



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

## Committee of the Whole Meeting Minutes

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March 18, 2021

12:30 PM

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### 1. ATTENDANCE:

Northern Lakes Community Mental Health Authority, remote virtual meeting. Rose Denny called the meeting to order at 12:30 p.m.

Board Members Present: Al Cambridge, Ben Townsend, Betty Bushey, Dan Lathrop, Lorelei King, Mary Marois, Nina Zamora, Nicole Miller, Pam Babcock, Randy Kamps, Rose Denny, Sherise Shively, Sherry Powers, Ty Wessell

Board Members Absent: Dean Vivian (advance notice), Angela Griffis (advance notice)

Others Present: Karl Kovacs, Chief Executive Officer; Joanie Blamer, Chief Population Officer for Mental Health Services; 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; Lauri Fischer, Chief Financial Officer; Matt Leiter, Director of Human Resources; Dan Mauk, Chief Information Officer; Paul Keller, Recipient Rights Director; Brie Molaison, Customer Services Specialist; Carrie Gray, Chief Population Officer for Intellectual/Developmental Disability Services; Jessica Williams, Performance Improvement Specialist; Penny Morris; Greg McMorrow; Andy Babcock; Aaron Fader, Executive Administrative Specialist

### 2. RECEIVE AND REVIEW February 18, 2021 MINUTES:

Moved to Board meeting.

### 3. PUBLIC COMMENT:

Pam was contacted by a person whose child receives services and spoke on the results of their conversation. The person in question contacted Pam about the recent article regarding care through NLCMHA. She spoke on her own worries of struggling to find care at certain times and looking to the future for her loved one. Another issue she spoke on were services advertised in the NLCMHA brochure that are no longer offered and that gaps in care seem to fall on her to find. She wondered if NLCMHA should be looking to fill these gaps in care with further programs, for instance something similar to the Bridgeway Program in the past. Transportation is another issue as there is no public transit in rural Missaukee County and workers are not able to come to them either. Pam also spoke on her own past of not being able to work when her contract ended when she could not find services and did not want to put Andy in the care of a stranger. The person in question did not seem to want to talk to Karl directly, though Pam will reach out to her with that option. Paul Keller also asked that Pam reach out to her and ask if she would like to speak with him as well.

### 4. UPDATE ON RECIPIENT RIGHTS:

Paul reviewed the statistical information and activities that have occurred since the last meeting. Brian Newcomb, the new Recipient Rights Advisor will be attending Basic Training I in April and Basic Training II in May. ORR is also reviewing policies regarding the CARF Audit and preparing for the Triennial Audit coming next year. Randy asked what we have in terms of sanctions or enforcement tools to improve. Paul responded

that tools are in place and that he would look to Network Management for sanction recommendations. Al asked about compliance penalties for training and if they are in contract language, Tracy answered that there are requirements in contracts and there is a policy in which sanctions are clarified. A plan of correction and support is to be reviewed before pursuing sanctioning options, though there is no specific language about training noncompliance – this would be something for Paul and his Team to pursue. Paul and his Team have developed a flagging system indicating who is noncompliant. Rose asked about barriers that may prevent training participation. Paul noted that distance has been an issue, cost, rescheduling issues. With COVID, there have been some technological glitches, though ORR has been working with Beth Burke to fix these issues. Randy wondered if reciprocity may be a part of the solution, though Paul is proud of the quality of NLCMHA's training module. Paul will work with Karl to possibly find a way to incorporate a reciprocity system.

## **5. Integrated Health Care Presentation**

Tracy is happy to report that the current Integrated Health Care (IHC) Team has been in place for over a year. IHC provides both physical and mental health services through primary care, mental assessments, interventions, lab work, and outpatient therapy. Services are currently offered four days a week in the Traverse City office and one day in Grayling. If a patient comes in for primary care and finds themselves in a crisis, there is a Licensed Professional Counselor (LPC) ready on staff to triage and continue with outpatient care if needed. This outpatient therapy can include consumers who do not meet the criteria for NLCMHA Behavioral Health services. Deborah Jacob, the LPC has also been working with consumers with chronic illness in developing some behavior modification to help manage their mental health while working on their physical health as well.

