

## Northeast Michigan Community Mental Health Authority Board

### Board Meeting

October 11, 2012

#### I. Call to Order

Chair Gary Nowak called the meeting to order in the Board Room at 3:00 p.m.

#### II. Roll Call and Determination of a Quorum

Present: Linda Canfield, Virginia DeRosia, Alan Fischer, Roger Frye, Judy Hutchins, Marie LaLonde, Terry Larson, Tom Mullaney, Gary Nowak, Tom Young

Absent: Richard Anderson, Pat Przeslawski

Staff & Guests: Clint Bohlen, Carolyn Bruning, LeeAnn Bushey, Jackie Fitzgerald, Tim Gray, Margie Hale-Manley, Ruth Hewett, Ed LaFramboise, Cathy Meske, Mary Mingus, Maureen Sweet

#### III. Information and/or Comments from the Public

There were no comments or information presented.

#### IV. Educational Session – Kellogg Grant – System of Care

**Clint Bohlen**

Clint Bohlen was introduced to Board members. Mr. Bohlen is the Project Manager of Mackinac HC Consultants LLC managing the Northeast Michigan Children's Behavioral Health Initiative. Mr. Bohlen reported the Children's Behavioral Health Initiative came to northern Michigan due to the demographics and demonstrated need of the area. Kellogg challenged the Community Foundation of Northeast Michigan to develop a collaborative group to address the needs of the children in the area and to improve the way services are provided. In the spring of 2010, a proposal was submitted to the Kellogg Foundation which included 20 agencies working collaboratively in the grant request. The system of care had been in place through the Department and that model was used in applying for this grant. The grant covers a broader population group than what Northeast could provide as it includes services for children without an SED.

The grant project consists of four components. The first component is developing a System of Care, which links stakeholders and partners and identifies specific commitments from each partner for resources, etc. The second component is to provide on-site primary care and behavioral health services. This component will include developing a total of six school-based clinics. The clinics will offer children services within the schools. In Alpena, a school-based clinic was opened at the Lincoln School. Traveling social workers provide services in various schools. In Montmorency County, a school-based clinic was opened at the Hillman Elementary School. The third component is the parenting group and child development education. He notes Day One is one part of this program. It is an intensive in-home program working with whole families having behavioral health concerns. The services provided include playing with children, making a meal with the families, provide guidance on how to clean homes, etc. This has greatly reduced the abuse and neglect cases in children. The Day One Program has a 19 to 1 return on investment. There is also a parent mentoring group. This deals with families in less chance of crisis mode. He notes the community has expressed great interest in this part of the program. The fourth component will be the establishment of a Child Advocacy Center. This center will serve as a single-point-of-services for law enforcement and legal systems, child protection services and but the abused child. In Alpena, a room has been set aside at the Alcona Health Center to provide a more comforting location for interview procedures for children suffering from

abuse, either sexual or physical. This eliminates the need for a child to have to go to the emergency room for such service. Thunder Bay Community Health Services may be potential sites for similar arrangements for Montmorency and Presque Isle counties.

Clint also reported Northeast Michigan also provides Mental Health First Aid training for community members. This training is being held today at our office resulting in the parking issues experienced by Board members for this meeting. Mr. Bohlen reported the training is being offered to the employees of the area schools.

Mr. Bohlen reports the Michigan State University is the program evaluator for this Initiative.

The System of Care is still in the infancy part of development. Eventually, blended funding would be desired to support this program in the future.

Mr. Bohlen noted the first request to the Kellogg Foundation was for \$7 million, the award was actually \$2.4 million. Kellogg noted that if the project is successful, it is possible the Kellogg Foundation will possibly provide additional funding in the future. He notes service clubs, churches and other such organizations are engaging in support of this project.

Linda Canfield reported she had received a request for volunteering for this initiative and questioned what this involved. Mr. Bohlen reported the request would be for parent mentoring.

**V. Consent Agenda**

**1. Approval of Minutes**

**2. Contracts**

**a. NEMROC**

**b. Evergreen Recycling**

**c. Department of Licensing and Regulatory Affairs – Michigan Rehabilitation Services (LARA/MRS) Cash Match Agreement**

**d. Thunder Bay Transportation Authority (TBTA)**

*Moved by Judy Hutchins, supported by Linda Canfield, to approve the Consent Agenda as presented.* Roll call vote: Ayes: Linda Canfield, Virginia DeRosia, Alan Fischer, Roger Frye, Judy Hutchins, Marie LaLonde, Terry Larson, Tom Mullaney, Gary Nowak, Tom Young; Nays: None; Absent: Richard Anderson, Pat Przeslawski. Motion carried.

