

Northeast Michigan Community Mental Health Authority
Board Strategic Planning
June 14, 2018

Call to Order/Welcome Gary Nowak welcomed Board members and guests to the Planning Session at 12:20 p.m.

I.

Present: Lester Buza, Bonnie Cornelius, Steve Dean, Alan Fischer, Roger Frye, Judy Hutchins, Judy Jones, Terry Larson, Eric Lawson, Gary Nowak

Absent: Albert LaFleche, Pat Przeslawski

Guests & Staff: Lisa Anderson, Dennis Bannon, Carolyn Bruning, LeeAnn Bushey, Mary Crittenden, Lynne Fredlund, Laura Gray, Margie Hale-Manley, Cheryl Jaworowski, Eric Kurtz, Cathy Meske, Mary Mingus, Linda Murphy, Anne Ryan, Nena Sork, Lauren Tallant, Jen Whyte, Peggy Yachasz

II. Pledge of Allegiance

Meeting attendees recited the Pledge of Allegiance as a group.

III. Appointment of Evaluator

Gary Nowak appointed Terry Larson as evaluator of this meeting

IV. Information and/or Comments from the Public

Diane Hayka reported the Board received two notes of thanks. Pied Piper sent a card acknowledging the donation made in memory of long-time Board member, Virginia DeRosia. Eileen Tank, Consumer Advisory Council member, thanked the Board for supporting her attendance at the recent NAMI conference in Traverse City.

V. Approval of Minutes

Moved by Roger Frye, supported by Judy Hutchins, to approve the minutes of the May 10, 2018 meeting as presented. Motion carried.

VI. myStrength Contract Approval

Cathy Meske reviewed the proposal presented last month related to the myStrength app available for use to empower individuals with resources where they can track various healthy elements such as sleep, mindfulness, meditation, etc. She reports the nice part is the tracking of activities allows for individuals receiving services the ability to share their activity reports with their clinicians. The annual cost is \$11,000 with a two-year commitment and approximately \$4,500 to \$5,000 in set-up fees. Steve Dean inquired as to whether it is felt the consumers would use this application. Cathy Meske would like to see at least 25% usage for the individuals we serve. myStrength bases the fee on population and uses a formulary to determine costs. This application would be available to staff and family members and would augment the current wellness program offered by the agency. Cathy Meske reported there will be reports provided to determine what programs are being utilized and how many are using the app. ***Moved by Steve Dean, supported by Terry Larson, to approve the contract with myStrength as presented.*** Roll call vote: Ayes: Lester Buza, Bonnie Cornelius, Steve Dean, Alan Fischer, Roger Frye, Judy Hutchins, Judy Jones, Terry Larson, Eric Lawson, Gary Nowak; Nays: None; Absent: Albert LaFleche, Pat Przeslawski. Motion carried.

Introductions were made at this point.

VII. Environmental Scan

Gary Nowak introduced Eric Kurtz, NMRE CEO.

Eric Kurtz informed Board members just earlier today he received word from the Board Association the legislature was going to proceed with the Section 298, after the earlier report of postponement.

Eric reviewed the Market impacts facing the behavioral health field in the next few years reviewing categories of Persons-Served, Technology, Workforce, Payment Reform, Regulatory and Quality.

Eric reviewed the federal initiatives impacting community mental health. He noted the Cures Act is driving much of this. He reports parity will impact the authorization processes used as each community mental health program has varying criteria to authorize in a consistent manner. For example, the initial inpatient authorization for one board might be two days and another six days. This will need to be addressed and become consistent. Eric also informed attendees of the upcoming electronic visit verification which will require providers to prove they were providing the service at a specific location with the individual receiving the services confirming the same. This may be done using GPS or other electronic means.

Eric reported the mandate to provide access to patient portals is part of the regulations associated with MIHealthData. Incentive payments are received through the Medicare program if the provider meets the criteria established in Meaningful Use.

