WEST MICHIGAN COMMUNITY MENTAL HEALTH

BOARD OF DIRECTORS MEETING MINUTES

August 18, 2020

- 1. <u>Call to Order</u>: The West Michigan Community Mental Health Board of Directors met for its regular meeting via Zoom, at 5:30 p.m. on Tuesday, August 18, 2020. Chair Jim Prince presided.
- <u>Roll Call</u>: The following members were present: Mary Alway, Ron Bacon, Pat Bettin, Dr. Jennifer Branning, Todd Dancz, Dawn Martin, Jim Prince, Kay Seng, Lucinda Shafer and Larry VanSickle. Absent: Andy Sebolt (excused). A quorum was present. CMH staff members present: Lisa Williams, Michele Condit, Bethany Sherfinski, Ellen Plummer, Josh Snyder, Megan Chaffee, and Kim Goodrich (Recorder).
- 3. <u>Introductions</u>: Dr. Williams introduced Megan Chaffee, our new Development Director, who has been with us since May. She comes to us from Mercy Health with some physical health background, as well as some experience from Spectrum and the Health Department. She has a lot of development and change management experience and has really hit the ground running around lean work, restructure, and CCBHC activities.
- 4. <u>Delegations, Communications and Expressions from the Community</u>: There were none.
- 5. <u>Approval of Agenda</u>: 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 <u>motion carried</u> via roll call vote.
- 6. <u>Conflict of Interest Question</u>: 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. <u>Consent Agenda</u>: Dr. Branning made the motion, seconded by Mr. VanSickle, to approve the item on the consent agenda:
 - 7.1 Minutes from the 7/21/20 WMCMH Board of Directors Meeting. The motion <u>carried</u> via roll call vote.
- 8. <u>Introduction of Megan Chaffee, Development Director</u>: See above. Ms. Chaffee stated that she is happy to be here. She came from some experience in the primary care setting and her experience has been working with doctors and office staff to implement change. There are a lot of parallels between physical health and behavioral health.
- 9. <u>Executive Committee Meeting Report</u>: Mr. Prince stated that the meeting minutes are attached for review and items will be covered under other agenda items.
- <u>CCBHC Advisory Committee Report</u>: Mr. Dancz reported that they were introduced to Brooke Felger, the new CCBHC Project Coordinator. The Committee learned that WMCMH received the second CCBHC grant for an additional two years; NOMs (National Outcome Measures) outcomes are showing good improvement for consumers; and we are increasing MAT services to Lake County.

- 11. <u>Programs and Services Committee Report</u>: Mrs. Seng reported that the committee was given an overview of how the new care model will be rolled out and the changes that will take place. Each consumer will have a specific, individual service plan. A consumer will be encircled by a team based on their needs, which should be very beneficial to get the best of care and follow through. Management is working with the union to change staff's positions to fit into these new rolls.
- 12. <u>Finance Committee Recommendation</u>: Mr. VanSickle reported that the Finance Committee met and reviewed a list of contracts over \$20,000 to bring to the full board. There are some specialized residential contracts, and some consultant contracts that were reviewed. Dr. Williams clarified that the CCBHC grant for year 3 and 4 requires a fulltime evaluator and that is what one of the consulting contracts is for (100% funded by the grant). Mr. VanSickle made the motion, seconded by Mrs. Shafer, to approve the list of contracts greater than \$20,000 as presented. The motion carried via roll call vote.

Ms. Sherfinski reviewed the proposed FY 19/20 Budget Amendment. This is a pretty routine thing we do toward the end of each year. We received more Medicaid revenue than originally planned for, as well as some additional grant revenue from CCBHC carryover year one. We also received some COVID grant dollars, which makes up the majority of the revenue section amendments. Ms. Sherfinski explained a few of the line expense items that decreased, in part due to COVID and some residential decreases. Mr. VanSickle made the motion, seconded by Mr. Bacon, to approve the FY 19/20 Budget Amendment as presented. The motion carried via roll call vote.

Mr. VanSickle reported that the Finance Committee reviewed the Compliance Audit Report for the period ending 9/30/19. We complied with all requirements. This is the audit that the State used to do and now our financial auditors complete it for us. This is for review, no action. Mr. Prince added that it's to ensure we comply with state and federal regulations.

13. <u>Chief Clinical Officer and Chief Healthcare Integration Officer's Report</u>: Ms. Plummer reported that we wrapped up the CFCM pilot and have had wrap up meetings and received good feedback from staff who participated in the pilot and ideas about things we didn't think of in the beginning. There are areas to work on as we move forward. We are also doing some massive UM/UR process changes this month. We continue to have the COVID support warm line. We've seen an uptick in jail requests, and we continue to see an increase as well for SUD treatment access. We continue to work with NMHSI and navigate that with helping our staff to get to know their staff better; conducting lunch and learns with both organizations' staff and focus on mental health and physical health so we can both share our knowledge.

