

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

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GROUP MEETING: SCC Community Mental Health Board  
SUBJECT: Regular Meeting  
PLACE: CMH Board Administration ~ Summit Room, 2<sup>nd</sup> Floor  
3111 Electric Avenue, Port Huron, MI  
DATE: December 5, 2017  
TIME: 6:00 p.m.  
PRESIDING: Edwin J. Priemer, Chairman

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

I. CALL TO ORDER

Lack of a quorum was noted, so the decision was made to proceed and review items not requiring action and delay approval of the minutes and Items for Action until the December 19, 2017 meeting.

II. CITIZENS WISHING TO ADDRESS THE BOARD – None.

III. AGENDA CHANGES – None

IV. PRESENTATION OF MEETING MINUTES

Action delayed until the meeting of December 19, 2017. Chairman Priemer noted that VII.A. should read “This is an amendment to the ~~Medicaid~~ *General Fund* contract.

V. ITEMS FOR ACTION

A. Region 10 PIHP / St. Clair CMH Contract Amendment #1 – D. Johnson

Ms. Johnson overviewed the revisions noted in Amendment #1 that occurred in the areas of HSCB Rules, Customer Services, Delegation Agreement, and the following Attachments: PCP Policy & Practice Guideline, Customer Service Standards, Grievance & Appeal/Technical Requirement, Data/Reporting Requirements and CMH//PHIP Performance Objectives. Since no changes occurred in funding, Ms. Johnson stated that technically she is able to sign the agreement; therefore this will not be coming back to the Board for action; the Board agreed.

VI. INFORMATIONAL ITEMS

A. St. Clair Operations – K. Gallagher

1. Employment First

The Employment First Grant was submitted last week. It is an employment program that is similar to our IPS (Individual Placement Services) Program which is for adults with a mental illness. The Employment First grant is for those adults with intellectual/developmental disabilities to get competitive, integrated employment. We have had a lot of success with our IPS Program and have many individuals with intellectual/developmental disabilities have requested such as program for them as well. In our IPS Program we have served over 103 individuals and our retention rate is 78%. Ms. Johnson stated that the IPS Program is an evidence-based program that has done extremely well in providing very good outcomes for the people we serve.

Ms. Thomson asked if this is similar to the Galley/Sail In Program. Ms. Gallagher replied no. The Galley and the Sail In are operated internally and are training programs and is not considered competitive employment. We are, however, trying to get more students enrolled and trained for employment through these programs.

2. Residential Beds

Ms. Gallagher requested Board consideration to send out a Request for Proposal for a group home for individuals with a mental illness. There has been a backlog of individuals at the hospital that are in need of placement as well at the Jail. Currently we only have 4 crisis beds out of 6 bed home (Lincoln Home). The issue is the length of stay that is occurring at the crisis home. Individual stays are extending beyond the 30 day requirement and they don't have anywhere else to go. The intent of this home would be more of a transitional home from the crisis home to an AFC home or their own apartment. The length of stay could be extended freeing up a crisis bed. Currently we have 2 in the hospital and 1 in the Jail in need of placement. This would also help the Mobile Crisis Unit in their diversion efforts.

Ms. Jowett-Lee was in favor of sending out the RFP and asked if we had a home in mind. Ms. Johnson replied that we do not have home in mind at this time but would like a ranch home (or a home with at least two bedrooms on the first floor for "accessibility issues"), on a bus route in the Port Huron or Port Huron Township area. Ms. Johnson stated that a Review Committee will be formed and their recommendation will be brought back to the Board for action at a later date.

B. Admin Services – D. Johnson

1. Auto Insurance Coverage

In response to Ms. Bligh's question at the last Board meeting, Ms. Johnson presented the findings obtained by Ms. Pingitore who researched through MMRMA (our insurance provider). Ms. Johnson stated that our first priority is that staff access Agency vehicles whenever possible; we have a fleet of 40. In the event they need to use their own vehicles and an accident occurs, the liability coverage (to include bodily injury and property damage to other people's property) would apply in the following order:

1. The employee's insurance provides primary coverage and CMH insurance would be excess
2. If the employee does not have insurance, CMH insurance would apply as primary coverage

*Note:* CMH insurance would provide only excess coverage over and above the employee's insurance limits. Also CMH insurance would not pay anything for the physical damage to an employee's car.

Ms. Johnson also reviewed the coverage in the event an occupant of a CMH vehicle is injured and in the event an occupant of an employee owned vehicle is injured. In accordance with our Agency policy, we reserve the right to ask for a copy of an employee's insurance coverage. However, to ensure that staff using their vehicle to provide transportation are adequately insured we will be requesting a copy of their vehicle insurance to keep on file and will be requesting periodically to ensure coverage is kept up.

Chairman Priemer questioned the coverage of staff and if they have identified that they are using their vehicle for business purposes, which could cause them a higher insurance rate.

