

## WEST MICHIGAN COMMUNITY MENTAL HEALTH

### BOARD OF DIRECTORS MEETING MINUTES

October 19, 2021

1. Call to Order: The West Michigan Community Mental Health Board of Directors met for its regular meeting in person at the Lake County Courthouse, located in Baldwin, at 5:30 p.m. on Tuesday, October 19, 2021. Vice-Chairperson Larry VanSickle presided.
2. Roll Call: The following members were present: Ron Bacon, Linda Baierl, Pat Bettin, Todd Dancz, Dawn Martin, Kay Seng, Lucinda Shafer, and Larry VanSickle. Absent: Mary Alway (excused), Dr. Jennifer Branning (excused), Jim Prince (excused), and Andy Sebolt. A quorum was present. CMH staff members present were: Lisa Williams, Michele Condit, Bethany Sherfinski, Ellen Plummer, Josh Snyder, and Kimberly Goodrich.
3. Introductions: There were none.
4. Delegations, Communications and Expressions from the Community: There was none.
5. Approval of Agenda: Mrs. Bettin 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. VanSickle 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. Dancz made the motion, seconded by Mr. Bacon, to approve the item on the consent agenda:
  - 7.1 Minutes from the 9/21/21 WMCMH Board of Directors Meeting. The motion carried.
8. Executive Committee Meeting Report: Mr. VanSickle reported that the Executive Committee met, and the minutes are attached for review. There were no action items from the committee.
9. Clinical Services Report: Ms. Plummer highlighted that the Director of Health Home Integration resigned, and we are evaluating what to do with that position. We've been able to fill some Access positions.

Mr. Snyder reported that we filled the Children's Director position with Marianne Kotecki, an internal staff member who was an Adult Team Coordinator. She has a lot of experience with children and starts in that position next week. Mr. Snyder was happy to report that almost all of our vacant clinical positions have been filled.

Ms. Plummer provided an overview of Crisis Stabilization Services. Over the last few years, we have had a total redesign of WM's crisis services. We have some services that are required by CCBHC, the State, and a bunch of services in the middle. Ms. Plummer reviewed the various services we provide, which are provided 365 days a year, 24 hours a day. We provided 365 crisis response interventions from 10/1/20 – 9/30/21

across 379 individuals; 117 were mobile crisis responses. That averaged about 1.7 contacts on an average per day. Ms. Plummer also explained that the State created the Michigan Crisis and Access Line (MiCAL). It will include crisis information, referral resources and coordination with local systems of care 24 hours per day, 7 days a week. This was launched in a phased pattern. Oakland and the Upper Peninsula are the only regions using this right now. The anticipated date statewide is October of 2022. This is shifting how we become aware of a crisis we need to respond to. People will always be able to call us directly too. It will replace our after-hours phone service, but MiCAL won't replace our staff or the ability for us to handle an emergency, nor our response time.

10. Chief Financial Officer's Report: Ms. Sherfinski reviewed the financial services report through the period ending August 31, 2021, 11 months of the fiscal year. The major change for August was that some Medicaid money that we weren't able to use for the direct care wage has to be sent back to the State, just under \$1 million that we pulled out of revenue.

Ms. Sherfinski reviewed a proposed policy deletion. We've had this policy in place for years that allowed the CEO to contribute up to a set amount per fiscal year to a community program or project that supports the mission of WMCMH but due to some information that's come out from Treasury, this is no longer an allowable expense, even with local dollars, due to our government status. We haven't done it in many years, so we thought we should delete the policy. Mrs. Bettin made the motion, seconded by Mr. Bacon, to approve the deletion of policy 3-6-2. The motion carried.

11. Chief Operations Officer's Report: Ms. Condit reported that CCBHC Demonstration went live on October 1<sup>st</sup>. One of the very first things to do was to go through a certification process. We have provided evidence on the initial required section of certification and received provisional certification. That provisional certification triggers us to be able to receive the special Prospective Payment for CCBHC services we deliver. We'll have the rest of our certification documents submitted by the end of the year.

Ms. Condit reviewed two new policies for board consideration. One policy has to do with how to offboard a departing staff, including getting equipment back and closing out systems (4-1-3). The other policy is around having sufficient staffing to meet our care needs (4-6-7). Mrs. Bettin made the motion, seconded by Mrs. Seng, to approve the two new policies as presented. The motion carried. Dr. Williams noted that we've been bringing more policies to the board recently due to the fact that we are refining policies and procedures as part of our Lean work. SMT has done a great job at leading that charge.

12. Community Mental Health Association of Michigan (CMHAM): Dr. Williams reported that much of the work of the CMHAM has been related to the Senate and House proposals relative to the carve in. There's been two more public hearings on the Senate Bills. A Representative from the east side of the state has scheduled some listening sessions across the state to form an additional proposal. CMHAM has been working with the Sheriff's Association, the Probate Courts, Family Courts, and the Prosecutor Association to get some joint letters opposing those bills. We've been using that information to support advocacy with our local officials as well. There's also been some activity from health plans that don't operate in Michigan.

