

NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY BOARD
BOARD/ADVISORY COUNCIL MEETING – STRATEGIC PLANNING [PART 2]
June 8, 2023 at 3:00 p.m.
A G E N D A – AMENDED

- I. Call to Order**
- II. Roll Call & Determination of a Quorum**
- III. Pledge of Allegiance**
- IV. Appointment of Evaluator**
- V. Acknowledgement of Conflict of Interest**
- VI. Information and/or Comments from the Public**
- VII. Approval of Minutes (Pages 1 – 4)**
- VIII. Consent Agenda**
 - 1. The Sunset Project **(Handout)**
- IX. Educational Session – Alan Bolter(Verbal)**
- X. June Monitoring Reports**
 - 1. Budgeting 01-004..... **(Handout)**
 - 2. Ends 04-001 **(Handout)**
- XI. Linkage Reports**
 - 1. QI Council Update **(Pages 5 – 9)**
 - 2. NMRE Board Meeting – May 24 **(Verbal)**
 - 3. CMHA Summer Conference – June 5 – 7 **(Verbal)**
- XII. Operations Report (Handout)**
- XIII. Chair’s Report**
 - 1. Strategic Plan Review **(Pages 10 – 14)**
- XIV. Executive Director’s Report(Verbal)**
- XV. Information and/or Comments from the Public**
- XVI. Information and/or Comments for the Good of the Organization**
- XVII. Next Meeting – Thursday, July 13 at 3:00 p.m.**
 - 1. Set July Agenda **(Page 15)**
- XVIII. Meeting Evaluation(Verbal)**
- XIX. Adjournment**

MISSION STATEMENT
To provide comprehensive services and supports
that enable people to live and work independently.

**Northeast Michigan Community Mental Health Authority (NeMCMHA) Board
Board Meeting
May 11, 2023**

I. Call to Order

Chair Eric Lawson called the meeting to order in the Board Room at 3:00 p.m.

II. Roll Call and Determination of a Quorum

Present: Robert Adrian, Bonnie Cornelius, Charlotte Helman, Judy Jones, Terry Larson, Eric Lawson, Gary Nowak, Pat Przeslawski, Terry Small

Absent: Les Buza (Excused), Lynnette Grzeskowiak (Excused), Lloyd Peltier

Staff & Guests: Lisa Anderson, Carolyn Bruning, Connie Cadarette, Heddy Coulston-Smith, Erin Fletcher, Lynne Fredlund, Cheryl Kobernik, Kingsli Kraft, Eric Kurtz, Brooke Paczkowski, Larry Patterson, Abbey Podbielski, Nena Sork, Jen Walburn

III. Pledge of Allegiance

Attendees recited the Pledge of Allegiance as a group.

IV. Appointment of Evaluator

Terry Small was appointed as evaluator for this meeting.

V. Acknowledgement of Conflict of Interest

No conflicts of interest were acknowledged.

VI. Information and/or Comments from the Public

There were no comments from the public.

VII. Approval of Minutes

Pat Przeslawski stated a correction needed to be made to the Nomination Committee Report as she gave the report, not Bonnie Cornelius.

Moved by Terry Small, supported by Judy Jones, to approve the minutes of the April 13, 2023 Board meeting, as amended. Motion carried.

VIII. Environmental Scan – Eric Kurtz

Eric Kurtz, CEO of the NMRE, presented the 2023 Environmental Scan. Eric stated many CMH boards have had a high turnover rate this year, so he has been giving a more in-depth introduction to the NMRE. The NMRE is the Prepaid Inpatient Health Plan (PIHP) that directly contracts with the State as a managed care entity for the 21-county region. They receive State funding and contracts for behavioral health services. Eric covered funding sources, which include Medicaid for serious mental illness, serious emotional disturbance, substance use disorder, and intellectual/development disabilities (I/DD) in the amount of \$219,600,000.

The FY22 financial closeout shows the region doing very well. They are holding the maximum amount of savings at \$16 million. There has been a consistent overflow of funding for the past three years, but Eric does anticipate a drop-off in the next two to three years.

Behavioral Health Home (BHH) began in 2020 with five regional CMHSPs as Health Home Partners (HHP). It was then regionalized to all 21 counties. There are 75,152 potential enrollees and 566 actively enrolled, a percentage of 0.75%. Eric would like to see the percentage around 5%. NeMCMHA currently has 47 enrollees. Alcohol Health home (AHH) is being piloted by the NMRE and began in December 2022. It currently remains under the SUD block grant pending the Medicaid State Plan Amendment.

Medicaid redeterminations will start in June, and they don't yet know what the fiscal impact will be. Prior to the pandemic, Healthy Michigan averaged around 500,000 enrollees. During the pandemic that increased to more than 1.1 million. About 500,000 will lose coverage. The State and the actuaries will be looking at a rate adjustment, so it's not a complete drop off. Eric thinks spending should stay as is for a couple of years. Eric reported the KB lawsuit could escalate the State's intention for children. There will be increased

expectations on the CMHSPs to meet the demands of the lawsuit. Hawthorne Center has been temporarily closed, and there is a lack of pediatric inpatient settings across Michigan.

