

**SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY
REGULAR MONTHLY BOARD MEETING MINUTES
JUNE 14, 2021 – 5:15 PM**

*Due to the COVID-19 Public Health Emergency this Board Meeting
was held virtually by Zoom conference.*

PRESENT: Jill Armentrout, Mike Cierzniewski, Tracey Raquepaw, Andrea Schrems, Robert Woods, Jane Sills, Larry Jones, Leola Wilson, Commissioner Cym Winiecke

ABSENT: Jordan Wise, Steve Fresorger, John Pugh

GUESTS:

STAFF: Sandra Lindsey, Ryan Mulder

I. CALL TO ORDER

Tracey Raquepaw, Chair called the meeting to order at 5:18 p.m. A quorum was established and verification of posting was determined.

II. PUBLIC PARTICIPATION

There was no public participation.

III. SWEARING IN OF NEW BOARD MEMBER – Comm. Cynthia Winiecke

Cym Winiecke was sworn in as SCCMHA Board member. Here signed Oath of Office was included in tonight's packet as well.

IV. APPROVAL OF BOARD MINUTES

A. Board Meeting – May 10, 2021

Motion made by Mike Cierzniewski and supported by Robert Woods to approve the May 10, 2021 SCCMHA Board Meeting minutes. Motion carried.

V. APPROVAL OF COMMITTEE REPORTS

A. Recipient Rights Committee – May 19, 2021
Robert Woods, Chair – *Vacancy*, Vice Chair
Reported by Robert Woods.

Motion made by Robert Woods and supported by Larry Jones to receive & file this report with edits. Motion carried.

B. Governance Committee – No Meeting
Vacancy, Chair – Tracey Raquepaw, Vice Chair

C. Ends Committee – May 24, 2021
Jill Armentrout, Chair – Tracey Raquepaw, Vice Chair
Reported by Jill Armentrout.

Motion made by Jill Armentrout and supported by Mike Cierzniewski to receive & file this report as written. Motion carried.

- D. Executive Limitations – May 26, 2021
Andrea Schrems, Chair – John Pugh, Vice Chair
Reported by Andrea Schrems.

Motion made by Andrea Schrems and supported by Leola Wilson to receive & file this report with edits. Motion carried.

VI. CEO REPORT

Update on SCCMHA Climate Assessment on Diversity, Equity and Inclusion

Sandy gave a brief overview of the upcoming SCCMHA Climate Assessment on Diversity, Equity and Inclusion program being led by Dr. Paul Elam.

- Staff Focus Groups that will begin next month as part of organizational climate assessment
- See pages 73-74 in tonight's packet for a draft letter to staff going out later this week.

There was a question about updates being presented to SCCMHA Board members on progress. Sandy is hopeful that there will be an update at either the August / September Board meeting or committee meeting cycle (i.e. Report on Focus Groups). She also stated that there will be a more formal report where Dr. Elam will bring recommended changes for SCCMHA to consider as well (timeframe of Jan / Feb. 2022).

New Info from MDHHS Since 5-10-21 SCCMHA Board Meeting

Update and S. Lindsey Notes from MDHHS-PIHP-CMHSP Special Mtg with Dir. Elizabeth Hertel
Re: System Design and MDHHS Reaction/Input to Legislative Proposals

May 13, 2021

Meeting Content from Director Elizabeth Hertel:

- Purpose of the Meeting: Make sure everyone understands where the department is and where their focus is.
- Hertel Interpretation of the two legislative proposals for public behavioral transformation/integration –
 - Both are funding change proposals –
 - Senate - Looks similar to things that the Department has addressed previously via combining Medicaid services and incorporating into Medicaid Health Plans OR creating a new Specialty Integrated Plan that would be separate and allow for others to bid on services for that population
 - One Social Welfare Act change bill from the Senate - so far - there will be four bills total - MDHHS has seen as much as the field has seen: one white paper and one legislation draft
 - House - Rep Whiteford
 - Looks quite different than Senate - does away with the managed care model for MH - creates an entirely FFS system managed by an ASO - similar to what a self-funded health plan (i.e., "like GM") that uses a Blue Cross as Third-Party Administrator. (or like SCCMHAs self-funded employee health benefit)
 - Puts the responsibility back on the department to manage care
 - Fee for Service downstream to providers
 - Based on Connecticut Model

