

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: December 1, 2020
TIME: 6:00 p.m.
PRESIDING: Nancy Thomson, Chairman

PRESENT:

CALL/VIDEO IN: L. Ames, J. Bligh, A. Essian, J. Jowett-Lee, M. Partipilo, J. Platzer, M. Paulus, E. Priemer, K. Schieweck, A. Tucker, N. Thomson

ABSENT: S. White

ALSO PRESENT: Guests Video Conference: None
Staff: K. Farr, K. Gallagher, D. Johnson, M. Measel-Morris, T. Pingitore, T. Goyette

I. CALL TO ORDER

The meeting was called to order at 6:01 p.m. by Chairman Thomson.

II. CITIZENS WISHING TO ADDRESS THE BOARD – None

III. AGENDA CHANGES – None

IV. PRESENTATION OF PREVIOUS MEETING MINUTES

A. It was moved by Mr. Schieweck, seconded by Mr. Essian, to approve the minutes of the November 3, 2020 meeting of the CMH Board. **MOTION CARRIED**

V. PRESENTATION OF RECEIPTS/DISBURSEMENTS & ELECTRONIC TRANSFERS

A. It was moved by Mr. Priemer, seconded by Mr. Schieweck, to approve the October 2020 Receipts/Disbursements and Electronic Transfers, as presented. A roll call vote took place and all board members were in favor. **MOTION CARRIED**

VI. PRESENTATION OF BILLS TO BE PAID

It was moved by Mr. Schieweck, seconded by Mr. Paulus, to approve the Bills to be Paid for November 2020 in the total amount of \$5,493,301.31, as presented. A roll call vote took place and all board members were in favor. **MOTION CARRIED**

VII. ITEMS FOR ACTION

A. St. Clair CMH Board 2021 Meeting Calendar

Ms. Johnson reviewed the St. Clair County Community Mental Health Board Meeting Calendar for the coming year. The regularly scheduled board meetings are held the first Tuesday of the month however January presents a conflict due to the holiday. It was proposed the January meeting dates be moved to January 19, 2020.

It was moved by Mr. Essian, seconded by Mr. Paulus, to approve the SCCCMHA FY 2021 Board Meeting Calendar, as presented. **MOTION CARRIED**

B. FY 21 Agency Goals

Ms. Johnson presented the SCCCMHA FY 2021 Agency Goals. It was noted that per the request of the board a goal regarding employee productivity had been added.

It was noted by Ms. Johnson that the Agency Goals may be reviewed or adjusted if results of upcoming strategic planning deem it necessary.

It was moved by Ms. Partipilo, seconded by Mr. Schieweck, to endorse the SCCCMHA FY 2021 Agency Goals, as presented. **MOTION CARRIED**

C. Quality Improvement Committee:

1. FY 20 Summary Report

Presented by Ms. Measel-Morris the SCCCMHA FY 20 Quality Improvement Plan Annual Report. This report is a culmination of all four quarters and reflects the status of priority goals / key tasks that were established by Committees and Workgroups of the Quality Improvement Council. All Workgroups and Committees have reported the status of each goal assigned.

It was moved by Ms. Partipilo, seconded by Mr. Schieweck, to endorse the SCCCMHA FY 2021 Quality Improvement Plan/Program, as presented. **MOTION CARRIED**

2. FY 21 Plan / Program

Presented by Ms. Measel-Morris the SCCCMHA FY 21 Quality Improvement Program/Plan. The purpose of this plan is to continue and/ or improve current Quality Improvement structures and systems used to monitor, maintain and improve quality care throughout all programs. All population groups are included within the Quality Improvement Program/Plan. Clinical outcomes and organizational process reviews may be system-wide or population specific. The Quality Improvement Plan Goals for FY 2021 are listed within the report. It was noted by Ms. Measel-Morris that it should be expected for changes to occur within the document in the future as need presents.

It was moved by Ms. Jowett-Lee, seconded by Mr. Schieweck, to endorse the SCCCMHA FY 2021 Quality Improvement Plan/Program, as presented. **MOTION CARRIED**

D. Personnel Committee Report: Executive Director Evaluation

Ms. Thomson announced that Ms. Johnson's evaluation was completed prior to tonight's meeting. All evaluation feedback received from board members was compiled by the Personnel

Committee and presented to Ms. Johnson. It was noted that Ms. Johnson received high praise on all evaluation feedback. It is the recommendation of the Personnel Committee that Ms. Johnson's contract be renewed for another year and receive the 1% increase consistent with the Union. Ms. Johnson expressed gratitude to the board for the continued opportunity to serve our individuals, staff, and the community.

