

**Northeast Michigan Community Mental Health Authority
Board Strategic Planning
June 8, 2017**

I. Call to Order/Welcome

Present: Lester Buza, Bonnie Cornelius, Steve Dean, Alan Fischer, Roger Frye, Judy Hutchins, Judy Jones, Terry Larson, Eric Lawson, Gary Nowak, Pat Przeslawski

Absent: Albert LaFleche (excused)

Guests & Staff: Lisa Anderson, Monika Arora MD, Dennis Bannon, Roger Boston, Carolyn Bruning, LeeAnn Bushey, Mary Crittenden, Lynne Fredlund, Margie Hale-Manley, Kim Hoerl, Cheryl Jaworowski, Eric Kurtz, Cathy Meske, Mary Mingus, Linda Murphy, Carlene Przykucki, Anne Ryan, Nena Sork, Lauren Tallant, Christine Taylor, Peggy Yachasz

Gary Nowak welcomed Board members and guests to the Planning Session.

II. Information and/or Comments from the Public

There was no information or comments presented.

III. Approval of Minutes

Moved by Roger Frye, supported by Judy Hutchins, to approve the minutes of the May 11, 2017 meeting as presented. Motion carried.

IV. Approval of Recruitment Campaign

Cathy Meske reviewed the recruitment efforts underway to obtain a child psychiatrist for the Agency noting the request from local recruiter Diane Simms to engage the assistance from Midwest Recruiting. ***Moved by Pat Przeslawski, supported by Judy Hutchins, to approve the expenditure of \$7,122.90 to Midwest Recruiting for assistance with recruitment efforts via Diane Simms.*** Roll call vote: Ayes: Lester Buza, Bonnie Cornelius, Steve Dean, Alan Fischer, Roger Frye, Judy Hutchins, Judy Jones, Terry Larson, Eric Lawson, Gary Nowak, Pat Przeslawski; Nays: None; Absent: Albert LaFleche. Motion carried.

V. Banking Resolution for First Federal of Northern Michigan

Cheryl Jaworowski informed the Board of a need of the resolution to allow a purchase of a CD from First Federal of Northern MI. The prior resolution still had Ed LaFramboise's name and Tony White's name associated with the Agency. This resolution will update the information to have Cheryl Jaworowski's name and Cathy Meske's name on the account. ***Moved by Terry Larson, supported by Pat Przeslawski, to authorize the banking resolution for First Federal of Northern Michigan.*** Roll call vote: Ayes: Lester Buza, Bonnie Cornelius, Steve Dean, Alan Fischer, Roger Frye, Judy Hutchins, Judy Jones, Terry Larson, Eric Lawson, Gary Nowak, Pat Przeslawski; Nays: None; Absent: Albert LaFleche. Motion carried. A copy of the resolution is attached to this document.

Gary Nowak noted Board members do not always have the opportunity to meet the various program staff or the members of the Consumer Advisory Council and was very appreciative of the many in attendance at this meeting.

VI. Environmental Scan

Eric Kurtz, NMRE CEO, provided Board members with a brief employment bio. He has worked his way through the community mental health system in various roles. He reports during his tenure at the State he worked on the 1115 waiver which is still working its way through channels.

Mr. Kurtz attended the Improving Outcomes conference last week and reports the communication disbursed during the conference was quite negative as it relates to the potential future of the community mental health system. The Affordable Care Act included three major components -- integrated care, market place and Medicaid expansion. The integrated care focuses on realignment of social supports to a medical style of service provision. For Michigan, the dual eligible pilots, the Health Homes and the Behavioral Health Homes [Northern Lakes and Centra Wellness participating] are the initiatives. Mr. Kurtz notes the Medicaid Expansion which covers 580,000 residents in Michigan could be affected with moving the American Health Care Act forward. The big question is what would be done with the states who engaged in the expansion of Medicaid early on. The federal matching dollars may be eliminated. He notes the AHCA is still just a bill but is anticipated the bill will pass in some form over the course of this Administration. It is unclear as to how this may or may not change integrated care initiatives. The Market Place would change and be either dismantled or reconfigured. A question still not fully answered is the preexisting condition coverage effect. Eric noted the AHCA also requires eligibility determinations to be done every six months.