Eric noted the 1115 waiver has been under development for several years and there are parts of the waiver focused on and enacted without the full waiver endorsed. He notes there are many Medicaid B3 services included and there is discussion proposing the B3 services be removed from this waiver and put into an I-waiver instead. In addition, all the habilitation support waivers are floating out there. He notes there is a danger we end up with about five different waiver guidelines.

The Home and Community Based rules are scheduled to become effective March 2019; however, this date might also be extended.

Eric reported next bullet addresses proposed rules that when changed the state will be able to dictate capacity and service availability and where these need to be located at such as clubhouse. This proposal is scheduled to be released in draft in 30 days.

Eric reported the Opioid/SUD crisis is hard to keep up with as so many entities are offering funding to provide services for certain initiatives. Eric reports he will reviewing all inquiries.

Eric reviewed the State Focus and Initiatives currently underway – 1) Focus on fraud, waste and abuse; 2) Class action suits; 3) Strict Adherence to Contract Compliance related to Autism, SIS, and Timeliness of Service; 4) SUC Opioid Health Home and 5) 298 and continued merged funding efforts. Eric reported there is a current class action suit in the state related to services provision in the autism program. He notes we have a current audit underway for our autism program with an exit conference scheduled for tomorrow.

Eric Kurtz reports the state has recognized the opioid issue in our region. All counties have been affected. . Eric report 1,100 individuals have been touched by substance use services in our 21-region. This is the number of individuals actually diagnosed not including those unknown to our services.

Mr. Kurtz reports 298 is somewhat contained to the three pilot sites at the moment. He notes he is very happy none of the NMRE's member boards elected to submit to be a pilot for 298.

Eric reviewed the regional initiatives noting the Regional Entity's member Boards work together to identify problem areas. He reported the grievance and appeals new rules now require individuals to have a one-stop process. This means the PIHP must be the initial contact as they are the Medicaid oversight agency for the region. Other target areas include 1) data warehouse usage; 2) tracking and monitoring over- and under-utilization of services; 3) reporting timeliness and accuracy; and 4) SUD Opioid Health Home. Eric reviewed some of the target areas being reviewed. He notes the range of services needs to be changed and a more realistic authorization be made. For example, in ABA services if 18 hours of service are authorized weekly, then there needs to be at least close to that amount provided. The child may qualify for that amount; however, the parents are unable to meet the qualified amount and we need to identify the actual agreed upon amount.

He reviewed the issues related to risk at local levels. He discussed the issues related with inpatient denials and crisis alternatives.

Judy Hutchins inquired about whether "subsection E" of the 298 was removed. Eric Kurtz noted the language was removed; however, this would not preclude them from paving the way in the future to contract with providers other than community mental health agencies.

The FQHCs are currently providing opioid treatments through MAT. He also notes Centra Wellness is also investigating options for providing MAT services. Eric notes the initial year of a physician providing this type of service limits the provider to 50 patients and expands to 100 the next year. He notes the proposed start date for a SUD Health Home is October 1, 2018.

Recessed at 1:30 p.m.

Resumed at 1:45 p.m.

VIII. Review of current Mission, Vision, Strategic Plan, Ends and Priority Needs identified at the Public Hearing

Lynne Fredlund emphasized the importance of strategic planning. The one-time of year when focus can be made on developing goals and shaping the future of services provided for the four-county area served by this agency. She notes the director's job is to do whatever she can to put in place the charges of the board as developed in Ends. She notes the Strategic Plan development we are focusing on today will be the Plan which will begin October 1. Today's goal will be to have a draft of the Plan prior to adjournment of this meeting.

Mission & Vision Statement Review

The Mission Statement was reviewed by Board members, "To provide comprehensive services and supports that enable people to live and work independently." Cathy Meske noted Mission statements are typically short and to the point. Steve Dean questioned whether "in the geographic region" should be identified. Lynne Fredlund reported this mission would cover services in our four counties and would be associated with the agency name.

