



AGENDA

SA Program Directors Meeting

August 16

10:00 - 12:00

5250 Lovers Lane Suite 200

For Callins:

Dial: 855-528-6413 Room: 2 Pwd: 1234

I. Welcome/Introductions

Mindie Smith

II.

Updates Overview

- A. UM Updates
- B. BH TEDS Error Reports
- C. RFP Update
- D. Healthy Michigan Plan
- E. Training and Budget Updates
- F. Contract Updates
- G. EBP Group Percentage Report
- H. Legislative Updates
- I. Financials

Provider Updates

Misc.

III.

Next Meeting

October 18th 2016
5250 Lovers Lane Ste. 200
Portage, MI 49002

Prevalence of H7 modifier usage for SUD Therapy Services:

[Exit](#)

data run: 8/12/2016

From: 10/1/2015 to: 7/31/2016

Organization	Cases Served:	Qualified Service Events	# with H7 Modifier	Percentage:
Barry	116	1319	1010	76.57%
Branch	119	1097	1097	100.00%
Community Healing Center - NMH	177	2959	2499	84.45%
GFM, The Synergy Center	35	507	486	95.86%
Harbortown Treatment Center	132	1571	1393	88.67%
InterAct of Michigan, Inc. - NMH	115	2555	2555	100.00%
Kalamazoo Probation Enhancement Program / KPEP	10	77	77	100.00%
Pine Rest - SA	42	678	678	100.00%
Riverwood	120	2095	2085	99.52%
Saint Joseph	150	1401	1376	98.22%
Summit Pointe	346	3540	3540	100.00%
Van Buren/ Cass District Public Health Department	56	582	582	100.00%
Victory Clinic Services	215	1265	1181	93.36%
Western Michigan University Behavioral Health Services	100	762	748	98.16%
Woodlands	71	1731	1731	100.00%

Period Summary:

1,804

22,139

21,038

95.03%

[Output Table:](#)

Helping Families in Mental Health Crisis Act of 2015 (HR 2646)

Passed the US House of Representatives on July 6, 2016

Library of Congress Summary

- This bill creates the position of Assistant Secretary for Mental Health and Substance Use Disorders to take over the responsibilities of the Administrator of the Substance Abuse and Mental Health Services Administration (SAMHSA). Mental health programs are extended and training regarding mental health is expanded.
- SAMHSA must establish the National Mental Health Policy Laboratory and the Interagency Serious Mental Illness Coordinating Committee.
- This bill amends the Public Health Service Act to require the National Institute of Mental Health to translate evidence-based interventions and the best available science into systems of care.
- Certain mental health care professional volunteers are provided liability protection.
- Pediatric mental health subspecialists are eligible for National Health Service Corps programs.
- An underserved population of children or a site for training in child psychiatry can be designated as a health professional shortage area.
- The protected health information of an individual with a serious mental illness may be disclosed to a caregiver under certain conditions.
- This bill amends title XIX (Medicaid) of the Social Security Act (SSAct) to conditionally expand coverage of mental health services.
- Part D (Voluntary Prescription Drug Benefit Program) of title XVIII (Medicare) of the SSAct is amended to require coverage of antidepressants and antipsychotics.
- If it will not increase Medicare spending, Medicare's 190-day lifetime limit on inpatient psychiatric hospital services is eliminated.
- Health information technology activities and incentives are expanded to include certain mental health and substance abuse professionals and facilities.
- This bill restricts the lobbying and counseling activities of protection and advocacy systems for individuals with mental illness. These systems must focus on safeguarding the rights of individuals with mental illness to be free from abuse and neglect.

Executive Director, NACBHDD Summary

- **Expands Medicaid funding for stays in private or state mental health and for addiction treatment facilities:** the bill loosens the "IMD exclusion" to allow states with 1115 Waivers to authorize Medicaid managed care (only) funds to pay for hospital stays in state or private psychiatric and addiction treatment facilities for up to 15 days per stay. States will have to apply to use this option and CMS will have to approve on a state by state basis. The bill originally authorized all Medicaid to pay for unlimited stays in those facilities, provided they didn't show an average of 30 day stays.
- **HIPAA privacy protections:** the bill essentially makes no changes in the current statute. It allocates \$10 million through 2022 to educate health care providers and families about the level of flexibility to disclose patient information within the current law. It does direct the federal Health and Human Services Agency in conjunction with the Office of Civil Rights to consider new regulations next year. The original bill would have opened up
- **Court mandated outpatient treatment (termed AOT):** The bill allocates funding to pay for a provision that was approved last year by Congress to establish AOT pilots. It increases the amount and the years of those pilots. The original bill penalized states that didn't use or expand AOT programs by reducing their federal block grant totals by 2%.