Mr. Kurtz informed Board members of the impact federal changes will have. Regardless of the passage of the AHCA or changes to the ACA, individual states will be given more flexibility of how the state puts together the Medicaid benefits. He noted \$200 million of General Funds were removed from the community mental health budget to put into the rainy day fund to be able to sustain the expansion once the federal matching share was phased out. He addressed the possible options the State would have to address the impact from the Federal changes.

Eric reviewed the current State Initiatives underway such as the approval of Pathway to Integration Section 1115 Waiver, Home- and Community-Based Services Rule, SUD reform and expansion of Evidence-Based Practices including Opioid treatment, Parity and Incentive based payment models (current and future). He reported while the Home- and Community-Based Services Rules has been pushed out at the federal level to 2022, the State has indicated they still are targeting March 2019 as the date where current providers and sites must be compliant with the rule and new providers must be compliant with the HCBS Rule by October 2017. He notes this would be difficult to enforce as it would be in conflict with federal regulations.

Eric Kurtz reported parity focuses on the aligning of medical and behavioral health services assuring they have the same eligibilities across the spectrum. Incentive based payment models are being pushed. The 1115 Waiver, as proposed to CMS will have some incentive payments incorporated into it. He provided a scenario of the current incentive being changed to a withhold if the targets are not met.

Mr. Kurtz reviewed the short-term goals the Agency should focus on which include continue to enhance local integrated care initiatives, organize services in a way to meet indigent or underinsured demand (mild to moderate), target key rural initiatives such as telehealth, emergency transportation, and continue to develop SUD co-occurring treatment services. Long-term goals should include workforce management and priorities, regional provider sponsored entities for administrative infrastructure and risk management, population health initiatives and data analytics and outcome reporting.

Eric noted when the 298/234 discussions began, the directors in the region got together and tried to build off the model of a regional provider sponsored entity and propose a pilot to the key legislative leaders to become a provider sponsored entity and create an integrated system of care. He noted the pilot proposal has been sent and reported face-to-face meetings will be scheduled with the legislators now. He notes the 298/234 language will most likely be removed from the budget bill or softened. He notes at this point it is unclear, there may be pilots, the Department may look at the number of PIHPs in the State, and other options for the future. In addition, he noted discussion has

occurred to join forces with the community mental health boards in the Upper Peninsula. Their local commissioners had adopted resolutions related to 298/234 and potential changes identified in the proposed language of the 298/234 bills.

Cathy Meske noted this Agency began future planning for integration when it completed the CCBHC application a couple of years ago. The pilot being presented now has identified the importance to keeping in mind the northern area of Michigan is much different than the urban areas. The directors will be meeting next Tuesday with Senator Stamas and on June 16 with Triston Cole. The meeting with Sue Allor was scheduled for tomorrow; however, her office had to reschedule.

Recess 1:40 pm

Resume 1:50 pm

Gary Nowak thanked the Consumer Advisory Council for their attendance as well as several staff members.

Gary Nowak also suggested Board members consider the possibility of changing the Board meetings from 3 p.m. to 1 p.m. for future meetings as this will be an agenda item for the July meeting. He also reported the NMRE is having their Strategic Planning session this Saturday, June 10.

VII. Review of current Mission, Vision, Strategic Plan, Ends and Priority Needs identified at the Public Hearing

Carlene Przykucki, facilitator, requested those in attendance to complete some loosening exercises before proceeding further in the planning session. Carlene questioned what is considered safe in our discussions at Board meetings. Pat Przeslawski noted Board members should listen, be respectful and avoid interrupting others. She believes Board members do listen and respect the opinions of others. Carlene stressed the importance for all participants here today to feel comfortable in expressing their opinions regardless of their views. Chenille sticks were distributed for those individuals needing to keep their fingers active during discussions.

Mission & Vision Statement Review

Bonnie Cornelius read the Mission and Vision Statement. The Mission was discussed to determine whether the Mission is still appropriate or whether there may need revisions. Pat Przeslawski noted the Board did fine tune this in the past few years and she believes it still is on target.

The Vision looks to the future to state where the Agency wants to be in the future. Carlene noted the Vision is very clear and does tell the general public what the Agency strives for. Cheryl Jaworowski reports this is used daily in assuring services are provided within the constraints of our binding contracts. Participants identified portions of the Vision and expressed what the terms mean and how they relate to the provision of services. Pat Przeslawski reported she does not feel the community embraces community mental health and we need to assure the public gets educated about the available resources. Carlene noted we need to look at what an informed community looks like to the Board. Nena Sork noted many of our services are provided in the community and services are provided under the noses of the general population without awareness. Bonnie Cornelius also noted it would be beneficial for more of the public to attend Board meetings to learn about the available programs.