Eric provided a summary of the NMRE's FY23 regional environment and goals. They will continue, and advance, regional marketing and advocacy efforts regarding rural initiatives. The goal is to reframe policy and approach legislature to make sure they are seeking input from rural settings. The next goal is to maintain 100% performance on MDHHS performance incentives. A portion of the funding, which ends up being local funding, is based on how CMHSPs do on their performance indicators. When standards aren't met 100% their funding is reduced and given as a bonus to those who have met their performance indicators. Last year it was around an extra \$1 million.

The next goal is to increase partnerships and advocacy efforts with local healthcare providers. They want to expand crisis services on a regional basis, including crisis residential and crisis stabilization units. A new six-bed adult crisis residential opened in Gaylord, but it is getting a slow start due to funding. They also want to open a six-bed crisis residential unit for children.

Eric discussed the 21-county Substance Use Disorder Board, which is an advisory board to the NMRE. The board has 21 members, mostly county commissioners or their appointees. They manage the liquor tax funds and try to get them out on a timely basis.

Electronic Visit Verification (EVV) is on its way, and Eric is still trying to figure out the impact. The State wants an EVV when a direct support worker shows up at a home. They want the worker to put in their start time and log when they are done. The definition is for home health, which is not under the purview of CMHSPs. The State is currently being fined for this because they haven't done anything with it since 2019. There has been very little input sought from CMHSPs, and Eric wasn't able to present at the meeting due to a scheduling conflict.

IX. May Monitoring Reports

1. Treatment of Individuals Served 01-002

Pat stated they discussed making sure they have 50% plus one member for a quorum. They also reappointed all members. She reported Ruth Hewett stated the numbers were a little below were they had been. Ruth has two pending investigations, which are a long process.

2. Budgeting 01-004

Connie Cadarette reported on the Statement of Revenue and Expense and Change in Net Position for the month ending March 31, 2023. There is a large balancing process that came with standard cost allocation, and she is getting the hang of it. NeMCMHA will be starting to use the reserved funds from the NMRE, but the funds won't be received until the end of the fiscal year. Local funds will be received next month, and will no longer show as negative. Medicaid was overspent \$991,051 and Healthy Michigan was underspent \$320,705, which creates a total overspent amount of \$670,346. Redeterminations have not yet come through, and they will only be doing 1/12 to 3/12 at a time. General funds are still looking very strong.

Eric Lawson stated he asked Deanna Yockey about the extra funds from the NMRE at the NMRE Board meeting, and she confirmed it is good to be overspent at this time, up to \$2.3 million. The NMRE's internal savings fund is maxed out, so they will have to give any funds returned by the CMHSPs back to the State.

Larry Patterson reported on expenses. Line items with negative variances will continue to be monitored. Many variances are due to timing issues, but some will require a budget adjustment. Line 41, Food, has been negatively impacted due to problems with Bridge cards in the group homes. The Residential Manager is actively working to resolve this. With 50% of the year elapsed, expenses are at 50.5%.

Moved by Gary Nowak, supported by Terry Small, to approve the May Monitoring Reports.

Motion carried.

X. Board Policies Review & Self-Evaluation

1. Board Job Description 02-003

The Board reviewed the policy and self-evaluated. Terry Small stated they are doing what the policy says.

2. Board Core Values 02-014

Board members reviewed their core values. Pat stated the policy is right on target with how they describe themselves, and she feels they have respect for each other.

In response to a question on how the Agency is involved with the schools, Nena Sork reported she will be on a mental health panel at Alpena High School on May 16. While the school hires their own behavioral health service providers, The Sunset Project has contracted with the Agency to provide services in the schools. Nena stated the Agency's services should be provided in the home or community, and not by taking kids out of school. Partners in Prevention also provides trainings under contract with NeMCMHA.

Bob Adrian stated he is impressed with the NeMCMHA Board. After being on others, he feels the core values and the Board's role are well-established and they stay within their limits. By not getting involved in direct operations and relying on staff and management, the Board stays within its defined role.

XI. Linkage Reports

1. NMRE Board Meeting – April 26

Gary reported they discussed the SUD Board and how to correct many of the issues, and he thinks it will solve a lot of problems.

2. QI Council Update

The QI update was not yet available, and will be presented the following month.

XII. Operations Report

Erin Fletcher reported on Operations for April 2023. Doctors' Services saw 597 individuals, Home Based saw 27 children, and MI Children's Services saw 84 individuals. The total of unduplicated individuals served in April was 1,069. Erin stated there was a significant decrease in MI Adult Case Management due to staffing deficits, but they have already started to rebuild the team. The individuals served are having care alternated to other teams, including ACT and Physicians Services.

XIII. Chair's Report

1. Strategic Planning – Next Steps

Eric stated Ends will be discussed at the June meeting with Advisory Council. New Ends will be established at the July meeting.

2. CMHA Summer Conference

Bonnie and Eric will attend the conference and act as voting delegates.

3. Annual Report

Eric pointed the Board to the 2023 Annual Report which was just published.

4. PAC Match Update

Eric stated he researched the PAC and was glad to report the money goes to politicians in both parties, and is a good faith effort to lobby for the needs of the cause. Nena stated Alan Bolter, the Assistant Director of CMHA, will be attending the June Board meeting. Nena said Board members can make a contribution to the PAC at any time, and she will be making her matching contribution in June. Gary stated the PAC was instrumental in making sure the last senate bills did not pass.

