



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

Committee of the Whole Meeting Minutes

January 20, 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: Cadillac – Randy Kamps, Ty Wessell, Penny Morris, Ben Townsend, Al Cambridge, Rose Denny, Dan Dekorse, Justin Reed, Barb Selesky, Angie Griffis.

Virtual - Greg McMorrow, Mary Marois, Pam Babcock, Nicole Miller.

Board Members Absent: Sherry Powers (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; Aaron Fader, Executive Administrative Specialist; Dan Mauk, Chief Information Officer; Deb Lavender, Executive Secretary; Jeremiah Williams, Information Technology Supervisor; Dave Simpson, Residential Services Administrator; Deborah Bumbalough, Administrative Specialist; Carrie Gray, Chief Population Officer for Individuals with Intellectual Developmental Disabilities.

Virtual - Kari Barker, Director of Quality and Compliance; Darryl Washington, Director of Long-Term Care and Support Services; Curt Cummins, Medical Director; Ann Ketchum, Programmer Analyst II; Brie Molaison, Customer Service Specialist; Jessica Williams, Performance Improvement Specialist; Lynn Pope, ROOC; Michelle Dosch, Compliance Secretary; Chris Biggar, Finance Manager; Jessica Whetstone, Jail Diversion Clinical Specialist; Jennifer Wisniewski, RN.

2. RECEIVE AND REVIEW DECEMBER 16, 2021 MINUTES:

Moved to the Board meeting.

3. PUBLIC COMMENT:

None.

4. UPDATE ON RECIPIENT RIGHTS:

Brian referenced the numbers included in his written report and identified that there are currently 85 investigations that are pending. He noted that Ian Pegan-Naylor will be completing his Basic Skills training this week. The Houghton Lake rotation is going well. Our triennial review will be August 2 - 4 and will be preparing for that. No other concerns. Randy asked is it your opinion that your office is free in executing its duties without interference and remains independent? Brian said besides being asked in an open Board meeting if I had a complaint from Munson Medical Center, I would say yes.

5. 2021 ANNUAL REVIEW:

Joanie indicated that she would highlight the activities this past year and would allow time for Executive Team members to provide comments and answer any questions. Joanie noted that we had our CARF review in December; we also completed the strategic plan with Executive Team and had an opportunity for input; administratively we are at 6.6% administrative costs rate; integrated health program as well as the behavioral health home program grew last year and also serves the mild to moderate; our MI Choice program was expanded to cover more counties.

The **Medical Director report** was reviewed noting accomplishments and works in progress. There were no questions.

Chief Population Officer, Individuals with Intellectual and Developmental Disabilities

was reviewed noting the Case Management Operations, Employment, Independence, Community Connections, Children's IDD Team, Specialized Residential Unit, Grand Traverse Industries, Hope Network, ROOC, OBRA Program and identified Works in Progress. Carrie clarified in the ROOC Report that there was 73% satisfaction rate with CMH services. It is their satisfaction with ROOC services. Barb noted her concern with that number and referenced the last Board meeting that people want accountability from us. Carrie noted that it is with ROOC services. Barb indicated her concern that this was published without our comment and doesn't want to contribute to individuals feeling that we are not doing anything. Al identified there was a number that surprised him that three consumers obtained part time jobs in the community and he expected to see a much larger number with the shortage of workers. Carrie noted that with COVID it has been very hard to place consumers in the community. Al noted as far as ROOC he is not sure what the concern is. They do send out a satisfaction survey. He and his son are extremely satisfied. He does not know how they determine 73% satisfaction. He noted that ROOC serves a tremendous range of individuals with disabilities. Generally, they are considered a very good program and also a program that has come a long way in terms of community involvement and people being involved in the community. Carrie agreed and identified that we have a very good working relationship. That is why she wanted to clarify that this is their internal survey. She did not alter any of that information and it came directly from their CEO in their Annual Report. Joanie said that it says stakeholder satisfaction and it says that CMH answered we were only 76% satisfied with them. We should follow-up with ROOC and see what does this mean and what can we do to improve it? Randy referenced the 130 self-determination arrangements. How does this compare to prior years? Carrie noted it is increasing yearly. Randy noted he would be very interested moving forward whether we are advancing, declining and noted that these self-determination arrangements are complex and to him one of the most valuable services that we offer. The success to him is very important. Randy noted we have 174 hab waiver slots. Are those all full or do we have a waiting list? Carrie reports that we do not have a waiting list. We submit packets to MDHHS as soon as we get them. We just learned that there are 20 slots available to our region. Now the whole region, they are not prioritizing these, we used to have to get together monthly and prioritize packets with the NMRE. Now they are taking them and submitting them. The state determines the eligibility and authorizes the services. Randy noted that this is more slots than we used to have. Carrie responded correct. Last time she reported it was 160. Randy noted again that getting a slot is no easy task. He appreciates the fact that they are taking them on a first come first served basis. That has pros and cons.