- **Protection and Advocacy Agencies:** no essential changes here; the bill does repeat previously stated prohibitions against P&A groups to use their federal funds to lobby and establishes a grievance procedure for complaints. The original bill would have all but gutted these programs.
- **Federal Agency Changes:** The bill creates an Assistant Secretary for Mental Health and Substance Use Disorders within the Health and Human Services Department to oversee and coordinate federal behavioral health policy. It is “preferred” but not required that the Assistant Secretary be a psychiatrist, osteopath or psychologist. This position will oversee SAMHSA and the Center for Mental Health Services (CMHS) activities, establish priorities, performance metrics and standards for grant programs.
- **SAMHSA Block Grants:** the bill re-authorizes all existing programs and includes an emphasis that these existing and new programs should address the needs of those with the most advanced conditions.
- **Assertive Community Treatment:** The bill provides \$5 million a year for 2018-2022 (\$25 million total) to expand Assertive Community Treatment teams.
- **Peer Services Study and Education:** The Comptroller General will study peer support in 10 states to identify possible ‘best-practices.’ It also authorizes grants to colleges of \$10 million a year for 5 years (\$50 million) to increase the behavioral health paraprofessional workforce, including peers.
- **Psychologist Education:** There is \$12 million a year for five years (\$60 million) to train psychologists to work with those with more advanced conditions.
- **Crisis Intervention Training for Police:** The bill authorizes \$9 million for 2018-2020 (\$27 million) for CIT Training.
- **Same Day Treatment:** The bill allows Medicaid to reimburse for physical health and mental health services received within same day.
- **Suicide Prevention:** there is an adult suicide prevention allocation of \$30 million a year (\$150 million total) and another grant of \$9 million a year for 2017-2021 (\$45 million total) for suicide prevention for any age group. There is also \$35 million a year (\$175 million) allocated to youth suicide. Rep. Murphy disclosed yesterday about his own father’s suicide attempt.
- **Interdepartmental Serious Mental Illness Coordinating Committee:** Establishes a high-level cross-government committee to issue a report and recommendations to improve care.
- **Innovation Grants:** The bill provides 2 separate grants of \$7 million each over three years (\$21 million total), one for evaluating promising models that enhance prevention, diagnosis, treatment and recovery or to integrate health and mental health and one to scale up evidence based programs.
- **Bed Registry or Community Crisis Response Plan:** The bill allocates \$5 million a year (\$25 million total) for 2018-2022 for grants communities can apply for to create a Crisis Response Plan (agreements between providers and criminal justice, etc.) or to create a registry of existing empty beds.
- **Parity:** The bill calls for a GAO study on parity compliance.



Substance Use Disorders Revenue & Expense Analysis Fiscal Year 2016
October 1, 2015 - June 30, 2016

	MEDICAID				Healthy MI				MI Child				
	Budgeted		Actual		Budgeted		Actual		Budgeted		Actual		
	YTD Revenue	YTD Expense	Fav (Unfav)	YTD Revenue	YTD Expense	Fav (Unfav)	YTD Revenue	YTD Expense	YTD Revenue	YTD Expense	Fav (Unfav)	YTD Revenue	YTD Expense
Barry	98,283	62,086	(38,871)	88,914	84,803	201,034	(116,231)	779	385	0	385	0	385
Berrien	260,461	261,827	26,524	235,632	317,234	373,364	(56,130)	1,739	785	0	785	0	785
Branch	75,149	66,219	(44,261)	67,985	76,705	102,838	(26,134)	672	310	241	69	241	69
Calhoun	226,128	272,170	172,641	204,572	303,068	213,544	89,524	1,459	572	0	572	0	572
Cass	86,862	74,611	(7,828)	78,582	88,377	134,889	(46,512)	626	289	0	289	0	289
Kazoo	415,781	350,566	141,105	376,146	464,611	320,993	143,618	2,371	1,096	0	1,096	0	1,096
St. Joe	101,803	96,693	21,861	92,098	114,902	116,667	(1,765)	905	326	0	326	0	326
Van Buren	126,662	130,938	24,074	114,588	159,735	68,614	91,122	957	570	0	570	0	570
DRM	1,237,500	1,332,903	1,174,436	1,840,450	2,823,820	1,999,972	823,849	0	0	0	0	0	0
Admin/Access	0	0	0	0	0	0	0	0	0	0	0	0	0
GRAND TOTAL	2,628,631	2,648,011	2,063,294	3,098,967	4,433,255	3,531,915	901,340	9,506	4,332	241	4,092	241	4,092

	BLOCK GRANT				Current Year PA2				PA2 Carryforward	
	Budgeted		Actual		Budgeted		Actual		Prior Year	
	YTD Revenue	YTD Expense	Fav (Unfav)	YTD Revenue	YTD Expense	Fav (Unfav)	YTD Revenue	YTD Expense	Balance	Balance
Barry	227,612	227,612	103,877	38,913	46,403	19,735	26,668	290,355	352,314	285,453
Berrien	603,196	603,196	287,629	401,833	251,428	301,530	(50,102)	686,608	216,833	2,169,811
Branch	174,035	174,035	82,495	46,500	45,273	21,196	24,077	266,326	74,902	0
Calhoun	523,684	523,684	368,680	407,363	222,363	274,701	(52,338)	0	0	0
Cass	201,162	201,162	145,053	32,760	45,623	26,574	19,049	0	0	0
Kazoo	962,903	962,903	752,931	621,789	446,237	501,118	(54,881)	0	0	0
St. Joe	235,763	235,763	195,758	92,209	61,258	66,748	(5,490)	0	0	0
Van Buren	293,334	293,334	120,417	108,333	95,542	75,817	19,725	0	0	0
DRM	562,500	562,500	1,144,526	0	0	0	0	0	0	0
PFS	114,000	114,000	63,245	0	0	0	0	0	0	0
SDA	96,164	96,164	(27,226)	0	0	0	0	0	0	0
Admin/Access	165,500	165,500	4,716	0	0	0	0	0	0	0
GRAND TOTAL	4,159,853	4,159,853	3,556,692	1,749,700	1,214,126	1,287,417	(73,292)	4,342,600	4,342,600	0

Legend
 DRM - Detox, Residential, and Methadone
 PFS - Partnerships for Success
 SDA - State Disability Assistance