



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

Committee of the Whole Meeting Minutes

December 16, 2021

12:30 PM

1. ATTENDANCE:

Northern Lakes Community Mental Health Authority, 527 Cobb Street, Cadillac, 204 Meadows Drive, Grayling and remote virtual meeting.

Rose Denny called the meeting to order at 12:30 p.m. This meeting is being held remotely due to the State of Emergency being called in the City of Cadillac.

Board Members Present: Cadillac – Randy Kamps, Ty Wessell, Penny Morris, Ben Townsend, Al Cambridge, Mary Marois, Rose Denny, Dan Dekorse, and Justin Reed. Grayling – Barb Selesky, Sherry Powers. Virtual - Greg McMorrow, Nicole Miller, Pam Babcock, and Angela Griffis.

Others Present: Cadillac – Joanie Blamer, Interim Chief Executive Officer; Lauri Fischer, Chief Financial Officer; Matt Leiter, Director of Human Resources; Tracy Andrews, Director of Integrated and Managed Health Services; Brian Newcomb, Director of Recipient Rights; Aaron Fader, Executive Administrative Specialist; Deb Lavender, Executive Secretary; Teri Peacheck; Stacey Kaminski, Crisis Services Operations Manager; Nate Belville, ACT Team; Jessica Whetstone, Jail Diversion Clinical Specialist; Deborah Bumbalough, Administrative Specialist; Alicia King; Judy Barrett; Cheryl Toliwey. Virtual - Kari Barker, Director of Quality and Compliance; Dan Mauk, Chief Information Officer; Darryl Washington, Director of Long-Term Care and Support Services; Carrie Gray, Chief Population Officer for Individuals with IDD; Curt Cummins, Medical Director; Brie Molaison, Customer Service Specialist; Jessica Williams, Performance Improvement Specialist; Michelle Dosch, Compliance Secretary; Amy Kotulski, Clubhouse Director.

2. RECEIVE AND REVIEW NOVEMBER 18, 2021 MINUTES:

Moved to the Board meeting.

3. PUBLIC COMMENT:

Joanie presented Justin Reed with the Each One Reach One Award that he received at the Recovery Celebration.

Alicia King shared statements from Club Cadillac members supporting Joanie for Chief Executive Officer.

Jessica Whetstone, Jail Diversion Clinical Specialist provided public comment supporting Joanie for Chief Executive Officer.

Nathan Belville, RN ACT provided public comment supporting Joanie for Chief Executive Officer.

Stacey Kaminski, Operations Manager Crisis Services provided public comment on behalf of her staff supporting Joanie for Chief Executive Officer.

Amy Kotulski, Club Cadillac Clubhouse Director shared comments from herself and staff by

providing public comment supporting Joanie for Chief Executive Officer.

Aaron Fader, Executive Administrative Specialist provided public comment supporting Joanie Blamer.

4. UPDATE ON RECIPIENT RIGHTS:

Brian reviewed the numbers from the beginning of FY 2022. He noted that the numbers have increased by 19 and are almost at 100 complaints for the first three months of the fiscal year. He noted that the site visits for the fiscal year are just under 40% completed. In catchment sites we are almost 29% completed and are being completed by ORR staff. Brian has met with a provider to address several complaints and investigations. We will be assisting to help change some of their practices. He is wrapping up the year-end report.

Mary asked how many of the complaints since the first of the fiscal year came from Munson Health Care? Brian noted that he has not seen any from Terri Kelty although would need to verify that. Mary asked what the number one complaint out of those 81? Brian responded mental health services suited to condition; dignity and respect. Providers don't have the staffing they used to. Mary asked if there is one provider agency that the complaints come from? Who is making those? Brian noted that most are coming from staff.

Randy asked about the one report last year that was very late? He asked where we stand with the State of Michigan and if there has been a corrective action plan? Brian responded that our triennial review will occur in the Spring. He has had some conversation with the State and they are aware of the situation. Randy asked how do you see our relationship with the State of Michigan? Brian noted that through his recent interaction it has been very good.

5. RECIPIENT RIGHTS LIMITATIONS PRESENTATION:

Brian provided a presentation on Recipient Rights Limitations related to Suitable Services. He reviewed how services are determined; How is the Mental Health Code is applied? and What areas our office reaches. Identified services suited to condition, freedom of expression, freedom of movement, property and financial, and medication.

Rose asked if COVID related does that change the rights of people? Would it be allowed into an AFC anything coming to our residents such as cigarettes. Brian noted that all would still be provided by the home. People could drop off items.