XIV. Executive Director's Report

Nena reported on her activities over the last month. The week of April 16 she attended the NMRE OPS meeting and the NMRE and UP Rural Mental Health Group. The following week she attended the NMRE Board meeting via phone on her way to the CMHA Directors' Forum in Lansing. Nena stated it was the best attended Directors' Forum by MDHHS staff and they had a great dialogue. During the week of May 1, Nena

attended the second NAMI meeting in Alpena, and they are in the final stages of national approval. She also met with The Sunset Project and they are getting ready to do suicide prevention work in the schools. The next week Nena attended the NMORC Board meeting, the NMRE Finance Committee Meeting, and she and Connie met with MMRMA to finalize insurance for the rest of the year. Nena reported the Public Health Emergency officially ends today.

On May 20, the Agency will be hosting its first Mental Health Movement 5K Run-Walk. The committee's original goal was 100 participants, and as of now they have over 160 registrants. The Agency is hosting an autism training on May 12 that is free and open to the public. On May 31, NeMCMHA is hosting a blood drive at the First Presbyterian Church.

Nena provided an update on the specialized assessment tool. Kelli Dubie will be begin reassessing the 11 individuals who saw decreases in their rates and a mandatory training for case managers will be held to go over the updated tool. Nena reported that Board secretary, Rebekah Duhaime, is Employee of the Month.

Nena will be attending a training for Clubhouse in South Carolina for three days at the end of May.

XV. Information and/or Comments from the Public

There were no comments from the public.

XVI. Information and/or Comments for the Good of the Organization

Terry Larson stated this is a great and fun board. The Board is committed to the reason they are here.

XVII. Next Meeting

The next regularly scheduled meeting of the NeMCMHA Board will on Thursday, June 8 at 3:00 p.m.

1. Set June Agenda

The proposed June agenda items were reviewed.

2. Schedule of NeMCMHA Board Meetings

The upcoming year of Board meeting dates was provided for Board members.

XVIII. Meeting Evaluation

Terry Small stated the meeting started on time and Eric Kurtz provided an excellent program. Reports from staff were very good and the majority of the Board participated. Bob and Terry Larson's comments regarding the Board made Board members feel good.

XIX. Adjournment

Moved by Bonnie Cornelius, supported by Pat Przeslawski, to adjourn the meeting. Motion carried. This meeting adjourned at 4:30 p.m.

[signed by Bonnie Cornelius June 8, 2023]

Bonnie Cornelius, Secretary

Rebekah Duhaime
Recorder

[signed by Eric Lawson June 8, 2023]

Eric Lawson, Chair

NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY

INTEROFFICE MEMORANDUM

TO: Board Members
FROM: Nena Sork
SUBJECT: Consent Agenda
DATE: June 7, 2023

1. The Sunset Project

This contract will support The Sunset Project in providing the Northeast Wellness Initiative within our local school districts, beginning with Alpena High School in the start of the 2023 – 2024 school year.

Ending The Silence (ETS) is made up of three parts. The staff/admin presentation is 90 minutes long and is led by NAMI trained facilitators. A 50-minute program is provided in a classroom or small group setting with students. The third presentation is 50 minutes and is geared towards parents and guardians, and may be done in-person or via Zoom. The typical order is to present to staff, then parents, and then students.

ETS has been successful throughout the country. In some states, such as South Carolina, ETS is now in every school district. ETS has had a profound effect in schools across the country. A recent study conducted by the National Institute of Mental Health and the Center for Disease Control found that ETS for students is effective in changing middle and high school students' knowledge and attitudes toward mental health conditions and toward seeking help.

The Agency recommends approval of this contract.

Northeast Michigan Community Mental Health Authority
Statement of Revenue and Expense and Change in Net Position (by line item)
For the Seventh Month Ending April 30, 2023
58.33% of year elapsed

