

**Committee of the Whole Meeting
Minutes**

January 19, 2023

12:30 PM

Northern Lakes Community Mental Health, 527 Cobb St, Cadillac, MI 49601

Rose Denny called the meeting to order at 12:30 p.m.

Board Members Present: Ben Townsend, Rose Denny, Al Cambridge, Tom Bratton, Pam Babcock, Lynn Pope

Virtual: Angela Griffis, Tony Lentych, Dan Dekorse, Penny Morris, Barb Selesky, Greg McMorrow, Mary Marois, Sherry Powers, Ty Wessell, Kate Dahlstrom,

Others Present: Brian Martinus, Interim Chief Executive Officer; Lauri Fischer, Chief Financial Officer; Tracy Andrews, Director of Integrated and Managed Health Services; Heather Sleight, Administrative Specialist; Stacy Maiville, Executive Secretary; Jeremiah Williams, Information Technology Supervisor; Matt Leiter, Director of Human Resources; Brian Newcomb, Recipient Rights Director; Andy

Virtual –Ann Ketchum, Programmer Analyst II; Jessica Williams, Performance Improvement Specialist; Michelle Dosch, Compliance Secretary; Curtis Cummins, Medical Director

1. **Public Comment:**
No public comment

2. **Update on Recipient Rights:**
Investigations are down over previous three years. Still achieving 100% compliance within the time frame. Still have the open Advisor position. The state has accepted all corrective action for the triennial review. Two openings on the Recipient's Rights Advisory Committee (RRAC).

3. **2022 Annual Review Highlights -**

Dr. Cummins:
For Medical Director

- 1639 persons were served by Psychiatric Services.
- In partnership with many others, developed an initiative across multiple teams to better facilitate treatment planning with those who we serve, which has proven to be a challenge exacerbated by the COVID-19 pandemic.
- Welcomed NLCMHA's partnership with Munson Healthcare and Pine Rest, the inaugural year of hosting two (2) third-year psychiatric resident physicians as part of the MSU-Pine Rest Rural Track Psychiatry Residency Program.

Carrie Gray:
IDD Adults:

- 130 Self Determination arrangements
- 12 consumers are being served by PERS (Personal Emergency Responses System) supporting independent living.

- NLCMHA is hiring community living support staff and has provided support in home and community to 39 consumers this year.

IDD Children:

- Expanded our current contract provider network to include 2 additional ABA providers.
- NLCMHA Board Operated Homes:
- Trained 100% of SRS Unit workforce in the Culture of Gentleness.
- Completed ORR (Office of Recipient Rights) Annual Audits with no corrective actions.
- Completed Network Management Audits with no corrective actions.
- Maintained staffing compliance ratios.

Board Operated Homes – Dave Simpson:

Resident Care and Support:

- The most recent BOH intakes (4) have come from Emergency Departments as an outcome of provider home closures.
- BOHs operated at 99% occupancy rate in 2022.

Workforce:

- Direct Care Worker (RCA) staffing level finished 2022 at >80% staffing level.
 - Focus in 2023 is on workforce training, development, and retention.
- In-unit trainers for CPI, First Aid/CPR and Medication Administration Refresher courses were developed this year to sustain direct care worker (RCA) training levels.
- AFSCME contract for RCAs was re-negotiated for the 3rd consecutive 3-year term.

Operations:

- 16 of 18 audits (Network Management; ORR and LARA) were successfully completed between June and December including 4 of 6 LARA biennial re-certification license reviews. The remaining 2 LARA recertification audits will be completed in February/ March of 2023.

Joanie Blamer, Chief Population Officer

Children & Families:

- Growing the MC3 program that allow local pediatricians to consult with a U of M Child Psychiatrist, this is available to all SED, including mild to moderate.
- Completed the DBTA and now offer this in all locations.
- Juvenile Justice program continues to grow with the Prosecuting Attorney's office and schools as our primary referral sources.
- Distributed Carter Kits to community partners, including law enforcement, schools, DHHS offices, primary care clinics, and homeless.

MIA:

- Expanding the Crisis Continuum of Care: increased iPads to all law enforcement, opened the Crisis Welcoming Center, working with Hope Network to develop a crisis residential for adults.
- Expanding Justice Diversion: working with law enforcement, prosecuting attorneys, and judges to develop pre and post justice diversion services.
- Enhanced employment services through our Clubhouses as we move away from COVID-19 restrictions.
- Two staff members trained to provide Assessing and Managing Suicide Risk training in our community

Dan Mauk, Chief Information Officer

IT Department

- Improved security
- Enhanced workforce mobility
- Improve collaboration tools
- FCC COVID funding enabled us to make significant improvements I all the above.

