

**Meeting Date:** February 10, 2023

**RCAC/MSHN Attendees:**

21 members attended online, B. Groom (MSHN), S. Gettel (MSHN), K. Zimmerman (MSHN), and D. Dedloff (MSHN)

**KEY DISCUSSION TOPICS**

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| <ul style="list-style-type: none"> <li>• Welcome &amp; Introductions</li> <li>• Review and approve December 09, 2022 meeting snapshot               <ul style="list-style-type: none"> <li>○ Follow-up agenda items</li> </ul> </li> <li>• Approval of current agenda</li> <li>• Michigan Medicaid Autism Benefit Presentation</li> <li>• MSHN Informational Items:               <ul style="list-style-type: none"> <li>○ Quality Improvement Quarterly Updates</li> </ul> </li> <li>• MSHN Council/Committee Survey Results – RCAC</li> </ul> | <ul style="list-style-type: none"> <li>• Draft 2024/2025 MSHN Strategic Plan</li> <li>• In-person RCAC Meeting Update</li> <li>• Member Suggested Topics               <ul style="list-style-type: none"> <li>○ None</li> </ul> </li> <li>• CMHSP Local Updates</li> <li>• Other Business</li> <li>• Adjourn</li> </ul> |
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✓ **KEY DECISIONS**

- ✓ Welcome & Introductions
  - The ongoing reminder regarding meeting participation etiquette was provided to assist members in having a smooth and courteous meeting.
- ✓ The Regional Consumer Advisory Council (RCAC) meeting snapshot for December 09, 2022 was approved.
  - Follow-up agenda items: None
- ✓ The current agenda was reviewed and approved.
- ✓ Barb Groom [MSHN] presented on Michigan Medicaid Autism Benefit and provided a broad overview of the benefit. She reported that the Michigan Medicaid Autism Benefit was developed in 2013 following insurance reform to include treatment for autism for individuals between 18 months and six years old. In 2016 the Medicaid Autism Benefit expanded to include individuals from birth to age 21. The program for the MSHN region has grown from around 400 individuals enrolled in 2016 to 1876 individuals enrolled in 2023. Individuals are often referred by their primary care physician, not required, and then request services through their local community mental health services programs (CMHSP). The CMHSP will complete an intake by a Qualified Licensed Practitioner to determine Medical Necessity Criteria for an Autism Spectrum Disorder diagnosis. If eligible, Behavioral Health Treatment (BHT) services will be authorized to assist the individual. Ms. Groom answered questions from members regarding adding Respite to support a family, navigating the needs of an individual when ABA is not helping, and how an individual's school is included in their treatment.
- ✓ MSHN Informational Items:
  - Sandy Gettel [MSHN] reviewed the Quality Improvement Quarterly Update. The update focused on member experience as reported through the consumer satisfaction survey process. She reviewed the results from the MSHN Adults with Mental Illness Experience of Care through the Mental Health Statistics Improvement Program (MHSIP), the MSHN Youth/Adolescents with a severe Emotional Disorder Experience of Care through the Youth Satisfaction Survey for Families (YSSF), and the MSHN Individuals with a Substance Use Disorder survey. She spoke about the National Core Indicators Survey results and compared the Michigan data to the the national data from the survey. She spoke about the Michigan Mission Based Performance Indicator annual data for employment and housing. She highlighted the areas which scored lower on the MHSIP and YSSF. Members provided feedback and noted that more coordination with community organizations and the school would be helpful.
- ✓ Dan Dedloff [MSHN] reviewed the results of the MSHN Council/Committee Survey Results for the RCAC. The survey results were positive and show that members felt the RCAC is going well. Members discussed the results and provided feedback. A member mentioned that presentations on MSHN initiatives provide more opportunity for input versus when data is the main focus of the discussion. A member survey comment stated that more advocacy was needed from the group, and members were reminded that they are encouraged to reach out to the group to organize any desired advocacy efforts. Some strengths noted in the survey comments were leadership and listening skills, a well-connected group of consumers, open discussion of issues or concerns, a diverse group, and information presented by well-informed people. Some improvement opportunities noted in the survey comments were staying on topic, more consumer involvement, meeting in person, and the meeting can run on. Members were thanked for participating in the survey and providing feedback.

	<ul style="list-style-type: none"> <li>✓ Kim Zimmerman [MSHN] led a review of the draft 2024/2025 MSHN Strategic Plan. She noted the five strategic priorities of “Better Health”, “Better Care”, “Better Value”, “Better Provider System”, and “Better Equity.” The planning process starts with MSHN Staff and Leadership Planning and progresses through MSHN Council and Committees for comment. The RCAC will have another opportunity to review the 2024/2025 MSHN Strategic Plan during the April meeting before final approval. Ms. Zimmerman reviewed the Key Assumptions and members supported the key assumptions that were provided. Strengths were reviewed and members provided feedback that identified additional strengths to include communication between MSHN and the CMHSP regarding state and regional events that impact CMHSP consumers, advocacy efforts, updates on political initiatives that may affect our system, and services available through Medicaid. Weaknesses were reviewed, and members provided feedback that identified the need to incorporate Medicare benefits more, that the public behavioral health system may not be able to adequately meet the needs of those being served, that Medicaid is a payer of last resort, that private insurance has too much red tape to get services approved, need to increase the use of “warm” transfers, and the lack of strong advocacy for individuals being served. Opportunities were reviewed, and members provided feedback that identified opportunities with COVID, advocacy within the schools, higher wages for direct care workers, the 988 has gone national, reaching out to underprivileged communities, reaching out to law enforcement, focusing on health care for military, incorporating federal initiatives into our processes, and supporting new consumer leaders. Threats were reviewed, and members provided feedback that identified grant funding of positive initiatives which need to be renewed, the continuity of care to retain qualified individuals, having a sufficient number of grant writing specialists, education at the local level of Federal requirements, and the loss of CMHSP staff. Sufficient time to review the current Strategic Goals was not available to receive member feedback. Additional time will be allotted during the April meeting of the RCAC.</li> <li>Member Suggested Topics – None</li> <li>✓ CMHSP Local Updates were not received due to the 2024/2025 MSHN Strategic Plan review taking the remainder of the meeting time.</li> <li>✓ Other Business: None</li> </ul>
<ul style="list-style-type: none"> <li>✓ <b>ACTION/INPUT REQUIRED</b></li> </ul>	<ul style="list-style-type: none"> <li>✓ Adjourned</li> <li>• Dan Dedloff [MSHN] provided an update in follow-up to the in-person meeting option for the April RCAC meeting via email.</li> </ul>
<ul style="list-style-type: none"> <li>✓ <b>KEY DATA POINTS/DATES</b></li> </ul>	<ul style="list-style-type: none"> <li>• Next meeting scheduled for April 14, 2023, 12:30-3:00 pm.</li> </ul>