

MINUTES OF THE BOARD
September 16, 2010
North Country Community Mental Health
Board Room
One MacDonald Drive
Petoskey, Michigan

BOARD MEMBERS PRESENT: Debra Kimball, Jane Dunaway, Robert Boyd,
Karla Sherman, Paul Liss, Louis Scholl,
Sr. Augusta Stratz, Ed Ginop, Dan Plasencia,
Laura Stanek, Joel Evans, Alice Mushlock,
George Anthony

BOARD MEMBERS ABSENT: Ann Smith, Laura Stanek

STAFF: Alexis Kaczynski, David Schneider, Christine Gebhard,
Joe Hebel, Donna Wheeler, Joan Booth

GUESTS: Linda Oller

Ms. Dunaway called the meeting to order at 4:35 p.m.

ROLL CALL

Ms. Dunaway welcomed the Board members and staff to the meeting.

PUBLIC COMMENT

There was no public comment.

CONSENT AGENDA

Financial Statement – Provider Operations - North Country CMH:

Balance on Hand, July 31, 2010	\$5,106,123.15
Receipts, Adjustments & Transfers, Aug.	\$3,136,526.83
Total Disbursements & Adjustments, Aug.	\$2,945,249.61
Increase in Cash Balance	\$ 191,277.22
Balance, August 31, 2010	\$5,297,400.37

*Approximately \$2,969,934 has been advanced from the State of Michigan and has been encumbered for outstanding bills.

Financial Statement – Managed Care Operations - North Country CMH:

Balance on Hand, July 31, 2010	\$2,420,031.78
Receipts, Adjustments & Transfers, Aug.	\$6,832,806.07
Total Disbursements & Transfers, Aug.	\$6,209,859.48
Increase in Cash Balance	\$ 622,946.59
Balance, August 31, 2010	\$3,042,978.37

*Included in the balance is the Medicaid Internal Service Fund balance of \$659,316.

MOTION BY ALICE MUSHLOCK, SECOND BY SR. AUGUSTA STRATZ, TO APPROVE THE CONSENT AGENDA. MOTION CARRIED.

Information (I) Items from Committee Reports

Information items were included in the committee minutes.

Privileging Recommendations

There were no privileging recommendations this month.

COMMITTEE RECOMMENDATIONS – BOARD ACTION

Finance Committee

Mr. Plasencia reviewed Budget Amendment #2, FY09-10.

MOTION BY DAN PLASENCIA TO APPROVE BUDGET AMENDMENT #2, FY09-10. MOTION CARRIED.

Mr. Plasencia reviewed the initial Budget, FY10-11.

MOTION BY DAN PLASENCIA TO APPROVE THE INITIAL BUDGET, FY10-11. MOTION CARRIED.

Mr. Plasencia reviewed the finance and compliance audit bids.

MOTION BY DAN PLASENCIA TO APPROVE THE AUDIT BID OF DENNIS, GARTLAND AND NIERGARTH IN THE AMOUNT OF \$78,000 FOR THE THREE YEAR TERM COVERING AUDITS FOR FY2010-FY2012. MOTION CARRIED.

Mr. Plasencia discussed the Contract with Alcona Health Center.

MOTION BY DAN PLASENCIA TO APPROVE THE EMPLOYEE LEASING AGREEMENT WITH ALCONA HEALTH CENTER. MOTION CARRIED.

Mr. Plasencia reviewed the three contracts with DCH: Medicaid, Adult Benefit Waiver and CMHSP. Ms. Kimball referred to the monitoring system.

MOTION BY DAN PLASENCIA TO APPROVE THE 2011 DEPARTMENT OF COMMUNITY HEALTH CONTRACTS FOR MEDICAID, ABW AND CMHSP. MOTION CARRIED.

Mr. Plasencia reviewed a change in the Personnel Policies to compensate retiring employees for a percentage of their unused sick leave.

MOTION BY DAN PLASENCIA TO APPROVE THE CHANGE TO THE PERSONNEL POLICIES TO REIMBURSE RETIRING/DEPARTING EMPLOYEES WITH 20 YEARS OR MORE SERVICE AT 50% OF ACCRUED SICK LEAVE.

Mr. Plasencia reported that the actual amount transferred to AuSable Valley CMH under the 236 transfer was \$76,080 not \$75,000. This transfer has been approved by DCH and will be made.

MOTION BY DAN PLASENCIA TO ALTER THE 236 TRANSFER FROM \$75,000 TO \$76,089. MOTION CARRIED.