- MD HHS has not been involved in the development of either one of these plans – Rep Whiteford has not invited MDHHS into a dialog - only a courtesy call.
- Internally, MDHHS is focused in a different space: Important to me, Al Jansen, BHIDD Dir. and the MDHHS team – to look at service provision and identify gaps/bottlenecks/challenges especially around access to services - much focus on children right now due to the KB lawsuit; coordination between BHDDA, MSA, Children's Services Agency - developing a plan to ensure that the needs of children are addressed regardless of their portal of entry. Ensure continuum of services available to meet the needs
 - Primary challenges over the last few years for hospitals has been ER Boarding - due to unavailability of appropriate placements - also an area of focus.
 - Focus is on better support and invest in a continuum of services and infrastructure that would enhance access - talking about expanding capacity of service provision across the state (beyond what we have now)
 - Feels like if you have a BH dx/issue, difficult to make connections on mild/moderate side, then get to the point of being acute - this is the focus of system improvements for MDHHS - expand more community residential options to help prevent inpatient/step-down from inpatient - trying to reduce amount of time people spend in inpatient. Inability to discharge is also a factor (throughout).
- Three opportunities right now that we should be looking to take advantage of:
 - 14-15 months of COVID - raised to the surface - and people seem to be more willing to discuss - is to reduce stigma associated with BH issues - pandemic/isolation and lifestyle changes has brought forward a lot of mental health concerns among the entire population (especially youth) - recognition that BH is a problem and becoming more "normalized" to talk about MH
 - KB Lawsuit - helps to give some structure and timelines that need to be met in order to be compliant and ensure working with plaintiffs in a way that is sincere and purposeful re: goals/outcomes
 - Federal influx of money from the American Rescue Plan - can use these funds for investment and to build infrastructure to better support the system and expand capacity.
 - MDHHS focused on these three opportunities whilst following conversations in the Senate and House - but not where MDHHS time or energy is focused at this point -want to solve the problems just discussed and focus/ leverage gap closing and infrastructure improvements. Right now, neutral on both proposals and will focus on the items discussed above.
 - Appreciate ideas from the field on how.to pursue/achieve/leverage the three opportunities - and build the system to improve.
- Q&A
 - CCBHC is another opportunity not mentioned - can address a lot of the concerns that Dir. Hertel mentioned - R: lucky to have Sen Stabenow. CCBHC is an access model that MDHHS is incorporating under the new federal funding to expand access and capacity.
 - CCBHC can address all Michigan residents, not just Medicaid, etc. – MDHHS recognizes this as a transformation that could
 - Sheehan: Applaud -focus on access and quality; some recommendations to share that fit in this paradigm
 - Conklin: KB lawsuit influenced system changes being rumored could deconstruct our system, especially at the local level where most of the collaboration takes place.

- Doeh: Workforce (clinicians) - keep in mind how to address adequate capacity in the workforce - everything is on the table - scope of practice discussion - open to this - look at all opportunities that are available.
- Opioid Health Homes/Behavioral Health Homes - Mild/Mod expansion - Sheehan: support these as they too support department goals to expand access, improve capacity, outcomes.

S. Lindsey's take away from the meeting besides Dir. Hertel confirming the understood changes reflected in each proposed plan and the position of MDHHS and by implication the Governor.

- MDHHS has not been consulted at all for either proposal.
- Publicly neutral to either proposal.
- Their focus is on improvements to the PIHP/CMHSP system and COVID planning for the related mental health crisis coming to all Michiganders no matter the health care payer.
- Implied that there is no political advantage to weighing in at this time, likely waiting to see how customers, advocates and stakeholder of the PIHP/CMHSP system react to the proposals.

