

LENAWEE COMMUNITY MENTAL HEALTH AUTHORITY BOARD MEETING

Minutes
January 26, 2017

Present: J. Ackley; G. Adams; D. Bills; S. Clites; M. Jackson; J. Lapham; N. Smith;
R. Tillotson
Absent: J. Van Doren; E. Martinez; D. Yearsin; R. Wilson
Staff: Andrews; Pooley; Robb; Strayer; Szewczuk; Wright
Public: A. Bolter

CALL TO ORDER

Chairperson Clites called the meeting to order at 3:00pm, and welcomed Alan Bolter from the Board Association.

PREVIOUS MINUTES

MOTION BY M. JACKSON to approve minutes December 22, 2016. **SUPPORTED BY N. SMITH. MOTION CARRIED.**

PUBLIC COMMENT

No public comment.

SPECIAL PRESENTATIONS, REPORTS AND ACKNOWLEDGEMENTS

1. Todd Wright – MI Case Manager, was presented with his 15 year service award (November).
2. Angela Pooley – Access Clinician, was presented with her 10 year service award (January).
3. Alan Bolter, Associate Director, MACMHB updated the committee on legislative action. New committee assignments have just been published. “Did You Know” handout is very informative. There was a revenue estimating conference in January, there will be

another in May. Governor Snyder FY18 Budget Presentation is on February 8th at 11:00am – no huge changes are expected. However, FY19 will likely reflect some bigger changes. A timeline for the Section 298 Initiative was distributed. The state is in the process of accepting models and pilots. Proposals will be evaluated and submitted to the legislature mid-March. MACMHB supports all 13 policy recommendations included in the Report.

Affordable Care Act – it is unsure of what the repeal/replacement of the ACA will mean to the Medicaid Expansion program. The new name is "Patient Freedom Act". Mr. Bolter explained the possible scenarios including block granting of Medicaid.

The use of state hospitals (possibly adding beds/space), and whether CMH can impact the work happening at the State GF workgroup (reallocation of GF) were discussed. Mr. Bolter suggested contacting Linda Zeller directly.

COMMITTEE REPORTS

A. Standing Committees

1. Consumer Action Committee

There was no Consumer Action Committee in January.

2. Performance Improvement

There was no Performance Improvement Committee meeting in January.

3. Facilities Committee

There was no Facilities Committee in January.

4. Personnel Committee

There was no Personnel Committee in January.

5. Operations and Budget

Clites reported on Operations and Budget Committee which met on January 18th.

Regional Policy R-847 Assessment & Reassessment has been revised. **MOTION BY J. LAPHAM** to approve revised Regional Policy R-847. **SUPPORTED BY N. SMITH. MOTION CARRIED.**

Service Inquiry – There were 105 inquires in December, 22 of those were referred out, 81 intakes were scheduled. 71% were Medicaid, 24% Healthy Michigan, 4%GF. We received 58 inquiries for substance abuse disorder, 43 were authorized and are receiving service. 22 were Healthy Michigan, 18 Medicaid and 16 Block Grant. Numbers have increased by 25% from 2015.

State Institution – We continue to be above budget, but are working on a plan to move one person into a community placement soon.

Inpatient Hospitalizations – 28 were admitted to local hospitals in December, 50% Medicaid, 40% Healthy Michigan, 3 were GF. 60% were previously unknown to us. 71% had co-occurring mental health and substance use disorders.¹¹ reported the Family Medical Center for the primary care provider, 9 had no primary care, and 8 had their own family doctor.

Finance Reports

Expenditure – above budget lines include operating supplies – this is due to the purchase of autism testing supplies. The audit line is above budget, financial audit field work is complete, compliance audit is scheduled for April 27th and 28th – while the auditors are at CMH they will also present the financial audit at the board meeting. Recruitment line is high due to several retirements. Expenses are at 22% at the end of the first quarter. Clinical contracts show that the respite line is high – this is due to the availability of two more providers. This line will be revised in the spending plan.

Revenue – DCH GF line budget was last year's amount \$316,036 however, we have received an authorization for FY17 for \$348,736 which is an increase of \$32,000.

Cash Balance – We saw quite a loss last month in market value of earned interest dividends, there was another small loss of \$3,000 in December. We show having to take \$71,000 from the fund balance, as we do not have enough GF to cover the shortfall. It is hoped that the state GF workgroup will increase our GF funding, since we have been severely underfunded since 2007. A recommendation of an additional \$270,627 per year for five years would help us immensely.

