

WEST MICHIGAN COMMUNITY MENTAL HEALTH

BOARD OF DIRECTORS MEETING MINUTES

February 19, 2019

1. Call to Order: The West Michigan Community Mental Health Board of Directors met for its regular meeting in the Boardroom at the H.E. Madden Center, located in Ludington, at 5:30 p.m. on Tuesday, February 19, 2019. Chairperson Jim Prince presided.
2. Roll Call: The following members were present: Ron Bacon, Pat Bettin, Dr. Jennifer Branning, Todd Dancz, Jane Hedberg, Dawn Martin, Jim Prince, Ron Sanders, Andy Sebolt, and Larry VanSickle. Absent: Kay Seng and Barb Stenger, both excused. A quorum was present. CMH staff members present were: Lisa Williams, Michele Condit, Faith Nekola, Bethany Sherfinski, and Kimberly Goodrich.
3. Introductions: Dr. Williams introduced our newest board member, Dawn Martin, representing Lake County. Dr. Williams also introduced Jeff Lawrence, the leadership consultant that WM brought in to work with the Leadership Team. He has been working with our Leadership Group the last two days.
4. Delegations, Communications and Expressions from the Community: There were none.
5. Approval of Agenda: Mr. Bacon made the motion, seconded by Mrs. Bettin, that the West Michigan Community Mental Health Board of Directors approve the agenda as presented. The motion carried.
6. Conflict of Interest Question: Mr. Prince asked if any board member wished to declare a conflict of interest regarding any matter to be considered by the West Michigan Community Mental Health governing body. No such declarations were made.
7. Consent Agenda: Mr. Sebolt made the motion, seconded by Mr. VanSickle, to approve the item on the consent agenda:
 - 7.1 Minutes from the 1/15/19 WMCMH Board of Directors Meeting. The motion carried.
8. Executive Committee Meeting Report: Mr. Prince reported that the Executive Committee reviewed two resolutions proposed by Dr. Williams. The first is to authorize Dr. Williams to start working with the other 298 pilot sites to create a PIHP to manage the unenrolled Medicaid population. Dr. Williams explained that the State had talked about moving the unenrolled to another PIHP that doesn't represent our organization, so the 298 pilot CEOs asked again if they would consider our model. The Resolution allows us to explore options, it doesn't commit us to anything at this time. It has not yet been authorized by the State, it is still under review. The resolution is part of our effort to demonstrate to the State that we are committed to this process. We think this is a much better solution than another PIHP, with no governance voice having control over the management of dollars for consumers in our 3 counties. If we want a governance voice, we have to start from scratch. We believe there is one PIHP that is interested in bidding on the state's proposal, but we know we would have no governance or authority. Dr.

Williams explained that the MCD unenrolled group is made up of people who have both Medicaid and Medicare, or have a spend down, or those who haven't made a choice yet as to what health plan to enroll in. This is just the initial step; WM board members will have a full voice in the development of a PIHP if we go down that path. Mr. Sebolt made the motion, seconded by Mr. Sanders, to approve a Resolution to authorize Dr. Williams to explore options related to the development of a PIHP to provide management and support for the unenrolled MCD population as it relates to the 298 pilots. The motion carried.

A second resolution that the Executive Committee is recommending for approval has to do with pursuing an Administrative Law Judge (ALJ) hearing with the LRE and regional CMHSPs. Dr. Williams explained that one of the options available to us under the contract with the PIHP and the State is that of due process when a notice of action has occurred. It allows the region to file an appeal with the ALJ around the action. This request for hearing would be around the inadequate MCD funding in the region. The five CMHs in the region need to all be in agreement with this and the LRE is still exploring options. Dr. Williams stated that the CMH CEOs want to show the support of this action and therefore are requesting approval of the resolution. The purpose is to raise awareness that the funding issue is in part responsible for the deficit in the region. Mr. VanSickle made the motion, seconded by Mr. Sebolt, to approve a Resolution to support and authorize the executive director to enter into an arrangement with legal counsel to file for an ALJ hearing in partnership with the LRE. The motion carried.

Mr. Sanders encouraged board members to share the enclosed Board Association's funding document with their County Administrators, as it really provides a good explanation of how the regional entities struggling got into this position. Dr. Williams stated that South East Michigan PIHP has already moved forward with the ALJ process and has had its first meeting with the Judge. It adds pressure to the State and elevates the nature of the problem systemically so that the State and legislators can't ignore the issue.

9. Finance Committee Recommendation: Mr. Sanders reviewed a recommendation to approve two specialized residential contracts over \$20,000. On behalf of the Finance Committee, Mr. Sanders made the motion, seconded by Mr. VanSickle, to approve the two contracts over \$20,000 as presented. The motion carried.
10. Behavioral Health Services Report: Mrs. Nekola presented information on NOMS, which are National Outcome Measures required by the CCBHC grant. This is just one piece of data that we are collecting broadly across the grant. The NOMs is completed as part of a direct interview with the individual receiving the CCBHC service. We interview the individual, enter the information into our electronic record, and the data from the record is entered into a SAMHSA database called SPARS. SAMHSA can then make a determination of the outcome of the new CCBHC services. The individual has the right to refuse a NOMS interview. Dr. Williams added that we have a plan in place to follow up with the consumers who participated to see how the process went and what they thought of it, as well as the staff who are doing the interviewing.

