Northern Lakes Community Mental Health Authority

Committee of the Whole Packet

March 16, 2023

Northern Lakes
COMMUNITY MENTAL HEALTH AUTHORITY

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

COMMITTEE OF THE WHOLE - AGENDA

DATE: March 16, 2023

TIME: 12:30 p.m.

PLACE: The Gateway Center, 10783 E. Cherry bend Rd, Traverse City and Virtual Meeting 810-258-9588 ID 986 665 315#

TIME	ID #	ITEM	POLICY #
12:30 p.m.	1	Receive and Review February 16, 2023 Minutes	2.8
12:35 p.m.		Public Comment *(May be limited to three minutes by the Board Chairperson)*	
12:40 p.m.	2	Update on Recipient Rights	3.7
12:50 p.m.	3	FY 2023 NLCMHA Quality Assurance and Improvement, Regulatory Compliance, and Customer Services Report	3.4
1:20 p.m.	4	Security Annual Report	3.4
1:30 p.m.		Nominee discussion	
1:45 p.m.		April 20, 2023 Agenda Planning Options: -Update on Recipient Rights -Financial, Single and Compliance Audit -Code of Conduct and Conflict of Interest	3.2, 3.5
1:50 p.m.		Meeting Evaluation/Comments	
1:55 p.m.		Other/Adjourn	

Note: This is the Board's work group and often times the Board's work groups do not follow set times.

NEXT MEETING: April 20, 2023

NOTICE: If any person with a disability needs accommodations, please call the CEO's Office three days prior to the posted meeting date.

Northern Lakes Community Mental Health Authority
Committee of the Whole
Annotated Agenda
March 16, 2023

12:30 p.m. **Receive and Review February 16, 2023 Meeting Minutes**

12:35 p.m. **Public Comment**
This is an opportunity for the public to provide input consistent with board policy.

12:40 p.m. **Update on Recipient Rights – Brian Newcomb**
The Board will receive the monthly update.

12:50 p.m. **FY 2023 NLCMHA Quality Assurance and Improvement Regulatory Compliance, and Customer Services Report – Kari Barker**

1:20 p.m. **Security Annual Report – Dan Mauk**
The CIO will give the Security Annual Report.

1:30 p.m. **Nominee Discussion**
The Board will discuss the slate of officers.

1:45 p.m. **April 20, 2023 Agenda Planning Options**
-Update on Recipient Rights
-Financial, Single and Compliance Audit
-Code of Conduct and Conflict of Interest

1:50 p.m. **Meeting Evaluation/Comments – Board Members**
In keeping with our focus on continued improvement of Board operations, time is scheduled for review and comment on the effectiveness of this meeting using the Board adopted evaluation form.

1:55 p.m. **Other/Adjourn**

Note: This is the Board's work group and often times the Board's work groups do not follow set times.

NEXT MEETING: April 20, 2023

Northern Lakes
COMMUNITY MENTAL HEALTH AUTHORITY

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

Committee of the Whole Meeting
Minutes

February 16, 2023 **12:30 PM**

Attendance:
Rose Denny called the meeting to order at 12:34 p.m.

Board Members Present: Tony Lentych, Dan Dekorse, Penny Morris, Ben Townsend, Rose Denny, Barb Selesky, Greg McMorrow, Mary Marois, Tom Bratton, Kate Dahlstrom, Ty Wessell, Lynn Pope,

Absent: Al Cambridge, Sherry Powers

Virtual: Pam Babcock

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; Brian Newcomb, Recipient Rights Director; Stacy Maiville, Executive Secretary; Jeremiah Williams, Information Technology Supervisor; Daniel Mauk, Chief Information Officer; Dean Baldwin, Network Administrator;

Virtual –Ann Ketchum, Programmer Analyst II; Jessica Williams, Performance Improvement Specialist; Kari Barker, QI Compliance Director; Aimee Horton Johnson, Office Administrator; Kellee Hoag, Administrative Specialist – Finance; Michelle Dosch, Compliance Secretary; Curtis Cummins, Medical Director; Matt Leiter, Director of Human Resources; Dave Simpson, Residential Services Administrator; Joanie Blamer, Chief Population Officer;

Public Comment: No public comment

Recipient Rights Monthly Report - Complaints at 127. Open Investigations at 67 as of this morning. Still maintaining 100% compliance rating. Interviews scheduled for next Friday for open positions. Did have someone hired that ended up declining the position due to personal reasons. Trainings (half of them) will be moving back to in person. Site visits are on schedule. All tracking is now digital. February has been productive month for us.

Recipient Rights Annual Report - NLCMHA served a total of 5,644 consumers. Brian briefly reviewed Complaint Data Summary with 683 complaints, 609 allegations, 26 out of 29 Interventions substantiated, and 303 out of 578 investigations substantiated. Brian reviewed the detailed summary portion of the report in the areas such as abuse, neglect, and disclosure of confidential information, and how many substantiated investigations occurred in each of those categories. Also covered was Intervention and Investigation Remediation Data for those same categories as well as others. Annual Training activity for the ORR was covered. Annual conference will be in September this year in Thompsonville.