Eric Lawson noted there are different types of people with different needs, some liking solitary existence and some liking social existence. Cathy Meske reported this mission provides the opportunity for community inclusion and independence and that would be identified by the individual served. She notes the mission is a broader view. Discussion about the benefits of adding to and leaving as is was enlightening. Cathy Meske reports all individuals have the potential to improve, the amount of improvement may be limited but still relevant. Judy Hutchins suggested revision "to live and work independently in a setting of their choice." Alan Fischer noted the mission does not indicate we are a behavioral health provider. Lynne Fredlund noted the agency is Northeast Michigan Community

Mental Health Authority and this is the Mission statement under the agency. Peggy Yachasz reported the use of “people” takes away some of the stigma associated with mental health.

Roger Frye suggests this Mission is sufficient.

Moved by Roger Frye, supported by Steve Dean, to leave the mission as is. Motion carried.

The Vision Statement was reviewed. Terry Larson suggested mental health be changed to behavioral health. Alan Fischer inquired as to the difference in meaning in mental health and behavioral health. Cathy Meske noted mental health is targeted at those with an actual mental health diagnosis. Alan Fischer noted behavior sounds more like character flaws versus mental health symptoms. Steve Dean suggested adding the words behavioral and

Moved by Steve Dean supported by Judy Jones to add the words “and behavioral” after mental in the Vision. Gary Nowak requested input from staff. Mary Crittenden reported there is a difference in the way we are treating individuals. Linda Murphy also provided input. Laura Gray cited a situation in which a child had a behavior issue and was not offered services because she did not have a mental illness. After discussion the motion was amended. **Moved by Steve Dean supported by Judy Hutchins to add the words “and behavioral,” in the first sentence and, in addition, a period will be placed at the end of the sentence Recover. And add “and behavioral” in the last sentence.** Motion carried. The Vision will now read...“Northeast Michigan Community Mental Health will be the innovative leader in effective, sensitive mental and behavioral health services. In doing so, services will be offered within a culture of gentleness and designed to enhance each person’s potential to recover. We will continue to be an advocate for the person while educating the community in the promotion of mental and behavioral health.”

The Core Values were reviewed briefly and Board members were satisfied with the values as printed.

Strategic Plan Document Review

Lynne Fredlund reviewed the Forces in the Environment Impacting Behavioral Health. Steve Dean questioned the title Competitors in the one bubble. Cathy Meske noted this bubble would not be needed. This could be removed.

Moved Steve Dean, supported Roger Frye, to remove the Competitors bubble from the Forces in the Environment. Motion carried.

The remaining categories included in the Forces in the Environment Impacting Behavioral Health remain relevant. There were minor revisions proposed to various elements under the sections of Payors/Payment Reform, Persons Served, Regulatory Changes, Workforce; and Technology.

Albert LaFleche arrived at 2:45 p.m.

Cathy Meske informed attendees the Technology bullet addressing patient portals is needed as the agency gets an incentive by meeting the goals through Medicare.

Lynne Fredlund reviewed the 2018 Goals established last year.

2018 Goals

1. To reduce the risk of metabolic syndrome in both adults and children. (continue)
2. To continue the partnership with Thunder Bay Community Health Services, Alcona Health Center and local school systems in order to provide school-based social work services for children. (continue)

3. Develop a trauma-informed community through education, assessment and participation in community initiatives. It was suggested to revise this statement to “Promote a trauma-informed community through education, assessment and participation in community initiatives. (revised)
4. To continue to expand services to all children and young adults with diagnoses with Autism Spectrum Disorders. It was suggested to revise this statement to “To continue to support and expand services to all children and young adults with diagnoses with Autism Spectrum Disorders. (revised)
5. Coordinate community education and partnerships in suicide prevention. (continue)
6. To increase Substance Use Disorder (SUD) services within the Agency, while partnering with local SUD providers to educate and reduce substance use in the community. (continue)
7. To collaborate with the Veteran’s Administration assuring comprehensive behavioral health services are available. (continue)
8. To further utilize the Health Information Exchange (HIE) with Great Lakes Health Connect and local organizations in order to share critical health care information. (continue)
9. To keep current in education and hardware needs and to provide training for all staff using the new electronic health record (EHR). To provide IT support and hardware enabling staff to become more mobile while meeting the security needs and connectivity to the EHR. It was suggested to revise this goal to “To keep current in education and information technology (IT). (revised)

Recess at 3:04 p.m.

