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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:	May 4, 2021
TIME:	6:00 p.m.
PRESIDING:	Nancy Thomson, Chairman

CALL/VIDEO IN:	L. Ames, East China, Michigan; J. Bligh, Ruby, Michigan; C. Cutright, Fort Gratiot, Michigan; J. Jowett-Lee, Marysville, Michigan; M. Partipilo, Lakeport, Michigan; M. Paulus, Port Huron, Michigan; E. Priemer, St. Clair, Michigan; K. Schieweck, Port Huron, Michigan; J. Totty, Port Huron, Michigan; A. Tucker, St. Clair, Michigan (left the meeting at 7:00 pm)
IN PERSON:	T. Essian, N. Thomson
ABSENT:	No one
ALSO PRESENT:	Guests Video Conference: R. Kiehler, Innovative Housing Staff Video Conference: K. Gallagher, T. Pingitore, K. Farr, M. Measel-Morris Staff In Person : D. Johnson, K. Thompson (Presentation Only), L. Gauthier

I. CALL TO ORDER

The meeting was called to order at 6:00 p.m. by Chairman Thomson. The meeting is taking place with the majority of the participants being virtual due to the State of Emergency that exists in St. Clair County as a result of the COVID-19 pandemic.

II. CITIZENS WISHING TO ADDRESS THE BOARD - None

III. PROGRAM PRESENTATION – CASE MANAGEMENT, CIS AND RESIDENTIAL II – K. THOMPSON

Ms. Kristen Thompson joined tonight's meeting to provide an overview of the Case Management, Community Integration Services (CIS) and Residential II Programs.

Case Management serves adults in the Port Huron catchment area ages 18 through the aged population with an Intellectual/Developmental Disability (I/DDT) and/or Mental Illness. Services are also provide to this population who also have a mild substance use disorder. If a more severe substance use disorder was diagnosed they would be transferred to the co-occurring/IDDT unit. Individuals served may not require clinical therapy or may require case management in addition to therapy.

Such services include: Linking individuals to primary health care, specialists and community resources. Assess if there are other community resources that can help the individual such as DHHS Chore Services, Council on Aging, Social Security, etc., and help individuals get a strategy to apply for benefits, navigate a store and create a budget. An Individual Plan of Service (IPOS) meeting is

held to assure effectiveness of the services provided…are more/less services needed, see if the services being implemented are working, is the plan being followed by staff. Case Management can also be an advocate to speak out for services such as Department of Health and Human Services, Social Security and address health care needs that are overlooked or landlord issues.

Currently there are 460 individuals being served in the Case Management Unit. How often individuals are met with varies upon the individual's needs. All Support Coordinators are available for crisis support as needed.

Community Living Supports (CIS)/Residential II Programs serves individuals aged 18 and over who have a diagnosed I/DD and whose challenging behavior would otherwise require more intensive and restrictive services. These two programs share the same clinical staff.

Community Integration Services provide positive, behavioral programming in a highly structured, lower stimulus environment. These individuals have exhibited serious challenging behaviors and require a high level of support.

Residential II provides clinical/supports coordination to individuals with comparable level of needs to CIS who may not yet be CIS eligible (ex. still in school) or may choose not to attend CIS but need a comparable level of clinical support in the residential or family home setting.

CIS/Residential II share the same clinical staff. Caseloads are smaller compared to most other programs due to the intensity of need. Currently CIS/Residential II serves 70 individuals.

IV. AGENDA CHANGES – None

V. PRESENTATION OF PREVIOUS MEETING MINUTES

A. Public Hearing Meeting Minutes and Regular Board Meeting Minutes – April 6, 2021

It was moved by Mr. Essian, seconded by Mr. Schieweck, to approve the Public Hearing Meeting Minutes and Regular Board Meeting Minutes of April 6, 2021, as presented. **MOTION CARRIED**

VI. PRESENTATION OF RECEIPTS/DISBURSEMENTS & ELECTRONIC TRANSFERS

It was moved by Mr. Essian, seconded by Mr. Paulus, to approve the Receipts/Disbursements & Electronic Transfers for the month ending March 31, 2021, as presented. **MOTION CARRIED**

VII. PRESENTATION OF BILLS TO BE PAID

It was moved by Mr. Essian, seconded by Mr. Priemer, to approve the Bills to be Paid for April in the amount of $4,076,695.90, as presented. **MOTION CARRIED**

