

# LENAWEE COMMUNITY MENTAL HEALTH AUTHORITY BOARD MEETING

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Minutes  
July 31, 2014

**Present:** J. Ackley; G. Adams; D. Bills; S. Clites; M. Jackson; C. Smith; N. Smith;  
R. Tillotson; J. Van Doren  
**Absent:** H. Keller, E. Martinez, R. Wilson  
**Staff:** Andrews; Dunbar; Ehret; Keener; Rawlings (minutes); Robb; Strayer;  
Szewczuk  
**Public:** Julie Berryman

## **CALL TO ORDER**

Board Chairperson Bills called the meeting to order at 3:15, following a Recipient Rights Refresher Training.

## **PREVIOUS MINUTES**

**MOTION BY VAN DOREN** to approve the previous minutes dated June 26, 2014.  
**SUPPORTED BY CLITES. MOTION CARRIED.**

## **PUBLIC COMMENT**

No public comment.

## **SPECIAL PRESENTATIONS, REPORTS AND ACKNOWLEDGEMENTS**

Shar Dunbar and Dawn Ehret were recognized for 25 years of service.

## **COMMITTEE REPORTS**

### **A. Standing Committees**

#### **1. Mental Health Awareness**

Evaluations from The Path to Wellness Committee were reviewed. The event came in \$3,800 under budget.

2. **Performance Improvement**

There was no PI Committee meeting in July.

3. **Facilities Committee**

There was no Facilities Committee Meeting in July. A tour of the group homes is being planned for August.

4. **Operations and Budget**

Bills reported on the Operations & Budget Committee Meeting which met on July 23<sup>rd</sup>. Following the merger of United Bank & Trust and Old National Bank, it is necessary to sign a new cash management service agreement. There are no additional costs, and there is no obligation to stay. **MOTION BY VAN DOREN** to approve the Cash Management Service Agreement with Old National Bank. **SUPPORTED BY C. SMITH. MOTION CARRIED.** N. Smith abstained.

In order to qualify for meaningful use incentive payments, providers are encouraged to adopt electronic health record technology. This would enable our EHR to be shared with others for more comprehensive patient care. There are requirements that need to be met which have been broken into stages. Following research to see what our partners and other CMHs are doing, it was discovered that Altarum Institute in Ann Arbor have received a grant from HS Dept HHS to provide assistance. There have been several positive referrals for Altarum Institute. We could be gaining \$63,750 between now and 2020 if meaningful use certification is accomplished. The consultant fee of \$800 will be the first step in preparing us for the incentive payments. **MOTION BY N. SMITH** to approve the Medical Record Incentive Program Consultant Agreement with Altarum Institute. **SUPPORTED BY ACKLEY. MOTION CARRIED.**

We have received a rate reduction for the upcoming fiscal year from \$16,651 to \$15,436 for our MMRA Professional Liability Insurance.

**MOTION BY S. CLITES** to approve revised CMH policies: A-224 Criminal Background Checks, B-317 LCMHA Vehicles, and C-418 Community Information, Education & Community Relations Activities. **SUPPORTED BY N. SMITH. MOTION CARRIED.**

**MOTION BY N. SMITH** to approve revised Regional Policies: R-821 organization, Credentialing, Re-Credentialing, Monitoring; R-823 Service Verification and R-828 Performance Improvement. **SUPPORTED BY ACKLEY. MOTION CARRIED.**

**MOTION BY ACKLEY** to approve revised Recipient Rights Policy RR—601 Consumer Appeals. **SUPPORTED BY N. SMITH. MOTION CARRIED.**

It should be noted that policy routing is a topic of conversation at the Regional Board.

**Service Inquiry** – 90 inquiries in June, down from 114 the previous month. Of those who came in for service, 46% were Medicaid, 36% Healthy Michigan, and 15% GF. As

of today's date 2842 Lenawee residents have enrolled in Healthy Michigan, and the numbers are still going up. 47 were scheduled for an assessment, 36 were found eligible and are receiving services. No-one was added to the wait list. There were 38 inquiries for substance use disorder services, 30 of those were authorized for service. 8 Medicaid, 12 block grant, 10 Healthy Michigan.

**State Institution** – we are still under budget with 2 people in the state hospital. Discharge planning is underway for one of those.

**Inpatient Hospitalizations** – we are still running over budget. Several children were admitted this month, and the costs for children are higher than adults. We also had a rate increase from the hospitals in the middle of the year. 70% of admissions were Medicaid, 30% GF, 0% GF. We continue to track Medicaid and Healthy Michigan costs and services separately until we are told otherwise. This is the third month in a row that no GF was needed for community inpatient. 30% of consumers had co-occurring mental health and substance use disorders, and 67% were previously unknown to us. 5 had no primary care physician, 1 failed to show for a follow up appointment. We will begin providing DBT treatment in the middle of August – this will help people develop coping skills, and provide more support.