	Actual April Year to Date	Budget April Year to Date	Variance April Year to Date	Budget FY23	% of Budget Earned or Used
Revenue					
1 State Grants	97,879.78	186,989.88	\$ (89,110)	320,554.08	30.5%
2 Grants from Local Units	160,506.25	155,538.67	4,968	266,637.66	60.2%
3 NMRE Incentive Revenue	359,125.97	160,416.69	198,709	275,000.04	130.6%
4 Interest Income	5,150.14	291.69	4,858	500.04	1029.9%
5 Medicaid Revenue	18,834,058.60	18,272,320.57	561,738	31,323,977.94	60.1%
6 General Fund Revenue	463,092.66	701,625.75	(238,533)	1,202,787.00	38.5%
7 Healthy Michigan Revenue	1,067,125.73	1,547,498.19	(480,372)	2,652,854.04	40.2%
8 Contract Revenue Blue Horizons	268,572.59	259,221.69	9,351	444,380.04	60.4%
9 3rd Party Revenue	282,224.12	208,087.88	74,136	356,722.08	79.1%
10 Behavior Health Home Revenue	63,525.57	53,558.19	9,967	91,814.04	69.2%
11 Food Stamp Revenue	77,366.38	75,016.76	2,350	128,600.16	60.2%
12 SSI/SSA Revenue	318,634.77	292,478.62	26,156	501,391.92	63.6%
13 Revenue Fiduciary	197,981.48	0.00	197,981	0.00	0.0%
14 Other Revenue	36,919.25	18,347.56	18,572	31,452.96	117.4%
15 Total Revenue	22,232,163	21,931,392	300,771	37,596,672	59.1%
Expense					
16 Salaries	8,924,566.87	8,950,341.54	25,775	15,343,442.54	58.2%
17 Social Security Tax	379,192.13	417,903.71	38,712	716,406.36	52.9%
18 Self Insured Benefits	1,478,329.13	1,979,331.27	501,002	3,393,139.32	43.6%
19 Life and Disability Insurances	137,659.06	145,776.26	8,117	249,902.16	55.1%
20 Pension	716,412.36	754,776.19	38,364	1,293,902.04	55.4%
21 Unemployment & Workers Comp.	87,635.94	97,447.63	9,812	167,053.08	52.5%
22 Office Supplies & Postage	28,349.52	29,551.41	1,202	50,659.56	56.0%
23 Staff Recruiting & Development	93,552.27	143,333.40	49,781	245,714.40	38.1%
24 Community Relations/Education	13,527.69	16,973.25	3,446	29,097.00	46.5%
25 Employee Relations/Wellness	71,606.03	65,333.31	(6,273)	111,999.96	63.9%
26 Program Supplies	297,166.63	231,737.10	(65,430)	397,263.60	74.8%
27 Contract Inpatient	1,069,795.47	935,053.00	(134,742)	1,602,948.00	66.7%
28 Contract Transportation	17,012.92	20,855.87	3,843	35,752.92	47.6%
29 Contract Residential	2,624,881.27	3,151,678.25	526,797	5,402,877.00	48.6%
30 Local Match Drawdown NMRE	73,926.00	74,536.00	610	149,072.00	49.6%
31 Contract Employees & Services	4,201,392.05	3,412,769.92	(788,622)	5,829,166.72	72.1%
32 Telephone & Connectivity	146,810.85	117,031.25	(29,780)	200,625.00	73.2%
33 Staff Meals & Lodging	9,069.05	17,010.07	7,941	29,160.12	31.1%
34 Mileage and Gasoline	216,229.29	214,888.94	(1,340)	368,381.04	58.7%
35 Board Travel/Education	4,735.78	7,970.69	3,235	13,664.04	34.7%
36 Professional Fees	49,973.01	47,197.01	(2,776)	80,909.16	61.8%
37 Property & Liability Insurance	76,227.17	78,374.38	2,147	134,356.08	56.7%
38 Utilities	110,597.08	112,670.88	2,074	193,150.08	57.3%
39 Maintenance	121,843.80	132,515.88	10,672	227,170.08	53.6%
40 Interest Expense Leased Assets	10,662.97	10,106.67	(556)	17,325.72	61.5%
41 Rent	7,765.32	10,384.50	2,619	17,802.00	43.6%
42 Food	95,973.91	88,702.25	(7,272)	152,061.00	63.1%
43 Capital Equipment	37,050.87	80,667.58	43,617	138,287.30	26.8%
44 Client Equipment	6,392.50	11,630.50	5,238	19,938.00	32.1%
45 Miscellaneous Expense	69,394.38	96,446.70	27,052	165,337.16	42.0%
46 Expense Fiduciary	216,623.65	0.00	(216,624)	0.00	0.0%
47 Depreciation & Amortization Expense	379,882.35	478,396.66	98,514	820,108.56	46.3%
48 MI Loan Repayment Program	3,000.00	0.00			
49 Total Expense	21,777,237	21,931,392	157,155	37,596,672	57.9%
50 Change in Net Position	\$ 454,926	\$ 0	\$ 454,926	\$ -	1.2%
51 Contract settlement items included above:					
52 Medicaid Funds (Over) / Under Spent	\$ (643,284)				
53 Healthy Michigan Funds (Over) / Under Spent	409,659				
54 Total NMRE (Over) / Under Spent	\$ (233,625)				
55 General Funds to Carry Forward to FY23					
56 General Funds Lapsing to MDHHS	\$ 33,716				
57 General Funds (Over) / Under Spent	\$ 204,816				
	\$ 238,532				

POLICY CATEGORY:
POLICY TITLE AND NUMBER:
REPORT FREQUENCY & DUE DATE:
POLICY STATEMENT:

Ends
Board Ends Statement, Policy # 04-001
Semi-annual: June 2023

ENDS

All people in the region, through inclusion and the opportunity to live and work independently, will maximize their potential.

Sub-Ends

Services to Children

1. Children with serious emotional disturbances served by Northeast will realize significant improvement in their conditions.

A. Increase the number of children receiving home-based services; reducing the number of children receiving targeted case management services. Goal is to reach 80% in home-based services.

Status:

Of the individuals served in Children's Services, 39% are receiving home-based services.

B. 90% of home-based services will be provided in a home or community setting.

Status:

92% of home-based services are currently provided services in a home or community setting.

Services to Adults with Mental Illness and Persons with I/DD

2. Individuals needing independent living supports will live in the least restrictive environment.

A. Strive to develop one additional contract residential provider within our catchment area to increase capacity for persons requiring residential placement.