Resume at 3:17 p.m.

2018 Barriers Reviewed

Section 298 – eliminate.

Home and Community-Based Services – keep as is.

Integrated Healthcare – keep as is.

Funding – This will be revised to state “The contractual obligations to the Michigan Department of Health and Human Services (MDHHS) while staying within the Per Member Per Month (PMPM) formula provided by the PIHP. Cheryl Jaworowski voiced her concern related to the PMPM noting some of the member Boards are underspending by more than a million dollars and awarding bonuses to staff and our agency cannot balance the budget.

Jail Services – This will be revised to state “Limited use by law enforcement impacts the number of pre- and post-booking jail diversions.”

Recruiting and Retention of Qualified Staff – keep as is.

Service Population – keep as is.

Add the following new barrier.

Residential Options – Decrease of family operated foster care resulting in the utilization of higher cost corporate specialized foster care placements.

The 2018 Opportunity statements were reviewed. Cathy Meske reported the continued EPB includes TRAILS, EMDR, etc.

Lynne Fredlund request input for other opportunities which might be added. Cathy Meske noted we now have a full complement of psychiatric services with the addition of the child psychiatrist.

Bonnie Cornelius suggested community outreach and education as an additional opportunity. Laura Gray noted it could be an opportunity to work with the local group to establish a NAMI group for families and individuals to work with. Board members requested the following opportunity be added: “Provide education to the community at large and support and promote local advocacy efforts.”

Alan Fischer would like to look at the opioid epidemic and the recent mass shootings having increased the need for increased public support. Alan Fischer notes we need to take a whole new look at addiction treatment. Cathy Meske questioned if this should be classified as an opportunity or a challenge. It could be both.

Add to Barriers/Challenges:

Opioid Epidemic – The increasing opioid epidemic has strained community resources.

Increasing Violence in our Society – The increasing violence in our society is requiring communities to come together to develop a comprehensive community action plan.

In addition to listing the above in the Barriers/Challenges section an Opportunity statement might also address the opioid and violence issues. Cathy Meske suggested the opportunity be stated possibly as “Work collaboratively with the community partners in the region to address challenges related to the increasing opioid epidemic and increase in violence and anger dyscontrol.”

Lynne Fredlund reviewed the Options section of the 2018 Strategic Plan. Cathy Meske addressed the bullet “Provide community members with training as it relates to Mental Health...” Alan Fischer inquired as to whether this is where we would want to expand the services. The bullet will be expanded to state “Provide community members and staff with training as it relates to Mental Health First Aid for youth and adults, suicide prevention, increasing violence in our society, co-occurring disorders and the effects of trauma on individuals.”

Ends Monitoring Report and Policy Review

The Ends Monitoring Report was included in the Strategic Planning packet mailed to participants in advance. The Board’s Mega Statement is “All people in the region, through inclusion and the opportunity to live and work independently, will maximize their potential.” This statement will continue in the 2019 plan.

Sub-End

Services to people with a Mental Illness

1. **We expect that children with a serious emotional disturbance served by Northeast will realize significant improvement in their conditions.**
 - a. **75% of all children who participate in services (targeted case management, outpatient counseling, Home-Based Services and Wraparound) will show a 20 point decrease in CAFAS scores at the end of their 3rd quarter review. 90% of children will show a 20 point or more decrease in CAFAS at termination of children’s services.**

***Status:** The mid-point of fiscal year 2018 ended with 26 out to 37 cases showing at least a 20 point decrease in CAFAS scores by termination. Out of the remaining 11 cases, two moved out of the area and two were sent to residential treatment by the judicial system before services were completed. Therefore, for those individuals completing services as planned, 70% have shown a 20+ point decrease in their CAFAS scores, with a range of improvement between 20 and 70 points.*

Lynne Fredlund invited Lauren Tallant to provide attendees with the progress toward Sub-Ends #1. Lauren reports her Department has been staff challenged this past year and is just now fully staffed. The staffing issue was a contributing factor to service provision. Cathy Meske reports the reports related to CAFAS was easily obtained in our Majestic system; however, the state has required the agency to put the CAFAS information on their website and reports are not easily obtained. This report includes data collected from departments other than Home-based as it includes wraparound, children's case management, etc. Cathy Meske notes this is the first time in four years this department is fully staffed. Lauren Tallant noted an additional position was added due to the increase in demand. Bonnie Cornelius inquired as to what the reason for the increase in cases. Lauren reports the Medicaid expansion and service awareness have resulted in increased demand.

