Commission on Mental Health and Substance Abuse
Business Operations Subcommittee

July 20, 2022
9:00 a.m. to 10:00 a.m.

Call to Order and Welcome

Commissioner Christine Hunschofsky called the Business Operations Subcommittee to order at 9:00 a.m.

Roll Call

The roll was called by Aaron Platt and a quorum was confirmed

Attendance Summary

Members in Attendance

Commissioner Christine Hunschofsky
Commissioner Ann Berner
Commission Melissa Larson Skinner
Commissioner Wesley Evans
Commissioner Clara Reynolds
Jacob Oliva
Melissa Jordan
Carali McLean
Melanie Brown Woofter
Christine Cauffield
Amy McClellan

Approval of Minutes

The minutes from May 18, 2022, were motioned for approval by Clara Reynolds and seconded by Melissa Jordan. Minutes unanimously approved

Interim Draft Report Discussion

Commissioner Hunschofsky – Commissioner Berner has been leading the way with reviewing previous report and open items that we could address. Must be mindful that we are not encroaching on what other subcommittees are doing. Some issues may cross subcommittees, i.e., data sharing. Commissioner Berner will lead this discussion

Commissioner Berner – Went through the original report from 2001. Previous report recommended performance measures and benchmarks related to behavioral health services should be more clinically based and based on the ability to evaluate the effectiveness of treatment. Promote the implementation of evidenced based practices.
Should be more inclusive of older adults. AHCA's managed care plans subject to behavioral health prior authorizations.

Commissioner Hunschofsky – In prior meetings, we discussed having one client number to securely and safely share data. Also, CFBHN discussed working with the school districts. We should promote this kind of system. We should highlight this as a strong recommendation. The State of Michigan has a similar program.

Commissioner Reynolds – At one point we were thinking about recommending creating a separate state department for behavioral health and moving everything there, would like to gauge where the subcommittee is in relation to that. If we want a single client identifier and have records follow an individual, it is hard if all the dollars are split across multiple state agencies.

Commissioner Hunschofsky – Was in the initial report but, due to time constraints we have not really investigated it thoroughly. Maybe this is something we should discuss during full commission meeting.

Commissioner Reynolds – Would like for subcommittee to discuss because if this group feels it is not a good idea, then maybe we should not take it to the full commission.

Melissa Jordan – Part of the agencies focus has been on integrating medical health and behavioral health, how would that impact integration and the efforts to recognize that behavioral health is a big part of an individual's overall health if we further separate and have a single state agency?

Commissioner Reynolds – The managing entities already does that. Managing entities already manage behavioral health, there is no way to incorporate all the physical health. If you take AHCA out of the mix and just look at behavioral health, ultimately, we would love to be there, but parity has been on the books since 1996 and we are no closer to getting there in the general population than we were in 1996. We must get our behavioral health house in order before we can move that into a more physical and behavioral health parity discussion.

Discussion - DCF has struggled historically with so much on its plate. Having a separate agency would allow more focus on behavioral health issues. With regards to integrated behavioral and physical healthcare, it makes it easy to provide the services. Maybe bringing the FQHC into the discussion.

Melanie Brown Woofter – During days of HRS, multiple agencies were under one umbrella. The decision was made that it was too wieldy, and agencies got parched out. We must be careful of the way federal funding comes down and integration of physical health is key. This would be a huge lift, but it could be a way forward. The Plans cover everything Medicaid covers.

Commissioner Reynolds – Asks Ms. Woofter what would she suggest? We all agree the current system is not working so, what would be better.

Melanie Brown Woofter - We need to look at our ability to share data and information in real time. Align the incentive for the plans and ME though DCF both are providing services to the population with similar reimbursements, consistency across the networks and providers where we can see the individual is receiving care.

Commissioner Reynolds – That makes perfect sense but individuals that are served by DOC or DJJ there is no way of tracking across. In thinking about that piece, what would that look like for you?

Melanie Brown Woofter – Goes back to sharing data real-time. We must look at how our system is funded.

Commissioner Reynolds – It makes sense, but we let the funding dictate what we do in this filed but is that ideal? As my funding source changes, I shouldn't have to bounce from system to system. The funding is incredibly complicated, maybe we start smaller in communities in looking at blending streams or maybe we start a new agency.

Christine Cauffield – When managing entities started, all behavioral healthcare services funding was supposed to come through the managing entity, that did not happen, only the DCF funds are coming through. Resulted in DOC getting behavioral health funding and DJJ getting some too. There is lots of duplication and no accountability. There is no one managing those funds to make sure we are not duplicating services. Think we need to get back to Legislative intent.