Status:

There have been no additional contract residential homes developed during this timeframe.

B. Development of additional supported independent services for two individuals currently living in licensed Foster Care.

Status:

There has not been any development of additional supported independent services during this timeframe.

Services to Adults with Co-Occurring Disorders

3. Adults with co-occurring disorders will realize significant improvement in their condition.

A. 30% of eligible Behavioral Health Home (BHH) individuals served with two or more of the following chronic conditions – Asthma/COPD, High Blood Pressure, Diabetes, Morbid Obesity, Cardiac issues – will be enrolled in BHH.

Status:

Of individuals served qualifying for BHH, 39% are enrolled in this benefit. As of May 2023, a total of 52 individuals are enrolled in BHH.

B. 95% of individuals served enrolled in BHH will see their primary care provider annually.

Status:

98% of enrollees have seen their primary care provider annually.

C. 100% of individuals served enrolled in BHH will have a base line A1C.

Status:

92% of enrollees in BHH have completed a baseline A1C.

Financial Outcomes

4. The Board's Agency-wide expenses shall not exceed Agency-wide revenue at the end of the fiscal year (except as noted in 5.B below).

Status:

As of March 31, 2023 Agency-wide revenues exceed Agency-wide expenses by \$34,996.

5. 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 the PIHP.

Status:

As of March 31, 2023, Medicaid funds were overspent by \$991,051 and Healthy Michigan funds were underspent by \$320,705. This produced a net amount due from the NMRE of \$670,346. These amounts are based upon actual funds received and actual expenses incurred.

The Board of Directors are kept apprised of the Agency's financial situation on a monthly basis, including the status of over and underspending of Medicaid and Healthy Michigan funds. All financial status reports provided to the Board have been approved by the Board for the respective time periods. The NMRE is kept apprised of the Agency's managed care spending on a monthly basis and have clearly communicated the Agency limit spending to approved per member per month and carryforward net amounts.

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 March 31, 2023, General Funds were underspent by \$333,109. Of this amount to date, \$27,814 will be allowed to be carried forward to FY24 and \$305,295 would be owed back to the State.

General Funds are used to cover costs and services not covered by another source. Medicaid spenddowns typically paid out of General Funds have not been required due to COVID-19.

The Board of Directors are kept apprised of the Agency's financial situation on a monthly basis, including the status of over and underspending of General Funds. All financial status reports provided to the Board have been approved by the Board for the respective time periods.

Community Education

6. The Board will provide community education. This will include the following:

A. Disseminate mental health information to the community by hosting events, providing trainings, utilizing available technology, and publishing at least one report to the community annually.

Status:

Northeast provided training open to staff and community members on the following topics between November 2022 and May 2023: Dying, Death, and Grief; Lost and Found: A Dementia Journey; Dispelling Benefit to Work Myths; Anatomy of Trust: Building and Supporting Brave Teams; Navigating Autism in Michigan; and a training on Assessment and Treatment of Anxiety, OCD, and Hoarding Disorders will be held on June 9.

Nena participated in a Mental Health Panel at Alpena High School on May 16, which was open to the public. The Agency hosted its first Mental Health Movement 5K Run-Walk on May 20 to bring awareness to mental health and the Agency's services. To help promote the event and the Agency's services, two radio interviews were conducted and Mary Crittenden was on WBKB's Talk of the Town on May 14.

The Annual Report was completed in May and is posted on the Agency's website, and hard copies have been made available for all offices, county commissioners, and collaborative community members.

B. Develop and coordinate community education in Mental Health First Aid for adults and youth, trauma and the effects of trauma on individuals and families, suicide prevention, co-occurring disorders, and the increasing violence in our society.

Status:

The Agency contracts with Partners in Prevention to provide many of the community education components of this End. Much of their work is depicted in the following categories:

Trauma:

Partners in Prevention provided a six-part training on How Trauma in Developmental Years Can Impact Adulthood twice between November and May 2023. They also provided a six-part training on Caring for Children Who Have Experienced Trauma in February/March 2023.

Suicide Prevention:

Partners in Prevention provided four ASIST trainings between February and May 2023. SafeTALK training was provided in April

Mental Health First Aid:

Partners in Prevention provided Mental Health First Aid training to Agency staff on May 26.

C. Support community advocacy.

Status:

A NAMI group has successful started in Alpena, pending national-level approval, and Nena Sork began attending their meetings on May 2.



QI Council Minutes

For Meeting on 04/17/23

10:15 AM-12:00 PM

Board Room & Via Teams

Meeting called by: Angela Stawowy
Type of meeting: Bi-Monthly
Facilitator: Angela Stawowy
Note taker: Lynne Fredlund (In person), Pennie Hoeft (Via recorder)
Timekeeper: N/A

Attendees: Nena Sork, Lisa Orozco, Lynne Fredlund, Kay Kelly, Genny Grimshaw, Amber Gapske, Jen Walburn, Paul Krueger, Angela Stawowy

Absent: N/A

QI Coordinator: Lynne Fredlund

Assistant: Pennie Hoeft

Agenda Topics

The meeting was called to order by Angela Stawowy.

