

**Northeast Michigan Community Mental Health Authority Board
Board/Strategic Planning Meeting [Part III]
July 9, 2020**

[Due to COVID-19 this meeting was held using ZOOM/Uber Conference/In-Person]

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 (ZOOM), Les Buza (Uber), Bonnie Cornelius (Uber), Roger Frye (Uber), Judy Jones (Uber), Terry Larson (Uber), Eric Lawson (in person), Gary Nowak (Uber), Pat Przeslawski (Uber), Gary Wnuk (in person)

Absent: Albert LaFleche

Staff & Guests: Dennis Bannon (ZOOM), Carolyn Bruning (Uber), Connie Cadarette (ZOOM), Mary Crittenden, Ruth Hewett (Uber), Margie Hale-Manley (Uber), Larry Patterson (ZOOM), Nena Sork

III. Pledge of Allegiance

Attendees recited the Pledge of Allegiance as a group.

IV. Appointment of Evaluator

Eric Lawson appointed Judy Jones as evaluator with Gary Wnuk as backup for this meeting.

V. Acknowledgement of Conflict of Interest

No conflicts were identified.

VI. Information and/or Comments from the Public

There were no comments presented.

VII. Approval of Minutes

Moved by Gary Wnuk, supported by Roger Frye, to approve the minutes of the June 11, 2020 meeting with the correction of the meeting date from June 11, 2019 to June 11, 2020. Roll Call: Ayes: Bob Adrian, Lester Buza, Bonnie Cornelius, Roger Frye, Judy Jones, Terry Larson, Eric Lawson, Gary Nowak, Pat Przeslawski, Gary Wnuk; Nays: None; Absent: Albert LaFleche. Motion carried.

Board members disconnected from the Uber and redialed due to line interference.

VIII. Educational Session – Strategic Plan Review

Board members reviewed the elements of the current strategic plan noting the Mission, Vision and Core Values had no recommendations for revision. The "Forces in the Environment Impacting Behavioral Health" were reviewed with Eric Lawson inquiring as to whether the Technology sub-section needed any revision. It was decided technology is always being upgraded and should remain as listed.

The Board reviewed the goals identified in the 2019-2020 Strategic Plan:

1. To reduce the risk of metabolic syndrome in both adults and children. Board members identified value in this goal. Nena Sork noted this goal is something which may possibly impact the behavioral health home program next fiscal year.
2. To continue the partnership with Alcona Health Center and local school systems in order to provide school-based social work services for children. After discussion, it was decided to eliminate this goal in next year's plan as the Agency no longer has a contract with Alcona Health Center and the services are being provided in the schools. There is also question as to what the school year will look like next school year in the present environment.

3. Promote a trauma-informed community through education, assessment and participation in community initiatives. Board members felt the Agency does a good job with this goal and wishes to continue. Nena Sork reported our current Electronic Health Record (EHR) has an ACEs (Adverse Childhood Experience) assessment tool which collects information related to trauma as well.
4. Support and expand services to all children and young adults diagnosed with Autism Spectrum Disorders. Nena Sork reported the Agency uses contractual arrangements to provide much of the autism services utilizing Autism Centers of America. It is planned to expand this contract. This goal will be continued for next fiscal year.
5. Coordinate community education and partnerships in suicide prevention. Board members felt this was a goal which will be very important to continue, especially with the current pandemic environment.
6. 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. Board members requested information on the types of substance use services the Agency provides. Nena Sork reported until COVID, the Agency held a group (IDDT – Integrated Dual Disorder Treatment), which focused on co-occurring disorders. Due to COVID limitations, the group has not been able to meet. Much of the substance use treatments are handled through partners such as Sunrise Centre and Catholic Human Services. This goal will be continued in next fiscal year's Strategic Plan.
7. To collaborate with the Veteran's Administration assuring comprehensive behavioral health services are available. Board members felt this goal was also a goal to continue in next fiscal year. Veterans are also impacted by these unprecedented times and need to have services readily available.
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. It was reported this goal will need some rewording as MiHIN (Michigan Health Information Network) has acquired Great Lakes Health Connect. Nena Sork informed Board members the purpose of this network is to alert us to persons served admissions, discharges and transfers within an inpatient unit. This goal will continue.
9. To keep current in education and information technology. Board members felt this goal was important to assure the Agency stays up-to-date with technology.

Board members discussed if there was a need to add any additional goals to this listing. Bonnie Cornelius expressed worries about the suicide risks due to COVID and would like assurance the Agency stays abreast of the data so we can respond to community needs. Goal #5 indicates a focus on suicide so this will not be an additional goal.

The barriers and challenges in the FY 2019/2020 Strategic Plan were reviewed.

1. Home and Community-Based Services – NeMCMHA will need to work with our providers to assure compliance with the rules for all.
2. ABA Expansion – Qualified providers, either in-person or through telehealth arrangement, are limited in this program area.
3. 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.
4. 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.
5. Jail Services – Limited use by law enforcement impacts the number of pre- and post-booking jail diversions.
6. Recruiting and Retention of Qualified Staff – Local competition for positions has made it difficult to recruit.

