



Administrative Office, 105 Hall Street, Suite A, Traverse City, MI 49684

Committee of the Whole Meeting Minutes

June 17, 2021

12:30 PM

1. ATTENDANCE:

Northern Lakes Community Mental Health Authority, 527 Cobb Street, Cadillac and remote virtual meeting. Rose Denny called the meeting to order at 12:33 p.m.

Board Members Present: Cadillac - Ben Townsend, Al Cambridge, Dean Vivian, Mary Marois, Pam Babcock, Penny Morris, Randy Kamps, Rose Denny, Sherry Powers, Ty Wessell and Barb Selesky. Virtual - Nina Zamora and Greg McMorrow.

Board Members Absent: Angela Griffis (advance notice) and Nicole Miller (advance notice).

Others Present: Cadillac – Joanie Blamer, Acting Chief Executive Officer; Lauri Fischer, Chief Financial Officer; Matt Leiter, Director of Human Resources; Aaron Fader, Executive Administrative Specialist; Paul Keller, Recipient Rights Director. Pat Munsell, Peer Support Supervisor; Jill Johnson, Kandu Island. Virtual - Deb Lavender, Executive Secretary; Tracy Andrews, Director of Integrated and Managed Health Services; Kari Barker, Director of Quality and Compliance; Darryl Washington, Director of Long Term Care and Support Services; Dan Mauk, Chief Information Officer; Hannah Driver, Traverse House Director; and Kathy; Curt Cummins, Medical Director; Brie Molaison, Customer Service Specialist; Jessica Williams, Performance Improvement Specialist; Dave Simpson, Residential Services Administrator; Sarah Benson; Kate Dahlstrom; and Samantha Garcia.

2. RECEIVE AND REVIEW MAY 20, 2021 MINUTES:

Moved to Board meeting.

3. PUBLIC COMMENT:

None.

4. UPDATE ON RECIPIENT RIGHTS:

Paul referenced his written report identifying the statistics for FY 2021. He noted that the timeframe compliance is 94% and indicated that we will not meet the 95% compliance for this fiscal year. There were three additional late reports received since he completed his report and there are currently 16 overdue reports. That brings a total to 24 and with what has been completed stands at 73%. Projected compliance with the current numbers is 165 total investigations 85% and in doubling (at the six month point) the numbers brings it to an estimated 333 investigations for a total compliance of 92.7%. He reviewed the affect on the expectations of the triennial assessment. Paul identified that the outstanding reports are due to deficiencies stemming from personal issues. He has discussed with Joanie and feels it is best to resign. He identified that we have a plan to have all outstanding investigations completed by July 2 and will work diligently to have no more overdue reports. In addition, he is reviewing the NLCMHA policies for CARF and the triennial assessment. We are working to compile training compliance rates for Quarter 3 and will have on the next Board report. They are also finalizing the data for the semi-annual report.

Randy wished Paul the best as he goes forward in his life and career. We appreciate his service to Northern Lakes and accept best wishes as he goes forward.

Mary asked the question whether there is anyone at risk due to investigations not being completed timely? Joanie did review the types of investigations overdue were predominantly related to services suited to condition and person centered planning timeliness. None of the outstanding reports fell under the category of abuse and neglect. These are important investigations that we need to prioritize and Paul indicated that the plan was to bring those current over the next three weeks. Paul has already begun that process and turned in some that were outstanding. She thanked Randy for his comments.

5. PRESENTATION BY CLUB CADILLAC AND TRAVERSE HOUSE CLUBHOUSES:

Amy Kotulski, Director of Club Cadillac; Hannah Driver, Director of Traverse House; and Mike and Kathy were introduced. They reviewed what is a clubhouse, how does the clubhouse help, the work-ordered day, employment statistics, education, community involvement, Traverse House and Club Cadillac today, statistics for June 2020 – May 2021, successes during COVID-19. The two members spoke about their experiences at clubhouse. Questions identified were – what can we do to help you even more? Response – keep us in mind for opportunities such as housing needs, TE opportunities, spreading community awareness. Other questions – GED – how many are seeking a GED? Response – Club Cadillac has none although there are a few going for higher education; Traverse House has 3 members who have voiced interest with one of those wanting employment. Question – with all of the escalation with emotions are the folks who are working in the parking lot let us know about the training and how to de-escalate if there are issues. Response – We do an orientation with CMH and a placement manager has a radio on inside the building to address issues as needed. Traverse House and Club Cadillac were instrumental in getting accreditation as an expectation and support to other CMHs to get others accredited.