The Core Value statements were reviewed. Eric Lawson notes as he learns about the person-centered approach he really appreciates that model. He notes this might also enable a person to take a more active role in their own recovery. Lisa Anderson noted honesty, respect and trust are also very important both within the workplace and within the community, internal staff and external contacts. Lynne Fredlund requested input from the Advisory Council and whether there should be

additional values included. Lester Buza reported the staff are very approachable. The Core Value statements will remain as written.

Strategic Plan Document Review

Carlene Przykucki noted the current document will be broken down into smaller segments to address. The Ends are developed by identifying goals and how the outcomes will be measured. Seven groups were assigned – one to review each of the seven current goals. The assignment was to review the goal to determine if it is still pertinent, discuss if there needs to be any enhancement to the goal or determine if the goal has been met and should be removed.

Goal #1 – To monitor and develop a protocol to address the increased risk of metabolic syndrome in both adults and children.

- Nursing staff will collect blood pressures (BPs), weights and body mass index (BMI) on all adults and all children receiving medication clinic services.
- The Agency will participate in the data analytics project to identify those individuals who are at risk for increased health concerns.
- Clinical Staff will work with the Medicaid Health Plans to coordinate care and treatment.

Peggy Yachasz addressed the groups review of Goal 1 – Linda Murphy reported the Agency has identified those individuals with a metabolic syndrome and are working with those individuals to assure the physical health is being coordinated. She noted by doing so, the whole person is looked at versus just focusing on the brain. For identified individuals, encouragement is given for them to participate in Whole Health Action Management (WHAM), Yoga, etc.

Barriers – Integrated Health Care collaboration needs to continue with health care facilities. The case managers are not able to bill for their services if they attend an appointment with the individual which can be a financial barrier to the Agency.

Goal #2 – To participate in a partnership with Thunder Bay Community Health Services and Alcona Health Center, local Federally Qualified Health Centers (FQHCs), in order to provide school-based social work services for children. Services will include counseling/counseling referrals to other providers and consultation services for all children experiencing a behavioral disturbance, not just those with a Serious Emotional Disturbance and/or Medicaid. Northeast staff will collaborate and partner with school personnel and School Success Workers to assure all children receive the appropriate behavioral health services.

Cheryl Jaworowski reviewed the Goal #2 – Lauren Tallant reported the schools have been real open with children's services staff allowing clinicians to come to the school to provide therapy. The Agency's clinicians work with the staff of Alcona Health Center and Thunder Bay Health Services that are in the school working with children. Lauren also notes the staff work with the school personnel to get them trained in trauma. Lauren notes there is some level of support in each of the schools in the four-county catchment area. Obviously due to Alpena having more students there are more success moments. She would like to see better communication with the smaller schools.

Barriers would be better communication is needed with the therapists planted in the schools to coordinate treatment better. Lauren also reported competition for staffing is also a barrier. This agency gets the staff trained and the health centers hire staff away due to higher salaries or other benefits. Cheryl Jaworowski also noted funding for prevention is always the first type of services cut.

Goal #3 – To continue the co-location of Mental Health Professionals at the FQHC’s primary care clinics.

Lynne Fredlund reviewed the Goal #3 – Lynne Fredlund noted this Agency has one clinician co-located at the Alcona Health Center in Alcona County. This has not been expanded during the past year. Is there a demonstrated need for additional services in the outlying counties? Capacity on both ends of the collaborative are an issue – this Agency does not have staffing capacity and the Alcona Health Center does not have the space for Alcona County. Alan Fischer noted this is an improvement from a couple of years ago as there was no clinician providing services in Alcona County. Cathy Meske reported blending the services was also a hope. Cathy Meske noted this Agency has contracted with the FQHC staff to also provide behavioral health services.

Barriers would be the staffing capacity and lack of office space at the FQHCs.

Goal #4 – To continue to expand services to all children and young adults diagnosed with Autism Spectrum Disorders to meet the increasing demand.