7. Service Population – If service delivery is modified to include the mild to moderate population, current staffing level is insufficient.
8. Opioid Epidemic – The increasing opioid epidemic has strained community resources.
9. Increasing/Violence in our Society – The increasing violence in our society is requiring communities to come together to develop a comprehensive community action plan.

Related to integrated healthcare, Nena Sork reported it is difficult to determine compliance with medications for individuals with Medicare/Medicaid as the Agency can access and follow if an individual gets scripts filled if they have Medicaid only; however, if the individual also has Medicare this information is not available. Related to jail services, Nena Sork reported jail services trainings are offered in all four counties. It is difficult for the local departments to schedule this training due to limited officers/budgets. The Agency has a good relationship with the various sheriff departments. Retaining qualified staff continues to be a challenge due to local competition with the hospital, school system, FQHCs and the VA. Our challenge in service delivery may expand with the transition to the Behavioral Health Home model as there may be an increase in services to the mild to moderate population. Board members did not offer any additional challenges and due to the pandemic environment all current barriers and challenges will remain for the Plan in next fiscal year.

The “Opportunities” listed in the current Strategic Plan were reviewed. Nena Sork reported staff and community training is shifting to virtual trainings due to the pandemic.

The Options section of the Strategic Planning document was reviewed. Gary Wnuk questioned how sharing of psychiatric staff with other clinics is being done. Nena Sork reported at this time other community mental health agencies have not requested assistance with psychiatric services. The expansion of health care will continue with the implementation of Behavioral Health Homes. Nena Sork reported she is trying to be more involved in the HSCCs (Human Services Coordinating Councils) in each of the counties. They are not meeting face-to-face at this time.

Eric Lawson inquired as to whether there would need any revisions to the “Plan” portion of the Strategic Plan and Board members suggested the current wording is still pertinent.

Board members reviewed the “Mega Ends” the Board has had for several years. “All people in the region, through inclusion and the opportunity to live and work independently, will maximize their potential.” Consensus was to keep this statement as is.

Sub-End #1 – Children with serious emotional disturbances served by Northeast will realize significant improvement in their conditions. This has been the sub-end for children since the inception of policy governance. New suggestions for a possible sub-end were reviewed. Nena Sork reported the childhood immunizations would be difficult to track as the Agency has no control over the family and would have to rely on self-reporting. Gary Wnuk suggested this possible this potential sub-end be eliminated. Nena Sork reported case management was provided to children as staffing was difficult due to vacancies. Home-based services requires a more intensive service with more hours devoted to the child and family. Gary Wnuk suggested #2 “Increase number of individuals provided Home-Based Services versus Targeted Case Management Services” be focused on. Consensus was to adopt #2. The language will be drafted and included in the plan when it is ready for approval.

Sub-End #2A & B – “Individuals needing independent living supports will live in the least restrictive environment. (a) Development of two additional contract residential providers within our catchment area to increase capacity for persons requiring residential placement and (b) Development of additional supported independent services for two individuals currently living in licensed foster care.” It was noted the Agency will always continue to place individuals in the least restrictive environment and this is a good goal to continue. With the current pandemic, developing one additional contract residential provider might be more realistic with the goal of possibly two. Licensing might be a barrier in this type of development under COVID.

Sub-End #3 – “Adults with co-occurring disorders will realize significant improvement in their condition.” As the Agency did not become a Medication Assistant Treatment (MAT) provider it was decided to eliminate this sub-end as written. The three options to replace this were reviewed by the Board. Gary Wnuk proposed #2 as becoming a sub-end. Eric Lawson reported having the WHAM be part of this would be great looking at the whole person. Gary Wnuk questioned if the A1C would be part of the primary care physician’ role versus the psychiatric services role. Nena Sork indicated the medications prescribed for mental illness can cause a metabolic syndrome which includes diabetes and the Agency monitors the long-term impact the medication this Agency prescribes on the individual’s health. Pat Przeslawski suggested all three of the proposed Sub-Ends would be good measures to track. The Sub-End #3 will include: (a) The percentage of people served who enroll in the Behavioral Health Home model will have a base-line A1C, (b) The percentage of people services in the Behavioral Health Home model will see their primary care providers annually, and (c) percentage of individuals served with two or more chronic conditions (Asthma/COPD, High Blood Pressure, Diabetes, Morbid Obesity, Cardiac issues) will be offered to enroll in the Behavioral Health Home.

The remainder of the Sub-Ends related to financial condition and community education will continue as written.

IX. July Monitoring Reports

1. Budgeting 01-004

Connie Cadarette reviewed the revenue portion of the Statement of Revenues and Expenses for month ending May 31, 2020. She noted the grants are slightly higher than budgeted due to the COVID funds the Agency received. She also noted the 3rd Party Revenue is only a forecast when the budget is prepared which explains the variance in the 3rd Party Revenue line. She also noted the Medicaid funding was budgeted for the full amount of funding and does not include the dollars the NMRE retains for administrative costs and the various taxes.

