# SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY CITIZENS ADVISORY COMMITTEE MEETING

FEBRUARY 4, 2021 6:00 p.m.

Toll Free Number: (877) 336-1831 / Access Code: 9525591#
Minutes

Due to the COVID-19 Public Health Emergency this CAC Meeting was held virtually by telephone.

**PRESENT:** Ann Finta, Cheryl Nelson, Jim Nesbit, Joan Williams, Arletta French, Deb Nagel,

Lisa Sawyer, Tracey Roat, Lyn Bradfield, Tony Krasinski, Vicki Mikolajski

**ABSENT:** Eileen Vescio, Maggie Davis, Sally Weber

**STAFF:** Sandra Lindsey, Linda Paeglis, Natasha Garchow, Colleen Sproul, Ryan Mulder

#### **GUESTS:**

#### I. CALL TO ORDER

Ann Finta, Chair called the meeting to order at 6:03 p.m. Verification of the public posting was acknowledged and a quorum was established.

Ann welcomed everyone to tonight's meeting. Review and Acceptance of the Minutes of November 5, 2020.

Motion by Vicki Mikolajski and supported by Arletta French to approve the minutes of November 5, 2020 as written. Motion carried.

# II. WHOLE PERSON CARE

Linda Paeglis, Health Education Consultant presented on Whole Person Care. The following was noted:

- Health Education Consultant (Linda's Background)
- Wellness does not require perfection
- Wellness is a lifelong journey
- Goal of Whole Person Care = Improved Wellness
- Bidirectional Relationship with primary health and behavioral health
- Potential Impacts of Poor Lifestyle Choices
- Illness vs. Wellness
- Target populations (adult/childhood obesity, adolescents and tobacco, secondhand smoke, adult behavioral health population & smoking)
- Benefits to consumers when they quit tobacco
- Additional resources

The Committee was able to ask questions / make comment. See document for details.

Motion made by Deb Nagel and supported by Lisa Sawyer to receive and file the Whole Person Care Report as presented. Motion Carried.

# III. WHOLE HEALTH ACTION MANAGEMENT (WHAM)

Linda Paeglis, Health Education Consultant presented the *Whole Health Action Management (WHAM) Report*. The following was noted:

- WHAM is going to be offered by SCCMHA to kids in Transition Age Youth (TAY) department
- Focused on creating new habits and not just stopping unhealthy ones
- Training Support and endorsement for this EBP comes from the National Council on Behavioral Health
- Health Education Consultant (Linda's Background)
- Overview of WHAM
- Whole Health Self-Management Skills
- Whole Health and Resiliency Factors
- WHAM Program Part One and Two
- Requirements to Join
- 5 Keys to Success

The Committee was able to ask questions / make comment. See document for details.

Motion made by Lisa Sawyer and supported by Deb Nagel to receive and file the *Whole Health Action Management (WHAM) Report* as presented. Motion Carried.

# IV. OBRA 101 / PASARR FROM MDHHS CONTRACT

Michelle Vance, Supervisor of Enhanced Health Services and Natasha Garchow, OBRA Coordinator Presented on OBRA 101 / PASSAR from MDHHS Contract. The following was noted:

- What is OBRA?
- OBRA / PASARR
- Screening and Evaluation types
- Level II Evaluation
- Determination Letter / Level II Evaluation
- OBRA/PASARR Services
- Making a referral
- OBRA PASARR Training
- OBRA Contacts for Natasha and Michelle
- References

The Committee was able to ask questions / make comment. See document for details.

Motion made by Vicki Mikolajski and supported by Deb Nagel to receive and file the OBRA 101 / PASARR from MDHHS Contract Report as presented. Motion Carried.