The following comments were made:

Review of Minutes

Discussion: Due to technical malfunction, the recording device did not capture the meeting minutes, therefore the minutes were compiled using member notes and meeting minutes from the various committees. These were reviewed and by consensus, the minutes of the December 19, 2022 meeting were approved.

Action items:

Person responsible: Pennie Hoeft

Deadline: ASAP

Committees requesting Additional Time

There were no requests from the Committees to have additional time.

Management Team

Discussion: The 01-10-23 and 02-06-23 meeting minutes were included in the 04/17/23 QI Packet. Nena Sork addressed highlights of the Management Team minutes.

- 3% COLA
- Training opportunities focusing on topics of autism and anxiety
- Planning staff day for training, looking at renting Aplex

- New signs installed at Hillman and RC, will be putting brick and landscaping around the sign at the main office.
- Employee appreciation, trunk organizers
- Two new 15 passenger vans
- Annual report coming out early in May for mental health awareness
- 1st Annual run/walk proceeds go to Hope Shores Alliance due to being in all four counties. The course is totally handicap accessible and starts and ends at CMH. Individuals from Blue Horizons will be on the route handling a water station there. Mental health education signs along path, making it will be educational as well.
- All CLS workers have cell phones.
- 2 Step Authentication
- PCE in our accounting system. Fully automated and integrated now.
- Open enrollment for Student Loan Repayment available now.
- Change in Wellness System. No more biometric screening. It will now be a point system with seeing a PCP for an annual checkup being the highest point offering. Many more options for getting points.
- Trying to get an office in Alcona County. Working with County Commissioners to get that done.
- June all staff survey.
- If you work for CMH you can get 3 college credits toward an Associate Degree.
- Western and ACC are collaborating and in the fall will be offering BSW and a MSW.
- We have gone to Case Manager Assistants to help fill gaps.
- Electronic timekeeping system wanting to get implemented for the AFC Homes.
- Working on Employee Handbook
- Doing well financially

Please refer to the minutes in the 04/17/23 QI Packet for more detailed information.

Action Items: Report Monthly

Person Responsible: Nena Sork

Deadline:

Advisory Council

Discussion: The 10-10-22 meeting minutes were included in the 04/17/23 QI Packet.

Action Items: Report Bi-Monthly

Person Responsible: Nena Sork

Deadline:

CARF Committee

Discussion: A verbal report was given by Lynne Fredlund. The CARF Committee met in March and reviewed the Plan of Correction. There are a few items that are still under revision. The PCE, past due medications has to go through a special medical group so there is a delay in that. QI Project team part of the correction for process improvement. Started training for measurable goals from PIHP and will meet again this week for an email meeting due to lack of new information.

Action Items:

Person Responsible: Lynne Fredlund

Deadline:

Clinical Leadership Team

Discussion: The 12/14/22, 01/11/23, 01/25/23, 02/08/23, 03/08/23, and 03/22/23 meeting minutes were included in the 04/17/23 QI Packet. Lisa Orozco reported the following:

- CLT has updated the Employee Change Action Form. She reminded everyone that any processes and policies that are updated will be posted on The Tree and all staff are then notified of the changes and where to access the details.
- Continuing to track inpatient hospitalizations with Ruth and Sam and discuss any individuals that have a stay longer than 7 days.
- Review upcoming trainings and review conference requests

Please see the minutes included in the 04/17/23 QI Packet for more detailed information.

Action Items: Report Monthly

Person Responsible: Lisa Orozco

Deadline:

Customer Satisfaction Committee

Discussion: There were no minutes included in the 04/17/23 QI packet and no report given due to no new information at the time of this meeting.

No suggestions in the suggestion box.

Action Items: Report Bi-Monthly

Person Responsible: Angie Stawowy

Deadline:

Resource Standards and Development Committee

Discussion: The 01/05/23 meeting minutes were included in the 04/17/23 QI Packet. Genny Grimshaw reported the following:

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Please refer to the minutes included in the 04/17/23 QI Packet for more detailed information.

Action Items: Monthly

Person Responsible: Genny Grimshaw

Deadline:

Risk Management Committee

Discussion: The 04/06/23 meeting minutes were included in the 04/17/23 QI Packet. Lynne Fredlund reported the following:

Action Items: Report Bi-Monthly

Person Responsible: Lynne Fredlund

Deadline:

Safety Committee

Discussion: The 01/24/23 and 02/28/23 meeting minutes were included in the 04/17/23 QI Packet. Highlights from the minutes include the following:

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Please refer to the minutes included in the 04-17-23 QI Packet for more detailed information.

Action Items:

Person Responsible: Kay Keller

Deadline:

Utilization Management

Discussion: The 11/03/22 meeting minutes were included in the 04/17/23 QI Packet.

Please refer to the minutes included in the 04/17/23 QI Packet for more detailed information.

Action Items: Report Monthly

Person Responsible: Jen Walburn

Deadline:

Quality Oversight Committee (QOC) – NMRE

Discussion: A verbal report was given by Lynne Fredlund. Minutes from this meeting were not available at the time of this meeting.

