

LENAWEE COMMUNITY MENTAL HEALTH AUTHORITY BOARD MEETING

Minutes
September 24, 2015

Present: G. Adams; D. Bills; S. Clites; N. Smith; R. Tillotson; J. Van Doren; R. Wilson, D. Yearsin
Absent: J. Ackley, C. Smith; M. Jackson; E. Martinez
Staff: Andrews; Arena-Elardo; Keener; Rawlings (minutes); Robb; Strayer; Szewczuk
Public: J. Durell; J. Mort-Duncan

CALL TO ORDER

Chairperson Bills called the meeting to order at 3:03pm.

PREVIOUS MINUTES

One amendment to previous minutes. Donna Yearsin is not recorded as being present. **MOTION BY S. CLITES** to approve the previous minutes as amended dated August 27, 2015. **SUPPORTED BY N. SMITH. MOTION CARRIED.**

PUBLIC COMMENT

No public comment.

SPECIAL PRESENTATIONS, REPORTS AND ACKNOWLEDGEMENTS

Susan Elardo was presented with a 25 year service award. Congratulations.

COMMITTEE REPORTS

A. Standing Committees

1. Consumer Action Committee

Jen Durell reported that this committee continues to work on its Work Plan and prepare for the Suicide Awareness Walk on September 25th. **MOTION BY N. SMITH**

to approve appointment of Joe R to the Consumer Action Committee. **SUPPORTED BY R. WILSON. MOTION CARRIED.** There is a need for a support group for families of adolescents and adults with mental illness. **MOTION BY R. TILLOTSON** to approve a support group. **SUPPORTED BY S. CLITES. MOTION CARRIED.**

2. **Performance Improvement**

There was no Performance Improvement Committee Meeting in September.

3. **Facilities Committee**

There was no Facilities Committee Meeting in September.

4. **Personnel Committee**

N. Smith reported on the Personnel Committee which was held immediately prior to the board meeting today. LCMHA has not seen a change in the salary scale since 1999, and some categories are significantly out of date. We have recently had problems with recruitment of suitable new staff as a result. It is necessary to address this at this time. Sandy has used the MACMHB Salary Survey; a comprehensive survey conducted recently by Monroe CMH and to a lesser extent a survey of local businesses to present a comparison and proposal. It should be noted that 47 of 65 staff are on the final step of the scale and have not had any change in salary for many years. One staff has been on the same salary for 14 years. Sandy presented the minimum, maximum and average ranges along with current CMH range. Low averages are proposed for most positions. Clinical and administrative functions have been separated, and some changes reflect additional functions added since 1999. The long term impact of the changes has been evaluated with the most impact occurring this coming year, decreasing steadily for four years. No consideration has been given to retirements or resignations. The committee looked at each position and salary scale and all costs have been included in the new spending plan. It is important that CMH stays competitive as we move forward into a new integrated health environment. **MOTION BY N. SMITH** to approve the changes to the salary scale. **SUPPORTED BY R. WILSON. MOTION CARRIED.** Keener noted that we have struggled for many years with tight budgets, wait lists and lay-offs, and this is the first year we have been able to do something for the staff.

The 2015 Performance Results Pay Plan is also built into the budget. This includes four performance outcomes required to be achieved during the period October 1 2014 – September 30, 2015. Deb Strayer reported the impact to the budget is \$138,500. **MOTION BY N. SMITH** to approve a 5% Performance Results Pay for 2015. **SUPPORTED BY J. VAN DOREN. MOTION CARRIED.**

The 2016 Executive Director Contract was reviewed. N. Smith reported that when Sandy Keener was hired the salary was considerably below average compared to the rest of the state. It is necessary to achieve a competitive salary when attracting a new Executive Director. **MOTION BY R. TILLOTSON** to approve an increase of \$10,000 to base salary, with an additional \$2500 to the tax deferred investment. **SUPPORTED**

BY J. VAN DOREN. MOTION CARRIED. J. Van Doren added that Sandy is doing an outstanding job. N. Smith reported that she is guiding us through the transition required to make us competitive in the integrated health market place.

5. Operations and Budget

Deb Bills reported on Operations & Budget Committee which met on September 16th. The RFP for residential insurance was tabled until next month. MACMHB Dues for FY16 have been increased by \$11 to \$9,253. The Board Association continues to be a great advocate for the CMH system and its services with the legislature. **MOTION BY S. CLITES** to approve the MACMHB dues with the increase. **SUPPORTED BY N. SMITH. MOTION CARRIED.**

Service Inquiry – There were 107 inquires in August, and 60 intakes were scheduled. 68% Medicaid, 20% Healthy Michigan, 10% GF. Currently there are 4835 Lenawee residents enrolled in Healthy Michigan, this number has remained consistent for the last few months. 48 assessments were completed, with 41 eligible and receiving services. There were 27 substance abuse inquires, 22 were authorized and referred for treatment. These were evenly divided between Medicaid/Healthy Michigan and block grant.

State Institution – two people remain in the hospital. There will be no more admissions.

Inpatient Hospitalizations – 31 people were admitted to local hospitals, we continue to stay just below budget. The usual number of co-occurring and unknowns was noted. We will be looking at how to make an impact as those presenting as unknown at the emergency room. With a new engagement center we should be able to get people connected to services prior to going in the hospital.

