

WEST MICHIGAN COMMUNITY MENTAL HEALTH

BOARD OF DIRECTORS MEETING MINUTES

October 20, 2020

1. Call to Order: The West Michigan Community Mental Health Board of Directors met for its regular meeting via Zoom, at 5:30 p.m. on Tuesday, October 20, 2020. Chair Jim Prince presided.
2. Roll Call: The following members were present: Mary Alway, Ron Bacon, Linda Baierl, Dr. Jennifer Branning, Dawn Martin, Jim Prince, Lucinda Shafer and Larry VanSickle. Absent: Pat Bettin, Todd Dancz, Andy Sebolt (excused) and Kay Seng (excused). A quorum was present. CMH staff members present: Lisa Williams, Michele Condit, Bethany Sherfinski, Ellen Plummer, and Kim Goodrich (Recorder).
3. Introductions: There were none
4. Delegations, Communications and Expressions from the Community: There were none.
5. Approval of Agenda: Mr. Bacon made the motion, seconded by Mrs. Alway, that the West Michigan Community Mental Health Board of Directors approve the agenda as presented. The motion carried via roll call vote.
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. VanSickle made the motion, seconded by Dr. Branning, to approve the item on the consent agenda:
 - 7.1 Minutes from the 9/15/20 WMCMH Board of Directors Meeting. The motion carried via roll call vote.
8. Executive Committee Meeting Report: Mr. Prince stated that the Executive Committee reviewed the Chief Executive Officer's appraisal and compensation process with HR Director Angie Kuhn. The appraisal will be sent via Survey Monkey to those with email (mailed to those who don't). The appraisal is tied to the CEO's job description. In November, the results of the survey will be reviewed and then in December, we will review a proposed contract and compensation recommendation. The Executive Committee will meet with Ms. Kuhn in January or February next year to review the CEO job description and appraisal document for any changes or modifications needed.
9. Finance Committee Recommendation: Mr. VanSickle reported that the Finance Committee reviewed a list of contracts over \$20,000 to bring to the full board. Ms. Sherfinski answered questions of the board. Mr. VanSickle made the motion, seconded by Mr. Bacon, to approve the list of contracts greater than \$20,000 as presented. The motion carried via roll call vote.

Ms. Sherfinski explained a recommendation she sent to the Finance Committee regarding the continuation of passthrough to contractors of the \$2 per hour plus payroll taxes increase for Direct Care Workers. It was extended for an additional three months

as part of the state's FY21 budget. Once we have official notice from MDHHS to pay these funds, we would continue with those revised rates or monthly payments to providers for October, November, and December. The total is approximately \$150,000. VanSickle made the motion, seconded by Mr. Bacon, to approve the passthrough continuation. The motion carried via roll call vote.

10. Chief Clinical Officer and Chief Healthcare Integration Officer's Report: Ms. Plummer reported that the month has been busy because of a lot of movement in the structure and changes in the care model. In the Conflict Free Case Management Department (CFCM) we have 3 of the 4 Clinical Service Planner (CSP) positions filled, central schedulers have started and working on processes and procedures to develop a good scheduling department. For Access, we have 1 of the 2 additional access positions filled. As of Monday, all new consumers coming in have their assessments done and then go to the CSPs for the Plan of Service development. We continue to work on the expansion of the Crisis Stabilization Services (CSS) and work with Montague Schools and HealthWest for some of those pieces. Nurses are transitioning to service teams as RN care managers. We continue to work on the health screen referrals to NMHSI. Lunch and Learns are still taking place monthly.

In Mr. Snyder's absence, Ms. Plummer reported that Monday was a big day for our new world. There is lots of excitement about the direction we are heading. We continue to work on ensuring our service delivery is high quality and appropriate to meet the needs of our consumers. There will be continuous evaluation of the services. We will use data, metrics, and key performance measures for clinical tracking; a new area for us. We have completed Grant 1 of CCBHC and are into year 3 and 4 officially for the 2nd CCBHC Grant. Continuing to build on a lot of those pieces around integrated healthcare, trauma services MAT expansion, etc.

11. Chief Financial Officer's Report: Ms. Sherfinski reviewed the financial services report through the period ending August 30, 2020, eleven months of the fiscal year. No significant changes to report. The bottom line will not be what goes into our fund balance. Our revenue is reflective of what our expense was; if you don't spend it, you don't keep it. Should be able to reflect everything more accurately in the September report. There were no questions.
12. Chief Operations Officer's Report: Ms. Condit reported that it has been a busy month for the organization in terms of getting the care model implemented and moving staff to where they fit best. For those places where we still have some vacancies, those positions are posted. Open Enrollment for staff will begin next month, so HR staff are getting health insurance options ready to roll out to the agency. We are in the process of doing all the final SAMHSA reporting for the first CCBHC grant. Wrapping up our formal work with the SFM group, the group that worked on lean implementation with us. The work will continue embedding the lean culture into our organization. Due to COVID we weren't able to have some of the staff trainings that we were supposed to but SFM has agreed to do them for us as soon as the COVID restrictions are lifted. We continue to make adjustments to our buildings to meet COVID protocols. We just implemented contactless check in at each site. We have new lobby furniture that will allow for easier cleaning and social distancing. We are working on putting a master list together of all the projects going on in the organization to help track staff capacity.
13. Lakeshore Regional Entity Update: Dr. Williams reviewed an amendment for the last fiscal year contract with the PIHP. They were late in getting it from the State due to the month to month contract the LRE is on with MDHHS. This amends our contract with the

