

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: St. Clair County Community Mental Health
3111 Electric Avenue, Port Huron
DATE: March 3, 2020
TIME: 6:00 p.m.
PRESIDING: Nancy Thomson, Chairman

PRESENT: L. Ames, S. Armstrong (left at 7:00pm), J. Bligh (left at 6:43pm), A. Essian, J. Jowett-Lee, M. Paulus, E. Priemer, K. Schieweck, N. Thomson
CALL IN: M. Partipilo, S. White
ABSENT: E. Rieves
ALSO PRESENT: Guests: A. Bolter, CMHAM
Staff: K. Gallagher, D. Johnson, T. Pingitore, K. Farr, M. Measel-Morris, T. Goyette
PRESENTATION ONLY: Staff: T. Delor, K. Gallagher, S. Herrle, M. Hutchinson, D. Johnson, T. Pingitore, K. Farr, M. Measel-Morris, K. Zultak, T. Goyette

I. CALL TO ORDER

The meeting was called to order at 6:09 p.m. by Chairman Thomson.

II. CITIZENS WISHING TO ADDRESS THE BOARD - None

III. SPECIAL PRESENTATION: ALAN BOLTER, COMMUNITY MENTAL HEALTH ASSOCIATION OF MI

Mr. Bolter, Associate Director of the Community Mental Health Association of Michigan presented and provided an overview of the departments take on the proposed system redesign in the process of being rolled out by the Michigan Department of Health and Human Services.

Mr. Bolter explained that the CMHAM does not view the current Mental Health System as being broken as has been reportedly implied at recent presentations and forums conducted by MDHHS. Mr. Bolter reinforced that there has been very little input sought from governor's office and no input sought from the legislature or the CMHA as of yet and that the proposed redesign is at the beginning of the process and not the end.

Mr. Bolter stated that there are two core pieces to this redesign the Medicaid section and the Public Safety Net section.

Mr. Bolter reviewed the values and goals of the redesign. Integration has not been listed as one of the goals of the new system.

Regarding the listed challenges that people face that is being presented, it does not seem that the redesign provides solutions to the proposed listed challenges. There also has not been data provided as of yet to support all of the challenges being listed. For example listing referral delays when there is currently no wait list to receive CMH services.

Mr. Bolter reviewed that currently an individual's physical health is managed by a Medicaid Health plan with their Behavioral Health being managed by a PIHP. The future model being looked at would have the Physical and Behavioral Health both being managed by the Medicaid Health Plan.

Mr. Bolter outlined what a Specialty Integrated Plan would look like. Individuals in a SIP would include Medicaid and HMP beneficiaries who have a diagnosis of Serious Mental Illness, I/DD/ Substance Use Disorder, Children with severe emotional disturbances. Not included would be the individuals who are Unenrolled/ Duals, Mild to Moderate and SUD non-Medicaid. It was noted that the Duals make up 25% of individuals served through the PIHP.

The different models that have been rolled out by the department were reviewed. The publicly lead option would be more of a public/private partnership. The requirements of being a SIP that our PIHPs do not have are: Fully licensed and meets insurance regulatory requirements, adequately capitalized and risk bearing, strong networks for health and specialty care, typical health plan administrative infrastructure, and specialized care planning and management. It was stated that first and foremost the department wants the new entity to be completely risk bearing for physical and mental health.

Impact on people receiving services were reviewed. It is not the department's goal to reduce benefits. One care team to help you manage all needs, providers more likely to coordinate care, access to statewide provider network, and ability to pick your plan were listed as benefits to the new model. Changes the CMHs will need to make include forming new partnerships to serve as managed care entities, build new social clinical expertise, capital reserves, managed care functions and adjust accounting and billing.

MDHHS will need to take an active role as public entities meet with private to further develop the purposed redesign. Subject matter experts will need to be consulted and provide feedback.

More than one entity in a region could equal a loss of public resources and it would be difficult for CMHs to partner with a public health plan when they are able to manage this on their own.

The funding mechanism designed would be a per enrollment basis for funding. Currently Region 10 is paid on all the Medicaid and Healthy Michigan enrollees in the region regardless of amount served. This is suggesting that payment will be based on number of people enrolled in the new entity.

Mild to Moderate are currently not being factored into the new redesign.

Mr. Bolter stated there are a lot of things to get worked out.

The safety net referenced in the current plan currently seems to be too narrow. It does not include many services that are currently provided. Recommendation will be made that the safety net include the nine CCBHC services.

The timeline listed by the department is very ambitious. A lot of work will need to be done including gathering input, legislation, and changes to the Mental Health Code in order for this to be implemented.

Next steps for CMHA include developing recommendation through the system redesign work group, partnering with statewide advocacy groups, partner and recruit other stakeholders, reach out to Governor's office and start identifying potential legislative champions and influencers.

