

MINUTES OF THE BOARD
June 16, 2016
North Country Community Mental Health
Board Room
1420 Plaza Drive
Petoskey, Michigan

BOARD MEMBERS PRESENT: Louis Scholl, Sr. Augusta Stratz, Gary Averill,
Dennis Priess, Ed Ginop, Dan Plasencia, Bob Boyd

BOARD MEMBERS ABSENT: Paul Liss, Ron Isler, Joel Evans, Christian Marcus,
Sue Allor, Karla Sherman, Craig Crambell

STAFF: Christine Gebhard, Joan Booth, Donna Wheeler

GUEST: Dan CasaSanta, Rochester Hills Group Home

Mr. Ginop called the meeting to order at 4:50 p.m.

ROLL CALL

Mr. Ginop welcomed the Board members and staff to the meeting and explained that since there is not a quorum today the Board cannot vote or take action. He also indicated that Mr. Schneider will be at the meeting next month to make his presentation.

PUBLIC COMMENT

There was no public comment.

CONSENT AGENDA

Financial Statement – Provider Operations - North Country CMH:

Balance on Hand, April 30, 2016	\$6,474,393.92
Receipts, Adjustments & Transfers, May	\$4,150,383.65
Total Disbursements & Adjustments, May	\$3,474,370.22
Decrease in Cash Balance	\$ 676,013.43
Balance, May 31, 2016	\$7,150,407.35

*Approximately \$4,426,670 has been advanced from the State of Michigan and has been encumbered for outstanding bills.

Information (I) Items from Committee Reports

Information items were included in the committee minutes.

Privileging Recommendations

There was one privileging recommendation this month.

COMMITTEE RECOMMENDATIONS – BOARD ACTION

There were no committee meetings this month.

ACTION ITEMS – WITHOUT COMMITTEE REVIEW

Disclosure of Ownership and Control Interests.

This will be reviewed and voted on at the July Board meeting due to a lack of quorum.

PRESENTATION

Integrating Behavioral Health and Physical Health

Ms. Gebhard made a presentation on integrating behavioral health and physical health. This presentation also was offered to all staff at annual training. She explained what it is and why it is important. People with mental health and substance use disorders die on average 8 – 25 years earlier than the average person, mostly from untreated and preventable chronic illness. The goal of integrated health care is called the “Triple Aim” and consists of improving the consumer’s experience of care; improving the health of populations; and reducing the per capita cost of health care. She explained NCCMH’s integrated health strategic plan.

North Country CMH is developing Memoranda of Agreement with federally qualified health centers and rural health clinics. The agency has a staff leasing agreement with Alcona Health Center, and she described this. It also has an agreement with Otsego Memorial Hospital. The goal is to expand this relationship further and implement a health information exchange. The agency also partners with the Northern Physicians Organization. The agency has access to four hospitals’ medical records and receives information on medical hospital visits so that they can be tracked better. A process has been developed for use by care managers and other treatment team members. In the future it will be possible to look at lab orders and send and receive them.

A plan is being developed to operationalize a care coordination structure. In this regard an Integrated Health Work Team is being developed to educate staff on integrated health care coordination. The agency needs to define staff expectations and revise job descriptions for integrated health care coordination. She explained how care coordination is targeted and referred to “Care Connect 360” which is a data warehouse for health claims. Ms. Gebhard explained CMT Data Analytics. The agency wants to expand and participate in a number of community partnerships. A small grant was received to work with Alcona Health Center. NCCMH is also working with MI Connect Network; Northern Michigan Health Network; Michigan Child Collaborative (MC3); Medicaid Health Plans and Northern Michigan Public Health Alliance. There is a massive amount of innovation going on in health care nationally. In the agency a number of health care initiatives have been introduced, i.e. tobacco cessation, chronic health conditions education, clubhouse wellness activities and a staff wellness program. “Our Road to Integrated Health Care Statement” was read by Ms. Gebhard.

DIRECTOR'S REPORT/COMMUNICATIONS

Ms. Kaczynski reported on the budget in Michigan and referred to the synopsis on the final budget and the committee meeting of the Policy and Legislation Committee. The key concerns for CMH on the budget are: the non-Medicaid services line was up \$3 million, earmarked for spend down; Medicaid is about \$50 million less due to enrollment expectations; Healthy Michigan is up but still \$100 million less than last year. She listed other highlights like one-time funding for an autism navigator program; funding for an opiate prevention program; addition of \$7.6 million GF to fund an additional 30 beds at the Forensic Center; funding removed for the Mental Health and Wellness Commission; reduced federal funding for the State Innovation Model (SIM) and no added funding for behavioral health direct care worker increases but a placeholder included. She referred to Section 298 of the budget boilerplate and reviewed how the combined efforts of the CMH Boards and advocates resulted in a work group to study system redesign. The information distributed today is the final wording of Section 298. The initial work group has completed its work and another will be formed and has until January to submit its final report. Ms. Kaczynski reviewed some of the specifics in the reworded Section 298.

QUALITY IMPROVEMENT UPDATE

Ms. Gebhard was no longer available to answer questions on the quality improvement update, but it was self-explanatory.

NORTHERN MICHIGAN REGIONAL ENTITY

Mr. Schneider will make this report next month.

OLD BUSINESS

There was no old business this month.

NEW BUSINESS

There was no new business this month.

The Meeting adjourned at 5:40 p.m.

Ed Ginop, Board Chair