Director of Quality and Compliance reviewed the accomplishments, NMRE Quality Indicators, and Works in Progress as well as for Customer Services. Kari noted that we modeled our PMQI program after how everyone reported at the Board meeting and there were questions and there was follow-up. We are getting a lot of traction and being more data driven. It is working out well. Dan asked if the CARF requirements incorporated in administrative policies so that staff is aware of CARF requirements. Kari noted that yes CARF requirements are intertwined in our policies. Randy asked about the language on page 9 under satisfaction – we have received positive feedback from our first batch of surveys? I realize you surveyed consumers with IDD and their families but there could be significantly different responses coming from the consumer as opposed to the family. I am asking for a little more meat on this. Kari noted I should have been a little more clear. When we were looking at surveys provided to individuals post discharge we were

brainstorming with Brie our Customer Services person and she was getting a lot of people who refused to do the survey. We said what is going on with the survey? The survey was 26 questions long and had been around for a very long time. We picked out the 5 most important questions and we started asking people to do the 5 question survey. The feedback has been positive regarding this 5 question survey for individuals and families with IDD that is what she is speaking to. The people have been more than happy to answer the questions and have given us that feedback. We don't have enough feedback yet because it is brand new to let you know where we are at. I think we will see a dividing up individuals served and their families or guardian. Randy referenced page 10 percentages listed question is compared to what or whom? Upheld 11 times or 73% that may be awesome or it may be the worst performance on the planet. Please allow me to ask or suggest that we benchmark these things based upon at a minimum a regional average but then again state averages would be important. It may not be useful outside the state. Kari noted that is a great idea and that we will benchmark and that we will look at regionally as well as at the state like we are doing with our BHTEDS and our performance indicators. I am not sure that 73% is right either because we brought up at our PMQI meeting what does that 73% mean? That means that 27% of the time let's say it was over turned. Does that mean that we made the wrong decision in the first place and that we shouldn't have made that decision or does it mean that person doing the review may be didn't have all of the information. How do we know on what end that something went wrong? We are looking into that to drill down a little further to make sure that on the front end of things that we are making the right decisions. We have all the information in front of us and we have all of the regulations and there is a complete understanding of what is being asked of us if we deny services. Also, the person reviewing it did they have enough information as well to make that decision? I think the benchmarks are great and personally 73% seems low to me. I would expect that we would have an overturn rate of 5% or less. They are talking about it and she likes the benchmarks. Randy gave an example. He will not place any expectations on what the benchmark will be and it is important to understand that a) a benchmark is a benchmark and I do understand that the complexities of this business aren't always bore out in these surveys. There is some understanding that goes with gee we overturned 27% of the time. He will be looking for we were overturned 27% of the time but what does that mean? Is that because you didn't dot an I or is it because you missed the mark? Kari noted exactly. That is what we are on top of and maybe next month we will have an answer for you.

Chief Financial Officer reviewed the accomplishments for Financial, Staffing, Technology and Data, Self-determination, Maintenance, and Works in Progress. Lauri noted that the standard cost allocation methodology that has been a very big project statewide with lots of communication between the PIHPS and CMHs and is a standing agenda item in our annual and twice annual conference and is continuing to be discussed all the time. Randy asked if there is still one individual that has well over 200 folks that they are guardian for in Grand Traverse County? Is that still the situation? Lauri responded it is. Randy brings this up because this is a huge problem. This individual is, I believe, in their late 80's or early 90s. They have guardianship relationships with well over 200 folks. When this person goes we have a major problem on our hands. So, if you around the table have any ideas or input or suggestions or anything to bring forward to address this issue please do. Lauri noted that the one thing she will say about this woman who has taken on this level of a role is that she does now have an individual working with her. So it is a two person team working out of that office now. Which is great news for us. Randy noted thanks for mentioning that.

