

LENAWEE COMMUNITY MENTAL HEALTH AUTHORITY BOARD MEETING

Minutes
July 28, 2016

Present: J. Ackley, D. Bills; G. Adams; S. Clites; M. Jackson; J. Lapham; E. Martinez;
N. Smith; R. Tillotson; J. Van Doren; D. Yearsin; R. Wilson
Staff: Andrews; Emmonds; Keener; Rawlings (minutes); Owen; Robb; Strayer;
Szewczuk
Public: J. Durell

CALL TO ORDER

Chairperson Clites called the meeting to order at 3:01pm.

PREVIOUS MINUTES

MOTION BY J. LAPHAM to approve the previous minutes as presented dated June 30, 2016.
SUPPORTED BY J. VANDOREN. MOTION CARRIED.

PUBLIC COMMENT

No public comment.

SPECIAL PRESENTATIONS, REPORTS AND ACKNOWLEDGEMENTS

Holly Owen was presented with a 10 year service award. Wendy Cadieux was also honored for 30 years of service at CMH, even though she could not be present due to an ongoing scheduling conflict.

COMMITTEE REPORTS

- A. Standing Committees**
 - 1. Consumer Action Committee**

Jen Durell reported from the meeting which was held on July 8th. Work continues on the art project and writing groups. Regional CAC has started to meet again; they are also working on art projects and surveys.

2. Performance Improvement

There was no Performance Improvement Committee meeting in July.

3. Facilities Committee

Facilities Committee was unable to meet. However, a list of home repairs was distributed as well as a College Avenue project scope. Facilities Committee is scheduled for next month which will be followed by a recommendation to the board.

4. Personnel Committee

There was no Personnel Committee Meeting in July.

5. Operations and Budget

Clites reported on Operations & Budget Committee which met on July 20th. **MOTION BY R. TILLOTSON** to approve renewal of the FY17/18 mental health contracts. **SUPPORTED BY J. LAPHAM. MOTION CARRIED. MOTION BY J. VANDOREN** to approve renewal of the FY17 SUD contracts. **SUPPORTED BY N. SMITH. MOTION CARRIED. MOTION BY R. TILLOTSON** to approve renewal of MRMA professional liability insurance for the upcoming year. **SUPPORTED BY J. VANDOREN. MOTION CARRIED.** New vehicle lease prices are still being explored in anticipation of possibly adding another vehicle to meet the needs of increasing number of consumers. An update should be available next month.

Service Inquiry – there were 107 inquiries in June, a decrease from the previous month. 85 intakes were scheduled, 63 initial assessments were completed, with 47 determined to be eligible and receiving services. 4% were GF the remainder split between Medicaid and Healthy Michigan. Currently there are 4857 Lenawee residents enrolled in Healthy Michigan. 42 inquiries for substance abuse services, 36 were eligible and are receiving services. This number is double since we first started providing SUD services. We continue to look at costs, especially residential, which many times are court involved. We are looking at the number of people authorized for residential who actually stay in treatment. It is important for consumers to be engaged and ready to go to the next level of treatment. Donna Yearsin explained how engagement groups are effective and why Recovery Coaches and peers are an important piece of the recovery process.

State Institution – two people remain in the hospital.

Inpatient Hospitalizations – 29 were admitted to local hospitals in June, 4 of those were children. We are running slightly under budget. 69% Medicaid, 17% Healthy Michigan, 14% GF. Medicaid applications are completed at the hospital and most get approved for Medicaid. 55% had co-occurring mental health and substance use disorders, and 62% were previously unknown to us.

Revised Spending Plan and Finance Reports – Deb Strayer reviewed the changes in the revised spending plan. Expenditure lines address all issues that have come up during the year and needed to be addressed. Line items reflect actual expenses. There is no change to the salaries and fringes line, as we still have some vacant positions. The salary line includes a possible performance pay up to 5%. Consultant line is increased due to SIS assessments (billed by the region) seeing a significant increase. Sandy Keener will be bringing this issue to the Regional Directors meeting next week. The pharmacy line has been reduced as we no longer cover the cost of injectable medications. Contracts – community inpatient was budgeted for the worst case scenario, and we are coming in under budget. State inpatient is estimated as we do not know the actual rate for the year until the end of the year. Overall the total spending plan is reduced from \$19.4m to \$19m a decrease of \$330,000. Clinical service contracts reflect actual expenditure. SUD providers only reflects one increase, another one has been requested which will be added to the budget before the end of the fiscal year. Clinical service contracts spending plan is decreased by \$37,000. Revenue – actual GF authorization was more than expected, and SUD contract line has been split out by Engagement Center and services. Earned Revenue is reduced due to mental health court amount and MI child program ending at the end of December. Earned interest and dividends is not changed due to the volatility in the market, and meaningful use has been removed from the budget as our electronic medical record will not meet criteria for the incentive for this fiscal year. We will still be able to make a slight contribution to the fund balance. **MOTION BY N. SMITH** to approve the revised spending plan. **SUPPORTED BY D. YEARSIN. MOTION CARRIED.**

Cash Balance – cash management account at June 30th shows a balance of over \$5m as we were still holding an amount we had to return to the region for last fiscal year Medicaid cost settlement of \$3,818,551.29, which has now been returned. Wealth management accounts saw a positive increase in market value of \$33,000 on GF account and \$2,000 on Hendershot. It should be noted that with no changes to the budget we will be returning \$1.3m to the region. **MOTION BY J. LAPHAM** to approve Finance Reports and additional vouchers totaling \$163,856.50. **SUPPORTED BY N. SMITH. MOTION CARRIED.**

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.