Matt Leiter, Human Resources:

- Focus on workplace safety including a 40% decrease in claims reported to Accident Fund and achieving our Lag Time reporting goal.
- Implementation of a new HR system (Paychex)
- All collective bargaining agreements ratified with new three-year contracts.
- Successful year of several Wellness Committee events focused on staff engagement and appreciation.
- Held two All Staff Training/Celebration events both summer and winter with key speakers and training on Active Shooter, Self-Care and more.

Tracy Andrews, Director of Managed and Integrated Health:
Network Management –

- Completed 186 contracts and 115 in person site visits.
- Worked with Providers and Finance to pass through over \$1 million in Provider Stability payments.
- Worked with an existing Provider to develop Specialized Residential Services Program for persons with autism spectrum disorder.

Integrated Care Services –

- Provided primary care services through the Integrated Health Clinic for more than 400 persons in both the Grayling and Traverse City office locations.
- FY23 plans to become a Behavioral Health Home provider, to provide BHH services to all patients of IHC, regardless of eligibility.
- BHH (CHAT Program) increased enrollment by over 100%, with supports to 201 people throughout the year.
- Working with NMRE in FY23 to expand to become an Opioid Health Home provider.

Access has moved back under Managed Care Division, effective November 2022.

Darryl Washington, Director of Long-Term Care Services – Northern Health Care Management:

- Successful transition to a new Electronic Health Record (new system a third of the cost of the old system, better performance)
- Now fully staffed after two years of low staff levels
- 8% Increase in available slots.
- Phase one of Technilodge Project submitted for review.
- Implementing an evidence based falls program (success will help ensure avoidance of quality withhold from budget).
- Preparation for NCQA accreditation Renewal
- Successful outcome for AQAR audit

Brian Newcomb, Director of the Office of Recipient Rights:

- Finished FY2022 with 100%-time frame compliance on all investigations.
- Returning to partial In-person trainings for Recipient Rights Refreshers.
- Beginning in FY23 transitioned to all digital tracking and record keeping for all required provider site visits.

Lauri Fischer, Chief Financial Officer:

Finance:

- Full implementation of a cloud-based payroll system, Paychex.
- Restructuring of General Ledger and Cost Centers to accomplish Standard Cost Allocation by mandate from MDHHS.
- Accomplished over \$1M of provider stability to 17 providers and almost \$3M in direct care wage premiums to providers and RCA's.
- Successful AFSCME Union negotiations.

Reimbursement:

- Reimbursement Officer accomplished ArchPro coding certification in support of the Integrated Health Clinic.
- Data Team interviewed, documented, and created a training manual for the direct run residential staff and supervisors.

Maintenance:

- Replaced Club Cadillac roof.
- Glen Oaks Apartments-2 units remodeled, and each unit had decking and walkways upgraded.
- Sites are sanitized every time a covid exposure is reported.

Kari Barker, Director of Quality Improvement, Compliance and Customer Service:

Consumer Satisfaction:

- Northern Lakes had 146 respondents to the NMRE satisfaction survey, which was 4x the amount we have seen historically.

Professional Credentialing:

- This ongoing task was transferred to our team in April, as of this date all overdue new hire and renewal credentialing have been completed and we are now credentialing in real time. We are using an all-electronic format.

Medicaid Exclusionary reporting:

- This monthly task was transferred from the NMRE in March, it has been completed in a timely manner with no negative results.

Facts & Snacks:

- The Customer Services Specialist conducted monthly educational opportunities for staff on different subjects relevant to their jobs. The turnout was excellent, having 20-30 participants in each session and received very positive feedback.

4. County Commissioner Survey Results:

The survey results indicate that we are average and with that there is room for improvement. There were a few new commissioners on the board that may not be familiar with what NLCMHA does and the results of the survey reflect this. It was suggested that a handout be created that provides an overview of what we do – the people we serve and the services we provide. This would be distributed to commissioners or anyone who may not know what we do. It could also be used as part of the commissioner orientation. Discussion as to the length, content, and distribution of the handout.

5. FY 2023 Ownership Linkage Plan

Rose read the goal/purpose of the Ownership Linkage Plan as stated in Policy 3.0 – Governance Process/Ownership Linkage. The individuals/organizations served were listed as well as the methods of contact for those individuals/organizations. It was suggested that housing and organizations that work with people in poverty be added to the list.

6. Agenda Planning:

Next meeting is February 16th, 2023, at Kirtland Community College, 4800 W 4 Mile Rd, Grayling.

10. Other/Adjourn:

Meeting adjourned at 1:53 p.m.

Respectfully Submitted,

Heather Sleight, Administrative Specialist