Chief Population Officer for Mental Illness reviewed the Clerical Support, Resiliency and Recovery Accomplishments as well as Works in Progress, which included Children and Families and Adults with Mental Illness. Randy referenced page 15, item 4 he asked for a quick synopsis of our Infant Mental Health Program. Joanie noted is provided by our Children and Families Unit and their focus is to help with the connection between a mother and her baby. If we can provide preventative care at that level then we won't have the intensive services later on in life. Randy asked about the scope of this program? Is it across all counties, how many people do we serve for this program? Joanie noted it is across all counties. Infant Mental Health we provide 2,458 transactions. It is a very intensive service. Randy asked about #7 the Juvenile Justice Diversion Program in Grand Traverse and Leelanau Counties. He was struck by, he realized that everything was predicated on 15 participants correct? Joanie noted no. At the time we wrote this report we

had 15 active, total we have done 168 referrals. We have assessed 168 people and then we make referrals. The grant doesn't allow us to provide treatment of this program. We have to do an assessment and refer them out to care. Randy noted over the past fiscal year we had 168 referrals between the two counties right? Of that 168 how many people went through the program? They were referred, we got them, then we assessed them and then we tried to help them. Joanie noted that 168 of them would have gone through the assessment, 39% of them successfully completed their program. What we identified with the court that this would serve their needs and would likely prevent them from approaching the court again 39% successfully completed. Randy said that says to me that 61% he was very confused. Joanie noted that the assessment was 168 referrals and 39% that says thank you for your assessment and referral and they decided to go to court. 2% of the people moved. This all would come to that total of 168 in raw numbers. Randy says that this gives him the impression that our take rate, if you will, people choosing to go into the program that there are more people choosing not to go into the program than choosing to go into the program. When they go into the program almost 40% get part of the way through the program and drop out. He would hope that, he doesn't understand the complexities, he is wondering how we can improve the sale if you will. Because this is the answer, if you will, to a lot of problems that we have. What are we doing to improve the take rate? After that once we get the take rate up there then we have to make sure that they stick through it and we have tools incentives to get them successfully through the program. Then we also have to look at how we compare to other programs? Are we using best practices? Joanie noted it is a challenge in many ways. This particular program we entered into the grant program after it was already established. We do it differently than the other cohorts that we have in that our Prosecuting Attorney sends the vast majority of them to us where the others are in the schools. One of the barriers that we do have in terms of the take rate that we get the referrals from the school that we can see the child. In the Mental Health Code if they are over 14 you can serve the person without parental consent. They may go into it and we do the assessment and we are talking with the youth but they don't want their parents to know. So they don't go into services because their parents have to know. It is two fold, the crux of the program isn't that your involved with the court it is that your at risk of being involved. That can come from the schools in terms of truancy rates and things like that. I think that your point is well taken about how do we help people engage and increase the take and that we get some guidance from MDHHS. They meet with us quarterly as a whole group in the state that are participating in this program and we talk about what is working what is not and what can we do. They also meet with us every other month just our team alone. We talk about what we are struggling with and what we are doing well. The person at the state is really good about recommending what our successes are and capitalizing on that so that everyone can learn. We do have some opportunity to do that but we are not alone with that low take rate that comes from adolescents that get referred but then they choose not to do it because they don't want people to know. Randy noted to him as a parent he would want to be involved, he is telling the NMRE the stupid list of rules that need to be changed. Again, he gets the complexities, he will end in saying he really thinks that we should focus a bit this can bear great fruit just like the Infant Mental Health Program. Mary commented about the works in progress particularly the ones that start with the word continue. It would be nice to be able to see a little bit more definition than just continue. Just as an example it would be the last one in terms of expanding the use of iPads for crisis intervention and inpatient screenings to maybe to be more specific to expanding them to certain communities or certain organizations or whatever. Just using the word continue sounds like a maintenance thing. When I read these they don't look like maintenance things they look like things when the intent is to increase or improve or do some things like an action. Randy noted in Joanie's defense, Mary and I had relatively the same thought. 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.

Chief Information Officer reviewed the Accomplishments with Consumer and Community Ends with Staff Settled in to Off-Site, Help Desk Ticketing, Expanded Distributed Workforce Support, Clinical Document Archive, Security Risk Assessment, Who Connects to our Network,

