



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

Committee of the Whole Meeting Minutes

February 17, 2022

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 12:30 p.m.

Board Members Present: Randy Kamps, Penny Morris, Ben Townsend, Rose Denny, Dan Dekorse, Justin Reed, Barb Selesky, Pam Babcock, Nicole Miller, Sherry Powers, Nikki Coleccio

Virtual - Greg McMorrow, Mary Marois, Angie Griffis.

Board Members Absent: Al Cambridge (advance notice) and Ty Wessell (advance notice)

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; Heather Sleight, Administrative Specialist; Dan Mauk, Chief Information Officer; Deb Lavender, Executive Secretary; Dave Simpson, Residential Services Administrator; Andy; April Weinrick, Home Supervisor.

Virtual - Kari Barker, Director of Quality and Compliance; Darryl Washington, Director of Long-Term Care and Support Services; Curt Cummins, Medical Director; Carrie Gray, Chief Population Officer for Individuals with Developmental Disabilities Services; Ann Ketchum, Programmer Analyst II; Kari Barker, Director of Quality and Compliance; Brie Molaison, Customer Service Specialist; Jessica Williams, Performance Improvement Specialist; Michelle Dosch, Compliance Secretary; Marsha Brown, Home Supervisor; Deb Freed; Chris Biggar, Finance Manager; Kelly Hoag, Administrative Specialist; Kasie Morse, Customer Service Provider; Aaron Fader, Executive Administrative Specialist; Michelle Michalski, Human Resource Specialist; Melissa Bentgen, Accounts Payable Team Lead; Erin Eickhoff, Home Supervisor; Andrew Waite, Behavioral Health Home Manager; Jessica Whetstone, Jail Diversion Clinical Specialist; Heather Pollington, Customer Service Provider; Treasa Cooper, Reimbursement Coordinator; Melissa Trout, Child & Family Manager; Four Unknown Public.

Rose introduced and welcomed our new Board Member, Nicole Coleccio. She goes by Nikki and her name plate will be changed.

2. RECEIVE AND REVIEW JANUARY 20, 2022 MINUTES:

The minutes were moved to the Board meeting.

Randy asked whether all meetings are recorded, and the answer was affirmative. Randy referenced page 10 of the packet where there was citizen comment. His recollection was that it went beyond "some reservations" and he would like the record to reflect more clearly what that individual commented.

Randy referenced page 14 of the packet in the minutes near the bottom of the page “When I sat back and looked over my shoulder Joanie has been providing two activities, seems like forever. He is willing to give a pass on continue. It is quite a feat to jump into a fully active, fully functioning, fully engaged CMH as the CEO Interim. Joanie rightly fully took the job on stepping into some shoes and hit the ground running. For the most part, did a marvelous job and continues to do a marvelous job and he is willing to give Joanie a continue on that. We look forward to more in the future.” Randy would like for us to look back at the recording. That just doesn’t sound like me. He holds no malice here and if I am wrong, I will apologize. He would like us to bring back to see what was said and then revise the minutes based on that.

MOTION:	Amended the Committee of the Whole Agenda to Insert #4 CEO Search with subheadings Hiring Solutions, LLC Budget Request Information Search Committee and Notification of Beginning the Process; Insert #5 Interim CEO Request for Board Statement
RESULT:	ADOPTED [UNANIMOUS]
MOVER:	Randy Kamps
SECONDER:	Penny Morse

3. PUBLIC COMMENT:

None.

4. RECIPIENT RIGHTS:

A. Update on Recipient Rights

Brian referenced the monthly report. On February 7, 176 complaints were received and as of today there are complaints with 74 pending investigations. Remain in 100% compliance for our Report of Investigative Findings and Summary Reports. Ian Pegan-Naylor has completed his basic skills last week and submitted his state test. Currently we are 45% completed with our site review inspections. 90% are in catchment and 40% out of catchment. We hope to have wrapped up by the end of July.

Question – When you do a site visit to a day program what do you look at? **Response** – We make sure the site has their current plans of service. We make sure that there's no limitations or restrictions on their movements. We make sure that it's safe, that it's sanitary, certain things that they're receiving, the care that they're supposed to and any limitations. Pretty much the same as a site visit at any facility or AFC.

Randy noted that he appreciated the fact that we are looking at from 10/1 through 2/7 what would be helpful if we could grid this report using the same headings and then complaints received etc. Using the same periods and not have to go backwards. If we could begin the process of instituting a grid that shows us the previous year and the same period. Then it would be very easy to at least identify trends and we could perhaps see seasonal trends. I would ask you to ask the Recipient Rights Director to consider presenting this particular report in this manner going forward.

Question – What is the time frame for 100% compliance? **Response** – When we open an investigation we have 90 days to complete that investigation.

B. Annual Report

Brian reviewed the Annual Report for FY 21 indicating the Appeals; Complaint Data; Complaint Source; Detailed Summary noting the highest areas – Freedom from Abuse, Freedom from Neglect and Suitable Services; total number of complaints is 339; Remedial Actions; Training Provided; ORR Staff Training; Desired Outcomes; and Recommendations to the Governing Board.

Question – Randy referenced page 6 of the packet. He identified that there was nothing in the first columns of the report, Part A Agency Totals. **Response** – Brian noted this is the state’s report and was auto filled. Brian will fill in the numbers and get to the Board.