6. PRESENTATION BY NEW CONNECTIONS AND KANDU ISLAND DROP-INS:

Pat Munsell, Peer Support Supervisor introduced Jill Johnson, Director of Kandu Island and her assistant Kaitlyn; and Shannon Martin of New Connections and Kevin. Jill shared her background. She noted that Kandu Island opened in 2003. Prior to the pandemic they had 40 people attending per day with a capacity of 49. They are limited to 50% so there are around 20 people attending. She shared activities that are available, operating budget, Food Pantry, Food Rescue. They are a member of JIMHO and meet weekly with all of the Drop-In Centers in Michigan. She invited the Board to visit.

Shannon Martin, Director of New Connections in Prudenville reviewed the goals and activities. She identified that the pandemic took its toll on staff and members – stress, anxiety and depression. They started a video group on Facebook for members so they could chat. They also set up a group chat for Board members. She noted that they did a food pickup from the food trucks and put together boxes for members. Served lunch at the center, played outdoor games, putt putt golf, building exercise activities, beach day, movie day, Walk-A-Mile, and visit the Roscommon Zoo. Shannon shared her background. They started a new activity using therapy balls which relates something they are scared of and they get ideas from some of the other members responses. Shared a flyer from New Connections. Pat invited members of the Board to stop in for a visit and a tour.

7. COMPLIANCE, QUALITY AND CUSTOMER SERVICE REPORT:

Kari Barker indicated that she is reporting on Quality Improvement for 2nd Quarter (January through March of 2021). She noted that in the area of events there were 2 risk events, 7 critical incidents and 1 sentinel event. The Performance Indicators for Quarter 2 are not available yet. Other Quality Projects are – CARF accreditation is due in November or December and will make sure the Board is informed with Board support; the PIHP Performance Improvement Projects

are Diabetes and Children's project are not done until June and will be reporting next time. There was one Compliance inquiry which came through our hotline and was unsubstantiated. We found it did not meet the criteria for a compliance violation. Kari reviewed the outcomes – Home-based post-discharge survey was not available; Privacy and Security – 4 privacy and no security; there was one unauthorized access of the clinical record; and the NMRE Medicaid Encounter Verification for Quarter 1 was completed and we passed with 100% of clean claims. We are also doing the audit internally and doing well. Overall, we continue to work at compliance and quality activities. Customer Service has been taking referrals of grievance and appeals and are meeting time frames. We are reporting to the State timely. Comment – it is a lot of work and are happy that we are being mindful of what we are doing and how we do it. It makes our relationship with the State much better. Kari noted that the report was very clear that we provide person centered, good care, people are satisfied and happy, and good coordination of services.

8. MI CHOICE – PROVIDER COLLECTION TOOL:

Darryl Washington referenced the Provider Screening Tool received in the mail and wanted to follow-up to see if there were any questions or concerns. It is an annual process and there was discussion about completing less than annually and will let the Board know. Contact Darryl with questions.

9. DISCUSSION OF CEO LEAVE/INTERIM CEO WAGE:

Randy reported that Karl Kovacs is on a disability leave of absence and the leave ends on July 25. He has been approved for the leave through our disability carrier and HR has received that paperwork. If no additional request comes through we would be looking at Karl returning on July 26. There could be a maximum extension leave of up to 12 weeks which would be on August 13. It was brought up that the Board does not automatically extend the leave and suggested that we receive an attorney's opinion as to what the Board can do as of July 26. However a part of coming back to work is the ability to work in a full capacity and have to be approved to return to work. We will need to wait until July 26 until we receive the doctor's approval. Randy identified that the Board needs to be aware that there may need to consider a special Board meeting. Every Board member needs to know what is happening and a special Board meeting may be needed for that purpose.

