

**REGIONAL OPERATIONS COUNCIL/CEO MEETING**

Key Decisions and Required Action

Date: March 15, 2021

**Members Present:** Chris Pinter; Lindsey Hull; Maribeth Leonard; Carol Mills; Sharon Beals; Tracey Dore; Tammy Warner; Kerry Possehn; Michelle Stillwagon; John Obermesik; Sandy Lindsey; Sara Lurie

**Members Absent:**

**MSHN Staff Present:** Joseph Sedlock; Amanda Ittner;

Agenda Item		Action Required			
<b>Strategic Planning Discussion:</b> <b>A. Key Assumptions</b>  <b>B. Key Questions</b>  <b>C. Environmental Scan</b>  <b>D. Strategic Priorities</b>  <b>E. Strategic Goal: Better Health</b>	A. Federal MH & SUD Block Grant New Funding; Preparing for use and expansion. A. Strong commitment to CCBHC and Health Homes A. Impact of KB Lawsuit Settlement A. Discussion with MDHHS about FY20 anomaly year A. Need for surveillance of other regional activities in the Behavioral Health Space, e.g. MiHIA				
	B. No edits or feedback on this portion B. Concerns about effort with NCQA, support for the CMHs and position to provide better care, strengthen system.				
	C. Strengths – Board collaborative model C. Weakness – Lean and collaborative model is a process and takes time to implement/approval C. Weakness – Lean also occurs at CMHs, struggling with staffing/retention, labor – strategy to increase wages across the state, including direct care, not necessarily wages but ability to staff. C. Weakness – integration at the service level with SUD C. Threats – impact of COVID on BH issues – MH and SUD increased demand C. Opportunities – Continue to look at possible system designs in preparation for the future, including support for the local communities.				
	D. No other feedback or edits on the priorities.				
	E. BH: Increase health equity language as opposed as reducing disparities. E. BH: may need to move value based to Better value. E. Activities: impact of coding difference, metrics, etc.				
	The rest of the goals will be reviewed in April N/A	By Who	N/A	By When	N/A

Agenda Item	Action Required				
<p><b>Consent Agenda</b></p>	<p>E. Question on next steps and action. Amanda clarified MSHN UMC and CLC was reviewing and will be monitoring in an effort to be in front of any edits to the Medicaid Provider Manual.                      H. Upset with department for releasing the guidance prior to acknowledging the contract issues; CFI and PIHP contract negotiations had a meeting to discuss and requested a meeting with the department. MDHHS has began training on the guide already.</p>				
	Approved as presented	By Who	N/A	By When	N/A
<p><b>MSHN Regional Training Grid (especially in re: Fiscal Management Services/Self-Directed Services Worker training requirements)</b></p>	<p>C. Tiffany reviewed the MSHN training grid changes and recommended moving those forward. Originally presented in December. Concerns still about the training requirements and state’s implementation guide.                      S. Beals recommended adding the one change effective March 1., regarding aids to add IPOs training.                      C. Tiffany will update the memo to explain it will go through a review process and evaluating the changes.</p>				
	C. Tiffany will follow up with revised memo and update CMHSP CEOs to send out to their FMS on their letterhead	By Who	C. Tiffany CMH CEOs	By When	3.20.21 3.27.21
<p><b>A. Upcoming Strategic Planning Meeting (2 hours, April 19, 2021)</b></p> <ul style="list-style-type: none"> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>• Strategic Goal: Better Care (30 minutes)</li> <li>• Strategic Goal: Better Value (30 minutes)</li> <li>• Strategic Goal: Better Provider Systems (30 minutes)</li> <li>• Strategic Goal: Better Equity (30 minutes)</li> </ul>				
	Informational Only	By Who	N/A	By When	N/A
<p><b>COVID Check-In</b></p>	<p>Next meeting is March 26 to discuss COVID planning                      OMA Public Board meeting                      CMHs reporting back to F2F with telehealth as an exception (Montcalm, Newaygo, Gratiot)                      MIOSHA covering employees who can still work from home (mostly administrative staff)                      CEICMH mid-April moving back to normal (instead of rotation in office), groups moving back on site                      BABH extensive effort to vaccinate; ability to still work remote, F2F available                      Space and PPE still a concern                      Discussion on how CMHs are building telehealth into their services or is it back to usual?</p>				