Question – Fairly consistently in Freedom from Abuse, Freedom from Neglect and Suitable Services and going down to the totals it leads to the conclusion specifically to Abuse Class III,

Neglect Class III and Dignity and Respect and conditions doing the math on the grand total we performed 332 investigations of which 45% were substantiated. Trying to get a handle on the magnitude was that good or bad? We then have to take the number of investigations and divide that by the total population. Would like to see that as a percentage of the total people we serve in our catchment area. Want to get a better handle on how we have evolved in this area and that we continue to improve. The proof is always in the data. Would like to have some sense of what that means in terms of the complaint sources were from staff. What that says to me is that the ORR is being viewed as a partner. We want to maintain the independence of the ORR. Is this a complaint that staff is filing on their behalf, on behalf of a client or a guardian? He would like to see in the grids in the area of recipient population on the right side if we could add staff? Referenced an example. Were those people that made the complaint or involved in the complaint? **Response** – Individuals involved in the complaint. You would like to know where the complaint came from. There were only three categories to cover and we are missing the SIP homes, the Autism Centers and they don't give those options. For this report, it is the same. Randy identified that we can talk to the state about it through the Community Mental Health Association of Michigan. It would be nice to know so that we can get a sense of what the numbers tell us so that we can discuss and decide whether or not the numbers are significant or not. Brian noted that he will take that and he has no problem adding more to this yearly report in the future. He will find those numbers and those answers for you moving forward.

Question – Are these people duplicated from one category to another? If someone was abused at the top of the chart and then Freedom from Abuse at the bottom of the chart or could it be the same person? **Response** – Some of them can be the same person. For example, if we have a neglect case where somebody is sleeping every resident in that location is covered under those complaints. **Question** - Is that significant in the numbers that it is the same person or are we dealing with a complaint regardless of the person? **Response** – We do deal with just the complaint, but when it's specific to one individual like a medical or a medication error, then it is a individual that we investigate. Joanie clarified, I think what she is asking, is in the neglect category if a person falls asleep on shift does that count as one complaint or six complaints if there are six residents living in the home. Brian responded, that would count as one complaint class that covers all the recipients in that facility.

Question – Recipient population, for example, Abuse Class II there were 6 complaints received, 6 investigations and under recipient population 5 DD. Could that mean that there were 5 individuals and there were two substantiation's for one recipient? **Response** - The two substantiation's would be two different investigations, so possibly two different recipients. I would have to look at that. Dan noted there were more investigations than recipients identified. I don't know why there is a disparity there. Brian indicated that goes to the categories that we are given to enter the information into. Dan questioned is this just individuals that don't reside in specialized homes? Brian noted it is a broad range of what categories we have. If we break it down by population, we don't have markers or they don't give us that area to put that information into. That is why some of those numbers look skewed.

Nicole reminded the Board that we have two officers, Rose and herself, who sit on the Recipient Rights Advisory Committee and if there is additional work that we need to do as a sub-committee of the Board, we are happy to take that on and take back to our meetings and navigate through that for the Board.

Joanie clarified for example, if she files a complaint on myself for yelling at someone and I say to Brian I shouldn't have done that. If Brian looks into it and finds that dignity and respect is an issue. But if I swear, then that is another complaint. So one complaint can turn into multiple complaints per person. Brian noted when we initially get the complaint and it could be one issue or we find that someone was sleeping, but they are sleeping because they were using marijuana in the parking lot. It would jump from someone sleeping to multiple complaints. Dan noted that could be multiple investigations but only one recipient. Correct.

Question – Is there any way that we can look at our numbers in comparison to another organization our size? For example, compare our complaints to their complaints and the trends and what is the issue with the numbers going up? **Response** –What we are seeing in

substantiations is about similar to what others in the state are seeing.

5. 2021 AGENCY PERFORMANCE ASSESSMENT:

Joanie referenced the Agency Performance Assessment with the narrative and the overall grid identifying the years 2017 through 2021. **Domain 1 is Finance** in which Lauri reports to the Board every month. We note that this year our General Funds will not exceed the available resources for the second year in a row. There was discussion as to the likelihood of the state removing the requirement for individuals to meet Medicaid Deductibles. Joanie identified that all indications that they will and that will have a great impact on our General Fund.

Question – Do we have a line on our balance sheet in the liability section for that? **Response** - We do not have a line for the liability section. However, Lauri is very much aware of that. Joanie shared what our history has been. Back in 2020 Karl shared with Executive Team we need to curb our spending by 1.6 million. Due to the pandemic the redetermination stopped, so we were able to do that and we didn't have to face any cuts. Our highest costs are residential and inpatient psychiatric care so we would be primarily focusing on how we can manage that. Some of the frustrations with Northern Lakes when your looking at the feedback from the communities and at the surveys there are times when we do have to manage that and we have to look at the cost benefit. Can we find a provider to provide the service at a more reasonable cost? Do we have that person at the right level of care? There's a lot of things that we have to consider. In answer to your question, no we don't have a liability line, but we are very much aware of it. Barb noted that we are responsible in knowing that this is coming soon. Lauri noted that the redeterminations were to become effective on January 1st. CMS gave the MDHHS a rolling 12 months in order to implement redeterminations with the expectation that the public health emergency would be expiring. Within that rolling 12 months, the purpose was that the state would not be able to redetermine everybody who had been suspended for 18 months and that they couldn't all come up each year at the same point in time. Therefore, the rolling of the redeterminations, those were suspended again on January 17th. We learned of that on January 16th and it might even have been the 18th. It was that close.

