

## WEST MICHIGAN COMMUNITY MENTAL HEALTH

### BOARD OF DIRECTORS MEETING MINUTES

October 15, 2019

1. Call to Order: The West Michigan Community Mental Health Board of Directors met for its regular meeting in the Boardroom at the Atwell Mental Health Facility, located in Baldwin, at 5:30 p.m. on Tuesday, October 15, 2019. Chairperson Jim Prince presided.
2. Roll Call: The following members were present: Mary Alway, Pat Bettin, Ron Bacon, Dr. Jennifer Branning, Todd Dancz, Lucinda Shafer, Dawn Martin, Jim Prince, Andy Sebolt, Kay Seng, Barb Stenger and Larry VanSickle. Absent: None. A quorum was present. CMH staff members present were: Lisa Williams, Michele Condit, Faith Nekola, and Kimberly Goodrich.
3. Introductions: There were none.
4. Delegations, Communications and Expressions from the Community: There were none.
5. Approval of Agenda: Mr. Sebolt made the motion, seconded by Mr. Bacon, 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: Mrs. Bettin made the motion, seconded by Mr. Bacon, to approve the item on the consent agenda:
  - 7.1 Minutes from the 9/17/19 WMCMH Board of Directors Meeting. The motion carried.
8. Executive Committee Meeting Report: Mr. Prince stated that the Executive Committee met with Angie Kuhn, HR Coordinator, and reviewed the executive director appraisal process. The evaluation will be sent today via Survey Monkey from Angie Kuhn, with the due date of November 1. The minutes are attached for review and remaining items will be covered under agenda items below.
9. Finance Committee Meeting Report: Mr. VanSickle reported that there is one contract over \$20,000 that needs approval by the board. Dr. Williams explained that it is for additional information services capacity. We are increasing the contract instead of replacing an IT position. Mr. VanSickle made the motion, seconded by Mrs. Alway, to approve the contract over \$20,000 as presented. The motion carried.
10. Behavioral Health Services Report: Mrs. Nekola provided a report on phobias. There are specific phobias, fears that you can name, i.e., escalators, closed in spaces, heights, etc. There are also social phobias, for example, fear of speaking in public. With both phobias, the fear is extreme and hard to control. A person should speak to their doctor about them. Seeing a therapist and medications can be good treatment. They are only an impact if you can't work or take care of yourself because of the phobia.

Dr. Jennifer Branning arrived at 5:42.

11. Administrative/Operations Report: In Ms. Sherfinski's absence, Dr. Williams reviewed the financial services report through the period ending August 31, 2019, 11 months of the fiscal year. All the revenue for the CCHBC grant is not yet in as we are still sorting out the specifications of the grant and assignments to grant related activities. Medicaid revenue is down from our original budget figures because the legislature has not approved a supplemental. There is still some indication that it may occur. Inpatient utilization is starting to trend down, which also makes a big impact on the budget. We are holding fairly close to where we projected. There were no questions from board members.
12. Service Enhancement Report: Ms. Condit reported that WMCMH has been invited to participate in a medication takeback event on October 26<sup>th</sup>, partnering with Spectrum Health and the State Police. We will be collecting unused and unwanted medication and getting them properly disposed of. It's the third time we have been a part of this event.

Ms. Condit stated that our gathering site in Baldwin now has a name, it's called Integrations. Signage has been put up at the site.

Dr. Branning asked how DU sets their rates for its shredding. It seems very low cost. Dr. Williams stated that she isn't actually sure, but that is something that we can find out about. Mrs. Nekola added that they do a study to know what other companies charge and break out some of the administrative costs. They really want to cover the wages of the individual doing the work and a little of the supervision costs.

13. Lakeshore Regional Entity Update: Dr. Williams gave an update on the region. The Department proposed a settlement agreement whereby if the LRE met a series of conditions and terms with Beacon and the CMH members, they would no longer pursue privatization of the region. Dr. Williams can't go into detail on the agreement until it goes to vote by the LRE board due to it being a legal document. Most of the terms, however, are terms that we think we can live with. The ALJ hearing has been postponed pending an agreement being reached. The Department also stated that the new rates as of October 1 will be a "hard set" for the region, meaning that the revenue and new rate structure coming through will not be used to cover past years expenses.

Dr. Williams reported that rather than issuing a new contract for 10/1/19 for the region, the LRE would like to extend the current contract with the new rates worked into it, extending it until 11/30/19. We will expect a full new contract with Beacon written into it, as well as the new rates. After discussion, the board was comfortable with Dr. Williams signing the contract extension with the LRE.

14. 298 Pilot Update: Dr. Williams provided an update on 298. The Medicaid Health Plans were successful in getting the boilerplate language changed with the committees and it dramatically changed the intent of the pilot, and those were hard stops for us. We asked the Governor to veto it and she did. 298 as boilerplate ceases to exist, meaning there is no language in the budget that speaks to a financial integration model. We have reached out to the Department and offered some plan B type of thoughts on an integration model we would like to be a part of, starting with clinical integration. The Department responded quite positively, and we hope to get a meeting with the director next week at the conference. All the 298 meetings have been canceled for a two-week period, with the exception of the Leadership group meeting tomorrow with the

Department. We are all assuming that the Department will put an end to the pilot. Plan B still involves working with the Medicaid Health Plans, so we are trying to keep them engaged. It doesn't take away from the things that we've learned from the process and it helps us inform our next strategic steps. We built relationships and learned how the Health Plans work and its helpful information for how our future might look like.

15. Director's Report: Dr. Williams provided an update on the organizational priorities. We are officially done with year one of the CCBHC grant and are in the process for compiling all the reports that go to the federal government. We are having some additional cultural competency training in November on tribal services. We are working with our new PR and Communications Manager to communicate the successes of year one with the agency, the community, consumers, staff and board, about what we did in year one and what that means to care in our communities. We are also getting ready for another round of expansion grants. The physical healthcare integration workgroup is working on due diligence with Northwest Michigan Health Services. We seem to be going in the right direction. The Residential Review Committee continues its work on reviewing all placements, it did an RFP for CLS services and developing some stepdown to residential services for those who need some supports but not necessarily a full residential setting. Inpatient Utilization numbers are trending in the right direction. All strategies are still being implemented. Conflict Free Case Management is a federal requirement that is creating some exciting opportunities and change for us. The workgroup is meeting with large groups of staff to educate on what this is and also to get their input on the types of models that they think will be effective for ensuring optimal choice and independence for the consumers we serve.

Dr. Williams reported that we started Union negotiations at the end of last month and most of the discussion has centered around salary and fringes. We were able to reach a tentative agreement with just two meetings and the Union will vote on it next week. If it is approved, it will come to the board for its approval next month. That contract would go into effect January 1, 2020.

16. Upcoming Committee Meetings:
  - LRE Board Meeting – Thursday, October 17<sup>th</sup> at 1:00 at HealthWest
  - Executive Committee – November 12<sup>th</sup> at noon – in Ludington
17. WCMCH 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 Mrs. Seng, that the West Michigan Community Mental Health Board of Directors adjourn its meeting. The meeting adjourned at 6:26 p.m.

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Kimberly Goodrich  
Recording Secretary

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James R. Prince  
Chairperson