2. **Employment opportunities for persons with mental illness promote recovery and independence. The provision of the Evidence Based Practice Supported Employment will lead to increased employment opportunities.**

Achievement of this sub-end will be confirmed by monitoring employment status of those individuals enrolled in Supported Employment for persons with mental illness.

- a. **During the fiscal year 2017-2018 an additional 48 individuals with mental illness will be given an opportunity for paid employment. This increase will be based on the actual end count of individuals given this opportunity on September 30, 2018. Current enrollment as of September 30, 2017 is 63 individuals, and of those individuals, 40 (63%) are employed in part- and full-time positions.**

Status: Current enrollment as of March 31, 2018 is 61 individuals and of those individuals served from October 1, 2017 through March 31, 2018, 47 individuals with mental illness became employed in part- or full-time positions.

Lynne Fredlund invited Mary Mingus to provide attendees with an update. Mary reports the sub-ends reported on is specific to the Evidence Based Practice. She reports initially the goal was to reach four individuals per month and if the current trend continues the end result will be 90 individuals receiving an opportunity, almost double the goal. Mary reports this goal is a sustainable goal and might not need to be a focus in the future. Steve Dean requested clarification about 'opportunity' and 'enrolled'.

DD Consumer Services

3. **During the fiscal year 2017-2018, three percent (3%) of employed individuals with an intellectual/developmental disability will retain employment for six (6) months or longer. In addition, there will be a five percent (5%) increase for individuals having the opportunity for competitive employment. As of September 30, 2017 we have 109 persons employed. A successful end will be 114 persons served will have had opportunities for paid, competitive employment.**

Status: The fiscal year began (October 1, 2017) with 106 people in supported employment [there was actually an error in reporting 109 as a couple individuals had dropped and one was unable to continue employment due to health]. As of April 30, 2018, 115 individuals have been provided an opportunity for employment and 97 are currently in paid employment. This sub-end may be a difficult one to reach given the current changes with the Home- and Community-Based Rules mandate planning, etc.

Lynne Fredlund invited Margie Hale-Manley to provide the update with attendees related to this sub-end. Margie noted the number from September 30, 2017 should have been 106 instead of 109 as three individuals were closed successfully from the Agency, which is a success. She reviewed the statistics related to those employed receiving at least minimum wage. She notes the individuals with micro-enterprise average \$7.97 per hour. She notes this sub-end has been in existence for several years and regardless if this continues as a sub-end, the department will continue to strive to keep pushing forward. With the new rules coming out, some of the data will be impacted. Mary Mingus noted the rate restructuring impact has many unknowns as well.

4. **During fiscal year 2017-2018 an additional five percent (5%) of persons served with an intellectual/developmental disability will have been given the opportunity to live in a semi/independent community living setting. As of September 30, 2017 we have 81 individuals who have been given the opportunity to live in a semi/independent living setting. A successful end will be 85 served will have this opportunity.**

Status: The fiscal year began October 1, 2017 with a census of 81. As of April 30, 2018, 86 individuals have been given the opportunity to live independently or semi-independently.

Lynne Fredlund invited Peggy Yachasz to provide attendees with an update. Peggy reports the numbers included in this report are for all I/DD individuals served who are in their own living quarters. She reports *Indeed* has been helpful in staff recruitment as the younger generation does not use a newspaper to look for employment. She also reports some individuals can be on the waiting list for a subsidized housing for two years or more. In addition, if a barrier free housing is required this waiting list can be much longer. Peggy Yachasz reports this ends has been part of the plan for several years and regardless if this remains in the plan, the agency will continue to work toward least restrictive environments for those served.