The Department is not processing spend downs because theoretically, nobody is losing their Medicaid once they qualify. I know that we spend approximately \$775,000 per year in spend down or Medicaid deductibles. Based on our history within the last full year, which was FY2019, I suspect it'll be similar to that, but we also suspect that we are going to reach a time when the government won't be spending as much money as they are today and one of the methods to curb Medicaid spending is to manage the level of the deductibles. So historically \$775,000 but we are at risk for individuals having a different level of spend down being associated with them directly. Therefore, the \$775,000 divided by 12 is the possible exposure on history, but I of course would increase that a little bit knowing that it's probably going to go up. I also have been telling everybody that I can ensure that you spend down your bank accounts. If your bank account exceeds \$2000, then you may have a delay if your redetermination comes up. I'm telling guardians that, I'm telling case managers that, we're trying our best to ensure that everybody is ready when their name comes up. I had heard that redetermination paperwork had gone out, but I am not hearing that anymore. I think that they began it and then subsequently froze it. The next time the public health emergency is set to expire, 90 days or 60 days would be the 17th of March, so 60 days. I assume on March 17th we will find out if the public health emergency is extended or expired. For us on virtual services, what that means is they will not expire the ability to do virtual services. That they have been opened up for 60 days. I think it's 90 days. They would at least give us a 90 day forewarning that certain codes would not be opened to virtual. That is what I know on general funds. Joanie noted the other area of risk is eligibility. As Lauri mentioned, the bank accounts are a key part of that and many of the people that we serve received the stimulus packages which will result them in being denied Medicaid potentially if they are not utilizing that money in other ways. The other area is the virtual service with the telehealth codes. Outpatient therapy is the only code that has been added to the telehealth availability. All of the other codes are indications that we would have to resume face-to-face to build those scopes. The reason that General Fund is at risk is because if you provide a service in a method or in a place that is not covered by Medicaid it has to be covered by General Funds. We need to make sure that we time that properly.

Question – In order to simplify this, at this point in time in which the State of Michigan reinstates redetermination we will be asked to expend General Funds? Correct? We will be expected to expend General Funds to the point that we have General Funds. Do we have sufficient General Funds, at this point in time, to address that? **Response** – For FY22, yes. **Question** – But those redetermination will revert back to 21 or they will be suspended? **Response** – that is not the response we have been given. They will not retro those. When we get the redetermination we are prepared to respond to the request for General Funds? Yes. Do you think we will have to dip into our reserves? Lauri indicated I do not believe we will have to dip into reserves in FY22. That is my prediction. I believe that in FY23, as long as the pandemic is released or lifted that we will be close. The redeterminations to me are not quite as financially risky as the spend downs because the spend downs have not been measured in so long that I don't know where that's going to come back to individuals based on a pretty significant Social Security cost of living. There are pieces that are worrisome to me because the spend down is something that is month to month and they don't like to re-establish a spend down. Redeterminations you can retroactively cover individuals into Medicaid so long as we are on that, and case managers are assisting folks. I'm a little less worried about redetermination as long as everybody is in the know, get your spend down, get reactivated and then get your Medicaid retro 90 days. I am worried about the state utilizing spend downs in order to save Medicaid money. Randy noted that is something that we don't have any control over and it is something we need to be mindful of. It sounds very clear to me that you have notified folks that this is coming down the pike and to be prepared. Lauri noted every chance I get.

Question – Prior to the pandemic, if someone had Medicare with Medicaid spend down and they came to see me for services, would they be open for services or would they not be opened because they had a deductible? **Response** – We would have to open them for services. Joanie referenced the Mental Health Code and it says that we have to provide services to anyone who meets the serious component. An individual could have lots of money, I use this example with staff. If Michael Gates walked in our door and needed services based on eligibility and he met our criteria, we would have to open him. We do have a non-Medicaid benefit package for individuals who do not have Medicaid. They do not get the full array of services that Medicaid does. That means that they can get outpatient therapy, they can get up to six months of case management, six months of peers but not a full array. **Question** – Once the deductible goes back in place they will fall into that caveat of you have these services for six months. **Response** – Yes, until they meet their spend down. Once they meet their spend down they are open to the full array of services.

Joanie identified that Lauri does a great job in managing that and helping to make sure that we're communicating and having staff be aware. To answer your question Randy, not only are we speaking about the spend down, but we also send information through management about the telehealth codes, what is happening and how to get ahead of it.

Question – Up until the pandemic everything has to be reset. So, what about anything that was pending? Is this state to state? **Response** – What Nikki is asking is if there is a reset to go back to a prior year and the answer is no. One thing that we do well within the state is close fiscal years. Rarely is there anything that would reopen a prior fiscal year cost settlement. Joanie noted that the reason I brought that up is just so that this Board is aware because we have a lot of new members that prior to the pandemic, we were looking at a steep cut in a very short period of time. When the redeterminations stopped, the Medicaid was sustained, and the deductible wasn't being enforced. The Telehealth codes were allowed, that helped us dodge that. This is not new to the leadership team and we speak about that, what is it that we're that we're going to do and how are we going to curb? So, when we're looking at a high cost placement, for example, we're asking the staff what's the accountability plan because we have to reassess that and make sure that we're being good stewards of that money so that we're not overspending our capitated dollars.

Joanie referenced Domain 1 is green. Section 1.1 where the direct care wage premium increased Medicaid spending by \$2.3 million in FY 2021.