An overview of the FY21 Executive Budget was provided.

The floor was opened up for any questions. Mr. Armstrong asked how familiar the individuals developing this plan are with Behavioral Services and Michigan in general. It was stated that the people developing this at the state level are from Washington DC and have taken a very academic, intellectual approach to developing this plan.

IV. AGENDA CHANGES - None

V. PRESENTATION OF PREVIOUS MEETING MINUTES

It was moved by Mr. Armstrong seconded by Ms. Jowett-Lee, to approve the minutes of the February 11, 2020 regular meeting of the CMH Board. **MOTION CARRIED**

It was moved by Mr. Armstrong seconded by Mr. Schieweck, to approve the minutes of the February 18, 2020 special meeting of the CMH Board. **MOTION CARRIED**

VI. PRESENTATION OF JANUARY RECEIPTS/DISBURSEMENTS & ELECTRONIC TRANSFERS

It was moved by Mr. Primer, seconded by Mr. Paulus, to approve the January Receipts/Disbursements and Electronic Transfers, as presented. **MOTION CARRIED**

VII. PRESENTATION OF BILLS TO BE PAID

It was moved by Mr. Essian, seconded by Ms. Jowett-Lee, to approve the Bills to be Paid in the amount of \$3,280,032.66, as presented. **MOTION CARRIED**

VII. ITEMS FOR ACTION

A. MDHHS Annual Submission Requirements

It was moved by moved by Mr. Schieweck, seconded by Mr. Priemer, to approve the MDHHS Annual Submission Requirements as presented. **MOTION CARRIED**

VII. INFORMATIONAL ITEMS

A. Finance:

1. January Funding Bucket Report and Financial Statement – K. Farr

Presented by Ms. Farr was the January Funding Bucket Report. She reported that:

- Year-To-Date Expenditures are running approximately \$91,900 under the Original Budget.
- Payroll costs are running approximately \$9,000 under the Original Budget.
- Contractual costs are running approximately \$207,000 over the Original Budget, mainly in the Physicians and Autism departments.
- Residential and Supported Housing running approximately \$311,000 under the Original Budget. Ms. Farr noted this is due to issues with vacancies that will be addressed with the providers revised budget.
- Self Determination costs are running approximately \$77,000 over the Original Budget.
- Contract Agencies, mainly Community Enterprises, are running approximately \$125,000 under the Original Budget. Ms. Farr stated that this is a utilization issue.
- Hospitals are running approximately \$161,000 over the Original Budget.
- Technology, Software, Network expenditures and building related expenditures are collectively running approximately \$91,900 under the Original Budget.

Ms. Farr reported on the Region 10 PIHP Contract Funding. Currently Medicaid including Autism is running under budget and the Healthy Michigan Plan is running over budget. MDHHS General Fund expenditures and COFRs are currently running under budget. Regarding the St. Clair CMH Funding Ms. Farr noted that the deficits in the SUD budget are currently being covered by CCBHC funds. A new costing mythology was implemented in January regarding CCBHC funds. Currently CCBHC funds are running over budget.

B. Program Operations Update – K. Gallagher

1. Dietitian

Ms. Gallagher stated that a dietitian has been hired who through CCBHC funding all individual receiving CMH Services can access. The dietitian is working in coordination with the InShape program and so far there has been positive feedback.

2. Prolonged Exposure Treatment

Ms. Gallagher announced that through CCBHC funding approximately forty staff have been trained in the modality of Prolonged Exposure Treatment. Prolonged Exposure Treatment is an Evidence Based Practice used to treat trauma and is now available at all St. Clair County Community Mental Health service sites.

3. CBT for Suicidal Behavior

Trainers from the BECK Institute were on site last week to train approximately fifty staff in the evidence based practice of CBT for Suicidal Behavior. Staff who participated in the training learned Cognitive Behavioral Therapy techniques to identify risk factors and plan efficient and effective treatment for clients with suicide-related ideation and/or behaviors. This training was funded by the CCBHC. Training was funded by the CCBHC.

C. Contract Management:

1. Policies Out for Review

Ms. Measel-Morris reported that currently policy #03-001-0010 Self Determination Choice Voucher is out for review. This policy will have changes in all areas due to procedural changes especially to be reflective to changes in support of support coordinators documentation.

D. Region 10 PIHP Update

Mr. Priemer stated that the draft minutes of the Region 10 board meeting from February 21, 2020 properly reflect information provided other than the location was here and not at Lapeer and discussed at the meeting. There was discussion at the meeting that the February payment from the state will be reflective of the true payment. Ms. Farr stated that regarding that payment there had been disconnect between the eligibility files and the payment files. There is a work group that is working toward reconciling the two. Fortunately this is not something that should be something that has much effect on St. Clair CMH due to not being over in our spending.