Lee Ann Bushey reviewed Goal #4 – This goal was also identified as needing more in-house staff; however, space is limited. The population age was expanded in recent years. It is difficult to retain staff as other agencies hire our trained staff away. Cheryl Jaworowski reported funding is an issue and provided explanation of the mandated services without enough funding. The CMHs were mandated to provide the services; however, there were not enough dollars put into the mandate to cover the services and the payment for services are six months in arrears. Cathy Meske reported the focus internally is the 18 months to six year old children and the over six services are contracted out.

Barriers for provision of this service would again be staffing capacity and lack of office space. The delay in receiving reimbursement from the State for the services would also affect the funding stream.

Goal #5 – To implement a Health Information Exchange (HIE) with Great Lakes Health Connect and local organizations to share critical health care information.

Mary Crittenden reviewed Goal #5 – Nena Sork reports Great Lakes Health Connect is our Health Information Exchange (HIE) and Mid-Michigan Health Center is also a user for this HIE. Dennis Bannon reported the Michigan Health Information Network (MiHIN) is a shared service which coordinates the data exchange to assure the data is able to be transferred between agencies in a readable format.

Judy Hutchins left the meeting at 3:15 p.m.

Barriers - Dennis reports there has been progress over the past year and continued work needs to occur to have better collaboration. Our conversion to the new electronic health record system will assist in this file transfer; however, this module has not been completely tested for this transfer as yet.

Goal #6 – To implement a plan to correct deficiencies identified by the comprehensive securities check of its technology system.

Christine Taylor reviewed Goal #6 – Christine Taylor noted the Agency has implemented a new Electronic Health Record (EHR) which has better security built into the software. Dennis

Bannon reports the staff have been able to become more mobile by using technology in the field in a more secure method. This will enable all staff to have the information they need, when they need it, and where they need it. Dennis Bannon reports staff training on computers have also helped in staff recognizing the importance of staying secure to avoid risks.

Barriers – need to continue to provide staff development opportunities in the use of computers and available resources. It is anticipated to move to the “cloud” making data more accessible to staff. Processes need to be developed to assure security of new devices – tablets, etc. is maintained.

Goal #7 – To collaborate with the Veteran’s Administration assuring comprehensive behavioral health services are available to all veterans.

Mary Mingus reviewed Goal #7 – She notes the Agency participates in emergency services screening for veterans. Linda Murphy reports there is a VA Round Up a couple of times a year and veterans come to talk about services they may need. Many providers within the community participate and many veterans attend. Mary Mingus reports the Continuum of Care covers five counties – the four counties served by the Agency in addition to Iosco County. The Veterans Administration also participates. This collaborative also focuses on homelessness in the veteran population.

The participants reviewed the Ends and Sub-Ends identified in the current Strategic Plan.

Cathy Meske noted the Strategic Plan Ends and Sub Ends currently included in the Plan were developed prior to the public hearing. With the input from the public and the community wishes identified, new goals will be developed based on that input for next year’s Ends.

Opportunities – Lynne Fredlund noted the Opportunities relationships should continue. Cheryl Jaworowski also noted maybe focusing efforts to churches and colleges might be more impactful than service clubs for presentations.

Break 3:35 p.m.
Resume 3:45 p.m.

Ends Monitoring Report Review

The Ends Monitoring Report was included in the Strategic Planning packet mailed to participants in advance. There were no questions; however, the Ends will be reviewed and revised in preparation for new Ends and finalization of the Strategic Plan in October.

Priority Needs from Public Hearing

Carlene Przykucki reviewed the five priorities identified at the public hearing held in February:

1. Develop a Trauma Informed Community
2. Improve Emergency Response, Jail Services, and Assisted Outpatient Treatment
3. ABA Service Increase
4. Increased suicide prevention for youth and vets
5. Increased Substance Abuse services

The above priority items should be converted to the Ends for next year’s policy and Ends Statement. A Goal Statement would need to be identified for each priority and the method of measurement to be used to determine if the outcome is attained.

Gary Nowak suggested staff develop the Ends and how the outcomes would be measured and the Board would receive the proposal at a future meeting. He noted under the Carver model staff are tasked with this type of process. Cathy Meske notes the current ends should be also reviewed. She believes there should always be a financial goal so Board members are aware of the financial standing. Cheryl Jaworowski reported this year the financial goal will be overspent. Cathy Meske noted the Leadership Team and staff will look at the five items identified and determine what is realistic over the next year. She notes the cost neutral items would be easy to incorporate. She questioned Board members as to whether the current Ends should be continued and measured as well as having too many Ends would distract from the intent of Ends. We need to look at all and keep it reasonable. Alan Fischer noted staff could identify goals and provide cost to complete the outcomes so priorities can be made. Eric Lawson notes the communication with the Board is with the director and members should maintain that so staff are not cajoled into doing individual requests.