LRE to include some items that the Department added at the end of the year. This is not unusual to get these amendments, or to get them after the fiscal year is over. Mr. VanSickle made the motion, seconded by Ms. Shafer, to approve Amendment #4 to the FY 2019/2020 Agreement between the LRE and WMCMH. The motion carried by roll call vote.

Dr. Williams reviewed the Sub-recipient award, material that dictates our contract for the next fiscal year. This is a description from the PIHP that each CMHSP receives about the Medicaid funding we should expect based upon the best projections the PIHP has right now. It appears this will be an increase. Dr. Branning made the motion, seconded by Mr. VanSickle, to approve the Sub-recipient award. The motion carried by roll call vote.

Dr. Williams reported a fair amount of action at the region since last month. The LRE board retained an interim CEO and launched a search for a full-time permanent CEO. A contract was approved with Bill Riley for a six-month period, with an option to extend. They also approved a search firm to find the permanent CEO for the region. There is not much new in terms of the settlement negotiation with MDHHS.

14. Director's Report: Dr. Williams provided an update on the organizational priorities that weren't included in the reports above. CCBHC Grant 1 ended officially on September 30th and we are well on our way to working on the requirements for CCBHC Grant 2. The CFCM staff is almost fully staffed and the UM plan for the organization is in development. We are excited to have the conflict free components of our system implemented and start the interface with our clinical service model. Dr. Williams reported that with the organization restructure, new teams came together for the first time on Monday and are eager to make the new care model work for our consumers. We used a lot of our lean tools to help with our progress. We look forward to seeing the impact of the care model revisions, the restructure, and lean implementation work together to drive improvements in care for the people we serve.

Dr. Williams reported that after review of the rise of positive COVID cases in all three of our counties, we moved the organization back to Phase 1 of re-entry. We have some heightened protocols related to cleaning of our facilities, staff travel, staff illness, and also some restrictions again on how frequently and for what reason we are entering our specialized residential facilities. We told staff that it would be for a two-week period and we would re-evaluate the numbers again at the end of two week. We won't move any new programs into face to face contact during this time. If numbers level off and drop back below 3%, we'll go back to re-entry phase 2. This is a pause and re-set, not a total return to remote work and physical distancing.

Dr. Williams stated that the CMHs in Michigan that are CCBHCs like West MI are operating under an expansion grant. Michigan was identified as a demonstration state in August and the state is now working to identify the parameters they will implement. We have been providing pretty significant input into that process and also on the payment model and mechanism. We are hearing from Sen. Stabenow that she wants Michigan to adopt quickly and put as many CCBHCs on board as they possibly can, including all the current CCHBC sites now. But, we are hearing from CMS that they want to limit the size of the demonstration to the original 10 CCBHCs that were identified. There is some back and forth going on, so we'll see what happens over the course of the next couple weeks. We are preparing that we will be a demonstration site, as well as an expansion site. We have some ideas as well on how CCBHC Demonstration could provide some positive solutions to the PIHP.

Dr. Williams reported that the CMHAM is hosting a virtual fall conference next week. If any board member wishes to attend, please let Ms. Goodrich know and she will register you. Registration ends Thursday.

Dr. Williams reported that, in partnership with several of our local law enforcement agencies across our three counties, we applied for a grant from the Department of Justice to enhance our jail/court interaction around people involved in the justice system who have co-occurring mental health and SUD. We were awarded \$750,000 to do trainings for law enforcement and our staff, place a clinician in the jails and have a care manager assigned to assist in transitioning folks who are leaving the jails into appropriate services for their mental health and/or SUD needs.

15. Upcoming Committee Meetings:

- Executive Committee – November 10th at noon via Zoom
- LRE Board Meeting – November 19th at 1:00 via Teams

16. WCMCH Board Member Comments, Questions, Clarifications and Critique of Meeting:
There were none.

17. Delegations, Communications and Expressions from the Community: There were none.

18. Executive Session: There was none.

19. Adjournment: Mr. Bacon made the motion, seconded by Ms. Shafer, that the West Michigan Community Mental Health Board of Directors adjourn its meeting. The meeting adjourned at 6:23 p.m.

Kimberly Goodrich
Recording Secretary

James Prince
Chairperson