Financial Outcomes

5. **The Board's agency-wide expenses shall not exceed agency-wide revenue at the end of the fiscal year (except as noted in 6.A, below).**

Status: As of September 30, 2017, revenues exceed expenses by \$113,581. As of March 31, 2018, revenues exceed expenses by \$72,132.

6. **The Board's major revenue sources (Medicaid and Non-Medicaid) shall be within the following targets at year-end:**

- a. **Medicaid Revenue: Expenses shall not exceed 100% of revenue unless approved in advance by the Board and PIHP.**

Status: As of September 30, 2017, Medicaid funds were overspent by \$15,043. Healthy Michigan funds were overspent by \$127,991 and Autism funds were underpaid by \$435,402. We are awaiting full reimbursement for the net amounts owed to us: \$578,436 from NMRE to settle the annual contract. This is expected to be received by June 15, 2018. As of March 31, 2018 Medicaid funds are underspent by \$245,119 and Health Michigan funds are overspent by \$101,498. These are all expected to balance to \$0 or with a small surplus by year end resulting in a cost settlement with the NMRE from available Medicaid and Healthy Michigan risk funds.

- b. **Non-Medicaid Revenue: Any over-expenditure of non-Medicaid revenue will be covered by funds from the Authority's fund balance with the prior approval of the board.**

Status: As of September 30, 2017, General Funds were underspent by \$71,055. Of this amount \$40,494 was carried forward to FY18 and \$30,561 will be lapsed back to MDHHS upon cost settlement. Note that Northeast received a one-time transfer of General Funds in the amount of \$100,000 from AuSable Valley Community Mental Health during FY17 or the Authority would have experienced an over-expenditure of General Funds by year end which we plan to carryforward to FY19 (5% carryforward is allowed). We have begun the process of identifying uses for these funds to augment usage in FY18 with remaining amounts.

Lynne Fredlund invited Cheryl Jaworowski to provide an update. Cheryl reports at the end of March there was a net income of \$72,132. She reported the current autism audit could impact the status related to non-Medicaid. There could be services identified which would need to be transferred from a Medicaid expense to a GF expense. She also notes this agency does not receive any funding for SUD services.

Community Education

7. The Board's public education and communication strategy will include the following:

a. At least one Report to the Community annually.

Status: The Annual Report was completed in May 2018 and is posted to the Agency's website, distributed through e-mail as well as hard copies available for offices, commissioners, collaborative members and those requesting hard copy.

b. Will continue to develop and coordinate community education events and/or cross-systems training events.

Status: Amanda Sola presented on early detection of Autism Spectrum Disorder to Alcona Health Center Behavior Providers on October 3, 2017; Mary Crittenden presented on Depression at First United Methodist Church on October 4, 2017; Peggy Yachasz did a presentation to Pathways Community Mental Health in Marquette on the Monitor/Response System on October 1, 2017; Peggy Yachasz attended the Alpena County Human Services Coordinating Council's October 18, 2017 meeting and provided a presentation on the Monitor/Response System; Nena Sork presented on the topic "Pressure to Be Perfect" on February 10; Amy Thompson and Peggy Yachasz provided a presentation to AuSable Valley on the Monitor/Response System used in the Supported Independent Living Program on March 9 and April 25; Peggy along with Sharon Brousseau went to AuSable Valley and presented to clinical staff, consumers and family members the benefits of the monitoring system [AuSable Valley will be starting a similar program up in June]; Carolyn Bruning, Margie Hale-Manley, Teresa Kowalski, Becky Lahner, Angela Stawoway and Peggy Yachasz did a presentation about Intellectual/developmental disability services offered by the Agency to parents of children attending Pied Piper Opportunity Center and the school's Transition Coordinator on March 21.

c. Will continue to offer training opportunities in Mental Health First Aid for children and youth and also training opportunities in trauma and the effects of trauma on individuals and families.