Roger Frye reports the Board has a good working relationship and has confidence in the staff developing the goals with reasonable timeframes for accomplishments.

VIII. Discussion of Issues for Further Consideration and Prioritization

Section 298/234

FY 18 Budget

Integration with Primary Care

Funding Issues

Other

The Agenda items above were not reviewed in more in depth but were briefly touched upon in the environmental scan as well as the various small group activities.

IX. Appointment of Sub-Committee for By-Law Review

This topic was not addressed.

X. Wrap Up

Pat Przeslawski noted having lunch prior to the meeting versus dinner worked well this year. She noted the facilitator was a welcome addition.

XI. Adjournment

Moved by Pat Przeslawski, supported by Alan Fischer, to adjourn. Motion carried.

This meeting adjourned at 4:10 p.m.

[signed by Alan Fischer on 7/13/2017]
Alan Fischer, Secretary

[signed by Gary Nowak on 7/13/2017]
Gary Nowak, Chair

Diane Hayka
Recorder



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CERTIFIED COPY OF RESOLUTION OF THE BOARD OF DIRECTORS OF THE NORTHEAST MICHIGAN COMMUNITY

MENTAL HEALTH AUTHORITY

RESOLUTION for FIRST FEDERAL OF NORTHERN MI

The Association named on this resolution resolves that:

- (1) The Financial Institution is designated as a depository for the funds of the Association and to provide other financial accommodations indicated in this resolution.
- (2) This resolution shall continue to have effect until express written notice of its rescission or modification has been received and recorded by the Financial Institution. Any and all prior resolutions adopted by the Association and certified to the Financial Institution as governing the operation of this association's account(s), are in full force and effect, until the Financial Institution receives and acknowledges an express written notice of its revocation, modification or replacement. Any revocation, modification or replacement of a resolution must be accompanied by documentation, satisfactory to the Financial Institution, establishing the authority for the changes.
- (3) The signature of an Agent on this resolution is conclusive evidence of their authority to act on behalf of the Association. Any Agent, so long as they act in a representative capacity as an Agent of the Association, is authorized to make any and all other contracts, agreements, stipulations and orders which they may deem advisable for the effective exercise of the powers indicated on page one, from time to time with the Financial Institution, subject to any restrictions on this resolution or otherwise agreed to in writing.
- (4) All transactions, if any, with respect to any deposits, withdrawals, rediscounts and borrowings by or on behalf of the Association with the Financial Institution prior to the adoption of this resolution are hereby ratified, approved and confirmed.
- (5) The Association agrees to the terms and conditions of any account agreement, properly opened by any Agent of the Association. The Association authorizes the Financial Institution, so long as they contain the required number of signatures for this purpose.
- (6) The Association acknowledges and agrees that the Financial Institution may furnish at its discretion automated access devices to Agents of the Association to facilitate those powers authorized by this resolution or other resolutions in effect at the time of issuance. The term "automated access device" includes, but is not limited to, credit cards, automated teller machines (ATM), and debit cards.
- (7) The Association acknowledges and agrees that the Financial Institution may rely on alternative signature and verification codes issued to or obtained from the Agent names on this resolution. The term "alternative signatures and verification codes" includes, but is not limited to, facsimile signatures on file with the Financial Institution, personal identification numbers (PIN), and digital signatures. If a facsimile signature specimen has been provided on this resolution, (or that are filed separately by the Association with the Financial Institution from time to time) the Financial Institution is authorized to treat the facsimile signature as the signature of the Agent(s) regardless of by whom or by what means the facsimile signature may have been affixed so long as it resembles the facsimile signature specimen on file. The Association authorizes each Agent to have custody of the Association's private key used to create a digital signature and to request issuance of a certificate listing the corresponding public key. The Financial Institution shall have no responsibility or liability for unauthorized use of alternative signature and verification codes unless otherwise agreed in writing.

I certify I am the secretary of **NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY** and that the above is a true copy of a resolution adopted by a quorum of the board of directors of this corporation at a meeting held on the 8th day of JUNE, 2017.

E. Alan Fischer, Secretary