Mr. Snyder reported about how the CCBHC focus is on meeting some specific needs that we've known existed and getting much better at how we meet that with assessing evidence-based practices related to those. Trauma related symptoms are being addressed during the assessment. We are getting better at understanding physical health. Community employment services have started back up at a much scaled down basis in the community. We will see consumers face to face if needed. MAT services in Baldwin officially began. We are nearly into the transition phase of the new care model, getting close, hoping early to mid-September.

14. <u>Chief Financial Officer's Report</u>: Ms. Sherfinski reviewed the financial services report through the period ending June 30, 2020, nine months of the fiscal year. Revenue is over what we originally budgeted for and our expense is under, which is a good

combination. We will see some expenses go up in the next few months, with staff coming back from furlough, or expenses that were being evaluated, accommodations for COVID things in making our buildings a little safer.

- 15. <u>Chief Operations Officer's Report</u>: Ms. Condit reported that WMOM radio in Ludington reached out to us and offered some free airtime around hosting Mental Health Matters on their radio show. We started on August 6th and it will occur every other Thursday morning at 7:50. It will be a different topic each time. We have been doing weekly talk time videos on Facebook, which started in June. Those videos have a reach of over 9,000 viewers. Please check out our Facebook page every Monday for a new video. On the HR end of things, we had eight positions that we were recruiting for, but we've filled a couple. Our Veteran's Navigator position was filled, as well as the Access Coordinator. We still have a few staff out on furlough and have some Union and Nonunion staff who are receiving hazard pay.
- 16. <u>Lakeshore Regional Entity Update</u>: Dr. Williams reported that the LRE continues to be more or less as it has been. We had our first settlement negotiation with the Department, which ended up being more of a reacquaintance discussion than a negotiation. The change in the Director at BHDDA has made quite a difference as well. We are also in the midst of negotiating a revised contract with Beacon. We consolidated the list of things we'll be asking Beacon to do going forward. We don't anticipate they will be entirely happy with the changes we are making as far as the functions we will be asking them to perform.

The Department put out a five-pillar strategic plan, describing the future state, which replaces the SIP model that has been put down due to lack of support. None include a carve in, but they do include a heavy emphasis on public-private partnerships and create flexibility with different types of payers They leave it fairly open for who could be responsible for managing. CMH CEOs have had conversations about what it could look like, given the challenges we've had with the region. One solution has to do with the CCBHC demonstration in Michigan.

- 17. <u>CMHAM Update</u>: Dr. Williams and Dr. Branning reported on the Member Assembly meeting that they attended on August 13. Dr. Branning reported that the bylaws had one change and some discussion on the membership dues, some pushback about cancelling the Summer Conference without discussion with the members. The plan for the fall conference is still up to in the air; with the most likely plan of going virtual.
- 18. <u>Director's Report</u>: Dr. Williams provided an update on the organizational priorities. CCBHC and CFCM were covered by Mr. Snyder and Ms. Plummer previously in the meeting. Dr. Williams is excited about the CFCM pilot and being able to learn from it. Restructure is moving forward and we are on the cusp, waiting for some pieces and parts to move, including how staff transitions are going to occur, and then the work of looking at each person's individualized plan of care and aligning the staff team.

Dr. Williams announced that Michigan was awarded a CCBHC demonstration state effective October 1. She gave a history of how it all transpired. The Demonstration grant goes to the state and is designed to make CCBHC not just part of a CMH but an embedded part of the system. You get an enhanced MCD payment that comes with the CCBHC demonstration state and funding to support the expanded services above and beyond the existing waivers. This is a game changer for the system if MDHHS implements appropriately and maximizes the value of what CCBHC has to offer. Dr. Williams reported that we are still operating remotely due to COVID. The new Executive Orders have been reviewed and we are trying to determine our protocols to meet the new requirements. The guidance is to remain remote as much as possible, but we are looking at our consumer and staff needs, determining the best strategies for our staff, and continuing to do everything we can to keep our staff and consumers healthy and safe. It's a constant effort of keeping track of the guidance. Our team is managing an incredible amount and doing fantastic work. Kudos to them all for the work they are doing in this strange environment.

- 19. Upcoming Committee Meetings:
 - LRE Board Meeting August 20th at 1:00 via Zoom
 - Executive Committee September 8th at noon via Zoom
 - Finance Committee September 8th at 1:00 via Zoom
- 20. <u>WMCMH Board Member Comments, Questions, Clarifications and Critique of Meeting</u>: There were none.
- 21. <u>Delegations, Communications and Expressions from the Community</u>: There were none.
- 22. <u>Executive Session</u>: There was none.
- 23. <u>Adjournment</u>: Mr. Bacon made the motion, seconded by Dr. Branning, that the West Michigan Community Mental Health Board of Directors adjourn its meeting. The meeting adjourned at 6:29 p.m.

Kimberly Goodrich Recording Secretary James Prince Chairperson