Domain 2 is Clinical Staff Efficiency/Staff Productivity by Population is yellow. Joanie identified when I think about these numbers, we have to work with staff to understand what the barriers are, because we haven't met with them as a whole. She was thinking along the lines of a

town meeting for staff to say what are the barriers and how can we overcome. She noted that this is not the only way we measure staff efficiency. We have other measures, and they are not listed here. In the future, we will want to add the other reports we use to the agency performance assessment. For example, Lauri creates a Black Red Report which is for the clinical programs for staff to say are they billing enough to pay for the overhead that is required of their positions? We also have a Gray Report which looks at the Individual Plan of Service and what are the authorized units. That is our contract with the person we serve to say you're entitled to this many services and your authorized for this amount. We can pull a report that says whether we are meeting the IPOS. Are they getting the services and that we say they were medically qualified or eligible? There was a question about suited to condition and this is where that will come from. If we are not providing a service that we said was medically necessary, then they are not getting that service suited to condition that they were assessed at. She would like to include here some of the other things that give us broader picture of what staff efficiency looks like. In terms of the numbers they have remained fairly consistent across the board. What are we missing as an agency that we might want to look at? We need to partner with staff and finding out what the barriers are.

Question – Let's define what these numbers mean. Staff Efficiency Adult IDD what does 19.96% mean? **Response** – For these numbers we look at how many hours did the staff work in a pay period and how many billable hours did you provide in that same pay period. If you take case management, for example, a lot of the work that they do is by telephone. They are advocating linking and when they are doing that by telephone it is not a billable service although it is necessary. The coordination of care from the primary care's office, if the person is not present or if you do that on the telephone outside of a pandemic you can't bill for that. Many of the services that we provide we can't bill for because we have to coordinate that care, much of which is done without the consumer present.

Question – What prohibits us from involving the client? Telehealth we could be linking and the client could be one the same. **Response** – Yes, that is true and I think some workers do that better than others. I'm not sure what all the intricacies are but I will say that a person who has IDD may not be able to engage in that conversation. Someone with MI might start with that at their appointment, which is pretty common, then maybe you can't reach the doctor when they are on the line and so the worker has to follow-up when the client is not available. There are different intricacies.

Question – Have we looked at, in order words, we are a part of the NMRE, are our affiliates I am assuming they are using similar metrics. Is there something they are doing that were they scoring better or are we all in the same boat? **Response** – We are all in the same boat. The Regional Clinical Directors meet once a month. This is a topic that they speak about. We talk about it often. We are in the same boat with what we expect and with where our staff land. Randy noted that we've got to figure out a way to improve our ability to bill. Joanie noted here is an advocacy point. If I work for a primary care office or an FQHC and I make a phone call, I can bill for that. But because I am a Community Mental Health system I cannot bill for that unless the person is there. Randy noted that nobody seems to present to our legislators who can take action. It is inconsistent. Joanie noted that in the past we had children all under one and last year Karl spoke with me about breaking that down like we did with adults. So, from this point forward we will break that down.

Domain 3 – Service Provision – Joanie noted that this area is primarily green. You can see that we are increasing in transactions and the only area that was yellow is Pre/Post Hospitalization data for CPSS which is peers. Typically, we have a much better score than that in this area. But I don't want us to lose sight of the fact that when you're looking at the AFC Pre and Post they have peers on their team too. She noted that we need to flush this out a little more and break it down more. We also have outpatient peers, so we have more opportunities with ACT. She needs to identify why that went up.

Domain 4 – Consumer Satisfaction – Our challenge was that the NMRE changed their practice at mid-year so we don't have the data to share with you. We spoke about what can we provide. We remembered some of the things that you had asked Kari about in her presentation a few

months ago. We have included some data on page 27 of your packet regarding our Customer Service Contacts and Appeals. We will look at how we can incorporate this data. This area will look different next year because the way the NMRE changed what they are doing. We are not comparing apples to apples it would be apples to oranges. We can control some of this other data and will continue to report on the Customer Service Activity on 4.1 and 4.1.2 and the NMRE Point In Time Scale as well as the surveys that we do.

Question – Is this something that we need to address with the NMRE or is that already been addressed? **Response** – Kari and the group addressed, and I think that moving forward how they're pulling the data now will be consistent. I don't think we're going to run into this problem moving forward. They just changed it that is why we have the gap. Kari identified we took a long time looking at the whole group, the QOC Group at the NMRE, looking at the amount of surveys that were going out in like a six month period. Every population was being surveyed and it was amounting to like 8 surveys and they were 25 or 26 questions each and depending on the number of services a person received, they could have three surveys to fill out. We were not getting the responses we wanted because people were having survey fatigue. We made a decision to do one survey that would incorporate everyone and that they could indicate what services they were receiving. So that's what happened this year. I do believe that next year when we look at the outcomes, it will be broken down into the different service arenas.

Domain 5 – Stakeholder Satisfaction – Joanie noted that this is broken down into several areas. We talked about the County Commission meeting last time in January in detail and several suggested changing the method we gave them the surveys. Suggested asking commissioners to fill out before the annual report and we also wanted to see how the meetings that we are doing with the County Commissioners on an individual basis may impact the amount that we get returned. We may want to focus on our score is fairly consistent when you look at the five years but it did drop from 2020 to 2021. We are going to have to cautiously monitor in terms of the County Commission.

