

## Quality Improvement Work Group

MSSAC Conference Room

August 5, 2010

9 a.m.

### MINUTES

#### **Present:**

Kathy Davis, C&FS  
Jack Jesse, ESAP  
Chris McDaniel, CCCC  
Connie Gallagher, AARC  
Carol Patterson, Cristo Rey  
Deb Thalison, ICSAI/ICHD

Michelle LaVoy, NCA  
Gary McCullough, MVA/Lenawee  
Roy Vargas, MVA/Hillsdale  
Audrey Wendt, ASCC  
Sue Wright, FSCA/Born Free

#### **Present via Conference Call:**

Lori Lehmann, Clearview

Roger Weigers, Arbor Circle

#### **Staff Present:**

Gary VanNorman, Executive Director  
Lisa Larson, CCC Utilization Coordinator  
Jeanne L. Diver, Treatment/CCC Manager

Gerrie Roeser, Finance Manager  
Mary Kronquist, Special Projects Coord.

#### **I. Case management – what will we expect?**

Discussed and answered questions relative to case management and expectations for next fiscal year. Some providers are already using case management. Providers do have capacity to go out to the community and talk to the clients.

Question of recovery coaches and collecting data was raised. This is a State-wide problem. There is concern about the distinction of case managers and peer recovery coaches and qualifications. Budget for case management was raised. Providers shared their processes already in place and ways to reduce costs.

Discussed possibility of a region-wide case manager or a combination of groups of case managers (Jackson/Hillsdale areas, Ionia/Gratiot areas, etc.) and Mid-South contracting for this. Jackson has a community-based case manager that was given credit for the work being done in the community and how it has reduced work for the residential provider in Jackson County.

Women's case management was discussed as a possible building block for community-based case management. Providers were asked to look at their programs to see how they are using case management and decide on making a change. We are looking at changes for next year. Concern was voiced about not having direct contact with resources and need to network or build relationships if there is an assigned case manager. Possibility of housing the community-based case manager at the provider on a scheduled basis. Possibility of a

Request for Proposal (RFP) next year after new Senators and Representatives are settled. We will have to wait to see what the budget will allow.

Mid-South is looking at three factors: 1) Population involved (frequent flyer, certain drug used, etc.), 2) Sufficient money and 3) Cost benefit savings with structural process to handle multiple counties. Looking at cost benefit savings to reduce detox, frequent flyers, etc. We will start with a few pilots and are still discussing. We will not institute across the whole region, so will pilot.

## **II. Transitional Housing**

Mid-South does not currently fund transitional housing, but this is critical for recovery. Mid-South has proposals for funding and in order to address post treatment recovery, transitional housing is necessary. Discussed barriers and difficulties related to maintain a transitional house: difficult to maintain, clients do not adhere to rules, difficult to find a job, etc. The system has to be prepared to have a transitional house and if not prepared, this will not work. Gary is advocating for submissions of proposals from providers for existing transitional housing. Attention should be given to benefits of the service, how this would enhance recovery, and current efforts within the community that are on-going.

## **III. Contracts for FY2010/2011**

Gary announced Mid-South still has no contract relationship with PIHPs relative to ABW. A draft contract was sent by Mid-South to the three PIHPs for review. Washtenaw is working on their contract development now.

Mid-South thanks the providers for their efforts at reducing Medicaid spending pattern.

The State reduced State Disability Assistance, and there is a 12% cut to the general fund. Lobbyists inform to expect a 12% cut. Some programs are seeing reduction. The first year, Mid-South worked with this with the creation of the access center. Last year, Mid-South used savings in administration; this year, we had to pass some cuts along to providers. Now, looking at contracts for next year. Looking at ABW and State requirements. We will re-issue contract language. It has been 4 years since comprehensive contract with providers. ABW, Medicaid, and State requirements are passed on to us. Expect 11-12% cuts in general fund. PA2 is carrying the burden this year. Mid-South is about 8.7% administrative cost. Lost our Assistant Prevention staff person, terminated a CCC position. We are doing what we can while continuing administrative efforts. There have been no salary increases in four (4) years.

## **IV. Recovery Oriented Systems of Care**

### **a. Strategic Plan**

A draft strategic plan was introduced at the Board Retreat June 28, 2010. We will discuss it at the Program Development Committee in August. This is a work in progress; a 3-5 year plan to transition towards recovery oriented systems of care (ROSC). Information about the strategic plan may be shared with providers after the August 16<sup>th</sup> Program Development Committee meeting. We will have a draft in September with presentation at the full Board hopefully in October.

Incorporation of programming – Mid-South is trying to stay away from treatment and prevention being separate silos; focus will be with both. Talking about substance abuse services collectively.

**b. Residential treatment considerations – pilot**

Looking at providing allocation for residential for Eaton County residents to ESAP. Providers impacted are residential providers. Spoke to NCA, as it affects them the most. Collectively, ESAP and CCC, would inform the community that access is ESAP for residential and outpatient levels of care. Authorizations for residential is ESAP's responsibility for duration, scope, and intensity. Relationship with residential providers will have to be developed to improve transfers after residential. ESAP may decrease length of stay at the residential provider but this may increase the number of clients treated. Rates will be the same and residential providers are to be within Mid-South's in-network provider panel. Outpatient authorizations remain the responsibility of the CCC. This is not for methadone or detox. Mid-South will evaluate as pilot with a couple counties. Discussions will also take place with Newaygo County to pilot next year.

**V. Other Agenda Items**

Gary announced he will speak at the Substance Abuse Conference in September. Four Coordinating Agencies were invited to submit a proposal on their experience, process, and approaches for recovery oriented systems of care within a two-hour session. Mid-South is one of them.

Next meeting: May not meet again until October, as too busy at the end of the fiscal year in September. Information may be shared via e-mail instead.

**VI. Next Agenda Items**

ROSC  
Strategic Plan