

ST. CLAIR COUNTY COMMUNITY MENTAL HEALTH AUTHORITY
3111 Electric Avenue
Port Huron, Michigan 48060

GROUP MEETING: SCC Community Mental Health Board
SUBJECT: Regular Meeting
PLACE: CMH Board Administration ~ Summit Room, 2nd Floor
3111 Electric Avenue, Port Huron, MI
DATE: November 7, 2017
TIME: 6:00 p.m.
PRESIDING: Edwin J. Priemer, Chairman

PRESENT: L. Ames, J. Bligh, J. Jowett-Lee, E. Priemer, E. Rieves, M. Serafin, N. Thomson, S. White
CALL IN: No one
ABSENT: S. Armstrong, V. Lock, E. Peters, One Board Vacancy
ALSO PRESENT: Guest(s): Renae Kiehler, IHC
Staff: D. Johnson, T. Pingitore, K. Gallagher, M. Measel-Morris, L. Gauthier

I. CALL TO ORDER

The meeting was called to order at 6:00 p.m. by Chairman Priemer.

II. CITIZENS WISHING TO ADDRESS THE BOARD – None. A warm welcome was extended to Ms. White upon her return to the CMH Board.

III. AGENDA CHANGES – None

IV. PRESENTATION OF MEETING MINUTES

It was moved by Mr. Rieves, seconded by Ms. Thomson, to approve the minutes of the October 17, 2017 CMH Board Meeting, as presented. **MOTION CARRIED**

V. ITEMS FOR ACTION

A. Hope Network Behavioral Health – Harbor Pointe Lapeer – M. Measel-Morris

This contract amendment reflects a rate increase to Hope Network Behavioral Health “Harbor Pointe-Lapeer” for two individuals residing within this home for personal care and community support services.

It was moved by Mr. Rieves, seconded by Ms. Jowett-Lee, to approve Contract Amendment #2 with Hope Network Behavioral Health Harbor Pointe-Lapeer, as presented. **MOTION CARRIED**

B. Recipient Rights Advisory Council Appointments – E. Priemer

Chairman Priemer asked for two volunteers from the Board to serve on the Recipient Rights Advisory Council; one to be Chairman. He stated that the Advisory Council meets quarterly at 12 noon. The next meeting is scheduled for December; date to be confirmed. Volunteering to serve were Ms. Thomson and Ms. Ames; Ms. Thomson to serve as Chairman.

It was moved by Ms. Jowett-Lee, seconded by Ms. Serafin, to appoint Ms. Thomson and Ms. Ames to the Recipient Rights Advisory Council with Ms. Thomson to serve as Chairman, as presented. **MOTION CARRIED**

VI. INFORMATIONAL ITEMS

A. St. Clair Operations – K. Gallagher

1. Productivity Directive

Ms. Gallagher stated that the Productivity Standards were first shared with staff in June 2016 with higher productivity rates than this revised directive. When reviewing the Trauma Informed Care Survey of staff high caseloads was one area mentioned. In response, Ms. Johnson and Ms. Gallagher met with supervisors to determine reasonable expectations. This version allows more flexibility with high and low rates which we believe is more attainable for staff. This Policy Directive took effect November 1st.

Ms. Thomson asked for an example of the changes. Ms. Gallagher responded that in 2016 the productivity standard of a Clinician's work time was 60% for a month. This version is more flexible for staff with a minimum of 45%, meets is 50% and exceeds is 55%. These numbers reflect a direct, face-to-face encounter with the individuals served on their caseload. Reports are provided monthly.

Ms. Jowett-Lee asked if the results of the Trauma Informed Care survey had been made available. Ms. Gallagher replied that they are in the process of being typed. Ms. Johnson stated she and Ms. Gallagher reviewed, summarized and made recommendations to the feedback received. She noted that only 60 staff participated in the survey out of 300 staff which makes it difficult to determine if there is an issue or not. The survey was administered by paper and by computer. Ms. Johnson stated that she will discuss this further under FY 17 Agency Goals.

Ms. Jowett-Lee asked if this number included time for paperwork. Ms. Gallagher replied that many times documentation is taking place during the visit by the use of an iPad. Driving time, training, sick, vacation, etc., are also taken into consideration.