Interim CEO Wage – Randy thanked Joanie for her willingness to take over on an interim basis. Lauri Fischer identified the last time we considered a wage change we considered it to be budget neutral. We took 1/3 of Karl's wage over the 11 weeks and was offered as additional compensation to the interim CEO. It was \$1100 per week in addition to her salary. We are prepared to use wage information from other CEOs in our NMRE region, CMHA and the Grand Traverse County Administration. Randy noted that we want to be fair and protect the organization. He felt what we did last time was fair.

MOTION:	Approve paying the Interim CEO the same amount for the period she started as Interim CEO.
RESULT:	
MOVER:	Al Cambridge
SECONDER:	Dean Vivian

Joanie identified that last time there was more reliance on Executive Team members and did 100% of her own job as well. This time we are more prepared and two Operations Managers have been given 50% of her job. That allows her to do Karl's job and the other 50% of her job. Joanie refreshed the Board of the amount that she had requested last time. She identified that she is invested in the organization and that the services that we provide are the most important. This is temporary. She noted she would do for \$1100 per week. She is working through the challenges and is putting in more work. The forthcoming piece should she apply for the job she would advocate and negotiate that time for what is fair. She is supporting the Board and Karl in delivering services that are needed for the vulnerable population.

Concerns were expressed about not compensating others who have picked up that additional work. Joanie identified that she is the Board's only employee as Interim CEO and has the authority to run the organization within the Board's and Executive Limitations that are in the Board's policies. Within that she follows the practices and policies and identified that we have compensated those individuals for the additional work. There was discussion about the comment about the statement of being budget neutral. It was identified that we are addressing the CEO's wages only. The Board could take the same approach as last time or a different approach. The discussion brought to light that Joanie was not being paid up to the amount that Karl is being paid. The Board has a responsibility to the people that we serve and the agency. Indicated the year's of experience also need to be considered and whether Joanie should be paid at that level. Lauri and Matt were prepared to speak about what Karl's wage would have been discussed at last month's meeting. Reflected the range of wages and years of experience of the most pertinent of the NMRE region. Lauri noted that we are the largest of the CMHs in the region and are easily 1/3 of the NMRE. Karl's wage and Joanie's wage were reviewed. Joanie identified that she was doing the CEO job and half of the Chief Population Officer job putting in the extra time and extra risk. Brought up the possibility of hiring another Chief Population Officer. It was suggested that this is an interim job and will not know until July 26 on how to proceed. At that time, we will decide how to move forward. Matt identified July 26 is the date that he has today and that covers 10 weeks of leave and there are 12 weeks available and could be extended to August 13. Matt got a statement of maximum disability meaning if his physician submits then it would be August 13. Randy noted that on July 26 Karl will either apply or not for an additional leave and we will have a special Board meeting. We need to focus on what we pay Joanie this amount and this period. The motion was not acted upon and was forwarded to the Board meeting for action.

10. BOARD LEADERSHIP JOURNAL:

Joanie referenced the first article was timely and earlier this week she met with Deb and Aaron. There was discussion about the Board needing to evaluate the vision, mission and values and the Board Governance policies in order to pass that piece of the CARF review. She suggested we take the time before CARF visits in order to show compliance in that area.

11. AGENDA PLANNING OPTIONS:

Agenda topics for the July 15, 2021 meeting: Update on Recipient Rights; Presentation – Behavioral Health Home; Recipient Rights Semi-Annual Report; MI Choice Waiver Presentation; and Single & Compliance Audit.

12. MEETING EVALUATION/COMMENTS:

- #1 – We spent our time on the most important governance topics – majority was excellent
 - #2 – We encouraged diversity of viewpoints – majority was excellent
 - #3 – Our decisions were made collectively – majority was excellent
 - #4 – The Board used it's time effectively – majority was excellent
 - #5 – What is the most important thing The Board could do to improve our function as a Board?
- No Comments.

13. OTHER/ADJOURN:

Meeting adjourned at 3:04 p.m.

Respectfully Submitted,

Deb Lavender
Executive Secretary