It was moved by Ms. Ames, seconded by Mr. Paulus, to accept the Personnel Committee's Report of the evaluation of Ms. Deb Johnson for 2020 and her contract renewal for another year including the 1% increase consistent with the Union increase. **MOTION CARRIED**

VIII. INFORMATIONAL ITEMS

Ms. Far presented the September FY 20 Interim Funding Bucket Report

A. Funding Bucket Report – September FY 20 Interim

Year-To-Date Expenditures are running approximately \$1,272,500 over the Revised Budget.

- Payroll costs are running approximately \$577,500 over the Revised Budget.
- Contractual costs are running approximately \$250,000 under the Revised Budget. BWATA costs are running approximately \$378,500 under the Revised Budget and Contracted Physicians is running approximately \$211,000 under the Revised Budget. Autism expenditures are running \$234,000 over the Revised Budget.
- Residential and Supported Housing running approximately \$680,000 over the Revised Budget.
- Self Determination costs are running approximately \$171,000 over the Revised Budget. Outpatient costs are running approximately \$150,000 under the Revised Budget.
- Contract Agencies are running approximately \$285,000 over the Revised Budget.
- Hospitals are running approximately \$248,000 over the Revised Budget.
- Technology, Software, Network expenditures and building related expenditures are collectively running approximately \$289,000 over the Revised Budget.

Region 10 PIHP Contract Funding

- YTD Medicaid Expenditures are running approximately \$1,624,000 over the Revised Budget, with a YTD Deficit of approximately \$445,000.
- YTD HMP Expenditures are running approximately \$362,500 over the Revised Budget, with a YTD Deficit of approximately \$1,627,000.

The Total YTD Net Deficit due from Region 10 PIHP Funding is approximately \$2,072,000.

St. Clair CMH GF Contract Funding

- YTD GF Expenditures are running approximately \$292,000 under the Revised Budget with a YTD surplus of approximately \$255,000.
- YTD COFR Expenditures are running approximately \$87,000 over the Revised Budget. Deficit spending of approximately \$167,000 covered by Medicaid.

The Total YTD Net Surplus for St Clair CMH GF Contract Funding is \$255,000.

St. Clair CMH Other Funding

- YTD Expenditures for Earned Contracts are running approximately \$54,500 over the Revised Budget, with no YTD deficit.
- YTD Local / Other Expenditures are running approximately \$80,000 over the Revised Budget, with a YTD Surplus of approximately \$305,800.
- YTD CCBHC Expenditures are running approximately \$744,500 under the Revised Budget. Redirected SUD deficit of \$206,500 is being covered by CCBHC funding.

- YTD SUD Expenditures are running approximately \$100,250 over the Revised Budget, with a YTD deficit of approximately \$206,500 covered by CCBHC funding.

B. Board Member Roster 2021

Ms. Tosia Tucker and Chief Platzner were welcomed as the newest members to the SCCCMH Board.

The Board Member Roster for 2021 was distributed for board review. Any changes were asked to be emailed to Ms. Goyette.

C. Recipient Rights Advisory Council: T. Delor

Committee Meeting Report

The Recipient Rights Advisory Committee met earlier today. Agenda highlights included:

1. Aggregate Complaint Data Report: During the period of August 25, 2020 through November 30, 2020, the Recipient Rights Office received 38 new complaints consisting of 51 allegations and also completed 16 previously pending complaints consisting of 73 allegations.
2. Office of Recipient Rights Annual Report – Fiscal Year 2020 (October 1, 2019 – September 30, 2020)

Each year, the Executive Director shall submit to the Board of Directors an Annual Report prepared by the Office of Recipient Rights on the current status of rights protection. This report must then be submitted to the Department by December 30, 2020.

Ms. Delor provided an overview of the fiscal year 2020 Annual Report. She reported:

- We served 4,482 individuals (unduplicated count).
- Three requests for an appeal were received. Upon completion the RRAC upheld the findings of the ORR in all three instances, but recommended additional action was needed to remedy the complaint.
- During FY 20 the Recipient Rights Office had the equivalent of 3 full-time employees supporting the Office of Recipient Rights.