Ms. Johnson advised the Board that GPS has been installed in all our vehicles to identify the location of the vehicle and to ensure they are used as efficiently as possible. It was noted that some staff had signed the vehicle out for a full day and it was only used a portion of the day.

Mr. Rieves also suggested that when considering the purchase of additional vehicles that maintenance in addition to the cost of the vehicle, be factored in versus paying staff mileage costs.

Ms. Gallagher stated that some of the staff with the large travel checks are completing home visits and not transporting individuals. Our concern is if Agency vehicles are available during this time why they aren't being utilized, this is under review.

Ms. Thomson requested that Ms. Bligh be made aware of this feedback since she was the one that raised this issue at the last meeting. Ms. Johnson stated that she would follow up with Ms. Bligh.

C. Executive Director Evaluation – E. Priemer

1. Personnel Committee Report

Prior to this evening's Board meeting, the Executive Committee met and reviewed the aggregated feedback from Board members in regards to Ms. Johnson's performance over the past year. The evaluation was very positive and contract renewal was recommended.

Ms. Johnson thanked the Board for their positive review and stated her appreciation and support throughout the past year, especially in light of her medical issues.

D. FY 18 Agency Goals – D. Johnson

The FY 18 Agency Goals are basically the same as last year. Changes included: updating of staff names (will be contracting with Ms. Kammer on Healthcare Integration), removal of the CCBHC goals, adding Trauma Informed Recovery System of Care and the Disaster Recovery Resumption Plan.

E. Region 10 Update – E. Priemer

Chairman Priemer stated that the Region 10 Board has not met since our last meeting therefore no report was provided.

F. Community Mental Health Association – D. Johnson

1. FridayFacts

The Michigan Association of Community Mental Health Boards has formally changed its name to the “Community Mental Health Association.” Its new logo was released at the Fall Conference. Highlights from the FridayFacts include: PAC Campaign continues; HCSB policy is out for review and feedback is being received until January 1, 2018 and Crain’s Detroit Business lawsuits against pharmaceutical makers and distributors regarding the opioid crisis. Mr. Rieves noted the article on page 5 addressing trials involving persons in Michigan with a mental illness.

VII. DIRECTOR’S REPORT – D. Johnson

A. NASW-Michigan and Advocates Stop Harmful Medicaid Policy

There is a proposed policy addressing Medicaid providers which stated that if you had any criminal convictions in the last ten years which included shoplifting, juvenile convictions, drug possession, even a DUI, etc., you would be unable to work for any Agency accepting Medicaid. This could significantly impact peer supports and peer support counselors. Thanks to advocacy efforts and the large number of comments (300) voicing concern about this rule, the Department will be making changes. Ms. Johnson stated that this change is ironic in that it was the Department that stated we needed to hire someone with criminal justice involvement when we were hiring for a position at the Jail.

Mr. Rieves reiterated the importance of peer supports. He believes you need to have someone that has traveled the journey to be effective.

B. Leadership Survey

A Trauma Informed Care survey had been issued to staff and only 60 out of 300 responded. Due to the low feedback, Ms. Johnson stated that it is hard to know how statistically significant the feedback really is. Both Ms. Johnson and Ms. Gallagher reviewed all the feedback received. It was decided that due to the low response no formal report will be rewritten. However, we will formally report out the below information at the upcoming In Service. In terms of action, we’ve already addressed several areas of concern, or are in the process or addressing, to help us become a more Trauma Informed organization.

**PHYSICAL SAFETY:**

Most people report feeling safe during their workday but a few concerns were expressed:

- The lack of a door in the Case Management Unit area:
  - We will be installing one soon
- Safety with home visits:
  - We will be providing training on safety & home visits
  - We will have a committee evaluate & report on the most effective home visit safety protocols

### **EMOTIONAL SAFETY:**

Most people report feeling emotionally safe at work but a few concerns were expressed:

- Safety with home visits
  - As stated before we will have additional trainings and safety protocols
- High caseloads & feeling overwhelmed by the demands of the people we serve:
  - We are in the process of proving a “decompression room” / staff break area where the old records room used to be
  - Mike McCartan will be provide monthly debriefings that address these concerns
  - We will have a series of trainings not Brown Bag lunches that also address these concerns

### **SUPPORTED BY SUPERVISORS/MANAGEMENT TEAM**

Overall staff felt that they are supported by their supervisors. However, some staff suggested that supervisor’s communication skills could be more effective:

- We will address this with ongoing training for supervisors
- At the In Service, one of the speakers, Scott Babin, will be addressing the issue of effective communication in his presentation “Everybody Communicates, Few Connect”

### **IS ASSISTANCE READILY AVAILABLE?**

Most staff responded that assistance is readily available. However, concerns were expressed about the lack of clinical assistance before 8 am and after 5 pm.