# V. CERTIFIED COMMUNITY BEHAVIORAL HEALTH CLINICS (CCBHC) ADVISORY COUNCIL UPDATE

Colleen Sproul, Director of Health Home, Integrated Care and Care Management presented an Orientation to CCBHC and Transitional Plan of Transformation. The following was noted:

Implementation Process – Success and Things Yet to do

- Target is to enroll 200 individuals in CCBHC
- Implementation Team has met 5 times

- Team Based Care with consumers as the center of care / services
- Expansion of services to mild / moderate population
- Outpatient therapy in house
- Focusing on developing / expanding peer services being provided
- Updating Procedures and Job Description for CCBHC
- Forecasting for CCBHC FY 2022 Challenges and Opportunities
- Expanding access by widening our door
- State of Michigan will be rolling out demonstration CCBHC (SCCMHA was made eligible for this also)
- currently 18 CCBHC sites and 14 will likely be selected

Motion made by Vicki Mikolajski and supported by Lisa Sawyer to receive and file the Quarterly CCBHC Advisory Body Report as presented. Motion Carried.

#### VI. NEW BUSINESS

# A. MSHN Citizen's Advisory Council Update

There was not a MSHN CAC meeting in January 2021.

# **B. Future CAC Agenda Items**

If the CAC has any other subjects they would like to see covered they are encouraged to send their ideas to Ryan. Recommendations as of today's meeting include:

- MUTT Update
- CHAP
- CMU Co-Location Project
- Transition Aged Youth TAY Program
- School-based Mental Health
- Client Health Self-Management Project
- STARS Rides for Wellness

#### VII. OLD BUSINESS

# A. Attendance Log

The Attendance Log was reviewed by the Citizens Advisory Committee.

Motion by Vicki Mikolajski and supported by Lisa Sawyer to approve the Attendance Log. Motion carried.

# B. Membership

The Membership Log was reviewed by the Citizens Advisory Committee. It was noted there are still CAC vacancies:

# 1. Community

Sandy and Collen noted that they still would like to recruit an individual or a parent of a child with SED, Primary SUD diagnosis. This is still a work in progress though.

Motion by Vicki Mikolajski and supported by Tracey Roat to approve the Membership Log. Motion carried.

#### VIII. CEO REPORT – SANDRA LINDSEY

# **COVID- 19 Operations Update**

# A. Community Ties North and South

Community Ties North and Community Ties South, our long-standing Board Operated Group Day Programs for adults with Intellectual and Developmental Disabilities has moved to Phase II re-opening of their new telehealth activity program. Last week each program recalled two staff to expand consumer participation access for the virtual day program activities. This will allow for the additional participation of 39 consumers for a total of 54 at CTN and an additional 20 consumers at CTS for a total of 32.

# B. KN-95 Mask Distribution to Saginaw Licensed AFCs

SCCMHA Distributed 95% of the 448 cases of KN-95 masks from the MDHHS Stockpile for distribution to all 139 licensed Adult Foster Care homes in Saginaw County. The remaining 5 % have been delayed because of bad contact information provided by the State which we are working through to complete distribution.

# C. Genoa Pharmacy Added to Federal Pharmacy Partnership Program

We were happy to learn a couple of weeks ago that Genoa Pharmacy, the specialty pharmacy that we work with located at the Hancock Building has been added to the federal vaccination contract called the Pharmacy Partnership. The Pharmacy Partnership is the program that is providing vaccinations to Long Term Care Facilities and Adult Foster care Homes staff and residents alike. Originally the pharmacies in the partnership only included CVS and Walgreens but implementation of the vaccination program has been very slow. All of the AFCs in the state were matched to one of these companies a month ago. The addition of Genoa to the program is a good one because Genoa does so much work with our consumers and understand their unique needs. Genoa is not only a full-service pharmacy at Hancock that has remained open over all the months of the pandemic but they also do special packaging of medication and direct delivery to a high percentage of the AFC we have under contract. They also provide our Med-Drop Program to consumers living independently and this program has also remined open over the pandemic. Genoa like all vaccination administrative efforts will too be challenge by supply chain problems with vaccine availability but having them in the mix we believe will be greatly helpful in moving access to vaccinations forward for these very vulnerable consumers.

