

MINUTES OF THE BOARD

July 21, 2016

North Country Community Mental Health

Board Room

1420 Plaza Drive

Petoskey, Michigan

BOARD MEMBERS PRESENT: Louis Scholl, Karla Sherman, Sue Allor,
Paul Liss, Dennis Priess, Bob Boyd,
Joel Evans, Dan Plasencia, Gary Averill,
Sr. Augusta Stratz, Ed Ginop

ABSENT: Christian Marcus, Craig Crambell

STAFF: Alexis Kaczynski, Christine Gebhard,
Stacy Chipman, Joan Booth

GUESTS: David Schneider, NMRE

Mr. Ginop called the meeting to order at 4:30 p.m.

ROLL CALL

Mr. Ginop welcomed the Board members and staff to the meeting.

PUBLIC COMMENT

There was no public comment.

CONSENT AGENDA

Financial Statement – Provider Operations - North Country CMH:

Balance on Hand, May 31, 2016	\$ 7,150,407.35
Receipts, Adjustments & Transfers, June	\$ 3,603,541.36
Total Disbursements & Adjustments, June	\$ 3,595,077.75
Increase in Cash Balance	\$ 8,463.61
Balance, June 30, 2016	\$ 7,158,870.96

*Approximately \$4,435,134 has been advanced from the State of Michigan and has been encumbered for outstanding bills.

MOTION BY LOUIS SCHOLL, SECOND BY SR. AUGUSTA STRATZ TO APPROVE THE MAY CONSENT AGENDA. MOTION CARRIED.

Information (I) Items from Committee Reports

Information items were included in the committee minutes.

Privileging Recommendations

There were no privileging recommendations this month.

COMMITTEE RECOMMENDATIONS – BOARD ACTION

Program Committee

Sr. Augusta Stratz reviewed the following revised policies for Board approval:

- Cultural Competency Plan
- Social Security Number Privacy Policy
- Compliance Plan
- Disclosure of Ownership Interest Policy – Ms. Allor asked staff to elaborate more. It was explained that there were a few changes in wording. Ms. Kaczynski indicated that this is required because of federal regulations. All mental health boards and contractors will have to complete this form. Mr. Schneider will be reviewing the form during his annual update and can answer questions at that time. The form has been revised and will be given to them by Mr. Schneider.
- Workplace Violence Prevention Policy

MOTION BY PAUL LISS, SECOND BY BOB BOYD, TO APPROVE THE FIVE POLICIES AS PRESENTED. MOTION CARRIED.

Sr. Augusta Stratz discussed the facilitated review of the readiness tool designed to determine how closely the agency meets the standards for becoming a certified behavioral health clinic. This was an information item for the board. She also reviewed the FY 2015 Annual Submission and Needs Assessment Update.

Sr. Augusta Stratz thanked staff who put the policies and presentations together.

Ms. Kaczynski introduced Stacey Chipman to the Board members and explained her position. Ms. Chipman is the Chief Clinical Officer, in charge of the entire clinical operation. This is not a replacement of Andrew Sahara, but a new position. Ms. Chipman has worked for the agency for a number of years in a number of capacities: she has been a case manager, a therapist, a supervisor in the day program, operated her own residential services program, was in private practice, was a staff member in the Access Center, and most recently was the DD services clinical supervisor. Board members wished her luck.

Mr. Schneider distributed a new Disclosure of Ownership form and explained the rules that go along with it. This form assures that in the ownership of organizations there is no history of inappropriate actions. He walked the Board members through what needs to be filled out.

ACTION ITEMS – WITHOUT COMMITTEE REVIEW

There were no action items this month.

PRESENTATION

Northern Michigan Regional Entity Annual Update

Mr. Schneider indicated that the board members are the owners and he is giving an annual update. He distributed some information and talked about the report on executive limitations. He does not have a succession plan because of lack of staff. Last year he brought a consensus statement for NMRE to the Board. There are four elements and he listed and described these elements. NMRE has a 21 county region. This statement has not changed. He also gave the Board members an owners' survey to complete and the results from last year's survey which shows NCCMH in the middle in every question (in terms of relative level of satisfaction). Centra Wellness and Northern Lakes scored lower.