The next area is Legal/Law Enforcement. This survey was not conducted in 2020 nor was it conducted in 2021. Karl opted not to do the survey because you can see that the number was only six and determined that we did not have enough contact information to gather the information. In 2021 we worked with our staff to gather the information of who are the law enforcement to update our database. You know, when we do those email blasts, we need to know all of the players. We believe that we're going to conduct that this year and that we think our numbers will be higher than in 2021. Looking at the numbers we are spending time in beefing up the database of who we are trying to reach with this survey. Joanie has been working with Deb Freed who previously completed the survey working with Karl. She believes we have more information to be able to complete the survey.

Question – We serve six counties. Each has a Sheriff. Are we going beyond the Sheriff? **Response** – In the future, yes. Randy noted that is historically what we did. If we are going to say we survey law enforcement what does that mean? Does that mean the first three in the tier or the first two? I think it is important to send as far down the food chain as is feasible. Because I can only speak for Grand Traverse County. I think you'll get different opinions from different people in law enforcement as to how satisfied they are. Joanie would agree with that and also what barriers they face. I know that we now have information moving forward, not only will we be looking at the counties, we will look at the cities, we will look at the townships, specifically in Roscommon County they have several township police officers. We have to make sure that we're reaching all of those. Law enforcement can also encompass the jails. We should be looking at the Jail Administrators in addition to the Sheriff's Department and the road patrol. So again, Deb Freed and I spent some time on that and I think we are in a much better spot to have a larger number and get more correct information. I can't speak to more than that, as I said, I wasn't there when Karl was doing the surveys and was not party of those conversations.

Dan noted in 2019 does indicate that 27 recipients were contacted and they contacted the Sheriff's, Jail Administrators, Judges, Prosecutors, law enforcement so it was more than just the Sheriff's and it was a poor response. But I think the information would be important to us. Joanie

agreed and it is good to know when we speak about trends. When we've asked people served about what we do that's important to you, it's different for the counties. It's uniquely different. What consumers in Traverse City were looking for was different than Cadillac, was different than Roscommon and so I think that's going to be true across the board. I would like to be able to identify some trends in that to help us with Services as we provide moving forward.

In the area of Community Collaboratives we did do that this year. Our scores came up for awareness, they came up for rating the job, they went down for the use of community resources from 2019. This was not conducted in 2020. This survey is probably our most widely distributed. We send it to the Community Collaboratives and we asked for them to respond and help guide us.

MH Awareness Research we have done every three years. It was done in 2020 but not in 2021. This is something that we can change. Joanie identified she would like to do it this year because we had done so much time on marketing, several, different commercials not only for employment and trying to increase our applications and interest in individuals working for us. We also did the flyers that we did in restrooms, we had commercials that said if you're feeling suicidal your not alone. She would like to see how that has had an effect and we did that in 2021. Right now it is every three years, but she is inclined to complete it this year to see whether it was helpful. We had the large TBD Solutions report that went out and one of the key findings from that is that people weren't aware of who we are, which is why we thought it was important why she would like to do this year.

Question - Randy noted that there had to be a reason we chose to do every three years. He wondered about resources. We struggle with efficiency and so you know that adding one more task I don't know in this day of electronic is not as tough as when we used to have paper so I encourage you to survey them manually. I think we've got the capability to do it and I want to encourage you to do so. **Response** - Joanie also agreed although pointed out that this one we pay an external company to do. We would continue with that same company. Maybe the decision why we did it every three years is partly that we don't do it internally. This area is marked as a yellow.

Randy identified that there is a lot of confusion in the community as to why we can't serve everyone. What constitutes severe? We have to be crystal clear to the rest of the community that our hands are tied right now by the Mental Health Code saying we can only serve the severe. We have to be very transparent about what the measurement tool is to determine whether or not somebody is severe.

Domain 6 - Provider Satisfaction - When we look at the scores from 2017 through 2021 we are at 84 and 89%. Tracy has done a great job in reaching out to the provider network. She meets with them regularly. They have quarterly meetings where she invites other people to come in and educate and speak about some of our concerns. She also has worked with them on the DCW and getting amendments out in a timely manner. This area is a green. I don't have a lot to say here that Tracy is doing an outstanding job in this area.

Domain 7 - Staff Satisfaction - Joanie reported that we have been doing the Organizational Climate Survey for many years. You can see our scores overall go up. We remained the same this year as last year the change was 3.90%. In 2018 we had a decrease so since that time having positive number is good. Karl did not have the information in 2020 but she noted that we do have it. Deb Freed noted we did not conduct the same organizational climate survey in 2020. Instead, we conducted two specific COVID-19 surveys. So, we did two internal staff surveys in 2020 focused on COVID-19. Our response the way we communicate how safe people felt, what their concerns were, and that sort of thing. We didn't do the same format in 2020. Joanie identified we would add a note why it was not available. Randy noted he understands doing a different survey to fit a specific concern and in this case it was. How are we addressing COVID as an organization? That is admirable. He would like to see the results of that survey even though we don't have anything to compare it against. He said to asterisk it, even though he understands and we want to compare apples to apples. It may show us something different and it is something useful. Joanie identified that she will bring those back and include them in the report next time. There were a couple things that I'll just highlight

that you will find in your Word document. You'll see on page 49 of your packets, gains were made in almost every area having the highest ratings of any year surveys surveyed in 23 of the 25 questions. But two of those questions that were not the highest rated included people stating my coworkers cooperate well with one another that actually declined. Then the other one was morale is good within my team and that declined 1.4%. Overall, the culture had improved 18.8% over the past 11 years. With the 78.3 percent in 2021 then you can see a little farther down we talked about the highest rated items. People were satisfied with their benefits. HR works hard on that every year. My direct supervisor shows interest in me as a person. That demonstrates great leadership and we did do some focusing on that under Karl. I want to say it was in 2017, 2018, so I was happy to see that and then space. Remember I think this comes on the heels of us moving the children staff down into the first floor. We eliminated that big conference room and turned that into treatment areas. I think that was a result of that, that decision. Our lowest rating you'll see here is we have adequate number of staff to do our jobs. That was the lowest rating at 54.6%. That continues to be a concern.