2. Employee & Team of the Month: September

Employee of the Month was Hillary Richards, Outpatient Clinician with Trauma Informed Care. She was nominated for her work in helping to transform the Agency into a Trauma Informed Care system. Several individuals that she has worked with have commented on how Ms. Richards has helped them move past years of unresolved trauma in helping them to become empowered and make their own decisions.

Team of the Month was the Ad-Hoc Independent Living Team. Team members: Mike Wesch, Dawn Guzdial, Trista Gould and Abbey Kamendat were chosen because of their efforts to

provide a seamless transition to an independent living setting for individuals who had lived in residential settings for many years. These individuals were nominated by staff from Blue Water Developmental Housing.

B. Administrative Services – T. Pingitore

1. Corporate Compliance Plan FY 17 Report

This report outlines the efforts and activities that took place over the last year within the Agency to ensure Corporate Compliance. It addresses the tools used to assess such as Utilization Management, Grievance and Appeal monitoring, reviewing trends that occurred through contract monitoring and addressing any Corporate Compliance Complaints including fraud and abuse. This report also addresses prevention activities that took place such as HIPAA training; we frequently send out reminder notices to staff and contract agencies reminding them of the importance of filing complaints and the process; Corporate Compliance flyers are posted and updated regularly; and, there is also a Privacy and Security Committee to address in-house risk areas.

Recommendations: 1) Make further enhancements to Utilization Management and Contract Monitoring processes and continue to stress the importance of reporting Corporate Compliance concerns; 2) Continue communication both internally and with contract agencies on the importance of Corporate Compliance, identifying and investigating concerns; 3) Continue the annual HIPAA Risk Assessment; 4) Continue Privacy and Security Committee and 5) Update the Corporate Compliance goals for FY 18.

2. Corporate Compliance Program Plan for FY 18

The purpose of Corporate Compliance Program is to provide quality care for all individuals it serves by acting as an internal control. We are looking to deter fraudulent acts, detect misconduct and prevent waste/abuse both internally and with our service providers.

The goals for FY 17 have been carried over for FY 18 with the addition of two new goals. Goal #2: Report monthly on grievance and appeals activities; this was occurring and being reported monthly to Region 10 PIHP but is now being added to the St. Clair plan; and Goal #3: St. Clair County CMH Corporate Compliance Committee to meet quarterly or more frequently as needed. This is a small Committee designed to formalize the process and review the documents.

C. Support Services – M. Measel-Morris

1. FY 17 Summary Quality Improvement Committee (QIC)

This annual report provides a summary of the status of the goals and objectives for each of the committees and workgroups that report to the Quality Improvement Committee. These include Community Relations, Corporate Compliance, Human Resource and Development, Privileging and Credentialing, Program Development, Recipient Rights, System Improvement, Information Technology, Facilities, Utilization Management and Performance Improvement Projects.

2. FY 18 Quality Improvement Program/Plan

Provided within this report is a description of the Quality Improvement Program which is the same as FY 18. What changes are the goals/tasks for each Committee/Workgroup for the upcoming year. Some new goals reported are: Corporate Compliance Committee is going to meet at least quarterly or more frequently as needed; Human Resources will be phasing out the ABRA software; System Improvement has added the Prescriber Satisfaction Survey and we are researching additional tools to be used for population analytics, and we also have some improvements that have been made to Facilities such as looking for a replacement group home for Allen Road while Safety as well as Privileging and Credentialing remain the same.

Ms. Thomson asked about security training and the front desk as well as access to the upstairs. Discussed were trainings and security measures that have been put in place.

3. Customer Satisfaction Survey FY 17

This survey was administered in the month of July. The process was changed as to how the survey was administered from last year because this is a Regional effort. This report covers the findings specific to St. Clair County CMH. The overall satisfaction rate was 97% which is up 1% from last year. The survey was provided to 1,122 people with 437 (39% response rate) completed either in person or by the mail. Comments received were very positive about staff, services received and our facilities.

4. Accessibility to Services Survey

This survey was conducted along with the Customer Satisfaction Survey and the Prescriber Survey. This particular survey focused on our direct-operated services not our providers. This survey was given to 1,079 persons served with 432 completed (40% response rate). The survey questions address areas recommended by CARF. Questions are geared towards barriers (physical, insurance, transportation, language, etc.) that may make it difficult to receive services. One area that scored high was getting a job; which is out of our control. In reviewing the Plan of Correction, Ms. Measel-Morris noted that there was nothing outstanding.