2022 Annual Performance Assessment: Brian Martinus discussed the key takeaways for the assessment. The assessment included the following categories:

- Finance
- Clinical Staff Efficiency/Staff Productivity by Population
- Service Provision
- Consumer Satisfaction
- Stakeholder Satisfaction
- Provider Satisfaction
- Staff Satisfaction
- Regulatory Compliance
- Board Policy Compliance
- Quality
- Accreditation/Certification
- Human Resources

Cross Sector Advisory Team Proposal – Kate - For families and consumers not feeling heard, Kate is proposing a group to evaluate these needs/concerns. She suggested to have an advisory board in each NLCMH location to discuss these ideas which would then be brought back to the board and CEO for discussion/resolution. It was suggested that the CEO, possibly 3 board members, one staff member from each population, law enforcement and possibly hospital staff members be present. Proposing to meet twice a month for an hour and half or once a month for 3 hours. Discussion ensued as to the reason for this idea as well as the issues/concerns with it. It was suggested to take this idea to the Nominating Leadership Development (NLD) Committee for discussion.

Agenda Planning: March 16th, 2023 – Traverse City

Meeting Evaluations/Comments:

#1 – We spent our time on the most important governance topics –
#2 – We encouraged diversity of viewpoints –
#3 – Our decisions were made collectively –
#4 – The Board used it's time effectively –
#5 – What is the most important thing the Board could do to improve our function as a Board?

Other/Adjourn:

Meeting adjourned at 2:06 p.m.

Respectfully Submitted,

Heather Sleight,

Administrative Specialist

DRAFT

Office of Recipient Rights Director's Report
March 2023

Investigation Information:

Dates represented	10/1/20-03/07/21	10/1/21-03/07/22	10/1/22-03/07/23
Complaints	97	230	151
OJ, No Right Inv.	13	32	18
Interventions	1	12	3
Investigations	83	186	130
Investigations Comp	83	186	71
Investigations open	0		59
Inv > 90 days	23	0	0
Inv < 90 days	60/83 (72.3%)	185/185 (100%)	71/71 (100%)
Summary Report Avg	81/83(97.6%)	183/185 (98.9%)	73/73 (100%)
NLCMHA staff alleg.	20	30	18
NLCMHA Staff W/I 1 yr	2	7	2

Complaint Source	Count
Anonymous	12
Community/General Public	14
Guardian/Family	14
ORR	46
Recipient	37
Staff	28
Total	**151**

NOTES:

New Advisor Started on March 13th. Erica Smith (Basic Skills scheduled for April)

Currently at a 65% substantiation rate.

In Person trainings receiving very positive feedback

Respectfully submitted,

Brian Newcomb

Director of Recipient Rights

Northern Lakes Community Mental Health Authority
Human Resource Presentation
Director of Quality Improvement, Compliance, and Customer Service
Kari Barker
FY23 Q1 3/16/23

Who: Kari Barker and her team Jess Williams, Michelle Dosch, and Melanie Schopieray oversee Quality, Compliance, and Customer Service for staff, leadership, the Board, consumers, and external providers across Northern Lakes Community Mental Health Authority.

What: The presentation shares the following information:

- Quality data
- Compliance data
- Customer Service data

When and Where: Quality, Compliance, and Customer Service staff collaborate with staff, consumers, providers, and leadership: completing required professional staff credentialing, exclusionary reporting, agency policy management, coordinating Grievance & Appeals, leading committees, providing training, conducting audits and monitoring, conducting clinical record review, coordinating annual and other agency reviews, collaborating with and attending monthly meetings with the NMRE, and monitoring claims at all levels across Northern Lakes CMHA.

Why: Developing a Culture of Integrity requires engaging the entire agency, our NMRE partners, and external partners. We're striving to be proactive in all efforts to conform to state and federal regulations through education, communication, auditing, and having a robust compliance program which includes Board engagement and advisement.

Quality

- **Consumer objectives met:** We're lacking sufficient data to analyze the percentage of objectives being met. Whether an objective is met or not is identified on the IPOS review form, which has not been completed correctly. There was documentation of one consumer meeting an objective. This information has been communicated repeatedly with clinical supervisors and at the Quality Improvement meeting. This topic will be added to the E-Team meeting Agenda for 3/13/23.
- **Risk Events:** There were 3 events of police assist for challenging/aggressive behavior.
- **Critical Incidents:** There were 6 critical incidents reported, all were non-suicide deaths, 5 by natural causes and 1 by auto accident. Our population of individuals are aging and succumbing to complications of chronic medical conditions, many were receiving Hospice care in their homes.
- **Sentinel Events/Reviews:** There were no Sentinel events in FY23Q1.