Domain 8 - Regulatory Compliance – Joanie noted that we have kept Medicaid Verification as a green. ORR actually is a green. She stated we no longer do the Autism Audit and we will want to remove in the future. Four years in a row we have had 100% compliance on our Medicaid Verification audits.

Domain 9 – Board Policy Compliance – Joanie noted the Board is at 100% Compliance. Barb noted it is unbelievable that we are at 100%. I don't know where we get 100%? It is unbelievable to me. I don't understand. Joanie reminded her that every meeting the Board is asked to complete the Board monitoring reports and they take action on whether they are 100% in compliance. This year when the Board says they agree to her interpretation and are 100% compliant. This year about a month ago there was one that said no. Barb identified that 100% are not turning them in anyway. She read that there were eleven people turned them in. Randy identified that the way we count percentage of compliance is based upon the forms that are turned in. We are not counting forms that are not turned in. That can always be adjusted. We have been running at 15 people attending at a time for quite some time. Pretty consistently there are 11 or 12 turned in. That is where that percentage comes from. We have our work cut out for us and we have an intent to proceed with a complete seminar education process as far as the Carver model of governance on how it does and how it should work. What he did in the early days and he has a better understanding as we go he didn't know what half of this stuff meant. Barb asked if we can look at a different way of doing this in the future? Randy said yes, we could certainly do that. This is going to be part of our review of our governance process project. That will not commence until we get through our CEO Search. The CEO Search is at the forefront. We will circle back because I firmly believe that the Carver model works. We just need to know how to use it. It is a wonderful tool and you need to know how to use it. He has a thought and will relate when we get to this month's reports or responses and then we can build from there.

Domain 10 – Quality – Joanie identified that in the area of quality we have a yellow for the MDHHS performance indicators. This is the second year in a row that the state has changed the way they track some of this data. The way they allowed us to use as exceptions in previous years can no longer be used as exceptions now. So, for example, if somebody goes into the psychiatric unit and when they come out, they're arrested and they are in the Detroit or housed in Wayne County Jail, we're held accountable to see them. They don't allow us to have an exception that they're outside the area or if somebody moves out of this state, we're not going out of state to see people, so we tried when Kari report this to you we still track with using the old information. When it comes to the performance indicators we cannot do that. We are advocating with MDHHS to allow us to use those exceptions, but right now we have not been successful with that.

The NMRE PIP we have a yes/no answer because there are two. What we realized as a region, not just Northern Lakes, that we were required to get the information from other providers like the primary care providers. We could not get all of the data to support this and we were not alone. The region conferred with HSAG the auditing body that does our audit and they will have a different measure moving forward.

MI Choice CQAR (Clinical Quality Assurance Review) results was pending and we did find out earlier this week that we scored a 93%. Darryl is happy with the number but believes that it could be better. He thinks that the staff turnover played a role in this and he is working with his management team to develop a plan of action to improve that number for next year.

Joanie identified that she did not highlight the investigation time frame compliance for ORR and that the 90% should be yellow. She believes that moving forward since Brian took over the role that we would know ahead of time. We did add some safeguards to make sure that is being accurately reported moving forward.

Domain 11 – Accreditation/Certification – Joanie identified when we completed this report we had not yet received notice and we have a three year accreditation from CARF. In the past we had an active SUD (Substance Abuse Disorder) license for each of our offices. Midway through last year we were notified that LARA indicated that we cannot have because we are a governmental entity. This line will be removed moving forward. We are working with MDHHS for our CMHSP Certification which expired. This was not marked yellow because it is a state concern. Kari has been working with the state and they are behind across the state. MDHHS has identified that all certification will remain current until they can complete their assessments. We do have that in writing. We do not have anyone on the Children’s Waiver and you can see that we have some of our homes pending licensing. The licensure is in Dave Simpson’s name as the licensee. He is looking at retiring at some point in the future. We have looked at the responsibilities of the home manager and they will be responsible for having the license in their name for their respective homes. When we spoke about the RCAs the home managers supervise that staff, I don’t believe they get enough accolades or attention. She identified that they do an exceptional job. She noted that they have to be available 24/7 and often times they need to cover shifts in their home. She wanted the Board to know the hard work that they do, and she wanted to acknowledge them. She introduced April Weinrick who is a home manager. She asked that she take back to her peers that we do appreciate the work that they do and the challenging situations that they face. There was clarification on the Children’s Waiver. It was noted that there are over 400 slots in the state, and it is very difficult to get a slot. Randy identified that this is another area that we would want to bring up to the state.

Domain 12 - Human Resources – Joanie noted that overall the area is green. The Board is aware of our staffing challenges and those are in yellow. The lag time in the paperwork for worker’s compensation is 7.1. Matt will work with our carrier on that.