Tracy covered the financials of the program and discussed the block grants, third party insurances, and Behavioral Health Home (BHH) Capitation. She also covered the expenses including the services, contracts, transportation, etc. With the expansion of the BHH, the budget has been split into the IHC budget and the BHH budget, though BHH funds that have not been used have been shifted to support the IHC Team. Al asked about the difference between contract agencies between the two fiscal years. At the beginning of FY20 they had a locum tenens nurse practitioner who was paid a large contractual rate who was not directly employed. There was also a contract with a temporary practice manager. Neither of these services will be necessary in the coming fiscal year. There is a projected deficit for FY21 that will be covered by local funds. IHC is an allowable expense for general funds. The local appropriated funds are not tied to any specific type of service other than our contract required local payments such as inpatient, Medicaid Match, or general fund service expenditures. Currently, there is enough local and general fund revenue to cover the deficit in the IHC Program. Bringing the contractual services in house has helped to save a lot of money. Ty recommended we reach out to Chet Janik in Leelanau for COVID related expenditures such as PPE and disinfectant materials. Randy asked the Board Members who serve on county commissions to take this back to their groups to remind people that this is a local program, supported by local funds, for local people and is not tied to Lansing.

The current census is 253 patients with 107 of those being IHC-only patients. 66 of those patients have received NLCMHA care in the past. There were 185 unique persons served in FY20. Many of the consumers with IHC services have been "fired" from other primary care providers making this a very important service to them. In FY20 there were 747 kept appointments with an 11% no show rate which is lower than the national average of 19%. There are also services provided as primary care at Board Operated homes. Dan asked how much services cost per visit – with some rough math it worked out to around \$536 per event, however the Health Home is also included with the IHC costs for FY20 – with that it would equal to about \$360 per recorded event. In this fiscal year so far, the program has already seen nearly as many patients as the previous fiscal year showing the great growth. Telehealth is being used when possible and face to face encounters still occur when appropriate. Tracy also included many positive statements that she has received from staff and patients. One case resulted in a consumer not needing hospitalization after receiving IHC services. There has been an instance where a symptom was caught during a walk-in where the patient was found to have needed emergency care which could have been missed if they had not come in. Randy has heard positive comments from

community members regarding the IHC as well.

## **6. Compliance and Quality Reports**

There are many services provided which include trainings, pamphlets, and an anonymous reporting hotline. These services will help to stop noncompliance along with record and claim auditing. There will be a Compliance Training for The Board in September. The Quality Improvement Committee shifted into the Performance Measurement and Quality Improvement Committee which combines Quality, Compliance, Risk Management, and Utilization Management. Compliance follows the Study, Act, Plan, and Do Method which methodically breaks down how issues arise, how to measure them, and how to correct them. The CARF Audit will be coming in November/December this year as we are preparing for this. Kari shared some examples of how this has been implemented with certain items listed in the packet. Kari then went over the Quality and Compliance Report specifics to the Board. She then shared the performance indicators and highlighted that NLCMHA met 15 out of 16 standards. The State is no longer using benchmarks and is now using baseline data. NLCMHA will continue to submit data but will continue to strive for the benchmarks. The seven-day discharge contact time for children is an area that can use improvement – it will help greatly when the Children's Team is fully staffed.

## **7. Security Annual Report:**

Dan reported that there have been, since we have been virtual, no major security breaches. There was one reported incident from the Diocese of Grayling that did not include any information of persons served, only NLCMHA information. Dan commended the staff and IT team in the vigilance that they have been employing while working as a distributed workforce. We have changed our phone system that was due to be retired in January of '22 – all phone calls now go through Microsoft Teams. This allows employees to take and make phone calls no matter where they might be on any device with internet access. There has been a large rise in phishing and hacking attempts since the COVID-19 pandemic began, a fourfold increase nationwide. There has been security training and NLCMHA initiated phishing campaigns that are sent out to staff. In January, 340 test phishing emails were sent to staff with only 5 staff members clicking the link. This is about a 1.4% rate which is much lower than the 8.9% in December. For similar agencies the size of NLCMHA, the click rate is usually 20-30% on average nationally. There is robust security in place which gives alerts whenever any large number of files are moved or deleted, all of which are backed up on a cloud network. We have also switched our email encryption tool which is embedded right into employees Microsoft Outlook emails. The new encryption process leverages layers of security available in Office365 applications to provide greater protection of Protected Health Information (PHI) sent via email outside the organization. Randy Kamps had questioned the use of Microsoft Exchange for agency email services considering recent security concerns associated with Exchange. Dan indicated that the only version of Exchange that was affected was the on-premise version and the agency is exclusively using a hosted cloud based solution that has not been affected by the issue.

## **8. MEETING EVALUATION/COMMENTS:**

None.

## **9. OTHER/ADJOURN:**

Meeting adjourned at 2:11 p.m.

Respectfully Submitted,

Aaron Fader  
Executive Administrative Specialist

apf (4/5/2021)