Following a new audit requirement in FY14/15 we had to report on net pension liability (per GASB68 government accounting standard) reducing the fund balance on paper from \$2,267,402 to \$379,920. Lenawee was one of only a few CMH's who were still in a positive position with their fund balance after taking this net pension liability into account. When the audit for FY15/16 is presented in April we also will be in a negative position. The auditors have assured us that this does not have to be reflected in reports to DHHS. The auditors can explain in more detail at the April board meeting. Smith thought it would be helpful to review the fund portfolio to ensure the maturity is laddered adequately to ensure cash flow if we needed it.

MOTION BY M. JACKSON to approve Finance Reports and additional vouchers totaling \$292,431.42. **SUPPORTED BY J. LAPHAM. MOTION CARRIED.**

6. Recipient Rights Advisory Committee

There was no Recipient Rights Advisory Committee in January.

7. Retirement Committee

There was no Retirement Committee meeting in January.

A. By-Laws

There was no By-Laws Committee meeting in January.

B. Ad-Hoc Committees

There were no Ad-Hoc committee meetings in January.

INTERIM EXECUTIVE DIRECTOR'S REPORT

1. Consultants.

- a. Kathy Dettling has been working with Access Department - some changes have been made already. Staff has changed to using the calendar in the electronic medical record – this is a better way to track services, they are also scheduling their own appointments. The standard time for seeing someone following a hospitalization is within 7 days; we will be getting people in within 24 hours. When someone calls for service the required time to be seen is within 14 days, our goal is between 3 and 5 days. Response from staff and consumers to these changes has been very positive. We expect to see a reduction in “no show” rates and re-admittances to the hospital.
- b. Mary O’Hare is working with Kathryn and Roger on the Strategic Plan and Balanced Score Card. Next month she will be meeting with Management Team to go over goals and outcome measures. It is anticipated that a presentation will be ready for the board in May.
- c. Becky Schersten has come out of retirement to help keep us on track with compliance of OBRA paperwork etc. She is working closely with Aimee Snyder. It is hoped to take between 4 and 6 weeks.
- d. Mary Poore has returned to help with Children’s Waiver and HAB Waiver, following the resignation of a Case Manager who specialized in this. Mary will also help train new staff when hired.
- e. Roger Myers is advising Kathryn also.

2. Goodwill.

We have enjoyed a mutually beneficial relationship with Goodwill for decades. However, recently the new Director at Goodwill, Keith Trost, has challenged CMH regarding the local match which is part of their contract. It was recently discovered that Goodwill had not made this payment last year. A meeting was set up to discuss this, as well as a request by Goodwill for us to increase their rates. Goodwill has since made good on their payment of local match, however, Mr. Trost has indicated that he does not intend to sign a contract in 2018 if it includes a stipulation for local match dollars. We agreed to a rate increase as it has been several years since the last increase. 5% was approved for all services, with a 6.25% increase for community integration, retroactive to January 1st. It was agreed that we should immediately start to look for alternative providers for the services that Goodwill provides.

3. Prevention Plan. A prevention plan has been presented to the region, and CMH began contracts with the Health Department and Communities in Schools, after being given approval to move forward. However, the region has since decided to

conduct a “deep analysis” of the plan. A meeting is scheduled for Monday to discuss.

4. A meeting is scheduled with an administrator from ProMedica, Bob Littelmann, regarding a possible contract with Flower Hospital in Ohio, as a result of the possible closure of Herrick Inpatient in June. This has not been confirmed by Dr. Yaroch. There was discussion regarding the legalities of crossing state lines for petitions etc. We will have more information next week.
5. Johann Townsend retires next week. She is one of the longest serving employees – a luncheon will be held on the 31st at noon.

REPORT FROM BOARD CHAIR

1. Four board members whose terms are expiring in March have all agreed to continue serving on the board. Ackley; Adams; Lapham & Wilson.
2. Kathryn and Greg Adams will be attending the Winter Conference in Kalamazoo

REPORT FROM REGIONAL BOARD

An attorney has been hired to negotiate the Electronic Health Record Meaningful use.

BOARD MEMBER COMMENTS

Adams reported that E-Race the Stigma fliers and sponsorship letters have gone out. Board members were given sponsorship letters to distribute.

ADJOURNMENT

Meeting adjourned at 4:35pm.

Robert Wilson

Date