A. By-Laws

There was no By-Laws Committee meeting in July.

B. Ad-Hoc Committees

A meeting will be scheduled in August for the O & P Ad Hoc RFP Committee.

EXECUTIVE DIRECTOR'S REPORT

1. There is no additional information from the new workgroup for system design for integration of primary health care and behavioral health. Behavioral health is represented by Bob Sheehan and Alan Bolter from the Board Association. There is no consumer representation or CMH representative. Recommendations are expected to the legislature on January 15th. The Directors of the 10 PIHPs are working on a statement for their recommendations to the board association. Regional Directors will be reviewing the recommendations. Several suggestions from the PIHPs will be discussed at the next ROC. Jane Terwilliger will take those thoughts back to the PIHP Directors group. The expectation is that behavioral health will be carved back into the Health Plans, and the goal is to ensure that everyone is aware of the consequences of doing so.
2. A Crain's Detroit Business article regarding record profits being seen by Michigan health insurers is interesting.
3. Another Crain's article is included for review, this is regarding the trend we are seeing in Lenawee about the difficulty we are having recruiting entry level staff – direct care workers and CLS staff.
4. We are in receipt of a strategic plan for the Lazarus Project. We will be looking closely at this, along with incorporating an SUD prevention plan. We also intend to reconvene a Suicide Prevention Task Force. An overall prevention plan should be ready to roll out by the end of the summer.
5. CMH staff toured Interconnections Drop in Center last week. Significant remodeling is almost complete, which has opened up the space. They have heard about our interest in starting an Engagement Center and their board is very supportive of recovery as many people who attend the drop in center have co-occurring disorders. The board has asked us to consider using the Drop in Center as a possible base of operations, since the hours of operation would not coincide with each other it would be an obvious fit. The next step is to visit a couple of similar operations in Michigan to get a feel of what is needed, and what to expect. The idea is to start small. We will be hiring a Peer Recovery Coach who will be available to meet with people in the emergency rooms who need to be connected to SUD treatment. Those people who come into contact with law enforcement would eventually end up in jail – we hope to divert to the engagement center and eventually treatment.
6. The integrated health initiative at the Family Medical Center continues to demonstrate success. Data from Medicaid claims can be filtered to identify consumers with complex care needs who are also in our system. We follow up by doing a case consultation, and evaluate care needs designed to address and support those needs. This was begun in March and we are seeing an impact in the number of ER visits and inpatient hospital admissions, both on the behavioral health side and medical side. Next month we are participating in case consultation with health plans at the PIHP level.

7. The Department of Corrections is transferring management of treatment for individuals released from jail to the PIHPs beginning in October 1st. Enrolment in Healthy Michigan will be completed before release. Kathryn and Sandy will be meeting with parole officers to discuss service eligibility and medical necessity. Many will have critical health care needs and will need to be connected to services. This will be a major new population for CMH with no additional funding. It should also be noted that the rate for Healthy Michigan is less than half the regular Medicaid rate for people with a higher need.
8. We have been contacted regarding our interest in sponsoring a "Share the Warmth" fundraiser. Many of our consumers are permanently or temporarily homeless or live in unsuitable housing. **MOTION BY J. ACKLEY** to approve \$1000 event sponsorship from the marketing fund, of the 1st Annual Golf Outing for Share the Warmth. **SUPPORTED BY N. SMITH. MOTION CARRIED.**

REPORT FROM BOARD CHAIR

Clites re-iterated that Operations & Budget Committee was concerned about the rate increase for SIS assessments, and asked Sandy Keener to investigate. Sandy reported that these are state mandated assessments for people with developmental disabilities, every three years. This assessment is designed to show outcomes, and it can take 3 or 4 hours. An additional assessor was needed to complete this three year cycle; however, she will bring this up at the next Directors meeting.

REPORT FROM REGIONAL BOARD

1. Ralph Tillotson has been re-appointed to the board.
2. Washtenaw is performing much better following significant cuts to staff and programs; they are reporting a small surplus this year.

BOARD MEMBER COMMENTS

1. VanDoren encourages board members to read the Crain's article referring to entry level jobs. He is also very concerned about the significant drug epidemic here in Lenawee which is affecting businesses being able to function, it also affects the value of the community.
2. Adams has submitted his presentation proposal to the Board Association. The Fall Conference is on October 24th & 25th.

ADJOURNMENT

Meeting adjourned at 4:02pm.

Robert Wilson

Date