We did learn today though that in the event Genoa has any left-over doses daily in their AFC vaccination efforts that we can maintain a staff waitlist with them and if folks can get to Hancock in 30 with 30 minutes notice that they can receive the left-over vaccine doses that may be available.

#### D. Staff Testing Positive for COVID

The number of staff members testing positive for COVID remains low. There were 3 staff members that tested positive in January out of 295 total staff and so far in February, no staff have had positive tests. Unprotected exposures did not occur at the worksite.

# E. Staff Vaccination Update

The 144 SCCMHA staff that received their first dose of the Moderna vaccine in January as IA priority health care workers, will receive their send dose from the Great Lakes Bay Health Clinic (GLBHC) at their drive through operation at the Gamaz Center next week on February 18 & 19. We are also awaiting word on the availability of vaccine for the additional 10 staff on our waiting list to get appointments with GLBHC.

Covenant Hospital continues to make the Pfizer vaccine available to our Crisis Department staff that work in the Emergency Care Center at the main hospital. To date 22 SCCMHA staff have participated and received both doses.

# F. Consumers Testing Positive for COVID

The new known test positive consumers for COIVID -19 also remains low by our best estimates, even for consumers living in AFC congregate setting where the highest rates of infection were occurring. We even experienced a 10-day period where no new infections were reported. 135 calls were made by nurses and medical assistants in the month of January to the 74 AFC homes and specialized residential settings under contract to inquire about consumer infections.

# G. Provider Stabilization and Direct Care Staff Wage Premium Pay

Provider Stabilization Financial Support:

MDHHS and MSHN have determined that Provider stabilization payments will continue through the balance of this fiscal year. Because COVID-19 has limited fee for service network billing, provider stabilization dollars are year-end payments to contracted providers for lost revenue net of any federal COIVD support providers may have received this year. It also allows us to reimburse providers for PPE purchases, staff over time and in the most urgent situations allows asymptomatic test positive group home staff to stay on the job during the AFC staffing shortage, by purchasing motel/hotel rooms for them to protect their families.

In 2020 the Provider Stabilization process provided SCCMHA Network providers with \$849,090 in stabilization and unusual expenses as follows:

\$649,680 of additional reimbursement for lost billing opportunities (formula)

\$199,410 for Network PPE and Labor Over Time Costs (of the amount, \$159,892 was from Medicaid and \$39,518 from the State of Michigan COVID Grant)

Note: Additionally, the SCCMHA Board Operated Programs and Clinics also incurred \$72,749 of COVID related costs for PPE, signage, construction of the Injection Hut outside the Hancock Building etc. was funded by our State of Michigan COVID Grant.

Premium Pay for Direct Care Staff:

MSHN has responded to the 12 CMHSP partners request for the extension of the \$2.00/hr. Direct Care Wage (DCW) COVID Premium Pay Increase to extend through June 30<sup>th</sup> utilizing MSHN Medicaid Savings to cover the cost. Meanwhile, MDHHS and the MI Legislature have extended the premium pay new funding until just February 28<sup>th</sup>. However, the planned state budget supplemental and potential new federal COVID Rescue Bill is likely to also bring new federal dollars to the state to extend new dollars to continue to support DCW premium pay further into the year. Lansing insiders, believe there is likely to be a legislative support to extend premium pay through all of 2021.

# H. In Person Care and Service at SCCMHA Buildings in January

The following table represents the numbers of consumer visitors to the SCCMHA buildings for treatment and support services. The SCCMHA treatment and service staff are for the most part using telephone and telehealth modalities from their offices to deliver care and treatment. In-person services at our buildings are for urgent care and treatment, injectable medication administration, psychiatric evaluation, lab, pharmacy and primary care visits. The visit totals are in **bold font** and the Hancock Building has the highest volume of scheduled and non-scheduled walk in visits.