**Revised Spending Plan** – Deb Strayer gave an overview of line by line actual expenditure and predicted that would be needed for the remainder of the year. Salaries and wages are reduced due to turnover and retirement positions being replaced at a lower step, this also impacts the fringe benefit line as it is based on salary. Also, we did not get as big an increase as expected in health insurance from BC/BS. Pharmacy line is increased due to increased use of injectable medications by the doctors; however, this cost is billable to Medicaid. Most of the contracts have been running under budget resulting in an overall reduction of \$183,000. Specialized residential services and community living supports are based on actual experience, and the increase in community inpatient cancels out the decrease in state hospitalization budgets. Actual GF authorization is \$1.248m, and ABW is finished we will not be receiving any more. Earned revenue is increased due to two new sources, one grant through the affiliation for integrated health implementation, and a small DHS Strong Families Safe Children grant. The revised spending plan reflects that we will not be adding nor needing anything from the fund balance. This is a considerable accomplishment, as in April 2013 we were facing a projected deficit of \$880,000 – this is when we instituted the GF Deficit Reduction Plan. **MOTION BY JACKSON** to approve the revised spending plan. **SUPPORTED BY CLITES. MOTION CARRIED.** Questions from the floor included what the local match requirement was – 10% for GF \$, also why there was no local match for the Hendershot account.

**Finance Report** – Deb Strayer reported on the June finance reports. At 75% of the way through the year, 72% of the budget has been expended (using the revised spending plan). Clinical contracts is at 71%. We are showing only spending \$13.7m of the \$16.45m Medicaid dollars allocated to us. GF is at 80% - this is due to the second

half of the fiscal year being uploaded to make up for the delay in Healthy Michigan payments. As of June 30<sup>th</sup> we are showing needing \$43,000 from the fund balance, this has been steadily going down and we expect it to reach zero by the end of the fiscal year.

**Cash Balance** – There was a slight decline in market value of both wealth management investment accounts. The mortgage is down to \$47,000, and is expected to be paid off in February 2015.

**MOTION BY JACKSON** to accept the July Finance Reports and additional vouchers totaling \$207,108.03. **SUPPORTED BY C. SMITH. MOTION CARRIED.**

Keener reported that based on the Revised spending Plan, we are in good shape for the end of the fiscal year, and would like to recommend that the cuts implemented in the GF Deficit Plan be reinstated: i.e. funding for medications be made available to GF consumers, with Supervisors approval; removal of the waiting list; and reinstatement of the step increases for staff. **MOTION BY N. SMITH** to approve reinstatement of cuts implemented in the GF Deficit Plan. **SUPPORTED BY JACKSON. MOTION CARRIED.**

Greg Adams has proposed holding a 5k run/walk in the community during Mental Health Awareness Month in May. This would be a great event to raise health and fitness awareness in the community; reduce stigma and be a good public relations exercise. Adrian City staff member, Julie Berryman, reported that the City is 100% behind this event, and will block off streets; provide barriers; EMT Services and help with marketing etc. They will also be encouraging their employees to participate by paying for their registration. Adams would like help from fellow Board members to make business contacts for sponsorship. **MOTION BY JACKSON** to approve up to \$3500 from the Hendershot fund to cover costs for this event. **SUPPORTED BY ACKLEY. MOTION CARRIED.** Operations & Budget Committee members are reminded that next month's meeting has been moved to Friday August 15<sup>th</sup> at 9:00am.

5. **Personnel Committee**

There was no Personnel Committee Meeting in July.

6. **Recipient Rights Advisory Committee**

There was no Recipient Rights Advisory Committee meeting in July.

7. **Retirement Committee**

There was no Retirement Committee meeting in July.

8. **By-Laws**

There was no By-Laws Committee Meeting in July.

**B. Ad Hoc Committees:**

No Ad Hoc Committee Meetings in July.

**EXECUTIVE DIRECTOR'S REPORT**

1. Internet update. Sharon Robb has negotiated for extra band width at higher speed with no extra cost with D & P Communications.
2. Mass Mutual representatives from Boston met with us on July 9<sup>th</sup> for an in-depth review of the draft plan document. We expect the final draft soon, at which time a Retirement Committee Meeting will be scheduled. Mass Mutual has also offered training for staff on accessing their plan benefits online.
3. The Board Association is reviewing a proposal for the advocacy white papers. One advocating the benefits of the public mental health system, and one describing the risks of a private system. It is ready to be funded, and the MACMHB will be assessing the CMH's, which will probably come to the board next month.
4. 2015 budget and contract changes are underway. The Board Association sent a letter to Jim Haveman describing the contract changes recommended.
5. The Family Medical Center is on schedule to open its doors on October 27<sup>th</sup>. There will be a ribbon cutting event, which the Board Members will be invited to – no date is set yet. We are currently working on equipment and furniture for the doctors and staff. We have been having weekly meetings with FMC staff and we look forward to having our consumers being able to access many services in one location.
6. Sandy Keener will be on vacation the week of August 18<sup>th</sup>.

**REPORT FROM BOARD CHAIR**

1. Deb Bills asked if anyone was interested in participating in the safeTALK training on August 18<sup>th</sup>. Deb Bills will be attending.

**REPORT FROM REGIONAL BOARD**

1. None

**BOARD MEMBER COMMENTS**

Mark Jackson is concerned that the sidewalk recently installed outside the new Family Medical Center building will not be handicap accessible. Sharon Robb will check into this. Nate Smith would like to thank the staff for the great work they have done regarding getting the budget back into line.

**ADJOURNMENT**

Meeting adjourned at 3:58pm.

/klr

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Robert Wilson

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Date