Question – Questions have come up in the past regarding the number of EEOC complaints that we have. He asked if we can add that as a line item and in other like events to give us more data to support what we are reporting in terms of employee satisfaction. **Response** - Joanie noted that we can add that and we can look at other items we might want to add as well. Joanie shared that because this was brought up that one of the EEOC complaints is not being investigated further. One is still pending. They didn’t come in at the same time.

6. DISTRIBUTE CEO EVALUATION:

There was discussion about the process. The Board should complete the evaluation and send to Randy by the next meeting so that he can summarize and will be presented at the following meeting.

7. CEO SEARCH PROCESS:

Randy identified as a result of our last meeting he made contact and asked for suggestions for a professional search service. Just recently he received and will send to the Board. He would like to have the Board to authorize him to sign a contract with Hiring Solutions LLC. He will get all the information about them and check their references.

MOTION:	To Offer Joanie Blamer the Position of CEO of NLCMHA.
RESULT:	Motion not acted upon and moved to the Board
MOVER:	Barb Selesky
SECONDER:	Justin Reed

Nicole identified that we are still in Committee of the Whole, and those types of decisions have to be made in the Board meeting. She noted that the motion could say that you'd like to move an agenda item to the Board for potential motion and discussion. This isn't the meeting where we would do that. Barb asked whether that would go for the Chair's motion also? When someone comes back with a motion for the Committee of the Whole. Point of clarification what I am looking for is to give you information and then I will have a request to amend the agenda for our Board Agenda to vote on these items. Randy is giving you information and wanting to move forward for a vote. Barb noted that she did her homework on Roberts Rules of Order, and she has a leading agenda and would be willing to do that to the Board as a whole but not willing to move if she doesn't get the vote first. Before hiring another company, which is what your proposing. Randy is identifying the company that he has researched and will put to a vote at the Board meeting. Barb has a motion on the floor and would be willing to move to the Board as a whole but she is only willing to do that if her vote will come up first. Randy identified he personally doesn't have a problem with it but it's not my decision. The Board will have to decide the order in which they list agenda items. It is as simple as that, and we will get there. Barb called for a vote and identified if we have to vote again as a Board as a whole then we will have to vote again. Randy noted you are addressing me, but you have the person in control right now is Rose. She can allow you to the best of my knowledge to withdraw your motion. She can assure you, or better said, I can assure you that when we begin the Board meeting you can ask for your item ahead of the item that I'm going to present. We can certainly do that and then we can proceed. If you're willing to do that, everybody is acceptable to do that, I will continue on with what I've got to say. Barb said thank you. Randy contacted everyone and indicated he would send out to the Board as well. Randy identified he received at the eleventh hour, and you will receive everything back from them. At the Board level I will let you who know who the members are, if we decide as a Board to proceed with a search firm. I'll let you know who is going to be on the Search Committee and my rationale for that. That is what I am hoping to move to the Board. Randy asked for discussion on this. This is where we hash things out. I will, for the spirit of full disclosure, say their fee is 18% of the midpoint of the salary range and what I'll be looking for is a not to exceed budget for this entire process of \$36,000 and I did that by multiplying and what I am trying to get through this process without having to have a ton of back and forth because these amounts have to be approved by the Board, rightfully so. I predicated that on \$200,000. I highly doubt we're going to have a midpoint of \$200,000 after our last discussion. That is what I'll be looking for and he asked for discussion. Barb noted Roberts Rules of Order says you do not have a motion on the floor and there can be no discussion on a motion that is not on the floor. Penny noted that she would remedy that by making a motion. Barb called for her motion. She identified I gave quite a bit of latitude here and she is willing to wait for the full Board. Randy said what he said because we discuss things in the Committee of the Whole, right, and we would make a decision at the Board level, right. That is what I said what I said. Randy noted we can certainly wait to discuss this at the Board. I'm perfectly happy to do that. Penny said that the difference is that you actually asked for this item to be added to the agenda. I feel like, with all due respect Barb, you know I love you, but I feel like he didn't finish before you made your motion. I really don't mean to be disrespectful. Barb noted if I might tell you a little bit about my thought process the motion stands. We have a new Board. We're going to try it again. That motion stands. I'm not interfering with that motion. The motion stands. You don't put down another motion on it. His motion stands for the full Board. His motion for a new committee stands. I can do a prior motion and ask for a vote now because I have a second on the floor by Justin. I was trying to seek a little bit of community, you know, because we're all looking at the same clients. I'm trying to cooperate with Randy by letting him go forward with his explanation about everything, but he's already got a company and he's already got and he's already got. We have no option for a motion of this sort at the full Board. If he has a motion prior to mine, which he did agree not to have now, so you don't need to do it. Which he has agreed not to have, and I can have our motion first. I'm very cooperative about that too. Randy asked to jump in here. Barb noted of course. Randy stated "Penny, I appreciate what you've done, but we haven't arrived at the approval or the Board Agenda. So, it is

right that, that opportunity will come. You know in fairness to all concerned we have to operate with respect and our vision and our mission. So, with that in mind it is the consensus of the Board as to how we go forward. Therefore, it makes logical sense to me, and I will absolutely yield because it makes rational sense. It would be ridiculous to approve an amount of money for Search if we have. If we're not that different question. So, it's going to boil down to that, right? Penny noted I do have a question, respectfully. At the last meeting, we had a unanimous decision to begin a new search. What happens to that? It's just a question. Randy responded I guess what I would say rather than getting technical. We're trying to move the needle where, we're trying to move the organization forward with Board consensus. Simple is that, it's not. It's not about what each individual wants, it's what the group votes on. So, I would say that the motion and 200% of the time, ok, was for basically me to get the ball rolling. Go out there and bring us information etc. But information comes from everywhere. I think for the good of the order, let's go forward with that gentle agreement. We all will go forward with that general agreement. Since Barb is so much like me, be sure agree to that right Barb. Barb did agree to that. Will move the discussion to the Board meeting.