Mrs. Nekola presented a revised policy for review. For many years we called our emergency after hours Emergency on Call, and now that we have two mobile crisis teams available 24/7, we felt that it didn't describe the service. The policy was updated to reflect the new name of Crisis Stabilization Services. Mr. VanSickle made the motion,

seconded by Mr. Bacon, to approve the policy revision as presented. The motion carried.

11. Administrative/Operations Report: Ms. Sherfinski reviewed the financial services report through the period ending December 31, 2018, three months of the fiscal year. She explained that the big variance in the insurance is due to the fact that we received a share of the net assets expense offset from our insurance carrier. It's nothing we can count on and we never know how much, if any, we will receive. The sale of the group home also create a positive to our equipment and depreciation expense line.

Ms. Sherfinski also reviewed the Cash and Investments Report as a 12/31/18. We are moving to earning interest on our checking accounts and are starting to actually see a little interest earned.

12. Service Enhancement Report: Ms. Condit reported that the new Health Services wing opened this week. She offered a tour after the meeting is concluded tonight.

Ms. Condit also reviewed the 2018 4th quarter MMBPIS report. We met or exceeded the Department's target on all of the indicators this quarter.

13. Lakeshore Regional Entity Update: Dr. Williams reported that region has been launching Beacon's managed care services, as well as doing the utilization management of high acuity service, starting with Network180. We are continuing to have weekly meetings related to UM and anticipate sometime in March that they'll begin performing that function for WCMCMH for those areas. The working relationship is going quite well. Their model for sitting down and having conversations is quite effective. They are also looking at models for replenishing ISF at the regional level when we still have insufficient revenue to meet the needs of the region. We are collectively looking at the funding methodology and rate setting across the region. That process is going well and Beacon is working well with us to address any concerns we have with that. We hope to have a clear sense of what the funding methodology will look like. End of the year closing is happening now at all the CMHs and the final data is due to the region by the end of the next week. The data will be aggregated and sent to the State as a final report. With Dr. Williams help, Mr. Sanders reported a degree of optimism that Beacon is going to lead us functionally to a point where we assume a more positive position in the industry.

14. 298 Pilot Update: Dr. Williams reported that the 298 case management subgroup provided a recommendation to the Leadership group regarding a model for care coordination in the pilot. As previously reported, the 298 CMHSPs CEOs and MHPs have been working on a joint legislative communication with the hope of sharing some ideas of how the problems in the pilots could be revised. The Health Plans produced a document that we could not agree with. The 298 Pilot CMHs created their own communication and have a meeting tomorrow with Senators Shirkey and McGregor to share that. The communication will go to the MHPs and the Department as well. We anticipate some unfavorable response but we felt like the concerns that were presented in the MHP's letter warranted us to stand up for what we believe should happen. Dr. Williams also stated that they have a meeting with the new Deputy Director of MDHHS on Thursday to talk about this and the unenrolled population. We have two jointly scheduled meetings with the MHPs finance and leadership group upcoming. The individual meetings we had scheduled individually with the health plans were cancelled.

15. Director's Report: Dr. Williams provided an update on the organizational priorities. Meaningful Use (MU) stage 1 is complete and we have moved into stage 2. There will be additional performance metrics, additional requirements for patient portal and additional data warehouse requirements. We are in the process of getting our MU certified provider incentives transferred to us for all MU certified providers. Clinical assessment changes are complete and to PCE to get the revisions made in the system. Dr. Williams shared the successes in our first weeks of CCBHC rollout: We had an individual who needed SUD treatment and for the first time ever we were able to meet this person's needs here locally with four different treatment services he required. Over the weekend we had our first at night mobile crisis situation that involved a family with a child who was having some emotional regulation difficulties, and with the support of the Crisis Stabilization Team, they were able to work with the family, get things settled down to the point where the child did not need inpatient or crisis residential services. This was a much less expensive intervention for the agency, but for the family, it was even more important. The daughter didn't have to leave her home in the middle of the night and be likely placed in an inpatient unit out of county. We had our first medicated assisted treatment (MAT) through our DCO and the first physical health screening is scheduled this week.

Dr. Williams provided a brief report on the Board Association Conference she attended earlier this month. There were a couple good presentations; one on human trafficking and one by a gentleman who provides a caregiver perspective on supporting a loved one with mental illness.

Just another reminder that the following board members' terms are expiring as of March 31, 2019: Jane Hedberg, Ron Sanders, Barb Stenger and Larry VanSickle. Please see Kimberly if you would like help with a letter to the County Commission for reappointment.

16. Upcoming Committee Meetings:
- LRE Board Meeting – Thursday, February 21st at 1:00 at Ottawa CMH
 - Executive Committee – Tuesday, March 12th at noon in Ludington
17. WCMH Board Member Comments, Questions, Clarifications and Critique of Meeting: There were none.
18. Delegations, Communications and Expressions from the Community: There were none.
19. Executive Session: There was none.
20. Adjournment: Mr. Bacon made the motion, seconded by Mr. Sebolt, that the West Michigan Community Mental Health Board of Directors adjourn its meeting. The meeting adjourned at 6:48 p.m.

Kimberly Goodrich
Recording Secretary

James Prince
Chairperson