- We have adjusted schedules so clinical staff will be available before 8 am and after 5pm
- Clinical staff are now signing in
- Reception has a list of supervisors who are covering clinical

### **IS PHYSICAL PRIVACY IN OUR WORKPLACE SUFFICIENT?**

A majority of respondents did not feel the workplace privacy is sufficient. In particular concerns about the noise level generated by open cubicle areas were expressed. Though we continue to believe the advantages of an open workplace environment outweigh the disadvantages it is important for everyone to practice respectable etiquette:

- Avoid having meetings at your desk. Keep noise & distraction to a minimum
- Remember that your voice carries
- Since many people have allergies to scents, consider forgoing wearing perfumes, cologne or strong aftershave to the office
- Keep your belongings confined to your own personal space

### **DO SUPERVISORS AND MANAGEMENT TEAM UNDERSTAND WHAT DIRECT CARE WORKERS FACE?**

While most people responded “yes” this is a concern we want to continue to address. Over the next 6 months some Supervisors and some members of the Management Team will job shadow randomly selected Direct Care Workers

### **IS SELF-CARE PROMOTED AND SUPPORTED?**

A majority of staff reported they would welcome additional efforts in this area.

- Our Trauma Informed Care grants are being utilized to improve Self-Care
- Additional Self-Care trainings will be offered

### **TRAINING**

Overall staff were satisfied with training but there are was concern expressed about no set training for operational staff.

- Brown bag lunches will continue

- However, throughout the year we will have more focused training for specific positions and departments

Ms. Thomson suggested that Management make staff aware once a suggestion has been completed. Ms. Johnson agreed that this is important and this has been our past practice and will continue to do so.

One of our supervisors questioned how the Leadership Training was going to be evaluated for effectiveness. The trainer, Mr. Scott Babin, suggested conducting a before and after survey. As such, a second survey is being sent out with similar questions to the Trauma Informed Care survey. The survey asks for assistance to build a positive culture, increase staff morale and be an organization that considers the wants and needs of our staff and creates policies and a workplace environment based around them. We want everyone to work in an environment that they feel they can succeed and be supported and we know that this requires continually improving leadership skills at all levels of the organization. The survey will be issued this Friday and will be addressed at the Staff In Service on December 15<sup>th</sup>.

C. Community Foundation Giving Guide

Provided was a copy of an ad we placed in the Community Foundation Giving Guide that was recently released in the Times Herald.

D. Other

*Directors' Forum:* Ms. Johnson was unable to attend. However, it was reported that a Request for Information (RFI) is going to be released to determine what CMH wants to become a pilot site. Most CMHs do not want to become pilots. The Department has committed to having three pilot sites so something will have to be done should no one volunteer to; currently there is no incentive. Kent County CMH will be a demonstration project which is not the same as a pilot site. Funding must flow through a single funding source all Medicaid Health Plans must be involved to that specific area.

*Disabled and Blind (DAB)* enrollment numbers are down. A person who is enrolled as a DAB generates a PEPM payment of \$262 per month; a Healthy Michigan enrollee generates a PEPM payment of \$37.00 per month and a Temporary Assistance for Needy Families (TANIF) enrollee generates a PEPM payment of \$16.70 per month. There has been a drop of 11,000 people as DAB enrollees which leads to a drop in revenue to CMHs of approximately \$30 million statewide. This is being addressed with the MDHHS by the CMHA and the PHIPs and will continue to be monitored.

*Hepatitis A:* A bulleted list was provided by the Department detailing when the outbreak occurred, categories of people that should be concerned, as well as the symptoms and prevention. We are sharing the information for all those we serve as well as our staff. We have held free vaccination clinics at all three of our primary locations (Capac, Marine City and Port Huron). Free shots are available at the Health Department. Dr. Mercatante, Health Department Director, is doing a great job of informing the community.

*Staff In Service* will be held on Friday, December 15<sup>th</sup> at the Blue Water Convention Center. The Agency will be closed all day. The agenda of planned activities was shared with the Board.

*Retirement Party for Sandy Kammer* will be held on Thursday, December 14<sup>th</sup> at the Alley located on Quay Street. Her last day of employment is December 31<sup>st</sup>; but she will be returning

on a part-time, contractual basis to continue to serves as the Project Leader for the SAMSHA Health Integration Project (HIP).

VIII. BOARD FORUM

A. St. Clair CMH Board 2018 Meeting Calendar – E. Priemer

Shared with the Board was the proposed 2018 Meeting Calendar of CMH Board Meetings. This will be brought back to the Board for action at its next meeting.

B. Board Member Attendance – E. Priemer

Provided was a listing of Board member attendance through the end of November. Any feedback should be submitted to Lori.

Board member, Esmeralda Peters, resigned from the Board effective as of today creating a second Board vacancy. Ms. Johnson stated that a potential Board member has been identified but is not available until January and will replace the vacancy created by Ms. Smafield.

Ms. Johnson advised the Board that Ms. Lock is not at tonight's meeting due to a recent surgery.

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

X. ADJOURNMENT

With no further business to discuss the meeting ended at 7:10 pm.

Respectfully submitted,

Lori Ballor-Gauthier  
Recording Secretary