Mr. Plasencia reported on the changes in the Information Technology plan.

MOTION TO AUTHORIZE THE DIRECTOR TO SIGN THE MEDICAID CONTRACT WITH THE DEPARTMENT OF COMMUNITY HEALTH AT HER DISCRETION. MOTION CARRIED.

PERSONNEL COMMITTEE

Mr. Scholl reported that the committee members reviewed the Director's evaluation which was excellent. The summary was distributed to the Board members. Great job Alexis! Along with the evaluation, her contract is up for renewal and they want to renew the contract. The budget has not been finalized and they would like to revisit this when it is done and they will recommend a 4% raise at that time retroactive to the beginning of the fiscal year.

MOTION BY LOUIS SCHOLL TO RENEW THE DIRECTOR'S CONTRACT WITH A 4% SALARY INCREASE RETROACTIVE TO THE BEGINNING OF THE FISCAL YEAR ONCE THE BUDGET IS FINALIZED. MOTION CARRIED.

Ms. Kaczynski thanked the members for their comments and also indicated that she is surrounded by excellent people who do an outstanding job in service of the agency.

Ms. Dunaway indicated that she was present at the CARF exit interview and they were highly impressed with this agency and its staff. The reviewers survey programs all over the United States and feel that NCCMH staff was spectacular. The recommendations were minor and the agency will undoubtedly receive a three year accreditation. The staff was well qualified and trained and the records were neat and professional. Ms. Gebhard was in charge of preparing for the survey and organizing the survey activities and much credit should go to her for the outstanding results.

ACTION ITEMS – WITHOUT COMMITTEE REVIEW

There were no additional action items this month.

PRESENTATION

Integrated Dual Diagnosis Treatment

Joe Hebel introduced himself and described Integrated Dual Diagnosis Treatment (IDDT) as an evidence-based practice that has been in the process of implementation for over two years. It is important in the world of managed care and holding down health care costs. Dual disorders lead to worse outcomes and higher costs than single disorders. They also lead to more psychiatric hospitalizations, homelessness, violence, victimization, suicidality, incarceration, serious medical infections, family problems, and an increase in services and costs. Dual diagnoses are

an expectation, not an exception. Approximately 50% of people with a diagnosis of serious mental illness also meet lifetime criteria for a diagnosis of substance use disorder: 47% for schizophrenia, 56% for bipolar and 29% for all mental disorders. They use the four quadrant model to understand and inform effective treatment and he explained this model.

Mr. Hebel reviewed information on consumer diagnoses for both north and south ACT programs. He reviewed IDDT vs. traditional treatment and explained that they used to treat substance abuse and mental illness separately and so the client was bumped back and forth between programs. This had the effect of making the client feel that he was a failure when it was really the failure to treat appropriately. Now the person comes to one place and gets the services at one time unless there is a severe detox situation and they need to go to a detox facility. There are still myths that a clinician cannot treat both illnesses. Integrated treatment of dual disorders is more effective treatment than separate treatment for either disorder.

IDDT Core components are: integrated care; assertive outreach; access to a full array of services; state wide interventions; motivational counseling; self-help liaison; multidisciplinary approach and time unlimited approach and he reviewed each of these. He explained how consumers obtain remission through stable housing; sober support network/family; regular meaningful activity; and using the clinical relationship and abstinence comes after supports are in place. He explained the disease/recovery model with diagnosis. He referred to precontemplation which means the client has no notion they have a problem and do not think about it. Contemplation is wondering if they have a problem. Preparation/determination is when they admit they have a problem. Then he reviewed the action state when the client wants to do something about the problem. Maintenance is when the person is stable and supports ongoing recovery. Relapse/recycle is stabilized but the individual has relapsed.

Mr. Hebel reviewed the principles of motivational interviewing like expressing empathy, avoiding argumentation, rolling with resistance, developing discrepancy, and supporting self-efficacy. His staff relies on groups which allow a nonjudgmental sharing of information. He explained the outcome measures for IDDT. He explained the cost of care of one client from the ACT south team for FY09 has cost \$36,000 and this has dropped to \$21,000. One northern client in FY08 cost around \$70,000, \$30,000 in FY 09, and \$12,000 in FY10. He explained “fidelity to the model” and explained what the MI Fast Review Team reviews.

OLD BUSINESS

There was no old business this month.