**VI. October Monitoring Reports**

**1. Budgeting 01-004**

Ed LaFramboise reviewed the Statement of Revenue and Expense for Month Ending August 2012. He noted the Medicaid fund is still underspent; however, the General Fund bucket grew to a \$197,635 deficit. This is due to a couple of factors related to spend downs and billing issues. This may turn around when proper paperwork is completed. There was also a Medicare billing issue with a provider not having been approved by Medicare for providing services. Inpatient services have increased some as well. Linda Canfield noted there seems to be an increase of out of town patients at ARMC resulting in local patients being transferred to other agencies. Cathy Meske noted War Memorial in Sault Ste. Marie is currently using locum tenens in their psychiatric unit resulting in more referrals from that area increasing demand.

Mr. LaFramboise noted in the Ends Policy review, the Financial Outcomes might need to be revised related to the expenses not exceeding revenues as the risk fund was removed from the current contract and this should be addressed. Mr. LaFramboise noted the non-Medicaid

(GF) expenses has exceeded 105% of the revenues and this overage will need to be paid out of the fund balance. The Board will be kept apprised of the final amount at year-end.

*Moved by Virginia DeRosia, supported by Tom Young, to accept the October monitoring report as presented.* Motion carried.

**VII. Board Policies Review**

**1. Ends 04-001**

There were no comments from Board members.

**VIII. Linkage Reports**

**1. Northern Affiliation**

**a. PIHP Realignment Update**

Ed LaFramboise reported a discussion began at the Planning Session related to the realignment of the PIHPs. He reported a letter was sent to the Department supporting the northern area region to be comprised of the 21-county area north of M-55. This would include the three community mental health agencies currently in the Northern Affiliation and also include Great Lakes CMH and Centra-Wellness (fka, Manistee-Benzie). Mr. LaFramboise reported the "hub and spoke" model currently used in our Affiliation model, would be a viable structure for the new PIHP with one very significant change. The change being the new PIHP would be a separate board with board members appointed by the local community mental health agencies. The appointments would not be made by the commissioners and the control of the Board would not be part of one of the spokes. He reports the three boards currently in our PIHP are in agreement with developing under the hub and spoke. Great Lakes is not so anxious to adopt this model as they are also currently a PIHP with West Michigan CMH. The "Regional Entity" is another option for Affiliation Structure. This might be the model that is agreed to by all.

The Council of Government is another structure under consideration. Centra-Wellness is pushing hard to organize under this model using West Michigan Council of Government as the managing PIHP. Mr. LaFramboise reports he does not support this model as he believes the farther away from the consumer the money is, the less services that get down to the consumers. He does not believe the Council of Government would have the knowledge of services needed for our consumers.

There are other options however, discussion on these are models have not been put on the table in our organization.

Alan Fischer inquired as to whether the Department would allow for different models in the Affiliation structure or if all PIHPs must be organized under one model. Mr. LaFramboise noted there could be various models organized.

Tom Young inquired about the decision process in determining the end model. Ed LaFramboise reported the process will be on a fast track. The Department is to submit an AFP by November 1 which must be submitted by year end. Mr. LaFramboise reported he will hold out to maintain the holder of the contract must have a history in the mental health system.

Consensus of Board members would be to endorse either the "hub and spoke" model or the "regional entity" model.

**2. MACMHB**

**a. Fall Board Conference – October 15 & 16 – Grand Traverse Resort**

Gary Nowak reported the Fall Conference begins next Monday. Board members will arrive on Sunday and will gather for evening dinner at 6:00 p.m.

**3. Legislative Event**

Discussion ensued as to what type of event to host for area legislators. We have had this event in August or September in the past. It might be difficult to pull together such an event prior to election. It was felt after the election would be the best at this point. Ed LaFramboise reported he will poll to get some dates. Ed LaFramboise reported Alan Bolter reported lame duck sessions can be very dangerous as there could be a lot accomplished to get it done or very little happens.

**4. Clinical Services and Support Report**

Ed LaFramboise requested consideration when reviewing by-laws in December to revise the agenda to allow for a report of clinical services. Cathy Meske noted each month board members hear about the money of the agency and is proposing each month board members also hear about the people served. Cathy reviewed the various reporting services. She notes Medicaid is easy to identify. All other insurances (i.e., Medicare, Spend-down, private insurance, etc.) will affect General Fund. Terry Larson reported it might be good to total the columns. Alan Fischer reported he notes it would be good to know how many consumers come through the door who are denied services. Cathy Meske reported 85% of the consumers coming through the door receive services. Only 15% are referred elsewhere. Mr. Fischer indicated he would be interested to know why they did not qualify for services. Cathy Meske reported symptom severity is the most common reason someone is not opened for services. She notes the numbers for those consumers that are screened via phone through Access services are not available.