Collaboration, Beyond Internal Collaboration, Reporting to Support Staff, Archiving and Retiring Avatar data, Intranet Site to Cloud Development, Wealth of How-tos, Virtual Meeting Support. Dan added that we are pursuing for these meetings a different concept for our audio systems that is very expensive. There are two factors that come into play is to have a mobile system that puts us into a wireless realm as well as the sheer dimension and to rebroadcast the sound into the room which causes impact. Especially when your in a mobile situation. We are looking at options. We did apply for some funding through the FCC to address the Cloud as well as for the doximity and for laptops and iPads. Randy commented that it amazes him of the log in attempts reduction this whole program that is a result of the program. Page 25 of your report Worldwide prior to 2FA. The latest is that your delivery has arrived and please click on this. Going back to your virtual discussion please press on that. He believes there is \$2 million dollars carry forward this year. It is a one-time deal. Dan noted that the worst part of the audio systems is a lot of money for a very small improvement. We can still broadcast audio it is a difficult challenge of audio feedback. Randy noted another challenge is shelf life. As soon as you buy it is out of date. Dan noted that we are experiencing that with this system. These are wireless microphones that the bandwidth has been sold off by the FCC. We continually have to adjust for that. We want to lay at a much better place that is the challenge and don't want to be stuck with a system we don't like.

Director of Human Resources reviewed Accomplishments with Consumer and Community Ends, Committee Updates, Works in Progress. Referenced the Board Operated Homes. We are seeing an uptick of interest in individuals being interviewed and hired. Matt noted that Dave Simpson is in the office today interviewing three applicants. He has seen a nice response to the ad campaign. We interviewed an individual for a supervisor and are working on an offer right now for one of those key openings. He noted that the wellness one is so important, and we passed out last month the cookbooks to the Board. This is just one little something that is creative that we do. He appreciates the staff spending the time on that committee attending once a month. It is good for staff and appreciates staff putting all the time and creativity into that. Dan noted a couple of months ago the Board approved an advertising campaign to help find employees. How is that being measured the effectiveness of that? Matt noted that we are looking at that very closely. We have filled over 10 positions since the Board meeting last month. We have several RCA candidates. We are keeping a close eye on that month to month because we wanted to know where we are at in a few months and is this a worthy investment for the future. Dan asked about postings. There were 119 in 2021 and asked about current postings? Matt noted that we were at 58 last month and 49 postings across the offices right now. Randy noted he would hope that Matt would put an ear in the room with the folks who just received a \$150,000 grant to establish wellness programs in TCAPS. He suggested that a phone contact, what can we learn from you? Rose asked about the COVID-19 Task Force did you get people who had different views? Do you have people who have looked at the other side that is censored? Joanie noted the makeup of the task force. We talk about a hybrid workforce and what that would look like. We continue to talk about the regulations. We hired a Behavioral Health Operations Manager, and he has a lot of information and has been a point person for us. We don't get into people's personal beliefs. She noted the current mandate and noted that staff can apply for a medical exemption. In terms of the other side, I work with our general partners and bring that information back. We discuss whether we have to enforce the mandate for the vaccine. She also talks with the other CMHs. We take the information back to the task force, we talk and we make a decision how to proceed. We send out a communication to all staff of what was discussed and the decisions.

Director Office of Recipient Rights reviewed their Accomplishments and Works in Progress. There were no questions.

Director of Managed and Integrated Health Care Services reviewed the accomplishments and Works in Progress for Network Management, Integrated Health Clinic, Communications and Public Relations, Behavioral Health Home. Randy referenced page 44 in regard to the 200% increase. Is the name going to change across the region? Tracy noted that has changed for us to the Chat Program. Some of the other CMHSPs in our region have followed suit and have also assigned a name to their program. Referenced the Hatch program, 18 and Under Program Kids Count. Randy will bring that up at the NMRE. Going back to the 200%. We have and continue to have high hopes for this even though it is a limited set of diagnoses and focused specifically on