Larry Patterson reviewed the variances in the Expense portion of the budget. Employee Wellness is a timing issue and will clear by year-end. Contract residential has decreased from the previous report; however, this will most likely need a budget adjustment to balance. The Liability/Insurance line item will resolve when the Asset Distribution is received. Miscellaneous is due to a late bill received for the 10% County Share of state inpatient. Larry Patterson noted the budget is still only at 60.4% expended with 66.67% of the year gone.

Nena Sork reported overall the Agency has underspent about \$1.9 million.

2. Asset Protection 01-007

Board members reviewed the Asset Protection monitoring report. There were no comments related to the content of this monitoring report.

3. Community Resources 01-010

Board members reviewed the Community Resources monitoring report. Eric Lawson noted some of the information in this report will carry over into the Director’s evaluation.

Moved by Pat Przeslawski, supported by Gary Wnuk, to accept the July monitoring reports as presented. Roll Call: Ayes: Robert Adrian, Les Buza, Bonnie Cornelius, Roger Frye, Judy Jones, Albert LaFleche, Terry Larson, Eric Lawson, Gary Nowak, Pat Przeslawski, Gary Wnuk; Nays: None; Absent: Albert LaFleche. Motion carried.

X. Board Policy Review and Self-Evaluation

1. Community Resources 01-010

Board members reviewed the policy and recommended no changes.

2. Public Hearing 02-010

Board members reviewed the Public Hearings policy and had no recommended changes.

XI. Linkage Reports

1. Northern Michigan Regional Entity (NMRE)

a. Board Meeting June 24, 2020

Gary Nowak reported the next NMRE Board meeting and future meetings will be face-to-face. He suggests the Agency look at having another location to allow for this Board to meet in person if Board members cannot be spaced in the room to allow for social distancing. Gary Wnuk suggested keeping the public portion as a call in and have the Board members attend in person.

Nena Sork reported Gary Nowak is the new chair at the NMRE and the June 24th meeting was his first meeting as Chair.

b. Board Meeting May 27, 2020

The minutes of the May 27, 2020 meeting were included in the packet sent to the Board.

2. Community Mental Health Association of Michigan (CMHAM)

a. Virtual Member Assembly Meeting – August 13

Eric Lawson reported this will be a Zoom meeting and he questioned if there was any volunteers to be the voting delegates. The Board members can come to the Alpena office for this meeting. Gary Wnuk volunteered to be a voting delegate. Eric Lawson will be the second voting delegate due to no other volunteers.

b. Appoint Voting Delegates

Gary Wnuk and Eric Lawson will fill the role of voting delegates. The Board Room will be available for the Zoom meeting for the member assembly. The meeting is scheduled for Thursday, August 13 at 10:00 a.m.

XII. Chair's Report

1. Planning for Executive Director Evaluation

Eric Lawson reported next month the Board will complete the Director's Evaluation. This is an activity of the full board. The Executive Director's evaluation is based upon the monitoring reports provided to the Board through the course of the year. Board members wishing to review any of the monitoring reports can contact Diane Hayka and review.

2. CMH PAC Update

Eric Lawson noted \$415 was raised for the CMH PAC. There was not a 50% contribution of Board members so this Agency was not eligible for the drawing.

XIII. Director's Report

1. Director Report Summary

Nena Sork provided Board members with an update on her activities. She reports she continues to work with the CMH Directors on COVID. She also noted we are working to get an orientation of the Behavioral Health Homes with the two Boards which currently use that model in the regional entity (Centra Wellness and Northern Lakes).

Nena Sork informed the Board staff are slowly returning to work in the office and recalling temporary layoff where needed. Retention payment notifications were sent out to staff yesterday. The criteria was staff had to work during this time and not have drawn unemployment from the Agency. The Retention Committee will now shift gears to look at reinvestment payments to staff. This will include staff employed and will be a payment to counter the potential inability to provide raises next year due to forecasted budget cuts. Nena Sork reported five additional vehicles will be purchased in this fiscal year which were planned for next fiscal year. Dennis Bannon is working on a securing a new server and fax machines which were planned for next fiscal year. The new laptops have arrived and the IT Department will be working to deploy the laptops. This will enable staff working from home to have video and audio capacity. Nena Sork reported there is an electronic HR system being reviewed and this will include electronic timekeeping versus the paper timesheets. It is hoped to have this secured yet this fiscal year.

XIV. Information and/or Comments from the Public

There was no information or comments presented.

XV. Information and/or Comments for the Good of the Board

Other than comments about the well needed rain, Board members did not present additional information.

XVI. Next Meeting

The next regularly scheduled meeting of Northeast Michigan Community Mental Health Authority Board will be held Thursday, August 13, 2020 at 3:00 p.m.

1. Set August Agenda

The August agenda items were reviewed.

XVII. Evaluation of Meeting

Judy Jones reported the meeting started on time; however, the transmission noise made it difficult at times to hear. She notes the questions were very good.

XVIII. Adjournment

Moved by Roger Frye, supported by Gary Wnuk, to adjourn the meeting. Motion carried. This meeting adjourned at 4:20 p.m.

[signed by Bonnie Cornelius with electronic signature]

Bonnie Cornelius, Secretary

[signed by Eric Lawson on 8/13/2020]

Eric Lawson, Chair

Diane Hayka
Recorder