Status: Three individuals were trained to provide Mental Health First Aid Training in both youth and adults [only two remain certified – Carlene Przykucki and Mary Schalk]. The Adult Mental Health First Aid Training course was offered October 20 & 27 with 18 individuals completing the course. Adult Mental Health First Aid Training was conducted February 20 & 27, March 6 & 13 targeted for NEMROC employees with 15 completing the training. Youth Mental Health First Aid training was offered in Montmorency County on February 14 and March 3 with 8 completing the training.

In addition, under a contractual arrangement, Partners in Prevention (PiP) provided the Living Works 3.5-hour safeTALK suicide prevention training in Onaway on January 25 to two participants and on February 5 in Hillman to 17 participants. PiP also provided an overview of how trauma affects children to 12 participants in foster parent PRIDE training coordinated through DHHS and held at Child & Family Services on March 10. PiP also provided a 90-minute training on Trauma-Informed Strategies to 15 participants in a staff training at Alpena Childcare and Development Center on March 5. In Presque Isle County, PiP delivered a six-week, 12-hour course addressing Caring for Children Who Have Experienced Trauma to 15 individuals, including Montessori School Director, Hope Shores Alliance staff, foster parents, grandparents and childcare providers.

Cathy Meske reviewed the status for the sub-ends related to Community Education. She reports Peggy Yachasz's program went to Pathways and AuSable Valley and presented information about the SIP Monitoring Program and as a result AuSable Valley will be starting up their own program. This is a great testament to this wonderful program offered here.

Moved by Terry Larson , Albert LaFleche to accept the Ends Monitoring Report as presented. Motion carried.

Update from Consumer Advisory Council

Lynne Fredlund introduced Laura Gray, Chair of the Consumer Advisory Council. Laura reported two of the Consumer Advisory Council members attended the recent NAMI conference in Traverse City. Laura Gray reported she attended sessions to learn more about the Assisted Outpatient Treatment (AOT) process versus the Alternative Treatment Order (ATO). She reported the AOT was developed based on Oakland County's development and this has not worked in other counties. She reported there are ways to get around the bugs. She reports she attended a session "Decriminalizing Mental Illness: Fixing a Broken System" and it is hoped there will be changes to address the need for corrected forms.

Laura Gray stressed the importance to getting a local NAMI Group re-established in the region. There are 10 different family training modules available through NAMI. She reports there is a local group of individuals working to get this established, "Exploratory Team to Form an Alpena Area NAMI." The next meeting will be June 26 at 6:30 p.m. in room 107D at the Besser Tech Center at the Alpena Community College. The group will need to apply to become a new affiliate and there are many documents to fill out to get approved to be a fully endorsed. She notes the group is looking for individuals to serve on the board, become a member of NAMI, attend meetings, etc.

IX. Other Agency Topics

MI Residential Placement Increase

Nena Sork reported the Agency is losing small "Mom and Pop" residential settings. Large conglomerates are buying up the properties to manage and along with that comes an increase in rates. She notes in one home alone the increase was \$218,000. She reports another residential provider will be closing due to health condition. If we place in the residents in a corporate-run residential setting the average daily cost of \$85/day will increase to \$192/day. She stressed the importance of promoting local development of "Mom and Pop" residential homes. Nena Sork volunteered to be the contact person if any individual would want to start the process of preparing to become a licensed residential provider.

Co-occurring Disorder Treatment/Where are we?

Mary Crittenden, Supervisor of ACCESS, CRS and ESU, discussed co-occurring disorders and the treatment the agency is providing to individuals receiving services as well as barriers. Co-occurring

