

## WEST MICHIGAN COMMUNITY MENTAL HEALTH

### BOARD OF DIRECTORS MEETING MINUTES

November 17, 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, November 17, 2020. Chair Jim Prince presided.
2. Roll Call: The following members were present: Mary Alway, Ron Bacon, Linda Baerl, Pat Bettin, Dr. Jennifer Branning, Todd Dancz, Jim Prince, Andy Sebolt, Kay Seng, Lucinda Shafer, and Larry VanSickle Absent: Dawn Martin (excused). A quorum was present. CMH staff members present: Lisa Williams, Michele Condit, Bethany Sherfinski, Ellen Plummer, Josh Snyder, 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. Seng, 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: Ms. Shafer made the motion, seconded by Dr. Branning, to approve the item on the consent agenda:
  - 7.1 Minutes from the 10/20/20 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 summary. This was the same appraisal process we used in the past and we had very good participation. The group thinks that the CEO is doing a very good job and exceeding our expectations the majority of the time. Mr. Prince noted that the Executive Committee will meet with Ms. Kuhn at its December meeting to discuss Dr. William's compensation and extension of her contract and bring a recommendation to the full board at the December board meeting.

Dr. Williams shared the revised strategic plan and explained the process we went through, starting back in September with the SFM Group, to create a new strategic plan. We formatted it so that everyone in the organization and on the board can see and understand our core values, our purpose and our promise, along with quarterly goals, one year goals and 3-5 year goals. Going forward, each department will review the quarterly goal Charters and prioritize the projects they will need to achieve the outcome. At the end of the quarter, we'll report our performance to the Board, the progress toward the annual goals, and what the goals are for the next quarter. It's a bit of a shift but it will be objective data in front of the board instead of subjective data. We should have a sense of a shared commitment to what it is we are trying to accomplish. Mr. Prince

stated that a board member perspective in the quarterly meetings might be something to think about. Dr. Williams agrees that it makes a lot of sense.

9. Finance Committee Recommendation: Mr. VanSickle reported that the Finance Committee reviewed a list of three contracts over \$20,000 to bring to the full board. They are for training or consultation. Ms. Sherfinski stated that the one for National Council is for some training related to some of the CCHBC goals. The second is relative to project management for the DOJ grant. The third is to provide SIS Assessments on a contracted basis rather than by a WMCMH employee. 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.
10. CCBHC Advisory Committee Report: Mrs. Seng reported the Committee met and received a thorough overview of Grant 1 and Grant 2, including goals and objectives. Ms. Felger, CCHBC Project Coordinator, reported to the committee that, although we accomplished the majority of our CCBHC goals for grant 1, there were challenges with meeting a few of them primarily due to COVID.
11. Chief Clinical Officer and Chief Healthcare Integration Officer's Report: Ms. Plummer reported on Health Care Integration Department. Conflict Free Case Management/ Utilization Management (CFCM/UM) launched having all new consumers coming into service having their IPOS completed by Clinical Service Planners. We continue to work on the UM plan. We have two centralized schedulers and we are developing the processes and pieces of what this involves to hopefully help with better scheduling, less no show rates and getting people in to their appointments. Due to some capacity issues, we have not moved the annual assessments to the Access Department yet. We still have an open position, but we hope to transition that part of the model rolling out. We are still looking for a full-time master's level clinician for our mobile crisis services. We continue to see a high number of crisis calls and an uptick in hospitalizations. COVID is impacting mental health. HHI fully launched the use of the order function in the medical record, which will track when we refer a consumer to NMHSI and allows us to get information back from NMHSI for the integrated care approach.

Mr. Bacon left the meeting at 6:00.

Mr. Snyder reported that on the clinical delivery side of things, it has been almost a month since we transitioned to the new care model. There have been some bumps and bruises, but overall staff are getting pretty settled into things and teams are really struggling more with COVID fatigue than restructure. We've reviewed person-centered plans for approximately 85% of consumers and have worked with these consumers to establish them in their new care teams. We continuing to work on standard operating procedures (SOPs). We have several positions posted and recruitment is difficult right now as we aren't getting many local applicants. We are paying close attention to COVID and what that means to us and our services. We are making adjustments along the way on how we do things. We continue to provide face to face services as needed, but by and large most of our services are being conducted through telehealth. We are in year 2 of Grant 2 for CCHBC and are moving forward with agency-wide training.