VIII. INFORMATIONAL ITEMS

A. Finance – K. Farr

1. Funding Bucket Report and Financial Statement

Ms. Farr presented the Funding Bucket Report for the 6 Month Period of October 1, 2020 through March 31, 2021. Highlights included:

. - Year-to-Date Expenditures are running approximately $147,000 under the Original Budget. The budget has not been updated because it will be going to Region 10 for approval this month.
- Payroll costs are running approximately $432,000 under the Original Budget. Mainly in the CCBHC and Adult Services.
- Contractual costs are running approximately $427,000 over the Original Budget. Mainly in the Autism department and CCBHC.
- Residential and Supported Housing running approximately $206,000 over the Original Budget due to the Direct Care Worker premium.
- Contract Agencies, Outpatient and Self Determination are running approximately $214,000 under the Original Budget.
- Hospitals are running approximately $65,000 over the Original Budget.
- Technology, Software, Network expenditures and building related expenditures are collectively running approximately $199,000 under the Original Budget.

Region 10 PIHP Contract Funding

- YTD Medicaid Expenditures are running approximately $565,000 over the Original Budget with a YTD deficit of approximately $487,000. This is due to the Autism Program and Direct Care Worker premium. These two areas have been increased in the revised budget.
- YTD Healthy Michigan Program Expenditures are running approximately $120,000 under the original budget, with a YTD Surplus of approximately $128,000.

The Total YTD Net Deficit due from Region 10 PIHP Funding is approximately $359,000.

St. Clair CMH General Fund (GF) Contract Funding

- YTD GF Expenditures are running approximately $62,300 under the Original Budget with a YTD surplus of approximately $131,000. This will be utilized for CCBHC individuals.
- YTD County of Financial Responsibility (COFR) Expenditures are running approximately $161,000 under the Original Budget. Deficit spending of approximately $38,000 covered by Medicaid.

The Total YTD Net Surplus for St. Clair CMH GF Contract Funding is $131,000. Our maximum to be carried forward to FY 2022 is $80,371.

St. Clair CMH Other Funding

- YTD Expenditures for Earned Contracts are running approximately $125,000 under the Original Budget, with no YTD deficits.
- YTD Local/Other Expenditures are running approximately $88,200 over the Original Budget, with a YTD Surplus of approximately $48,600.
- YTD CCBHC Expenditures are running approximately $382,000 under the Original Budget. This is due to the fact that we are struggling with hiring certain constituents.
- YTD SUD Expenditures are running approximately $51,000 over the Original Budget, with a YTD deficit of approximately $118,000 covered by CCBHC funding.

Financial Statement

Ms. Farr overviewed the Preliminary Financial Statements as of March 31, 2021 which are unaudited. In completing her review she stated that our current assets of $13,832,000 are sufficient to cover our current liabilities of $9,113,000. Ms. Farr stated that she does not have any concerns at this point.

2. Executive Summary of the FY 20 FSR and EQI Reporting

Ms. Farr presented the results of the FY 20 Financial Status Report (FSR) and Encounter Quality Initiative Report (EQI) broken down by Medicaid and General Fund (GF) and Grants.

Medicaid
- Traditional Medicaid: The Agency provided services to 3,139 unique individuals for total Medicaid expense of $52,428,280.
- Health Michigan Plan (HMP): The Agency provided services to another 914 unique individuals for total HMP expense of $5,644,444.
- Grand Total Medicaid expenses were $58,072,724 which includes, benefit expenses of $56,357,333 (97%), non-benefit expenses of $1,1666,908 (2%) and other expenses of $548,483 (1%).
- The Medicaid deficit spending of $261,099 will be cost settled with Region 10 PIHP from surplus FY20 Medicaid funding.

General Fund (GF): The Agency provided services to 574 unique individuals.
- Total General Fund expenses were $1,530,271 which includes, benefit expenses of $1,129,875 (74%), non-benefit expenses of $13,341 (1%) and other expenses of $387,055 (25%).
- The net surplus of $370 will be carried forward to FY21. There will be no lapse back to MDHHS. $50,000 of anticipated surplus had been transferred to Sanilac prior to the year-end reporting.