Ms. Delor reported that during fiscal year 2020 the Office of Recipient Rights received 173 complaints consisting of 239 allegations. The Office of Recipient Rights investigated 219 allegations and determined of those allegations, 94 were substantiated for a 42.9% substantiation rate. Nine of the allegations were outside of the jurisdiction of the ORR, and 11 allegations did not include a code protected right.

Ms. Delor reported that during fiscal year 2020 the Office of Recipient Rights provided training to 1,150 staff members/volunteers. The staff members of the Office of Recipient Rights received a combined total of 64.5 hours of continuing education credits.

In reviewing the progress on the fiscal year 2020 Outcomes, Ms. Delor stated that two goals were accomplished (training for AFC/group home providers) and one goal will move forward to FY 21 (State Wide Registry).

Fiscal Year 2021 Desired Outcomes for the ORR: 1) The Office of Recipient Rights will work to complete Reports of Investigative Findings within 60 days of receipt of complaints 80% of the time. 2) The Office of Recipient Rights will continue to work to develop a

statewide registry to capture data (date of violation, category, and name of staff member/volunteer) specific to substantiated allegations of Abuse: Class I, Abuse: Class II, Neglect: Class I, and Neglect: Class II which will be accessible by all Offices of Recipient Rights in the State of Michigan. 3) The Office of Recipient Rights will develop its calendar year 2021 refresher training focused on the categories of Neglect: Class III and Services Suited to Condition due to the high incidences of complaints in these categories during fiscal year 2020.

In reviewing the recommendations to the SCCCMHA Board, Ms. Delor stated that the Advisory Committee recommends the following: 1) The Board of Directors continues to designate adequate funding for the operation of the Office of Recipient Rights, to include funding for staffing at a minimum level of the equivalent of 3 full-time employees, as well as adequate funding for training and prevention efforts. 2) The Board of Directors to support the designation of three separate offices for the operation of the Office of Recipient Rights to ensure each investigator has full access to a private office to conduct confidential meetings/interviews, when office space becomes available. 3) The Board of Directors continues to support the development of a statewide registry to capture the names of the staff members/volunteers with substantiated recipient rights violations in the categories of Abuse (I and II) and Neglect (I and II). This registry would be accessible by all Offices of Recipient Rights in the State of Michigan.

It was moved by Ms. Bligh, seconded by Mr. Paulus, to move the Office of Recipient Rights Annual Report to an Item for Action, as presented. **MOTION CARRIED**

It was moved by Ms. Schieweck, seconded by Ms. Ames, to approve the Office of Recipient Rights Annual Report, as presented. **MOTION CARRIED**

D. Program Operations:

1. Service Plans

Ms. Gallagher provided an update of happenings within CMH Programs.

2. Residential Updates

Ms. Gallagher provided a highlight of goings on in the Residential Homes. Residential staff have been doing a great job. Some homes are currently short staffed due to COVID-19. CIS Staff will be going to work with individuals out of homes rather than having individuals come into the CMH building.

3. EOM/TOM

EOM –Irene Schuck. As a FIPA Tech at CMH for many years, Irene Schuck has been responsible for providing critical financial assistance to individuals who receive CMH services, most recently preparing Fee Determinations for our Specialized Residential Residents and Hospital Placements. This involves looking at both their insurance coverage and their financial situation. As a result of Irene's fee determination, individuals can have a zero fee based on their coverage, be billed their insurance copay, be put on one of CMH's sliding fee scales, or CMH can request a waiver for fees if needed. Irene also determines if the individual should utilize CCBHC services and begins that process. Finally, she ensures that those who are Medicaid eligible apply and she assists with the application process as needed. This ensures that CMH does not use General Fund or CCBHC funds when someone is Medicaid eligible. But most important of all, her work allows individuals who need CMH services to receive those services at the lowest

possible cost. This is a critical factor in encouraging individuals to accept and continue receiving services.

In her daily work, Irene is a model of professionalism and compassion. She consistently goes above and beyond in monitoring the finances and rights of individuals we serve. Through her efforts, she recently reached the “million dollar mark” – revenue collected for CMH through her fee determinations. This reduced our General Fund expenditures by the same amount, allowing CMH to use those funds in helping even more people in need. For her outstanding professionalism, strong work ethic, and dedication to the individuals we serve, Irene Schuck has been named St. Clair County Community Mental Health’s September Employee of the Month.