D. Policies Out for Review – M. Measel-Morris

Those policies with the asterisk denote Board policies. There were minor wording changes or procedures that were updated.

1. Board Member Per Diem & Travel Reimbursement

This policy was updated to reflect current procedures and update forms. Of significance was clarification in the definition of “Board Member.”

E. FY 17 Agency Goals Year-End Report – D. Johnson

Overviewed by Ms. Johnson was the status of the Agency Goals at year’s end. Overall we did well in all areas. Areas highlighted: 1) Maintaining compliance with all regulatory areas: This addresses all regulatory standards (MDHHS/Region 10/CARF/Corporate Compliance/M-CEIT). We are in compliance in all areas. A follow-up site review was conducted by MDHHS in May

and resulted in no additional citations. 2) Improving outcomes for the individuals we serve by meeting or exceeding all indicators for excellence regarding care: Ms. Johnson stated that one area we focused on was recovery training for People's Clinic since they are new to our site. We will also be re-implementing Keeping Recovery Skills Alive with staff due to the large number of new staff that have been hired. We continue to monitor Evidence-Based Practices and have done really well in our Fidelity Scores. 3) Maximize efficient use of public funds and identify opportunities to increase efficiency and effectiveness: Ms. Johnson stated that Ms. Farr has done a really good job with her budget planning/forecasting and monitoring. The new software that Ms. Farr had implemented helped in a large part to this area. 4) Review organizational structure and staff capacity needs: Ms. Gallagher and Ms. Johnson met with supervisors and as a result added increased staff capacity. In terms of leadership, the Management Team recently completed the DISC assessment for Leadership Management and ongoing training will be conducted. We will also be having all the supervisors complete this assessment as well. We will also be conducting another survey for staff that is similar to the Trauma Informed Care Survey; there are a lot of similar questions but will only take 15 minutes to complete. Ms. Johnson stated that she will write a preamble to this survey and stress the importance of completing the survey in order for changes to occur. The survey will be an e-version, no paper and is program specific. 5) Continue to influence Federal, State and Regional activities which impact the local CMH System – Ms. Johnson stated that she has been as active as possible in this area. However due to health issues this year, Ms. Farr and Ms. Pingitore attended more meetings at the state in her absence. 6) Identify and implement cultural and/or process improvements to assure that CMH personnel have the most effective and efficient tools to achieve desired outcomes while reinforcing the Agency's Vision, Mission and/or Values: Three individual meetings with supervisors that Ms. Johnson and Ms. Gallagher sought input for improving work life and addressing team building, productivity, staff capacity, skill training, etc. Also training was held on Integrated Care, Veterans and Trauma Informed Care. TREM (Trauma, Recovery and Empowerment Model groups started. 7) Identify and implement strategies to address current and future CMH building/property issues and/or needs: Ms. Johnson stated that we continue to assess the Allen Road home with regards to a new build or purchasing and existing home. Renovations have been completed at the new ABA Center and they turned out great!

This document is also used as a reference in completing Ms. Johnson's evaluation.

F. Executive Director Evaluation – E. Priemer

Chairman Priemer asked Board members to complete their evaluation of Ms. Johnson's performance for FY 17. The evaluation needs to be submitted by November 21st. The evaluations will then be aggregated and shared with the Personnel Committee and reported back to the full Board.

Ms. Thompson asked if Ms. Johnson had goals specific to being the Executive Director vs the Agency Goals. Ms. Johnson stated that anything she does is related to the Agency Goals. It is her responsibility to lead the Management Team and collaboratively they determine what needs to be addressed. She stated that she does have certain staff that report directly to her. She also noted that the evaluation format was modified at Board member's request prior to last year's evaluation.

G. Region 10 Update – E. Priemer

The Region 10 PIHP Board met on October 20th. There were two items of significance. First, a board member had seen a commercial on TV where the parent company of the auditing firm used to prepare Region 10's audit was meeting with healthcare administrators and offering to see what they could do to help them gain access into the behavioral health arena. Significant discussion took place as to whether or not Region 10 should stay with a firm that we believe could be

undermining our demise. A vote was held and the vote was in favor of putting the accounting firm out to bid.