Alan notes he would like to see services available for those consumers not yet in crisis to avoid the more severe symptoms. Ed LaFramboise noted beginning next October, this agency will become responsible for the 20 visits currently provided for those consumers not meeting the current SMI criteria.

**5. Consumer Advisory Council**

Ed LaFramboise reported this Council met on Monday; however, due to attendance a quorum was not present. He noted the discussion basically surrounded the realignment proposal.

**IX. Chair's Report**

**1. Strategic Planning Follow Up**

Ed LaFramboise reported during Strategic Planning, board members requested a plan be developed to address funding for the Bay View Center in the current year.

Ed LaFramboise suggested a 90-day period be allowed to review the Bay View Center's proposed plans for funding for those consumers not covered by Medicaid.

Judy Hutchins reported about one year ago, the Bay View Center was made aware of services billable by Medicaid. She reported it was understood at that time the one-on-one services provided for employment services would be billable. She reports at this time, the employment services and peer support services are not covered. She reported as General Funds were used in the previous contracts with the agency, they had assumed there would be continued funding in this vein. She notes services cannot be provided to those without Medicaid at no charge. Linda Canfield noted the consumers without Medicaid should be

billed, just as the hospital does. It may be they cannot afford the services; however, you are still billing.

Ms. Hutchins reports about 50% of participants at the Drop-In Center have no means to pay or are not on Medicaid. She notes the services provided at the Center have prevented higher cost services such as hospitalizations, etc.

Judy reports the Center has embarked under an aggressive fund-raising campaign to secure additional funds. Canisters have been placed in the community to secure funding as well. Marie LaLonde inquired as to what the cost of a visit is of the consumers. Discussion ensued related to operational costs of the facility.

***Moved by Marie LaLonde, supported by Virginia DeRosia, to allow Judith Hutchins to abstain from the motion to extend funding for Bay View Center due to conflict of interest.*** Motion carried.

***Moved by Roger Frye, supported by Terry Larson , to allow for a 90-day extension for Bay View Center to allow for plan assessment using General Funds to support the program until December 31, 2012.*** Roll call vote: Ayes: Linda Canfield, Virginia DeRosia, Alan Fischer, Roger Frye, Marie LaLonde, Terry Larson, Tom Mullaney, Gary Nowak, Tom Young; Nays: None. Abstain: Judy Hutchins; Absent: Richard Anderson, Pat Przeslawski. Motion carried.

An additional item addressed at Strategic Planning was the need to develop the endowment fund further. Board members were to provide suggestions at this meeting to develop ideas. It was noted solicitation of the public is included in the Report to Community. Envelopes in the lobby allowing for contributions as well as establishment of a Development Council to spearhead fundraising efforts were touched upon.

**X. Director's Report**

**1. Clinical Reorganization**

Ed LaFramboise reported with the retirement of Tony White, his DD Program Director position has not been filled. All services will be handled by Cathy Meske. This will be a model that provides better consistencies in the various disciplines such as casemanagement, etc. Cathy Meske reported teams are being developed to address services not based upon diagnosis (i.e. DD or MI).

Terry Larson inquired about the Emergency Succession procedure. Ed LaFramboise reported Cathy Meske will be named as the Emergency Succession person should the need occur. This will be addressed in the January monitoring report.

**2. QI Council Update**

The minutes of this meeting were included in the mailing. Ed LaFramboise reported the principles of the new region are geared to address no consumer will suffer harm in the formation of the new region. He reports in November the model will be presented to the Board in more detail. He reports Northern Lakes has a higher PMPM reimbursement. This would mean they might suffer a loss of some revenue when the new region is developed.

**XI. Information and/or Comments from the Public**

Jackie Fitzgerald invited the board members to drop in the Bay View Center anytime.

**XII. Next Meeting – Thursday, November 8 at 3:00 p.m.**

The next regularly scheduled meeting of Northeast Michigan Community Mental Health Authority Board will be held Thursday, November 8, 2012 at 3:00 p.m.

**1. Set November Agenda**

The November Agenda items were reviewed.

**2. Meeting Evaluation**

Linda Canfield felt the meeting was well run, good discussion and learning opportunities were had. The new director did a great job with all the new changes going on in the region.

**XIII. Adjournment**

*Moved by Terry Larson, supported by Virginia DeRosia, to adjourn the meeting.*

Motion carried. This meeting adjourned at 4:35 p.m.

{signed by Alan Fischer on 11/30/12}  
Alan Fischer, Secretary

{signed by Gary Nowak on 11/08/12}  
Gary Nowak, Chair

Diane Hayka  
Recorder