NEW BUSINESS

Sr. Augusta reported on the Regional Board Member Educational Forum that she attended in Gaylord on September 11. There were 15 other board members mostly from the eastern part of the state. Topics covered were treatment for autism spectrum disorders (NCCMH staff member Mike Lucido presented on this topic). There was one IDDT program and there was a program on education for parents. The last session was a “cracker barrel” session for board members to express their ideas and what they would like to see happen. It provided an opportunity to see what other boards are doing.

Ms. Kaczynski referred to the information included in the Board packet on the October Association Conference and asked Board members to let Joan Booth know if they wish to attend. She also explained that the Association would like to do electronic mailings so if any one does not have internet access or rarely checks email to let Ms. Booth know and she will inform the Association to send information in the mail.

DIRECTOR'S REPORT/COMMUNICATIONS

Ms. Kaczynski reported that she participated in the MACMHB Legislation Committee meeting yesterday for only a short time because of the CARF exit conference. Discussion was held on Senate Bill 421 that was introduced on April 1, 2009 and basically seeks to consolidate the 46 mental health boards to 18. The Department has up to two years to do that. The Bill has had no action in the Senate, but there seems to be some anxiety in the membership that this would get some action. A motion was introduced to have the Association take a stand against this Senate Bill to be on record in case something happens. She feels that consolidation could be a good thing and asked the Board members for their opinions. This motion was tabled to take up the next time they meet. Sr. Augusta indicated that when managed care started initially that was the plan. Ms. Kaczynski feels that consolidation is the trend. A question was asked about the downside. She feels that the agency mainly does outreach and that the focus of services is local and it does not matter where administrative services are located. At some point the economy of scale is lost. A lot of agencies do not feel that bigger is better. The biggest savings is in consolidating agencies. In times of financial strife at state level, there always are suggestions to consolidate agencies and organizations (e.g., school districts, ISD's, townships, mental health boards).

Most recent news on the budget is the \$12 million cut in CMH which is pretty modest compared to what had been projected previously.

The Finance Committee and Board approved the agreement with the Alcona Health Center and integration of health care was a goal area for the agency in the 2008 Strategic Plan. She feels this is a very exciting opportunity and one that has no cost for NCCMH.

AFFILIATION (MANAGED CARE OPERATIONS) REPORT

Mr. Schneider referred to the report in the packet. Financially things are going well. There will be a \$900,000 reduction in capitation funding as of September 1. All partners are still within budget. The boards are having trouble spending the money that was received so late in the year and he reviewed the underexpenditures. He referred to the electronic medical record and indicated that one of the other boards wanted to change software. It was explored with staff to identify the problems with the software. Most of the issues fall into how the forms were designed and how staff was trained. So there is no need to replace the software but the issues need to be addressed. The group will get together to develop the process to use to move forward. There were two grants funded and he explained these two grants. One is intended to explore and develop step down services and activities for persons wanting to leave CMH services. The other grant will fund creation of a peer-to-peer orientation video and consultation from the National Council on methods to sustain evidenced based practices in a rural area.

LONG RANGE PLAN/QUALITY IMPROVEMENT UPDATES

Ms. Gebhard referred to the CARF survey and said that she appreciated the kind words about her and what she really felt like at times was the key paper copier. She recognized Joe Hebel, Andrew Sahara and Andrea Sarto and the effort they put forth to make it work. She referred to Section One of the CARF standards, Overall Organization, and there were four recommendations in that section. She referred to Code of Conduct and fundraising that staff may want to do as well as investigating corporate compliance. Section two, General Program Standards, there are eight areas and four with no recommendations. The recommendations received had a lot had to do with identifying exit criteria and the issue of client orientation and seclusion and restraints. Section eight looked at specific standards that were certified. Overall, in terms of numbers, the agency did exceptionally well and the plan of correction should be easy. Some of their comments were that Michigan is clearly 20 years ahead of the rest of the country. Every staff member they talked to was enthusiastic and the reviewers were impressed with the willingness of staff to chat with them. The staff was focused on the client and what was right and best for the client. They were also impressed with the agency's use of data. Stakeholders commented on the integrity of the staff. The records were very complete and comprehensive. The surveyors were from three different states and must work in a CARF credentialed organization. Ms. Dunaway strongly suggested that someone from this agency be nominated as a CARF surveyor.

MOTION BY ED GINOP, SECOND BY DEB KIMBALL, TO ADJOURN THE MEETING AT 6:10 P.M. MOTION CARRIED.

Jane Dunaway, Board Chair