSHN), and D. Dedloff (MSHN)

KEY DISCUSSION TOPICS

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| <ul style="list-style-type: none"> • Welcome & Introductions • Review and approve December 13, 2024 meeting snapshot <ul style="list-style-type: none"> ○ Follow-up agenda items • Approval of current agenda • Conflict-Free Access and Planning Update • Recovery Incentive Pilot • MSHN Informational Items: <ul style="list-style-type: none"> ○ None • Adverse Benefit Determination Notice Discussion | <ul style="list-style-type: none"> • Updates <ul style="list-style-type: none"> ○ MSHN Board Newsletter ○ Staff professionalism training update • Member Suggested Topics <ul style="list-style-type: none"> ○ None • Open Discussion • CMHSP Local Updates • Adjourn |
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✓ **KEY DECISIONS**

- ✓ Welcome & Introductions
- ✓ The Regional Consumer Advisory Council (RCAC) meeting snapshot for December 13, 2024 was approved.
 - Follow-up agenda items: None
- ✓ The current agenda was reviewed and approved.
- ✓ Dr. Todd Lewicki [MSHN] provided an update on Conflict-Free Access and Planning. He reported that MDHHS has indicated that for individuals receiving services under the Home and Community Based Services (HCBS) Rule, covering 29 service codes and 21 services, assessment and planning will be separated to lessen any conflict of interest. Dr. Lewicki spoke of three possible ways the role of assessment and planning may be separated. Additional guidance from MDHHS is expected soon. It is anticipated that PIHPs and CMHs will be required to create an initial plan in FY25, with MDHHS establishing due dates for tasks to be fulfilled in FY25-26 so that full compliance and implementation will occur at the start of FY27. Updates will continue to be provided to members as guidance is received from MDHHS.
- ✓ Sherrie Donnelly [MSHN] provided an overview of the Michigan Medicaid Recovery Incentive (RI) Pilot. The RI Pilot involves utilizing Contingency management (CM) for motivational incentives for non-use of specified substances as evidenced by negative drug tests. The primary goal of the RI Pilot is to improve health outcomes for beneficiaries struggling with stimulant use disorder (StimUD) and/or opioid use disorder (OUD) by increasing engagement and retention in treatment, reducing the number of emergency department (ED) visits, reducing the rate of repeated ED visits, and reducing adverse health outcomes (e.g., deaths, overdoses.) Individuals will receive gift card incentives following an Escalation, Reset, and Recovery (ERR) model of increasing amounts for negative drug tests. The pilot will begin soon and run for 24 months, with the hope of transitioning the program to SUD service administration under the PIHPs. Members were interested in the program information, asked questions, and requested the presentation information be emailed to them.
- ✓ MSHN Informational Items:
 - None
- ✓ Dan Dedloff [MSHN] reviewed recommendations from the 2024 Health Services Advisory Group (HSAG) Compliance review regarding Adverse Benefit Determination (ABD) Notice process improvements. He spoke of simplifying the way services are listed on the ABD, improving the citations used to justify the ABD decision, and ensuring the ABD content meets plain language and grade-level requirements. Members agreed that the improvements would help individuals better understand ABD Notices.
- ✓ Updates
 - The MSHN Board Newsletter was provided to members for updates on regional initiatives.
 - The collaboration with the MSHN Customer Service Committee (CSC) on developing a staff professionalism training discussion was postponed until the next meeting due to the CSC not having time to work on the training in their January meeting.
- ✓ Member Suggested Topics – None

	<ul style="list-style-type: none"> ✓ CMHSP Local Updates <ul style="list-style-type: none"> ○ Bay-Arenac Behavioral Health <ul style="list-style-type: none"> ▪ The staff liaison shared that at their last CAC meeting, their group reviewed Customer Service brochures and flyers for feedback, provided input on their Consumer Satisfaction Survey results, received information on new programs within BABH, provided suggestions to address new show rates, and discussed leadership structure changes at BABH. ○ CMH for Central MI <ul style="list-style-type: none"> ▪ Member spoke of how CMHCM is working with local law enforcement agencies to improve their understanding of best practice ways to interact with individuals who may be having a mental health crisis. ○ CMHA of C-E-I <ul style="list-style-type: none"> ▪ Member reported that during their last CAC meeting, members reviewed the bi-laws to improve the language for inclusion and assessability and made suggestions for the new crisis care logo. ○ Gratiot Integrated Health Network <ul style="list-style-type: none"> ▪ None ○ Huron Behavioral Health <ul style="list-style-type: none"> ▪ Member reported that at their last CAC meeting, members discussed Conflict Free Access and Planning and how their rural designation impacts their planning. ○ The Right Door <ul style="list-style-type: none"> ▪ Member reported The Right Door peers are leading several groups, Valentine's party occurred, and monthly lunch continues to occur. ○ LifeWays <ul style="list-style-type: none"> ▪ The staff liaison reported that LifeWays has purchased property in Hillsdale County to build a LifeWays location within the next few years. They are rebuilding their CAC program, and in their January meeting, they discussed how to improve engagement with their CAC. ○ Montcalm Care Network (MCN) <ul style="list-style-type: none"> ▪ None ○ Newaygo County Mental Health <ul style="list-style-type: none"> ▪ The staff liaison reported that his role will be transitioned to another staff member beginning next RCAC. ○ Saginaw County CMHA <ul style="list-style-type: none"> ▪ None ○ Shiawassee Health and Wellness (SHW) <ul style="list-style-type: none"> ▪ Member reported their walk-in center held a peer support training and will hold a funder raiser. ○ Tuscola Behavioral Health Systems <ul style="list-style-type: none"> ▪ None ✓ Other Business: None ✓ Adjourned
<ul style="list-style-type: none"> ✓ ACTION/INPUT REQUIRED 	<ul style="list-style-type: none"> • None
<ul style="list-style-type: none"> ✓ KEY DATA POINTS/DATES 	<ul style="list-style-type: none"> • The next meeting is scheduled for April 11, 2025, from 12:30-3:00 pm.