8. INTERIM CEO REQUEST FROM THE BOARD:

Randy noted that after the last meeting Joanie approached me and asked for a statement from the Board or him. It's relevant but not relevant. I sent you all, I think, I sent you all a communication that made you aware of this. At this point, I would ask Joanie to restate that request, articulate the reasons behind the request, and then we as a Board should discuss whether or not it is appropriate for us to make a statement to people. Other than our single employee. Because that's a break from protocol. Joanie identified she made the request to Randy, because I had received an email noting that we would focus on the mission, vision and goals rather than, significant disagreement with the Board's decision to offer the job to Dave Pankotai. She responded to that email and did not have a response. She approached Randy after the meeting and said I'm not sure where this is coming from, the email that I received. She had worked with this Board since the time that you made your decision, and then I'd defended the Board to staff. She did not feel like there were sides, and I felt like we were focusing on the vision and mission. When I reflected on that as the person asked me to do and hearing some of the information when I am talking to staff. I thought a message from the Board, who asked staff to trust them, and then didn't communicate anything to staff for a month led to questions that I couldn't answer, such as when is Mr. Pankotai coming on board. So, my response to Randy was, can we please provide a statement to the staff so they know we're being transparent about the process and they know what to expect. She noted it can't come from me because I'm not in a position to do that, unless you as a Board want me to speak for you. To summarize, staff were told to trust the Board, but there hasn't been any communication. That is where the request derives from and why I brought it up to Randy.

Justin responded as a Board we try to be transparent. We all have different opinions. Sometimes with this board we don't all have the same opinions. That's what makes it so difficult for trying to do a statement with one voice because we have all different feelings of what. You know what's said in the community. Randy identified as you might imagine, I've thought long and hard about this, and I want to honor our governance model. But I also want people to understand our governance model. I would hope that they would come forward based upon our actions rather than what we individually don't know either and I think this is more out of what Barb brought forth. This is a difficult process to go through. I grant you that. I'm not complaining. I fully understand it's difficult to go through, however, what I would what I observe is that our decision to hire an individual or better said, we had made a decision to hire an individual and then for many reasons that was not a good fit. So it is what it is. Our next response was very clear. We're going to reinitiate a search. To the best of my knowledge, the vision hasn't changed, mission hasn't changed, no one's job description has changed, no one has been reprimanded for stating their honest opinion. No one has been sanctioned. No one has been discouraged in any manner regarding their position or frankly, anybody else's position. I mean that the entire organizational structure of this place has remained in place. We have to decide a based upon each one of our own ties to our constituents, if you will and although we are not elected, we are we are appointed, as you know, so we are beholden to a point to those communities that we live in. We have to make the best decision we can based upon the information we have. I don't know what's going to happen. I honestly, I would be remiss if I would say to anyone, well, this is what's going to happen. That would be a disservice to the Board and for you. That's when we've taken

action. We should not speak as individuals. We should speak as a Board and to me it's been very clear what we're doing and where we're headed. While I certainly understand each individual's feelings, if you will, some not all. I would be lying if I didn't say I've received telephone calls and communications from a significant number of people regarding this topic. I have responded to none of them. Nor will I. Our trust, what one writer wrote and I agree, must be earned. What he observed was that the staff was very clear that they did not trust us and the message came across very clear. If he recalls correctly his comment was "he understands that and we will earn your trust." If we don't earn it shame on us. We don't know that at this point. What we can do is what we're doing right now. His personal feeling is the Board should decide. He wishes people would say whether they would say whether they are pro or con on this. Is this something that the Board will want to do and if there is consensus then we will put together a statement that will be reviewed by the entire Board and then we'll put it out there. He would ask that we entertain a motion whether or not the Board presents a statement to the CEO with which the CEO can disseminate to staff.

MOTION:	Will the Board Present a Statement to the CEO with which the CEO can Disseminate to Staff.
RESULT:	Moved to the Board for Consideration
MOVER:	Penny Morris
SECONDER:	Dan Dekorse

9. BOARD LEADERSHIP JOURNAL:

Randy identified diversity is always important. We will continue to enhance our response as to how we approach diversity. One of the programs in the early stages at the CMHA level is to formalize how we address that. The other article is about pensions invest money. We have no say in that so it is not applicable.

10. AGENDA PLANNING OPTIONS:

Agenda topics for the March 17, 2022 meeting: Update on Recipient Rights; FY 2022 NLCMHA Quality Assurance and Improvement, Regulatory Compliance, and Customer Services Report; Security Annual Report.

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 – good
- #4 – The Board used it's time effectively – good
- #5 – What is the most important thing the Board could do to improve our function as a Board?
Comment – None.

12. OTHER/ADJOURN:

Meeting adjourned at 2:54 p.m.

Respectfully Submitted,

Deb Lavender
Executive Secretary

dsl (03/03/2022)