6. COMPLIANCE & QUALITY REPORT FY ENDING:

Kari referenced the year end Quality and Compliance Report. Kari identified that we had an internal investigation which resulted in a claims adjustment and involved abuse of Medicaid. There was a separation of employment. The Performance Indicators increased, and we are back in the 60% range. She noted that there are no benchmarks from the State. She noted that if someone does not show or cancelled, we do not make the standard and makes the statistics much lower and the NMRE is now at 56% which is lower than some others. We need to work on that. The BHTEDS which is our demographic assessment we are ranked #2. We are doing well at the Medicaid encounter verification. We have done 100% for the entire year for those claims. Compliance training is being completed. There have been many deaths this past year and had an increase of drug overdoses. Mentioned new staff in compliance. We have gone through the CARF Review and will get our report in the next 6 to 8 weeks. She noted preliminary results. She noted that her team will directly oversee the audits and corrective action, performance indicators, training and expect consistency, accountability impact on turnover and are making a commitment to implement that strategy.

Dan asked about the claim's adjustment for Medicaid abuse. He asked if those funds are reported on the balance sheet under governmental units? Al said it is a loss of revenue. Dan asked about OIG requested under client investigation from two years ago. Are they asking to review completed from two years ago or is it active? Kari noted that there is an active investigation. We completed our investigation two years ago, however they asked for additional information.

Mary asked about the denials in access. Do we know what percentage our denials of our referrals that come in via access? Kari noted if she recalls it is about 20-30%. There are a lot of people especially with COVID are coming in that don't have serious persistent mental illness. They are needing help and services. Mary said it seems like this is a red flag that we have a significant percentage of people who are trying to access services. What do we do? Do we have a mechanism for referring them? This is one of the criticisms from the community that they are falling through the cracks. Joanie responded that our Access Department does do assessment and referral so that anyone who doesn't meet our criteria is referred out to the community. There is a wait list for mild to moderate populations, so I do believe when people think about Community Mental Health they don't understand that we are required to provide services to the serious populations. She noted we do have to get people in or make referrals quickly. We do try hard through our crisis services to provide follow-up care and we are closing that gap or putting people through that are following through the cracks for example the Juvenile Justice Diversion. We can provide 67% of those that are referred inhouse and the other 33% we have a grant to use liquor tax dollars. Mary asked if there has been any conversation with Grand Traverse Community Collaborative about this is an issue in our community and getting that group together to develop a task force to develop a plan to turn into a request to the Board of Commissioners for the Rescue dollars. It has to be a comprehensive community plan. Joanie referenced the CHIR is doing that with the Behavioral Health Summit where there was actually work groups around access and referrals and meeting the needs to include staffing. We are co-leading the crisis residential crisis center. Their plan is to complete that by April. Today there was an email that went out about funding in our region.

7. PROTOCOL SERVICES UPDATE:

Joanie noted that there was a request to provide an update on ProtoCall services. It is a regional approach. Joanie referred to her presentation which identified the strengths and challenges. Joanie identified we discussed concerns about the wait time, and we were told about staffing shortages and we monitored that. We made reports to our ORR for a delay in treatment, spoke with our relations manager and also reached out to the regional clinical directors. All of the others were experiencing the same thing. They placed on the agenda in November and they said it was unacceptable. They spoke to the public relations and the Chief Operating Officer. They agreed that Christine would reach out and also spoke about creating an RFI. There was one of the five boards that is strongly opposed to doing that. After speaking with ProtoCall they identified that they had experienced growth, responding to a pandemic and also a workforce shortage. Joanie provided the data. When going forward they said they had increased their compensation and benefits, asked an organization to better manage the call flow. They had ended some contracts were large and had a high customer complexity rate and time-consuming calls. We will continue to monitor and meet with the public relations manager, we will include her in our meetings with the hospital. We want to have weekly meetings with the CEOs to have stability in their performance.

Ty asked how do these number compare with Third Level when they were receiving those calls when it was locally based? Joanie noted that we did not get the data from Third Level. They did not track things the same way. She thought that Third Level was about 12,000 calls and ProtoCall 10,000 calls a month. Ty noted if we were meeting the needs then and it was 12,000 then he would assume those numbers would be up based upon what we have gone through. Ty identified that we heard some concern from Child and Family Services and some of that was an impact from the finances. Are the community partners happy with ProtoCall? Joanie reported that Munson is not happy. Munson is the biggest provider. She has not surveyed providers and did not believe that Karl had. She noted that we can do that. Joanie identified that Gina did reach out to her when she was quoted in an article and apologized that it didn't quote her accurately. She said that they still did not have the information accurate even though she did it in writing. She will work with Dan and Kari to come up with a survey. Ty noted that whenever you go from local to State or even National you use lose something and we ought to evaluate it.