Action Items: Report Bi-Monthly

Person Responsible: Lynne Fredlund

Deadline:

QI Member Concerns

Discussion:

Action Items: N/A

Person(s) Responsible: All members

Deadline:

Project Team/Workgroup update/Old business:

1. **CARF plan of correction – Approved by CARF.**
2. **NMRE Review Completed**
3. **LOCUS Review Completed in February**
4. **Update ACE team**
5. **Update process team on Feedback Form**
6. **Update other Process Improvement projects**

Miscellaneous: N/A

New Business:

- MDHSS Audit to begin for NeMCMHA April 19, 2023.
- New projects reported
- Any new projects underway in the various departments/committees not listed here.

Next Meeting Date: Next meeting is **June 19, 2023** at 10:15 a.m. in the Board Training Room.

The meeting was adjourned by consensus.

	Program	Consumers served May 2023 (5/1/23 - 5/30/23)	Consumers served in the Past Year (6/1/22 - 5/30/23)	Running Monthly Average(year) (6/1/22 - 5/30/23)
1	Access	62	692	58
	Routine	0	4	0
	Emergent	1	7	1
	Urgent	39	546	46
	Crisis	46	745	60
	Prescreens			
2	Doctors' Services	606	1505	507
3	Case Management			
	Older Adult (OAS)	110	274	116
	MI Adult	23	61	94
	MI ACT	50	87	32
	Home Based Children	30	59	25
	MI Children's Services	89	193	65
	IDD	162	478	167
4	Outpatient Counseling	86(18/68)	180	106
5	Hospital Prescreens	46	745	60
6	Private Hospital Admissions	18	252	20
7	State Hospital Admissions	0	2	0
8	Employment Services			
	IDD	60	176	57
	MI	28	60	21
	Touchstone Clubhouse	85	109	91
9	Peer Support	42	77	47
10	Community Living Support Services			
	IDD	79	144	93
	MI	63	105	64
11	CMH Operated Residential Services			
	IDD Only	55	73	55
12	Other Contracted Resid. Services			
	IDD	34	38	36
	MI	30	39	32
13	Total Unduplicated Served	1112	2384	1067

County	Unduplicated Consumers Served Since June 2022
Alcona	247
Alpena	1430
Montmorency	278
Presque Isle	339
Other	70
No County Listed	20

Northeast Michigan Community Mental Health Authority

STRATEGIC PLAN 2022-2023



Mission:

To provide comprehensive services and supports that enable people to live and work independently.

Vision:

Northeast Michigan Community Mental Health Authority will be the innovative leader in effective, sensitive mental and behavioral health services.

In so doing, 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.

Core Values:

- A Person-Centered focus shall be at the heart of all activities.
- Honesty, respect and trust are values that shall be practiced by all.
- We will be supportive and encouraging to bring out the best in one another.
- Recognition of progress and movement toward a continuously improving environment is a responsibility for all.
- We prefer decision-by-consensus as a decision-making model and will honor all consensus decisions.

Forces in the Environment Impacting Behavioral Health

Payers/Payment Reform

- Reimbursement based on health outcomes
- ACA
- Health system insurance plans
- Gearing Toward Integration (Sen. Shirkey proposal) and House Bills 4925-29 Introduced by Mary Whiteford

Persons Served

- Aging population and other demographic changes
- Expansion of coverage
- Increasing comorbid conditions
- Individuals served accessing health information

Quality Improvement

- Health and safety
- Minimizing waste, fraud and abuse
- Right amount of scope & duration of service

Regulatory Changes

- Home and Community-Based Services Rules
- Potential carve-in of specialty behavioral health
- 1115 waiver application

Workforce

- *Shortage of qualified staff* of all types of disciplines (professional as well as direct care)
- Aging workforce
- Competing with the private sector (lower pay)
- Challenging work environment
- Evidence-Based Practices
- Training of staff to address current environment

Technology

- Electronic Health Record (EHR)
- Data Analytics
- Increase Mobile Capabilities
- Self-Management Tools/Consumer Portal

Goals:

1. To reduce the risk of metabolic syndrome in both adults and children.
 - a. Nursing staff will collect blood pressures (BPs), weights and body mass index (BMI) on all new psychiatric evaluations and all children receiving medication clinic services.
 - b. The Agency will participate in the data analytics project to identify those individuals who are at risk for increased health concerns.
 - c. Clinical staff will work with the Medicaid Health Plans to coordinate care and treatment.
 - d. Participate in PIHPs QAPIs [Quality Assessment Performance Improvement Projects].
 - i. QAPI #1 – Follow up care for children prescribed ADHD medications.
 - ii. QAPI #2 – Adults prescribed psychotropic medications for more than six (6) months will be screened for diabetes.
2. Promote a trauma-informed community through education, assessment and participation in community initiatives.
3. Support services to all children and young adults diagnosed with Autism Spectrum Disorders.
4. Coordinate community education and partnerships in suicide prevention.
5. To increase Substance Use Disorder (SUD) services and training within the Agency, while partnering with local SUD providers to educate and reduce substance use in the community.
6. To collaborate with the Veteran's Administration assuring comprehensive behavioral health services are available.
7. To further utilize the Health Information Exchange (HIE) with Great Lakes Health Connect and local organizations in order to share critical health care information. The Agency's current electronic record system (PCE) is a conduit for this information, which will continue to promote easy utilization.
8. To keep current in education and information technology (IT).

Barriers/Challenges:

Home and Community-Based Services – NeMCMHA will need to work with our providers to assure compliance with the rules for all.