Commissioner Hunschofsky – Thinks the managing entities should be the one coordinating and managing the care. Maybe that should be where we begin on this. Go back to the recommendation where the managing entity runs behavioral health care, maybe start with a local pilot and then elevate it to a state level.

Heather DiGiacomo – Need more clarification from Christine Cauffield, are you referring to DJJ kids that are in the community and receiving behavioral health services.

Christine Cauffield – Yes

Heather DiGiacomo – It is my understanding that we have limited behavioral health services that are paid for in a gap service situation. So, if a kid does not have Medicaid or private health insurance…(inaudible) will not pay for behavioral health services. We have limited contracts where we provide for behavioral health services. Is that your understanding or are you seeing it function differently in the community?

Christine Cauffield – Absolutely. That is what's happening. A lot of times when the DJJ kid is in the community, they don't have a home. Sometimes we see lots of duplication.

Commissioner Reynolds – Melissa, how would you see Medicaid operating in this space? What do you think about the managing entity managing all of it?

Melissa Jordan – I don't know how that would work. Would be a huge change. I see it as another silo that concerns me. It would also make it more difficult for the managed care plans. It would open data share issues. Not sure that separating out behavioral health will help.

Commissioner Berner – There is the ability for managing entity data to interface with Medicaid encounter data. We have had limited cases where we were able to see across agencies. Have been able to coordinate with the school system. We have seen cases where we have not coordinated well. The other piece about the master client index, we look at Medicaid data and how we see child welfare data successfully.

Commissioner Hunschofsky – Would like to get generic recommendations. Let's go back to the master client index, is this something we want to move forward as a recommendation?

Ann Berner – I think that is the first step in being able to have integrated data. Volunteers to draft up recommendation.

Commissioner Hunschofsky – Performance metrics, is that something we want to recommend? Measuring the work that is being done. On page 46 of the 2001 report.

Melissa Larkin Skinner – We need to look at functional as well as clinical outcomes. Measure of how well the individual can function in the community as well as ED visits and follow-up care.

Commissioner Evans – Supports that suggestion. Encounter data really does not tell us how the individual is doing. If we are looking at improving health and wellness, we need to look at home, health, community, and purpose for the eight dimensions of wellness. Looking at how an individual is doing also helps with strategic planning and allocation of resources, if we are not seeing quality of life improving than we can shift resources.

Amy McClellan – Agree with Commissioner Evans. These are recovery-oriented outcomes. There is an organization in Denver that has a system for tracking those. It would be valuable to look into the organization.

Melissa Jordan – Volunteers to work with AHCA and DCF and others on collective measures. Health related quality of life measures, addiction monitoring, master client index.

Commissioner Reynolds – Are we talking about creating metrics that will be created across the system? Anybody that receives funding for behavioral health will have to use the same standards?

Commissioner Hunschofsky – Yes

Melanie Brown Woofter - Maybe that's our recommendation, that we bring the standards together among multiple agencies and systems rather than proposing individual standards.

Commissioner Hunschofsky – Would like to have these together before the August meeting. Do we want a recommendation based on CFBHN work with the schools?

Commissioner Reynolds – Yes, volunteers to draft the recommendation.

Melanie Brown Woofter – Volunteers to assist. There are a couple of counties that have really great programs that we can highlight.

Commissioner Reynolds – Volunteers to pull each recommendation into a single report.

Commissioner Berner – Another piece we should add to the report is to highlight some of the positive Legislation that was passed to reinforce the positive direction we are moving, especially as it relates to recovery oriented, peer certification.

Commissioner Hunschofsky – We want to make sure that we have concrete recommendations that are easy to understand and implement. We are going to ask that the commission gets extended.

Commissioner Reynolds – Requests everyone's draft portions of the report by August 12th.

Commissioner Hunschofsky – Recommendations thus far are master client index, metrics, CFBHN example, and highlighting Legislation.
Medicaid expansion, this is something we want to explain how that could impact the business operations.

Ann Berner – Volunteers to draft opening of the report

In-Person Meeting
Commissioner Hunschofsky – In person meeting is August 24 and 25 at USF Marshall Student Center. Is open to in-person and virtual.

Public Comment
No public comments

Closing Remarks by Commissioner Christine Hunschofsky, Chair
Meeting concluded at 10:00a.m.