Mary noted that happened with Child Protective Services. She noted that these numbers tell us something, but they don't tell us as far as client services the whole picture. Where is the data between the call being answered and someone responding to the call? That is what would be

meaningful to us. Joanie noted that she believes the average calls answered is misleading. That is when the call is picked up and there is a triage that occurs. The average call is answered in 25 seconds. What is that? Is it a Masters level clinician right away which is what we were told or is that a person who is answering the phone and triaging? Mary asked how long does it take ProtoCall to get ahold of whoever is on call? How long does it take that on-call person to respond to the emergency? We aren't getting one piece of the picture. How often or how quickly do they answer the phone? That is meaningful but that is not what I really care about. I care more about what was the outcome of the response to what the need was? Joanie said she would ask for that data.

Randy noted that we need a much better idea of the headings. We need a concise verbiage of what that means. He said we didn't hear that a plan for improvement has been submitted to the customer which is us and in writing. In that we would have set benchmarks or solid expectations about when we need to see improvement or we go out for bids. Monitoring does not set it. Joanie noted that email thread is occurring right now between the CEOs and the NMRE. Randy asked her to pass it along. Joanie noted that she could ask them to do a presentation session for the Board. He noted that Christine was correct in that it is viewed as an extension of us. Randy clarified he would like a good explanation of what the headings mean and how it is all connected. There was agreement not to have ProtoCall attend one of our meetings at this time.

8. BOARD MEMBER TERMS:

There was a review of Board member's terms who were expiring. Ty noted that he was disappointed to see that his term ends on 3/31/2022 as he thought he was appointed until the end of 2022. Rose asked how Ben's end date was 2022 or 2024? Deb identified that we communicated with Wexford County about the terms being for three years. Noted dates for Ben and Rose. County Commissioners terms are based on their political office. These dates are for the three years on our Board and can reappoint. We also have cases where the term is not completed and someone else completes the term. The following members identified their interest in being reappointed: Barb, Dan, Randy, Ty, Al. Mary was undecided. Grand Traverse County appointees will need to reapply by completing the application through Grand Traverse County. Randy suggested that the dates match with political appointments. The terms are identified in our By-Laws and the Enabling Resolution. Pam noted that Missaukee County has reached out to her to find a replacement for Dean. Because he was a county commissioner he would need to report to the county. We did have communications with Missaukee County and noted that the individual appointed would need to reside in Missaukee County.

9. BOARD LEADERSHIP JOURNAL

Rose referenced the journal. Randy was approached recently by a Board Member asking how they would navigate the Carver Model and referred to the Tick Tock article. The CFO needs to play a bigger role in corporate governance.

10. AGENDA PLANNING OPTIONS:

Agenda topics for the January 20, 2022 meeting: Update on Recipient Rights; FY 2022 Ownership Linkage Plan; 2021 Annual Review; County Commissioner Survey Results.

11. MEETING EVALUATION/COMMENTS:

- #1 – We spent our time on the most important governance topics – excellent
 - #2 – We encouraged diversity of viewpoints – excellent
 - #3 – Our decisions were made collectively – excellent
 - #4 – The Board used it's time effectively – excellent
 - #5 – What is the most important thing the Board could do to improve our function as a Board?
- Comment - Mary suggested that we have three lavalier microphones for the 2nd interviews.

12. OTHER/ADJOURN:

Meeting adjourned at 2:04 p.m.

Respectfully Submitted,

Deb Lavender
Executive Secretary

dsl (1/11/2022)

**Addition to Committee of the Whole meeting minutes made on March 17, 2022
Clarification – On February 17, 2022 Randy Kamps asked for clarification regarding
Mary Marois questions during the ORR Report. The recording is as shown below.**

Dated December 16, 2021

Update on Recipient Rights (second paragraph)

Mary – “Out of the 81 complaints received since the first of the fiscal year, how many of those came from Munson Healthcare system?”

Brian – “I don’t believe any of them. I would have to look. I don’t think we’ve had any. Like from D6?”

Mary – “Right. That would have come from Terri Kelty.”

Brian – “I have not seen Terri Kelty’s name come across the desk. But I can verify that. I have other advisors that work on stuff, but I haven’t seen Munson’s complaints”

Mary – “What is the number one complaint out of those 81?”