Another reason for consumers visiting Hancock are those coming in to connect virtually from Hancock to the Saginaw Probate Court for involuntary hearings. The set up at Hancock is that the treating psychiatrist which will often give testimony is in one office using our virtual computer platform and the consumer and their case manager are in a separate office, socially distanced, and then all of them connect virtually to the Saginaw Probate Court. These appointments could not be easily counted as discrete visits in our data as there is almost always a sequential psychiatric visit, or lab or pharmacy visit after or before the hearing while the consumer is in the building. Therefore, court hearings are included in the "Provider" line in the table below.

The Provider line is a count of all consumers coming in for medication appointments with psychiatry and nursing support. SCCMHA gave 140 injections of psychotropic medications in January that are given generally every three months and these appointments are included in the 212 Provider line count as well. Hancock is simply a one stop shop for multiple services and an efficient arrangement during this pandemic.

The Genoa Pharmacy traffic of visitors to Hancock Building are actually higher than expressed in the table, because many consumers (about one third) picking up prescriptions, are using Genoa's curb side pick-up and never actually come into the Hancock Building. Consumers or their families, call the pharmacy one they arrive at the building in the designated Genoa pick parking spaces and prescriptions are delivered to

them in their car outside the building. The Hancock Building and Genoa have never closed since the onset of COVID in March of 2020.

The staff and group home training through the SCCMHA Continuing Education Department located at the Albert and Wood Center, has largely gone virtual since the start of the pandemic. The exception is the urgent need for in person mask to mask direct care staff training in CPR and Medication Administration training. There is also a group of direct care staff that do not have technology at home to connect to training virtually and so we are providing it in person to this group. It is these urgent in person classes that are counted in the Training line in the A & W numbers at the end of the table.

		Hancock			
		January			
	Week 1	Week 2	Week 3	Week 4	TOTALS
					36
Intake	7	6	12	11	
Crisis	8	11	11	9	39
Case Management	33	25	20	32	110
Injections (Health Home)	38	43	37	22	140
Great Lakes Bay Health	42	29	33	12	116
Labs	1	11	6	5	23
Genoa	28	38	29	35	130
Provider (Health Home)	51	49	57	55	212
TOTALS	208	212	205	181	806
	E	ay Road			
	~~	January			
	Week 1	Week 2	Week 3	Week 4	
Case Management	7	17	9	15	48
Therapy	30	30	20	27	107
TOTALS	37	47	29	42	155
		owerline			
		January			 
	Week 1	Week 2	Week 3	Week 4	
Case Management	1	2	0	3	6
Therapy	0	1	0	4	5
TOTALS	1	3	0	7	11
	.]	A&W			
		January			
	Week 1	Week 2	Week 3	Week 4	49
Training	10	6	28	5	45
TOTALS	10	6	28	5	49

# I. SCCMHA Welcomes New Veteran's Navigator

We learned well over a year ago that MDHHS wanted fund SCCMHA to hire a Veteran's Navigator to serve veterans and their families in the Tri-County Area (Saginaw / Bay and Midland Counties). We were just getting ready to work on the contact for the funding when COVID hit and the involved MDHHS staff were delayed in moving the funding and grant process forward. This matter was taken up again around Thanksgiving and the new position established here at SCCMHA, posted and recruitment begin, somewhat interrupted by the Christmas and New Year holidays.

I am pleased to announce that Donald Leslie was hired to fill the position and joined our staff this month. He will be reporting to Melissa Sweet the Supervisor of Central Access and Intake at the Hancock Building. Mr. Leslie is a veteran from the US Army and served as a Human Intelligence Collector and was deployed and served in Iraq and also in Korea. He will be serving not just veterans and their families in the area but will also be coordinating with similar navigators across the state in the program *Walking with Warriors*. The following is a link to a video about what Veteran's Navigators are doing across the state from the Veteran's Liaison at MDHHS, Brian Webb.

#### IX. OTHER INFORMATION

# X. ADJOURNMENT

Motion by Joan Williams and supported by Deb Nagel to adjourn the meeting at 7:41. Motion carried.