CMHA Convened Meeting of Next Meeting of State-wide PIHP and CMHSP CEOs - May 19, 2021

Community Mental Health Association of Michigan
Discussion of proposals by Senator Shirkey and Representative Whiteford
May 19, 2021

1. Review of purpose of meeting:

- A. To provide an opportunity to review changes, if any, to the initial set of Shirkey and Whiteford proposals
- B. To review and refine, via guidance, from CEOs, CMHA's advocacy work around these proposals.

2. Advocacy approach: As is true with all legislative and executive branch proposals, the advocacy approach used by CMHA, around proposed legislation, is based on several factors:

- A. Whether the bill sponsor is open to dialogue, negotiation, and revision in advance of the bill/bills being introduced and, once introduced, as the bill moves through committee and across the two houses
- B. How significantly the early drafts and concepts and bills, as introduced, align with or diverge from CMHA positions.

3. Proposal by Senator Shirkey

A. Key concerns: Privatization of management of the system, elimination of PIHPs and their unique public safety net role, damage to roles of CMHs as central system organizer and network manager, loss of social safety net (Review of CMHA talking points document)

B. Advocacy to date:

Context: When it became clear that the most egregious segments of Senator Shirkey's proposal would not be changed to reflect the recommendations of CMHA nor the state's leading advocacy groups, CMHA developed talking points and issued an Action Alert related to Senator Shirkey's proposal that reflected the views of CMHA (based on the official positions of CMHA), its members, and the state's leading advocacy groups.

- Submission of recommended changes to Senator Shirkey and continued communication, with the Senator's office, of strong opposition to proposal
- Joint advocacy with leading statewide advocacy groups (advocates sent joint letter in opposition)
- Action Alert: 1788 contacts made by 523 persons to over 140 state legislators and governor.
- Media campaign: Detroit News, WXYZ
- Discussions with Senator Stabenow and her staff regarding the Senator sharing concern over Senator Shirkey bill's harm to Michigan's CCBHC work.
- Partnering with Michigan Association of Counties (MAC) to:
 - encourage county commissions to pass resolutions, provided model resolution.
 - identify benefits of public mental health system to county residents.
- Video testimonials from persons served on value of public system – CMHA recording them and posting on social media.
- Infographics to underscore advancements implemented by public system: CCBHC, BHH & OHH (soon to be completed); overview of innovative work done by system to address gaps and advance system (soon to be completed)
- Developing alternative system advancement package – building on strengths of system and outlining “real” needs as seen by Michiganders including: lack of full array of mental health services and supports for persons with commercial insurance; lack of access to care for Medicaid beneficiaries with mild-to-moderate needs; lack of inpatient psychiatric services.

C. Views and role of allies: Advocacy organizations, MAC strongly in opposition to proposal.

D. Next steps in advocacy efforts:

- Continuation of current advocacy
- Focused advocacy by CEOs in communities of key legislators - underscoring advancements implemented by public system and damage that Shirkey proposal will do to these advancements.
- Action Alert fostering action by broad set of constituents - underscoring advancements implemented by public system.
- Work with Governor's office to underscore concerns about proposal and need to support innovative efforts of system.

4. Proposal by Representative Whiteford

A. Key concerns: Elimination of PIHPs and their unique public safety net role; damage to roles of CMHs as central system organizer and network manager; movement from capitation to fee-for-service system

B. Advocacy to date:

Context: CMHA and the state's leading advocacy groups are in discussions with Representative Whiteford and her staff, around the Representative's proposals. If and when it becomes clear that this dialogue with Representative Whiteford will not remove the most egregious components of Representative Whiteford's proposed legislation, CMHA will issue talking points and, if needed, action alerts centered around those components.

- Provided recommendations to Rep. Whiteford to address concerns in both bills
- Continuing in dialogue with Whiteford's office to determine evolution of bill draft.
- Working with leading statewide advocacy groups to identify concerns.