The past year NMRE took over the management of resources for persons with substance use disorders. It was the only Prepaid Inpatient Health Plan (PIHP) that had not had previous substance abuse experience. Staff hired to do the work were previously employed by Northern Michigan Substance Abuse Services (NMSAS). They are employed by North Country CMH and leased to the NMRE. The software purchased did not work and they are currently completing an RFP process and taking the recommendation to their Board. A SUD Policy Oversight Board was formed with the 21 member agencies. NMRE joined the Michigan Association of Community Mental Health Boards. They implemented their conflict of interest policy. SUD Services continued and the providers were paid. The Health Home pilot continued and CMHSPs continued to work to integrate care but it will end this fiscal year. Data analytics is in place and growing; data completeness and timeliness was sanctioned but has improved with the hiring of new staff. Some very qualified staff members have been hired. CMH agencies are receiving ADTs (admission, discharge and transfer notices) through HIE (health information exchange).

Financial management has been a challenge and NMRE has contracted with Rehmann Corporation. He found expertise in doing this. The contract is through the end of the year and he has hired a CPA as a chief accountant.

The Governor's budget proposal (Section 298) was a big threat and it has destabilized the PIHPs. They are in place for two more years and a vital piece of the system. The system is in great turmoil. There are new contract requirements like reciprocity and coordination with MHPs which will be problematic. The Federal government has published new Managed Care rules.

He distributed an annual report plan and explained the way they did it this year with five goal areas and it focused on some key functions which he highlighted. A question was asked by Ms. Allor about why they are coming at PIHPs from all directions and Mr. Schneider gave some thoughts like cost, 10 regions with some stand-alone PIHP's. The state health plans want the business and have been lobbying and putting pressure on reducing administrative costs, even though Medicaid health plans have a very high rate of overhead. Managed care rules require that a state must contract with an entity like a PIHP organization and the public does not know that. The role for CMH is going to change.

DIRECTOR'S REPORT/COMMUNICATIONS

Ms. Kaczynski indicated that there would be no report today.

QUALITY IMPROVEMENT UPDATES

Ms. Gebhard did not have a written report. The agency is in the process of evaluating a new electronic health record vendor and will choose and finalize this vendor and bring a recommendation to the Board in September. She also reported that an assessment was completed of technology within the organization and staff members were interviewed. Time was spent with IT staff to determine what is needed to get up to the times.

She distributed a whitepaper regarding Certified Community Behavioral Health Clinics. This is a program through the federal government, and Michigan received a planning grant to develop a demonstration grant to implement CCBHCs in the state. It is a way to provide mental health and substance abuse services to a community. There are 25 states doing planning grants and Michigan is taking applications to do a pilot. Eighteen CMHBs were chosen to be CCBHC pilot boards. NCCMH did not apply, but wants to be ready. The agency participated in a two day readiness assessment and will form a work plan around that. As part of this, there are two staff surveys around planning and adoption of trauma informed practices being conducted. All staff members need to complete these by the end of the month. This is driving the quality of care and the system.

The relationship with Alcona Health Center continues to grow. Yesterday two of their care coordinators came here and information was shared about how their patients are doing. NCCMH is identifying interventions with which the two organizations can assist each other. Medication reconciliation was reviewed.

The accreditation agency, CARF, will be arriving in October or November for an on-site survey. Mr. Priess, QI Council Board representative, indicated that he feels that the Council does a good job and examines a great deal of pertinent data.

NORTHERN MICHIGAN REGIONAL ENTITY

Mr. Schneider had made his report and Ms. Kaczynski indicated that the minutes of the last NMRE board meeting were in the packet. Mr. Priess said that one of the things that is nice about this Board is that Alexis and the Board let the NMRE representatives wear two hats and that is not the case for every participant on the NMRE Board. Mr. Evans thanked Mr. Schneider for all the work he has done with NMRE. He has done a terrific job with all the pressure.

OLD BUSINESS

There was no old business this month

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There was no new business this month.

MOTION BY BOB BOYD, SECOND BY DENNIS PRIESS, TO ADJOURN THE MEETING AT 6:00 P.M.

Ed Ginop, Board Chair