Secondly, over the last year Region 10 has been working towards achieving NCQA certification. It was believed that the State was going to require this certification of PIHPs. By achieving this certification would put Region 10 in a position to compete with larger healthcare agencies. The State has recently stated that they will not be requiring this certification of PIHPs. The issue was raised at the meetings that if the State was not going to require this certification, why do it. Some felt it should be pursued since a lot of work has already been completed while others questioned where the extra staff time was going to come from. This was put to a vote and the process was terminated.

H. Board Association Business – D. Johnson

1. FridayFacts

The look has been changed with the breakout of the new logo. They are now known as the “Community Mental Health Association of Michigan.”

Of interest, the Executive Director position for Detroit-Wayne CMHA has been reopened. Mr. Willie Brooks, current Director of Oakland County CMHA, has rescinded his application and will be remaining with Oakland CMHA.

PAC contributions are still being solicited. Lapeer CMH won the Tiger’s Suite.

2. Fall Conference Feedback

Ms. Jowett-Lee stated that the conference is always good for networking and seeing what other CMHs are doing. She commended Ms. Johnson on keeping the Board informed on State happenings because many of the topics discussed by Mr. Bolter she was already familiar with.

Ms. Thomson stated that the Boardworks sessions were good. At one of the Boardworks sessions it was recommended that the new Board member sign a document which addresses their responsibilities as a Board member.

Ms. Johnson suggested that a Board Governance Committee be formed. She doesn’t have all the details worked out yet.

3. “Connections” Newsletter

Thoughts about the last 50 years of mental health and predictions for the future were addressed.

4. History of the System and the Association

It addresses how the Association was formed and the revision of the Mental Health Code which allowed CMHs to become a mental health authority, empowered consumers and family members by mandating their representation on CMH boards and strengthened the recipient rights system. Of particular interest was the growth in the mental health from its inception in 1970 with a budget of \$13.1 million for a \$2,500 billion budget in 2010.

VII. DIRECTOR'S REPORT – D. Johnson

A. Thank You from Senator Gary Peters

A letter was received from Senator Peter's office thanking Ms. Johnson for contacting him regarding the Affordable Health Care Act and the effects the changes will have on families in Michigan.

B. "In the Know" Newsletter

This is a monthly newsletter that is sent out to staff and contract agency directors. Its purpose is to help keep staff informed of activities taking place within the Agency. Ms. Johnson noted that a Staff In Service Day is scheduled for Friday, December 15th in which the Agency will be closed for the day. Also this year for Open Enrollment for staff healthcare we will be able to keep the cost the same as 2017.

C. Abuse & Neglect Registry in Mental Health

Ms. Johnson advised the Board that Ms. Delor was unable to be present this evening. In light of the feedback she has regarding the Department's response, Ms. Johnson stated that she would like Ms. Delor to discuss this first with the Recipient Rights Advisory Council and then bring back its recommendation/thoughts to the CMH Board.

D. Community Foundation: CMH Fund Status

Provided was a report detailing our fund status as of September 30, 2017. Our ending holding balance as of September 30, 2017 is \$113,541.41.

E. Mattress from St. Clair Inn

There was an article in the Times Herald that questioned why they gave the "grungy" mattresses to Community Mental Health. Ms. Johnson advised the Board that the mattresses were in good condition; however, when they moved the mattresses they slid them across the floor and the side got filthy. A quote of \$4,000 was received from Dependable Cleaning to clean 50 mattress sets. It was suggested that quoted be received from Sweeney Cleaning. She also noted that bed bug mattresses covers will be provided.

F. Incident at Admin

We did have an altercation this morning with two women who we served were agitated that they couldn't see an ACT member upon their arrival. Staff involved including reception staff were pulled into this meeting and 10 quick suggestions for proposed responses were given.

VIII. BOARD FORUM

A. Board Roster

Chairman Priemer asked Board members to please review their contact information and get any changes to Lori.

B. Van Drivers

Ms. Ames commended the van drivers...they are a great team! She said that they have had multiple drivers and they have always been concerned and polite.

IX. ANY OTHER BUSINESS TO PROPERLY COME BEFORE THE BOARD - None

X. ADJOURNMENT

With no further business to discuss Chairman Priemer adjourned the meeting at 7:20 pm.

Respectfully submitted,

Lori Ballor-Gauthier
Recording Secretary