Mr. Snyder reported that in May, we applied for the DOJ Jail Diversion grant and we just found out we were awarded it. It's a three-year, \$750,000 grant. Essentially we are identifying mental health issues and getting people the help they need so they don't go into jail. We'll train police and jail staff to help do a better job as a community. The goal of the grant is to improve the safety of communities by getting people the mental health

assistance they need and by preventing reoffending and recidivism into the jails. We will have a project coordinator and hire two full time staff members to work in the jails and the courts. We will be purchasing iPads for law enforcement across our three counties so there will be quicker connectivity. We will provide CTI training for law enforcement staff across the 3 counties.

12. Chief Financial Officer's Report: Ms. Sherfinski reviewed the financial services report through the period ending September 30, 2020, the full fiscal year. No significant changes to report. We were able to make use of all of our grant 1 CCHBC money. We are also receiving more Medicaid than we initially planned, some because of the direct wage passthrough and some withholds that the LRE released late in the year. Some of the excess money will go to Medicaid Savings and \$1.6 million of the excess revenue will go back to the LRE's ISF account. About \$200,000 will fall to our fund balance. COVID is still impacting some of our revenue and expense lines.

Ms. Sherfinski also reviewed the Cash and Investments Report for the period ending 9/30/2020. The average rate of return is 1%, which is slightly better.

13. Chief Operations Officer's Report: Ms. Condit reported that WCMCMH co-sponsored a medication take back event with other local agencies. Although fewer vehicles went through the event than in previous years, they actually collected far more medications and sharps than in the past. We have 14 positions open that we are actively recruiting for. The Operations Team is now fully staffed. We are excited that we were able to make some Blue Cross/Blue Shield health plans available to staff this year during open enrollment. Our main focus with our Lean work is on writing Standard Operating Procedures, working on metrics across the organization to monitor and drive our performance, and we are also implementing a suggestion system (staff can submit suggestions on process and procedures). We moved back to Re-Entry Phase 1 on 10/21 as a result of the increased numbers in COVID and positive test rates across all three counties. It didn't change our service delivery, but we've increased the cleaning and sanitizing of our building, staff are reporting more of their travel to us and reporting their illnesses and family members' illness. Staff who do face to face contact are also eligible for hazard pay in re-entry phase1.
14. CMHAM Virtual Fall Conference Report: Ms. Shafer reported that it ran very well. There was a lot of focus on teaching older adults how to manage chronic pain and conditions and there was one session on CCBHC where Rich VandenHeuvel was a presenter. Dr. Williams was only able to attend the opening and closing session. The National Council presented on COVID and behavioral health and urged providers and CMHs across the system to apply for the federal assistance available and spent a lot of time talking about innovation that had come to healthcare from behavioral health very specifically during COVID. Al Jansen, the BHDDA director talked about how the system has rallied and helped to bend the curve on behavioral health and SUD conditions in our communities and talked about action the Department had taken to help us all.
15. Lakeshore Regional Entity Update: Dr. Williams reported that the LRE has secured an interim CEO, Bill Riley, who began last month. He has taken a hold of the Beacon contract negotiations and has a really good understanding of where things are. He's seen first hand this past few weeks the degree to which Beacon did not do some of the contract functions that we thought they were doing.
16. Director's Report: Dr. Williams stated that we will start looking at how we report the organizational priorities in the next few months in conjunction with the revised Strategic

Planning and Strategic Plan Reporting Process. Updates were provided in the previous reports.

17. Upcoming Committee Meetings:

- LRE Board Meeting – November 19<sup>th</sup> at 1:00 via Zoom
- Executive Committee – December 8<sup>th</sup> at noon via Zoom

18. WMCMH Board Member Comments, Questions, Clarifications and Critique of Meeting:  
There were none.

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

20. Executive Session: There was none.

21. Adjournment: Mrs. Seng made the motion, seconded by Mr. Dancz, that the West Michigan Community Mental Health Board of Directors adjourn its meeting. The meeting adjourned at 6:37 p.m.

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Kimberly Goodrich  
Recording Secretary

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James Prince  
Chairperson