Finance Report – Deb Strayer reviewed the August Financial Report. Salaries and fringes line is under budget as some positions have not been filled, it also includes an amount for a possible performance results pay for the fiscal year. Client services and transportation line is at 97% at 92% of the year as we have a new transportation contract. Overall we are only 83% spent at 92% of the year. Clinical service contracts are at 85% spent. Revenue shows earned revenue other going down due to 40% received as we will not be receiving any of the mental health court funding expected (\$22,000) as this is taking longer to get up and running than predicted. The Meaningful Use line also shows that we had to return \$85,000 for the year. However, we should be able to build it back into the budget for next year. Overall we can contribute \$92,000 to the fund balance. Even though we are short on GF by \$146,000 we have local funds to cover the shortfall, and still have enough to contribute to the fund balance.

Cash Balance – There was a very small negative change in market value for GF investments, and a small positive change on Hendershot.

MOTION BY N. SMITH to accept the Finance Reports and additional vouchers totaling \$475,334.35. **SUPPORTED BY J. VAN DOREN. MOTION CARRIED.**

FY 2016 Budget – Sandy Keener outlined the budget narrative which includes a 2% increase to address Strategic Plan objectives to develop specialty outpatient services and provide adequate staffing with competitive salary and benefits, increasing the clinical contract line to cover expected increases in services for autism and growth in CLS and self-determination. Deb Strayer outlined other changes to computer software line (decreased due to cost of EHR being picked up by the PIHP); Psychiatry line increased due to change in cost for Tele-Psychiatry. Building rental from the county will be increased in February, Client Transportation budget is increased. Client services budget – Behavior Educators has been removed, Centria and MAWC contracts for anticipated autism related expenses have been increased. Michigan Visiting Care was only used for a partial year this year; this has been increased to a full year. There is a new SUD budget from the region, which shows including \$689,000 for the provider portion. Expenditure line has a new line for the Engagement Center, start-up funds of \$192,000. Residential leases have decreased due to the closure of N. Adrian. More has been budgeted for psychiatric inpatient. State inpatient revenue has been removed as the state intends to stop funds and payments for state institution; however we still need to pay the local share. SUD total is increased to \$272,621. We are able to use \$271,000 more of the Medicaid allocation, we will not use all available funds, we also show using \$220,000 more of Healthy Michigan. \$85,000 in Meaningful Use funds has been built back in. We show contributing \$42,630 to the fund balance. **MOTION BY J. VAN DOREN** to approve the FY 2016 Spending Plan. **SUPPORTED BY S. CLITES. MOTION CARRIED.**

6. Recipient Rights Advisory Committee

G. Adams reported on the RRAC meeting held on September 15th. 3rd Quarter complaints, allegations and substantiations were reviewed. There is no action required by the board.

7. Retirement Committee

There was no Retirement Committee Meeting in September.

8. By-Laws

There was no By-Laws Committee Meeting in September; however, the By Laws are being reviewed to determine if this committee should convene.

B. Ad Hoc Committees:

There were no Ad Hoc Committee Meetings in September. A Strategic Planning committee will be meeting in October.

EXECUTIVE DIRECTOR'S REPORT

1. Tele-Psychiatry started last week. Dr. Spells has been well accepted. We have had several positive responses from consumers who were pleasantly surprised with their experience. One mother shared that her child did not normally talk to the doctor, but was quite happy to talk to Dr. Spells on the screen!
2. Sandy Keener will be bringing the PIHP CMH Contract to the board for approval.
3. The Health Plans are lobbying the state hard to get access to the Medicaid budget which includes CMH services. The Board Association is actively working with legislators as everyone is concerned about keeping us at the table.
4. A presentation from Fred Brason regarding the Lazarus Project to groups working together on road patrols, first responders etc. regarding the use of Naloxone was well received. Naloxone can be used if someone is medically unresponsive/overdosed – bringing them back to life if used properly.
5. We are meeting with ProMedica and the ROSC on setting up an Engagement Center funded with SUD dollars. The center would be a place for someone who is actively using drugs/alcohol to go, rather than the ER, or jail, to connect to CMH and other services. It would be primarily an after-hours service, possibly 8pm – 6am. This is a community-wide effort being led by LCMHA.
6. We have received Actuarial Reports from Mass Mutual for the CMH Pension Plan; a Retirement Committee will be scheduled for next month to review.

REPORT FROM BOARD CHAIR

1. Deb Bills asked if anyone had reviewed by By-Laws as requested. It was agreed that Karen would re-send them to board members to seek their feedback. It will be decided at the next board meeting whether they need to be revised.

REPORT FROM REGIONAL BOARD

1. Mr. R. Tillotson reported that a new Director had been appointed to replace Mary O'Hare. The board is currently negotiating the contract.
2. Washtenaw is reporting budget deficit details, and updates every month. Shake ups continue as they strive to save money
3. A new board will be seated at Washtenaw; three of the new members will be elected to the Regional Board. Exiting board members from the WCHO board said their farewells at the last meeting.

BOARD MEMBER COMMENTS

- J. Van Doren reported that the governor is blending boards in a push to regionalize along with the prosperity regions, and this is happening quite fast.

ADJOURNMENT

Meeting adjourned at 4:27pm.

/klr

Robert Wilson

Date