ABA Expansion – Qualified providers, either in-person or through a telehealth arrangement, are limited in this program area.

Integrated Healthcare – The Health Information Exchange (HIE) is not progressing as rapidly as previously anticipated. Data provided is not sufficient to address real time queries on health information

of the populations served. Current restrictions of Personal Health Information (PHI) specific to Substance Use Disorders/treatment does not address the total needs of the individual in an HIE venue.

Funding – 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.

Jail Services – Limited use by law enforcement impacts the number of pre- and post-booking jail diversions.

Recruiting and Retention of Qualified Staff – Local competition for positions has made it difficult to recruit.

Service Population – If service delivery is modified to include the mild to moderate population, current staffing level is insufficient.

Residential Options – Decrease of family operated foster care resulting in the need to contract with more expensive corporate specialized foster care placements.

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.

Staffing – The lack of a feeder system to create qualified individuals to work in this field of healthcare.

Opportunities:

Work collaboratively with the community partners in the region to promote integrated services, develop shared services and improve consumer accessibility, health outcomes and efficiencies.

Introduce new Evidence-Based Practices (EBPs) and training in the delivery of services.

Using the new training certification the Agency received, the Agency can provide training opportunities for staff as well as community partners with CEUs awarded for the training.

The infrastructure of NeMCMHA is relatively strong, with excellent facilities, dedicated staff, continued IT investment and a balanced budget.

Provide education to the community at large and support and promote local advocacy efforts.

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.

Take advantage of training opportunities provided by MDHHS.

Options:

The Agency must continue to strengthen its relationships with other partners of the market and reinforce its niche in intensive services for people with serious mental illness, serious emotional disturbance and intellectual/developmental disabilities, including those whose disabilities co-occur with substance use. The Agency must strategize to become a valued partner and be indispensable in the pursuit of quality, accessible health care at a lower cost. Options to be considered:

- Shared psychiatric consultation with staff at other clinics
- Easy and consistent flow of individuals and information between behavioral health and primary care providers
- Growth of health care awareness and services in CMH services through enhanced training in health coaching and the use of data analytics
- Work closely to assure people with a serious mental illness or intellectual/developmental disability are receiving all necessary primary and behavioral healthcare. Expand telemedicine services as it relates to pediatric and adult services.

- 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.
- Continue to be a member of Human Services Collaboratives.

Plan:

Community Partners will be essential for NeMCMHA as we continue to be successful in the provision of integrated, comprehensive physical and behavioral health services. Northeast will continue to work collaboratively with the major primary health care providers and the Medicaid Health Plans (MHPs) to ensure the requirements to meet the health care reform challenges are met. Joint ventures will be established with community partners to provide seamless systems of care that eliminates duplication, lower costs, ensure quality care and achieve superior outcomes.

The Ends Statements reflect methods of monitoring population groups and department specific goals.

Ends:

All people in the region, through inclusion and the opportunity to live and work independently, will maximize their potential.

Sub-Ends:

Services to Children

1. Children with serious emotional disturbances served by Northeast will realize significant improvement in their conditions.
 - a. Increase the number of children receiving home-based services; reducing the number of children receiving targeted case management services.
 - b. 90% of home-based services will be provided in a home or community setting.

Services to Adults with Mental Illness and Persons with I/DD

2. Individuals needing independent living supports will live in the least restrictive environment.
 - a. Strive to develop one additional contract residential provider within our catchment area to increase capacity for persons requiring residential placement.
 - b. Development of additional supported independent services for two individuals currently living in licensed Foster Care.

Services to Adults with Co-Occurring Disorders

3. Adults with co-occurring disorders will realize significant improvement in their condition.
 - a. 30% of eligible Behavioral Health Home (BHH) individuals served with two or more of the following chronic conditions – Asthma/COPD, High Blood Pressure, Diabetes, Morbid Obesity, Cardiac issues will be enrolled in BHH.
 - b. 95% of individuals served enrolled in BHH will see their primary care provider annually.
 - c. 100% of individuals served enrolled in BHH will have a base-line A1C.

Financial Outcomes

4. The Board’s Agency-wide expenses shall not exceed Agency-wide revenue at the end of the fiscal year (except as noted in 5.b. below).
5. 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 by the Board and the PIHP.
- 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.

Community Education

6. The Board will provide community education. This will include the following:
 - a. Disseminate mental health information to the community by hosting events, providing trainings, utilizing available technology, and publishing at least one Report to the Community annually.
 - b. Develop and coordinate community education in Mental Health First Aid for adults and youth, trauma and the effects of trauma on individuals and families, suicide prevention, co-occurring disorders, and the increasing violence in our society.
 - c. Support community advocacy.

The Ends will be monitored by the Board at least semi-annually.

The Strategic Plan will be reviewed by the Board at least annually.

JULY AGENDA ITEMS

Policy Review

Community Resources 01-010

Policy Review & Self-Evaluation

Public Hearing 02-010

Monitoring Reports

Budgeting 01-004

Asset Protection 01-007

Community Resources 01-011

Activity

Strategic Plan/Ends

Plan for Executive Director Evaluation

Ownership Linkage

NMRE Board Meeting

Educational Session

CARF Standards Review with Lynne Fredlund