Grants: The Agency provided services to 422 individuals covered by the funding sources (211 CCBHC; 173 SUD and 38 COFR).
- Local and Other Revenues: Overall net surplus of $165,427 comprised of a surplus in local funds of $158,183 and surplus Other Revenue sources of $7,244 resulting in an increase to our Local Fund Balance. Total Local and Other Revenue funded expenses were $3,623,684.
- CCBHC: During FY 20 we had CCBHC grant #1 ending December 31, 2020 overlapping with CCBHC Grant #2, which began May 2020, for 5 months of the fiscal year. We utilized $2,779,500 in combined CCBHC funding to provide services to Non-Medicaid eligible individuals.

Encounter Quality Initiative (EQI) Reporting

Ms. Farr stated that the Department reported that the data coming out of the warehouse didn't agree to the data that was being reported at year-end by the CMHs and PIHPs. MDHHS contracted with the actuarial firm Milliman to design a report that would help flush out the differences between the two and identify where the differences are coming from. This report collects high-level information to monitor the managed care program by allowing for the comparison of the submitted encounter data and the CMHSP reported information. This new tool has consolidated and refined several historical reporting tools. Its intent is to streamline the reporting process and enable more frequent and timely reporting.

The tool request that information be reported based on the following:

Benefit Expenses: Direct Run and Contract provided service level utilization, gross costs and Coordination of Benefits (COB) for each service code (700 service codes/combinations and modifiers that we are reporting on), program and population combination. Because this was this first year of reporting, CMHs will be allowed to report net costs (gross costs net of COB).

Non-Benefit Expenses: Those expenses attributable to the behavioral health services. Non-benefit expenses are being defined consistently with CMS' medial loss ratio definitions for administrative costs.

Other Expenses: Those expenses that cannot be attributable directly to an individual service but are being incurred to fulfill responsibilities the CMHSP is required by their contract with MDHHS. Examples given local match for State psychiatric inpatient, DHS worker, jail services, etc., these are not direct costs associated to a service code.

Ms. Farr reported that the workbook tool from Milliman is a multi-tab book. Board members wishing to receive the full report should contact Ms. Farr. Provided was the Certification of Statement and the Financial Data Reconciliation which covers all of the benefit expenses and non-benefit and other. This is the first year in reporting using this tool.

The Financial Audit has been completed by Mr. Paul Bailey and his staff. Nearing completion is the Compliance and Single audits. These will be presented at the June meeting by Mr. Bailey.

Board members complimented Ms. Farr for her level of knowledge, thoroughness and being very informative of the financial data.

B. Parking Lot Update – D. Johnson

We are in need of building a new parking lot and resurfacing the existing parking lot at our Children's facility site on 24th Street. Part of the issue this is taking so long is the location of the parking lot. Part of the lot of is located in Port Huron Township and part is in the City of Port Huron; each have their own rules and requirements.

A letter has been sent to Port Huron Township seeking a waiver for some of the items we have appealed (e.g. curb on side street that is a dirt road and there is no other curb on that road). We received word today from Kurt Levine, Port Huron Township that they were in agreement with all of the items we have appealed and will write a letter to the engineer advising him of the changes that will not be required. A meeting with the Planning Commission is scheduled for Thursday. With the waivers we now need to resubmit our project request. BMJ (engineer / surveyor) will get the bids on the work that needs to be completed.

At the February 2, 2021 Board meeting the Board approved $500,000 for the cost of this project and utilizing NorthStar Bank as the financier. We are hoping the bids will come in prior to the next Board meeting, but if they do not Ms. Johnson asked the Board how they wished to move forward. Mr. Essian questioned if the cost estimated is to remain the same in light of the pandemic and cost increases. Ms. Farr stated that we have the best estimate we are going to get, a cushion has been allowed in this number for an increase.

It was the consensus of the Board to allow Management to move forward with the parking lot up to the $500,000. Should the bids come in and are over the $500,000 this will be brought back to the Board at its June meeting as an Item for Action.

C. Program Operations Updates – K. Gallagher

1. Group Home Updates

Ms. Gallagher reported that the group homes are struggling with staffing and quarantine due to COVID. Our staff continue to stay in contact with the residents, some meeting on the front

lawns of the group home. Many of the residents are awaiting their second shot of those that chose to be vaccinated.