the severe. Our first concrete step on staving off the Shirkey's of the world. We have 75. How many people might qualify for this? This is something that is the consumer's choice. What is our population out there that we are looking to "sell this to" and expand? Tracy noted that the last information from the NMRE contained a list of eligible people within our counties. There were 18,000 that met criteria within our catchment area. Of those 18,000 people there were about 3500 were currently or at that time were already receiving services through Northern Lakes. We initiated our build of the program because so much more was operational and so on by focusing on those individuals. Just today we received an updated list of eligibles and I have not had an opportunity to filter through that to give you updated numbers. The one thing that we have continued to do in working with Andrew Waite, who is the Operations Manager for that program, is to reach out to community partners. We have been ongoing meeting with community partners, sharing the program and showing how it will be beneficial to people that they serve who may not be people that we serve. We have received our first external referral from a primary care provider this week. We do continue to grow and as of yesterday we were at 108 up from 75. Our next step is to continue to work with internal people that we serve here but also reaching out to providers in the community. Randy asked how can the NMRE improve our situation? What assistance can they give us or should we be asking from them? I don't want to grow if we had 18,000 people come in we don't have enough staff for that. Which is a catch 22 of this. We have to do this rationally. That said we need to grow a lot faster simply because there are great pressures at the state level to do away with this. The success of this program is critical in my opinion for all of our services to remain delivered in the public sector. This is the way we prove we know what we are doing or that we can do it. What can the NMRE do? Give it some thought. In his opinion, anything that we can help collectively or regionally helps us all. If you are seeing things like if he goes back to his stupid rules, if there is a stupid rule let us know so that we can get it changed. Tracy noted that the NMRE overall has been very helpful. Quite frankly we have met ongoingly for about a year and a half. They have been very responsive and Sara who was here earlier met with the region with MDHHS representatives from each CMHSP ongoing and right now are meeting every two weeks. They are always available, very responsive, very collaborative with the other CMHSPs. There is one thing that is missing, not as a reflection of the NMRE, is that we have to do what many of programs have to do is blow up that balloon until it bursts so that we can add more staff. For example, for every 100 persons enrolled the model is that we can have 4-5 FTEs. We were very fortunate to apply for and receive a grant to add 3 FTEs to help build our program rather than maxing the staff then adding 1 staff at a time to the program as we could. The lack of resources in that way and the lack of front loading the program to grow those programs more effectively and quicker with the other CMHSPs has been a challenge. Many of the CMHSPs are trying to work with staff that they already have on board and they are just adding one more thing to their plate to do. That has been one of our biggest challenges regionally. Advocacy purpose would be help to front end load some of the funds that allow us to build those programs without stretching people so thin that we can before we can add more staff.

Northern Health Care Management reviewed Planned Improvements, Budget, Staffing Accomplishments and Planned Improvements, Community Engagement Accomplishments/Planned Improvements. There were no questions.

6. COUNTY COMMISSIONERS SURVEY RESULTS:

Joanie referenced the results of the County Commission Surveys. There were 22 of 42 that responded. The Board will want to have a discussion moving forward whether they want to change this process. The biggest weakness that was identified by the counties the common theme was family support. Reference was made to Leelanau County that there were only 3 commissioners who responded. It was noted that the total response was a little less than previous years. It was suggested that next year we may want to distribute this to commissioners and wait for their response when we do our annual presentation. It is important that commissioners know about the agency and what services we provide. When there was discussion at Leelanau County when they talked about the resolution that they don't understand the scope of community mental health. The periodic meetings that our Board members have with the counties have been very important and we may want to see how that impacts over time. Reference was made to the good response by Wexford County. It was helpful to send out multiple times. It is up to the Board representatives to

ensure that their counties respond. The resolution to the bills really helped the county understand and once it was mentioned that there would not be local control, they were all on board.

7. FY 2022 OWNERSHIP LINKAGE PLAN:

Joanie referenced that we have made many connections and those were identified. We need to leave our door open and make sure that people understand how to access our services. It was suggested that we develop a strategic plan that takes into consideration of engaging with these groups in a more formal way to assess our relationships and assess where they believe where community mental health ought to go moving forward. We need to keep that in mind as we go through our governance process improvement. We need to begin to understand how our role as a board might change about how that might improve our standing in the community as a true publicly owned entity and function as such.

8. AGENDA PLANNING OPTIONS:

Agenda topics for the February 17, 2022 meeting: Update on Recipient Rights, Annual Recipient Rights Report to the Board, 2021 Annual Agency Performance Assessment, Distribute CEO Evaluation, Board Leadership Journal.

9. 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.

10. OTHER/ADJOURN:

Meeting adjourned at 2:20 p.m.

Respectfully Submitted,

Deb Lavender
Executive Secretary

dsl (2/2/2022)

**Addition to Committee of the Whole meeting minutes made on March 17, 2022
Clarification – Randy Kamps noted that the documentation was not what he recalled and the recording is shown below.**

Dated January 20, 2022

Annual Review (Page 4 of 8 near the bottom of the page)

"May I say something? In Joanie's defense, Mary and I have relatively the same thought. However, when I sat back and looked over my shoulder, Joanie has been providing two activities for the last seems like forever and I'm willing to give her a pass on continue. It is quite a feat to jump into a fully active, fully functioning, fully engaged CMH as the CEO, being interim, but ya know, Joanie rightfully so took the job on, stepping into some shoes and hit the ground running and for the most part, did a marvelous job and continues to do a marvelous job, so, Joanie, I wanted to give you a continue on that, and we look forward to great things in the future."