disorders is the presence of both a mental health and substance use disorder in an individual. Substance use is on the rise and as of 2014 7.9 million Americans met criteria for co-occurring disorders. NeMCMHA has 660 individuals open to the Agency who have indicated a substance use disorder. She notes it is important for the Agency to get their staff trained in this field so they will be able to work with individuals who present with co-occurring disorders, be able to educate all individuals regarding the risks of substance use regardless of diagnoses and be able to identify the warning signs of substance use so interventions can be done in early stages. She reports the Agency does have an Integrated Dual Disorder Treatment (IDDT) group led by two Masters Level clinicians. In addition, substance use treatment can be discussed in individual therapy. If an individual does not want to address their substance use with us, referral options are provided. Referral options for alternative treatments may include referrals to such programs as AA, Multiple Pathways including recovery yoga, LifeRing, Restoration Service, Women for Sobriety, individual or group therapy at Catholic Human Services and possibly inpatient treatment. Mary reports under contract NeMCMHA must have an individual working in our main office certified in substance use therapy. Mary noted in our recent audit, it was noted the number of individuals we provide SUD services to was a small section. We were not cited, however, it would be best to increase service provision to this population group. Mary provided attendees with the requirements of an individual prior to applying to be certified. It is the agency's want to get training to the clinicians to provide the needed services. She would like to propose development of a new End. Cathy Meske reports the Agency might want to look at being a provider for substance use disorder treatment in the future. In order to do that, we need to have a workforce qualified to provide the services.

Steve Dean noted in the last page of the article Board members reviewed included the statement, "The mental health field needs to take a lead role in educating the public about dysregulated anger and its treatment as well as working closely with schools and law enforcement to build a system of early identification and treatment for what is, without exception, the most dangerous emotional dysfunction one can have."

Cathy Meske reported the Board's focus should include the impact of the changes in the upcoming regulations which will impact the budget for compliance with the rules.

Development of New Ends

Lynne Fredlund noted Ends are outcomes. She notes there must be elements included in the Ends – 1) Intended Effects, 2) Intended Recipients and 3) Intended Benefit. Per the Carver model, Ends deserve deliberation.

Steve Dean & Nena Sork left at 5 p.m.

Deliberation on the current Ends/Sub-Ends began with the CAFAS end. Cathy Meske noted the difficulty with the state reporting process is it is difficult to get at some data. This Sub-End will be modified slightly to identify progress for children at termination rather than at the end of the third quarter.

Sub Ends 2 – Mary Mingus notes the state's focus is on retention not sustaining. Mary notes this will continue regardless and would no longer be needed. Cathy Meske notes this has been in existence from beginning and would no longer be a challenge.

Gary Nowak reported the employment sub-ends with both be removed. In addition, the sub-end #4 will also be removed.

Cheryl Jaworowski requested to add a sub-end under finance to locate additional funding sources to support training for staff and of co-occurring – this was determined to be a means.

Increase staff competencies as it relates to substance use treatment. Will become n Sub-End. Lynne Fredlund reported as evidenced by .. (will be determined by staff).

Eric Lawson left the meeting at 5:15 p.m.

Judy Hutchins voiced concern about homelessness. Cathy Meske noted the NEMCSA program has the homeless slots and manages this for our community. Mary Mingus notes our case managers do a good job of referring individuals to appropriate points for service. NEMCSA also has the Rapid Re-Housing Program which they manage. Mary reports it is difficult to fix what an individual does not want fixed. Another option is providing options for individuals to secure a bed in another homeless shelter in another county where they haven't burnt their bridges.

Increasing local community placements for persons with mental illness and I/DD will be developed as a Sub-End.

Expand community education to include suicide, SUD and violence in our society will be incorporated into the existing Sub-End.

Lauren Tallant noted working with DHHS and the school system to work on identifying trauma in children services. There might also be an End specifically targeted at children.

Gary Nowak requests more articles published in the newspaper. Change 6. b. to read something like "Will continue to develop and coordinate community education and public relations." Terry Larson suggested the addition of periodic articles and press releases

X. Wrap Up

Gary Nowak thanked all staff and participants for attending this meeting.

XI. Information and/or Comments from the Public

There was no information or comments presented.

XII. Meeting Evaluation

Terry Larson noted it was a long but good meeting with all contributing.

XIII. Adjournment

Moved by Terry Larson, supported by Roger Frye, to adjourn. Motion carried.

This meeting adjourned at 5:40 p.m.

[signed by Alan Fischer on July 10, 2018]
Alan Fischer, Secretary

[signed by Gary Nowak on July 10, 2018]
Gary Nowak, Chair

Diane Hayka
Recorder