Mrs. Seng and Ms. Shafer are joining Dr. Williams at the Annual Fall Conference next week. There will be lots of discussion around those proposals and a good opportunity to connect with other boards.

13. Lakeshore Regional Entity Update: Dr. Williams reported that there are some changes from the State contract that haven't been fully executed with the LRE, so the LRE is asking us to continue with an extension to the current contract until everything gets changed. Ms. Shafer made the motion, seconded by Mrs. Seng, to approve the WMCMH/LRE contract extension and authorize Dr. Williams to sign it. The motion carried.

Dr. Williams reported that the settlement proposal from the Department was not what we were expecting and is being worked on by the region's attorney. The LRE will be proposing a counter. Our current understanding is that, if the settlement is not resolved by the 17<sup>th</sup> of November, it will officially go to the ALJ and all pre-existing negotiated terms will be off the table.

14. Director's Report: Dr. Williams stated that we continue to review COVID guidance and revise protocols accordingly. We are working with staff in supporting them in protocols and holding them accountable to adhering to protocols. We have not received any guidance on the vaccination mandate. Staff remain quite anxious about it. We have several of our residential homes that have had a spike in COVID cases in the last month. We continue to support the homes who are dealing with those issues.

Dr. Williams and Ms. Condit reviewed an update on the Strategic Plan for the next year. The 3-5 year goals changed very minimally, but Year 2 Goals changed, which are designed to progressively take us to our 3-5 goals and ultimately to the Big Hairy Audacious Goal (BHAG). We have new quarterly goals and we really tried to narrow and focus them towards progressively, sequentially achieving the Year 2 goals. Ms. Condit stated that we used data to get to our 5,000 number of persons served with the BHAG. We clarified in the 3-5 year goals why the BHAG matters, and all of this matters to expand services and access to people in our communities. We have three Goals for Year 2. We took a high level look at what will it take us to achieve these goals and we really have the whole year mapped out for what work we need to do and sequencing projects in a way that makes sense. The Goals are: Implement best practices around health integration and our primary care services; Create some efficiencies or maximizing the outcome to the residential services work we do, and third goal is around maximizing our potential of being a CCBHC. The work in Quarter 1 will be: 1) aligning practices with the CCBHC demonstration work, 2) creating a process map so we understand all our current processes tied to residential services and identifying where we can gain efficiencies, and 3) ensuring that assessed needs line up in plans and connect to services provided and have them tied to primary health. We'll have metrics in January (end of 1<sup>st</sup> quarter) to show you how we are doing with our year 2 goals and projects.

Ms. Condit reviewed the data wrapping up Year 1. Consumer NPS Score and Provider NPS Score are the same data that you saw last month. We exceeded our goal on the number of individuals served, which tracks the progress of our BHAG. We served 3700 people during the year, which is on track to achieving the 5,000 person target. Ms. Condit explained that we were hoping that NOMs would be a metric that would tell us broadly about the outcomes of the people we serve. After we talked it through, we aren't sure there is one outcome metric to show what outcomes look like across all populations across the organization. NOMs was not the metric to answer that question so we took it out of this report. We are doing some work to identify how we can give you a picture of

what outcomes looks like, and it may be through the program reports that are provided at the meeting. We thank board members for their input into this and we'll continue to appreciate your feedback on what we provide.

Ms. Bettin expressed her concern on the Consumer and Staff Net Provider scores still being low and what are we doing about it. Ms. Condit stated that we have been talking about how best to get the feedback from the consumers, to understand what it is and some possible focus groups. The same is true with staff. We want a better understanding of what they are actually saying. Dr. Williams added that we have some strategies to work on improving employee experience. We are trying to determine what is part of the national trend employers are experiencing vs. what we have the ability to control and manage. We are also looking at strategies to do what we can to make this a desirable workplace. Mrs. Bettin thinks that going back to the staff would be helpful. We agree and this is part of our plan going forward.

Dr. Williams notified board members that we will be starting Union negotiations tomorrow. We have the initial list of requests from the Union and an initial list of things that we'd like to see be moved into the contract. Ms. Kuhn, HR Director, has done a nice job getting us set up for negotiations.

15. Upcoming Committee Meetings:

- LRE Board Meeting – Thursday, October 21<sup>st</sup> at 1:00 in Muskegon
- Executive Committee – Thursday, November 4<sup>th</sup> at noon in Ludington
- CCBHC Advisory Committee – Friday, November 5<sup>th</sup> at 1:00 in Ludington

16. WMCMH 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: With no additional business, Ms. Shafer made the motion, seconded by Mrs. Seng, to adjourn the West Michigan Community Mental Health Board of Directors adjourned its meeting at 6:43 p.m.

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Kimberly Goodrich  
Recording Secretary

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Larry VanSickle  
Vice-Chairperson