Compliance

- **Compliance/HIPAA reports were received.** Two were re: HIPAA privacy, one was found not to be a violation and the other was resolved with re-education and counseling. All reports were resolved within 60days.
- **Exclusionary reporting:** All clear, no sanctions or pending investigations for staff, Board members, or external providers.
- **OIG reporting:** No suspicion of fraud, waste, or abuse submitted.
- **Compliance training:** Staff complete annual training through Relias, and virtual training is offered every other month.
- **Professional Credentialing:** New hire and re-credentialing continues to be completed according to mandated timelines.
- **Program Integrity Review-NHCM:** There were no compliance reviews requested.

Customer Service

- **Grievances:** There were 16 grievances received and all were resolved within 30days.
- **Appeals:** There were 2 appeals received and both were resolved in 30days and 100% of those were upheld.
- **Inquiries:** 100% of customer service inquires were resolved within 1 day.
- **Fair Hearing requests:** There were 0 Fair Hearings requested during the quarter.

Security Report

Northern Lakes CMH Authority March 2023
Daniel Mauk, Chief information Officer | HIPAA Security Officer

Introduction

The Health Insurance Portability and Accountability Act (HIPAA) Security Rule mandates that all covered entities must implement appropriate administrative, physical, and technical safeguards to ensure the confidentiality, integrity, and availability of protected health information (PHI). This report focuses on evaluating the effectiveness of the security measures in place to protect PHI in compliance with HIPAA regulations.

This report is focused on evaluating the effectiveness of administrative, physical, and technical safeguards in place to protect PHI at Northern Lakes CMH Authority (NLCMHA) facilities and on all devices.

Administrative Safeguards

1. Security Management Process: NLCMHA has implemented security policies and procedures that comply with HIPAA regulations. The security management process is up-to-date, and regularly reviewed to identify potential risks and vulnerabilities.
2. Workforce Security: NLCMHA has implemented appropriate workforce security policies and procedures, including workforce clearance and termination procedures. All employees receive regular HIPAA training to maintain awareness of security policies and procedures.
3. Security Incident Procedures: NLCMHA has established a security incident response plan, which is tested and updated regularly to ensure that it is effective in the event of a security breach.

Physical Safeguards

1. Facility Access Controls: NLCMHA has implemented physical access controls, including access badges and locked doors. Access to areas with PHI is limited to authorized personnel only.
2. Workstation Security: All workstations containing PHI are secure, and access to them is limited to authorized personnel only.
    a. All devices that have access to PHI have encrypted storage.
    b. All devices are protected with advanced anti-virus tools and firewalls.
    c. Real-time risk management tools monitor all devices and network traffic.
    d. Remote management tools monitor usage, manage patching, and provide access for support.
3. Device and Media Controls: NLCMHA has implemented policies and procedures to manage and dispose of PHI-containing devices and media appropriately.

Technical Safeguards

1. Access Controls: The facility has implemented appropriate access controls, including password policies, to ensure that only authorized personnel can access PHI. All access controls are regularly reviewed and updated.
    a. Wherever possible NLCMHA has implemented two factor authentication.

    b. The medical record is setup to encourage staff to use a Virtual Private Network (VPN) to connect when they outside the protections of our internal network.
2. Audit Controls: The facility has implemented audit controls to monitor access to PHI and detect any unauthorized access or disclosure.
    a. The compliance team receives regular reports on “break the glass” incidents, where staff members access the records of a person served that is not on their caseload.
    b. We continue to develop and publish reporting tools that identify irregular record access.
3. Transmission Security: All PHI transmitted electronically is encrypted, and appropriate security protocols are in place to protect PHI during transmission.
    a. NLCMHA has adopted the Teams collaboration platform which ensures encrypted data transmission between staff members regardless of their location.
    b. Our Electronic Health Record system, NoLa, has an incorporated messaging system that enforces encrypted communications between staff and contracted providers outside NLCMHA.
    c. Our email system has incorporated encryption tools that provide many layers of encryption.
4. Staff security training: Staff are provided security training.
    a. Security training is required at staff onboarding.
    b. Staff are required to complete computer security training annually.
    c. Monthly we run social engineering exercises through email.
    d. During monthly staff meetings we discuss computer security and any current threats.

Conclusion:

NLCMHA has implemented appropriate administrative, physical, and technical safeguards to protect PHI in compliance with HIPAA regulations. The security management process is up-to-date, all employees receive regular HIPAA training, and all access controls are regularly reviewed and updated. The Agency has established a security incident response plan, and appropriate physical and technical safeguards are in place to protect PHI. We strive to make continual improvements and are in the process of migrating to a new platform for our hardware devices to improve patch management. There have been no reportable incidents, and we continue to monitor and update our security measures to ensure the confidentiality, integrity, and availability of PHI.

Respectfully,

Daniel Mauk
Chief Information Officer | HIPAA Security Officer
Northern Lakes CMH Authority