X. DIRECTOR'S REPORT

A. Community Education / Public Relations Report & Upcoming Trainings

Ms. Johnson presented on upcoming Community Education / Events and upcoming trainings highlighting the upcoming Blue Water Run Series, SCCCMHA Run for Recovery and the Empty Bowl. The first run in the series is the Leprechaun Loop with the YMCA on March 14, 2020. SCCCMHA Run for Recovery is the second series of the run and taking place on May 9, 2020. The Empty Bowl is coming up on March 26, 2020 with tickets being \$25.00 in advance and \$30.00 at the door.

Ms. Johnson spoke about the upcoming Annual Meeting taking place on May 29, 2020. The Annual Meeting has historically been an evening event however this year it is a morning event including a breakfast with the All Agency InService immediately following.

Several articles have been published regarding the closing of the Sail In Café and Convenience store and were made available for board review. Ms. Johnson has spoken with Mr. Jim Wilson regarding if he would like it put out there that they would be looking to fill the vacancy in the building and he said that he would so that information has been included in the articles.

Other highlights included the newly opened Autism Center and the relocation of the Center of Port Huron.

The Health Department issued a Media Release regarding the Coronavirus that was shared with all CMH Staff. Their stance is to prepare and not panic. We are in the process of ordering a stand with hand sanitizer and masks.

The second Strategic Planning Meeting took place on February 14, 2020. The meeting went well and generated a lot of good ideas. More updates will be coming on that as the process moves along.

A list of trainings was provided to board members. If any board member would like to attend a training they can contact Tracy Goyette.

B. Community Mental Health Association Business:

1. Weekly Update

The CMHA Weekly Update was made available for board member review.

2. Accurate Picture Campaign & Campaign Workgroup

Ms. Johnson announced that herself, eight other directors, and other providers have been asked by the Community Mental Health Association of Michigan to participate in the Accurate Picture Campaign. The “Accurate Picture Campaign” will be one of the core elements of the association’s advocacy effort around system design, coming alongside the association’s other advocacy tools. The goal of this campaign is to create an accurate picture of the mental health system.

3. System Redesign & CCBHC Update

Ms. Johnson informed the board that a meeting was held on February 27, 2020 for all CMH staff where herself and Mr. Jim Johnson, CEO of Region 10 presented on the redesign being proposed by MDHHS.

Ms. Johnson provided an update on the CCBHC Grant. Previously we had been told that due to being a part of cohort 2 and a potential overlap in funding between our current CCBHC Grant and the upcoming CCBHC Grant we were not eligible to apply. Thanks to lobbying efforts by Senator Stabenow and her staff we were issued the go ahead to apply for the next round of CCBHC funding. Ms. Karen Zultak has been working on the new Grant Application and the Community Relations Team has been an excellent support of these efforts.

4. Spring Conference (June 8 – 10, 2020) – Grand Traverse

The Spring Conference is taking place June 8 – 10, 2020 at Grand Traverse. Any board member interested in attending should let Tracy Goyette know as soon as possible.

5. EDA Membership

Ms. Johnson announced that she recently looked into SCCCMHA becoming members of the Economic Development Alliance of St. Clair County. The EDA hosts two meetings a year that offer excellent networking opportunities for St. Clair County. Becoming an EDA Member Investor offers both opportunities to members as well as supports other blue water area community partners.

XI. BOARD FORUM

A. Advisory Council Meeting Minutes (February 19, 2020)

Ms. Thomson informed the board that the minutes presented accurately depicted what occurred at the meeting. She highlighted the NAMI presentation that took place. The Director of NAMI attended the Advisory Council Meeting and met separately with key CMH Staff in hopes of forming a NAMI Chapter in St. Clair County.

B. Nominating Committee Report

The Nominating Committee met and created the following proposed 2020 Slate of Officers:

Chairman: Nancy Thomson
Vice Chairman: Julie Jowett-Lee
Secretary/Treasurer: Martha Partipilo

The Election of Officers will be held at the next meeting with nominations accepted from the floor.

XII. ANY OTHER BUSINESS TO PROPERLY COME BEFORE THE BOARD

A. Agency Name

Ms. Partipilo asked if there had been any developments on the prospect of renaming the agency. Ms. Johnson stated that it is still an idea that is very much being perused however input from the community is going to be sought. Contracting with an outside entity to assist with this process is being considered.

Ms. Jowett-Lee reported that Yale Public School students who recently participated in a yoga group enjoyed the class immensely. This was brought to them by SCCCMH and funded by the CCBHC.

XIII. ADJOURNMENT

It was moved by Ms. Jowett-Lee, seconded by Ms. Ames, to adjourn. **MOTION CARRIED.** With no further business to discuss the meeting was adjourned at 7:25 pm.

Respectfully submitted,

Tracy Goyette
Recording Secretary