2. Program Updates

- CIS Program for the most part is closed on site. We are conducting programming off site and virtually.

- Individualized Placement Support: This is our work program that we are expanding for those individuals with an intellectual or developmental disability. We are looking for staffing for this program and have postings out on our website.

- The event we had for Veterans in April went very well. We had 9 new veterans attend and we were able to link them to services. Look for more of these events to occur!

3. CMH Staff Update

- We have a lot of openings for case managers and clinicians. We are working closely with our HR Department to these positions.

- Sadly to report the Peer Support that worked with our Children's Division that had COVID did pass away. Her funeral is tomorrow. She was a very hard working and well liked employee. Please keep her family in your prayers.

D. Administrative Operations – T. Pingitore

1. Open Meetings Act

New guidelines were recently added to the Opening Meetings Act regarding virtual participation. At the outset of the meeting (during attendance/roll call) each Board member participating remotely must announce that are participating remotely and identify the member's physical location by stating the county, city, township or village and state from which he or she is attending remotely). This information will be included in the meeting minutes.

2. Remote Participation by the Public

We make available on our website the agenda and materials for the meeting; however, we must now provide a way for the public to attend virtually. As such, we added instructions on the first page of the website and on the Board webpage on how to obtain the link to attend the meeting.

3. Recruiting

We are trying to enhance our recruiting efforts. We currently have 10-12 postings for jobs on our website and are looking for new locations to post. We have noticed some behavioral health organizations have offered bonuses. We are looking into this mainly for MA level Clinicians with a clause addressing length of stay. For staff that would be promoted to this level a smaller bonus would be offered. A smaller bonus would also be provided to those staff for referrals that are hired. This has been proposed to the Union and are awaiting their vote.

4. Contract Renewal

The three-year cycle of the Union contracts are up for renewal as of December 31, 2021. It is that time of year when we start Union negotiations beginning with economic portions which both Chapters attend. The first meeting date is scheduled for May 26th. Mr. Todd Shoudy, an attorney from the law firm of Fletcher, Fealko, Shoudy will be assisting with the negotiations on the Management side.

Contracts must be approved by December 31, 2021 as there is no retroactivity; this really effects any salary increases that may occur.

Tosia Tucker left the meeting at 7:00 pm.

E. Support Services – M. Measel-Morris

- Ms. Measel-Morris that we are in the process of completing our State Audit with regards to clinical waiver services. We did receive a Plan of Correction back from the state and we successfully met all of the requirements. That is good news and kudos to our clinical staff.

- We are currently undergoing our HSAG (Health Services Advisory Group) Audit. This review looks at all of our quality services for all of our Medicaid cases. They look at notices for reduction of services to how our health records are setup to do encounters. Positive results are anticipated from this audit as well.

F. Region 10 Update – E. Priemer

1. Region 10 Board Meeting

Mr. Priemer noted that in the April 16th meeting minutes there was no budget report. An update will be provided at the upcoming May meeting. The majority of the meeting focused on quality improvement. The Workplan, Performance Indicator Report, Customer Satisfaction Report and External Quality Review Technical Report all indicate how well we are doing as a region.

Mentioned at the meeting was another redesign plan for privatization that was put out for public notification. No one seemed to know who released this report.

IX. DIRECTOR'S REPORT – D. Johnson

A. Community Education / Public Relations Reports

In reviewing the Community Relations Report Ms. Johnson highlighted the following:

- Autism Awareness Bingo was organized by two of our staff Delores Johnson and Melissa Singer and our Children's Services staff. The Bingo game was shared with staff and the public via social media and was intended to bring awareness and information to the community related to Autism.
- Port Huron Police Department hosted an Autism Awareness Event on April 10th at SC4 parking lot. The goal was to foster relationship and collaborate with the police as well as gain information, resources related to Autism and Special Needs.
- Vaccination Clinics in partnership with Genoa Pharmacy were held on April 10 providing the Johnson and Johnson vaccine (275 individuals were vaccinated) and again on April 24th

providing the Moderna vaccine (224 individuals vaccinated) follow up clinic is May 22nd. We had extra Moderna vaccines and called those we served to provide additional vaccinations. We also will be providing the Johnson and Johnson vaccine again. More details will be sent out via e-mail. Vaccines are open to everyone over the age of 18.