TOM – Recently, Tairan and Star, Ashley, and Cassandra, members of the River Bend staff, became aware of a situation involving one of the residents of River Bend who, is a vulnerable adult. She was corresponding online with an individual who claimed to live out of state. While Tairan immediately addressed this clinically with the individual, the individual nonetheless continued to maintain contact with her on-line acquaintance. When a large package addressed to the resident arrived, which appeared to contain stolen merchandise, along with a note indicating the sender would be visiting the resident soon, River Bend staff contacted Tairan. Tairan in turn contacted Adult Protective Services and the Sheriff’s Department to alert them to the situation.

Later, the resident informed River Bend staff that her on-line contact was scheduled to visit her that day. Tairan continued to address the matter clinically with the resident and also once again contacted Adult Protective Services and the Sheriff’s Department. River Bend Staff were attentive to the resident throughout the day. At 3am the next morning, two men arrived, accompanied by a semi-truck. River Bend staff refused them entry and contacted the police. At least one of the men was arrested. It appears the resident was a potential human trafficking victim.

For their outstanding professionalism, dedication to the individuals they serve, and quick response to a challenging situation, Tairan, Star, Ashley, and Cassandra have been named St. Clair County Community Mental Health’s September Team of the Month.

E. Administrative Operations Support:

1. Policy / Procedure Process Update

Ms. Pingitore provided the board with a full list of policies at the previous CMH Board meeting with suggestions on which should be designated as “Board Policies” asking for review and feedback on changes. No feedback was received as of yet. Board members were asked to please send any feedback that they have on this to Ms. Pingitore or Ms. Goyette. As of right now 49 of those policies are being looked at as being “Board Policies” and the remaining policies becoming “Administrative Processes.” Some of the 49 policies may be combined. Board policies would come to the board annually.

F. Administrative Services

Ms. Kim Prowse was welcomed by the board as the newest member of the SCCCMH Leadership Team.

1. Psychiatric Services Update

Ms. Prowse provided an update related to Psychiatric Services. Dr. Stroker will be retiring at the end of this month. There have been a few psychiatric position candidates and a virtual interview with one of the candidates is scheduled for Thursday.

2. Employee Daily Screening Process

Ms. Prowse announced that employees have moved to an online screening process for COVID-19 before entering the building. A notification is automatically sent to Ms. Prowse and Mr. Stoutmeyer should an employee answer “yes” to one of the questions relating to fever, COVID symptoms or exposure. The employee is then followed up with. Reception is gathering responses from any non-employee entering the building and entering it.

G. Region 10 PIHP Update

1. Board Meeting Minutes

Mr. Priemer stated that the Region 10 Board met for their meeting on November 20, 2020. He noted that the number of persons eligible for services is increasing. There is a \$23 million surplus being lapsed back to the state.

IX. DIRECTOR’S REPORT

A. Community Education / Public Relations Report & Upcoming Trainings

Ms. Johnson presented on what Community Related activities CMH has been participating in.

B. Community Mental Health Association Business:

1. Weekly Update

The CMHA Weekly Updates are available online for board member review.

C. Community Perception Survey

Ms. Johnson shared that feedback from TBD Solutions on the Community Perception Survey has been received. Stigma continues to exist related to receiving Mental Health Services. The survey has been broken down and sections to be worked on assigned to members of Community Relations Staff.

X. BOARD FORUM

A. Advisory Council Meeting Minutes

The Advisory Council met and attendance was a combination of in person and virtual. The minutes properly reflect the meeting.

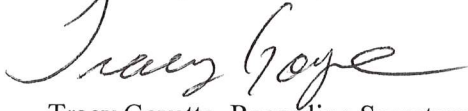
XI. ANY OTHER BUSINESS TO PROPERLY COME BEFORE THE BOARD

- There have been nine COVID-19 positive CMH employees however none of the employees contracted it at CMH.
- Ms. Johnson thanked the board again for the positive evaluation and the support.

XII. ADJOURNMENT

It was moved by Mr. Paulus, seconded by Ms. Partipilo, to adjourn. **MOTION CARRIED.** With no further business to discuss the meeting was adjourned at 7:17 pm.

Respectfully submitted,

A handwritten signature in cursive script, reading "Tracy Goyette".

Tracy Goyette, Recording Secretary

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