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- We have initiated a "First Responder Hotline." It is free and confidential. The purpose of this hotline is to help those first responders cope with stress from the job, witnessing and responding to traumatic events, burnout, compassionate fatigue, etc. We also provide Critical Incident Stress Debriefings to groups if requested by the that specific Department, however, sometimes individuals need additional help. This was requested by law enforcement.
- Two upcoming events include:
  5/18 Pandemic Fatigue: Information on youth for parents and caregivers
  5/20 Pandemic Fatigue: What can I do about it?

1. May is Mental Health Month

   During this month we try to raise awareness about mental health and the importance of good mental health and try to address stigma associated with it. We have several events planned.

   NAMI has t-shirts/sweatshirts available that reads "Everybody vs Stigma." Shirts have been offered to staff. If we get 50+ orders we will receive a reduced cost for the shirts.

2. Annual Awards

   The Annual Award scheduled for May 28th has been canceled due to COVID. The awards have been individually presented. Pictures will be available on Facebook. Our Annual Report will be out in the Sunday edition of the Times Herald. Posters and Annual Reports will be mailed out individually to Board members if we are not meeting in person for June.

B. Community Mental Health Association Business – D. Johnson

1. Weekly Update

   An on-line link is provided to the Community Mental Health Association website to review any of the Weekly Updates.

2. Current Advocacy Efforts

   Senator Shirkey has introduced a proposal titled "Gearing Towards Integration" to privatize the mental health system. Ms. Johnson stated that she will be presenting to the St. Clair County Health and Human Services Committee on Thursday, May 8th.

   Letters of opposition were sent by Ms. Johnson to Senator Dan Lauwers, Representatives Beeler, Eisen and Hornberger. Dr. Mercatante, Health Department Director, has also sent letters of opposition and provided copies to Ms. Johnson. We encouraged staff to also send letters. One of our staff, Ms. Karen Zultak, CCBHC Director, did receive a call back from a Senator Lauwers representative stating that the Senator would like to talk to her about this. Ms. Zultak invited Ms. Johnson to be part of this call. Sheriff King stated that he will send a letter and will forward to the Sheriff's Association. No Senate bill numbers have been assigned to this as of yet because it effects changes to the Mental Health Code and the Social Welfare Act.

C. Covid-19 Update – D. Johnson

Ms. Johnson is part of the Vaccine Public Relations Committee comprised of community leaders/influencers who they believe might be able to help address the hesitancy issue. Incentives seem to be working in some states. Here at CMH, staff are calling everyone that we serve to see if they are interested in getting vaccinated. We have talked about incentivizing by providing Kroger $10 gift card to those we serve. Ms. Johnson was pleased to report that 68% of our staff are vaccinated. The County vaccination rate is 43%.

Dr. Brooks, Infectious Disease Specialist and Chief Medical Officer at McLaren Port Huron will be discussing facts about COVID-19 and the vaccine on Tuesday, May 11th at 3 pm. The flyer will be sent to Board members as registration is required.

The Covid Vaccine PR Committee is also looking at doing a weekly question and answer sessions. We are trying to find out why individuals are hesitant and hopefully be able to answer their questions.

D. New Psychiatrist

Dr. Sial visited our Agency for three days. She toured our facilities, she spent time with nurses, prescribers and staff. We are pleased to announce that she has signed a contract with us and will move here in mid-June and start in July. She is very passionate in the work that she does. We are now fully staffed psychiatrically speaking. We will have 3 FT psychiatrists and 1 PT psychiatrists and 4 psychiatric nurse practitioners.

We have been asked to provide psychiatric/mental health services at the SCC Intervention Center. Corizon still holds the medical portion of the jail services. We will transferring Dr. Graham out of the jail and replacing her with a nurse practitioner who has worked with this population and knows the Corizon system.

X. BOARD FORUM

Ms. Ames noted concern with contractor availability, especially with concrete from her own personal experience.

Ms. Jowett-Lee stated that she would like to order one of the Anti-Stigma sweat shirts. Ms. Johnson stated that she would share the link with staff.

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

XII. ADJOURNMENT

It was moved by Mr. Essian, seconded by Mr. Schieweck, to adjourn. **MOTION CARRIED**. With no further business to discuss the meeting was adjourned at 7:28 pm.

Respectfully submitted,

Lori Gauthier
Recording Secretary