C. Views and role of allies: State's leading advocacy groups support some components of Whiteford proposal.

D. Next steps in advocacy efforts:

- Tracking revisions to draft bills.
- Based on the content of revised bills, the advocacy actions used in Shirkey-related effort would be implemented

CMHA Meeting with PIHP and CMHSP CEOs June 8, 2021

1. Review of proposals and advocacy to date was reviewed.
2. R. Sheehan of CMHS supported by CEO attendees, reviewed the false depiction of the system as manifest in the inaccurate data from the Medicaid Health Plan Association presented at House Health Policy Public Hearing last week.
3. MDHHS has still not gone public with their reaction to the House or Senate proposal. Lots of concern about the Governor trading the system with the legislature to get what she wants in other areas of the State Budget.

Take Away Message:

- a. Despite request for dialogue on both proposals nothing has been changed. So much for playing nice.
- b. The requests for dialogue on both proposals was made in good faith with nothing in return.
- c. Advocacy against both proposals needs to intensify and at a minimum slow this process down and try to move it outside the FY 2022 State Budget Boiler Plate provisions.
- d. Besides the proposals being bad for the system and consumers and families served by it, it is going to be bad for Michigan's 86 counties.

Motion made by Robert Woods and supported by Larry Jones to receive & file this report as written. Motion carried.

VII. BOARD ACTION

A. Report from Nominating Committee / Election of Officers

The Nominating Committee of Larry Jones, Jill Armentrout, Jane Sills announced the following nominations: Tracey Raquepaw as Chair, Andrea Schrems as Vice-Chair, and Steve Fresorger as Secretary. Tracey and Andrea are interested in serving another term as chair and vice-chair respectively. However, the committee has not been successful in connecting with Steve about his interest in another terms as Board Secretary. After some discussion it was determined that the election would be best handled after Steve could be reached.

Motion by Robert Woods and supported by Larry Jones to table the Report from Nominating Committee / Election of Officers until July 12 Board meeting. Motion carried.

B. Board Endorsement of Organizational Climate Assessment on Diversity, Equity and Inclusion Project

Motion made by Larry Jones and supported by Robert Woods to endorse the Organizational Climate Assessment on Diversity, Equity and Inclusion Project as presented at tonight's meeting. Motion carried.

C. SCCMHA Conflict of Interest Policy, Disclosure and Attestation Discussion

Ryan noted that the Conflict of Interest Policy, Disclosure and Attestation form was included in tonight's packet needs to be completed annually by SCCMHA Board members. Ryan included hard copy versions in the packet of information mailed for tonight's meeting and are to be completed and returned to Ryan Mulder for filing. Tracey Raquepaw, Board chair encouraged the Board to make every effort to return signed documents as soon as possible.

D. Approval of SCCMHA Board of Directors Policies

Motion made by Leola Wilson and supported by Cym Winiecke to approve the above SCCMHA Board of Director Policy Revisions. Motion carried.

VIII. BOARD INFORMATION

- A. CMHA Weekly Update – 05/07/21 link:** <https://cmham.org/wp-content/uploads/2021/05/Weekly-Update-5.7.21.pdf>
- B. CMHA Weekly Update – 05/14/21 link:** <https://cmham.org/wp-content/uploads/2021/05/Weekly-Update-5.14.21.pdf>
- C. CMHA Weekly Update – 05/21/21 link:** <https://cmham.org/wp-content/uploads/2021/05/Weekly-Update-5.21.21-2.pdf>
- D. CMHA Weekly Update – 05/28/21 link:** <https://cmham.org/wp-content/uploads/2021/05/Weekly-Update-5.28.21.pdf>
- E. Letter from C. Ruth re: C. Winiecke appointment to SCCMHA Board – 05/21/21**

IX. MEDIA / PUBLICATIONS

X. OTHER ITEMS OF INTEREST

Sandy reported that SCCMHA purchased advertising in NBC-25 Job Fair show coming up in June. We've had a lot of staff changes and vacancies. Specifically targeting positions in areas of Custodial, Mental Health Aids, Transportation, and Behavioral Health Professionals (both bachelors and master's level). Sandy fears that the AFC system is starting to fail in some parts of the state as the lack of available staff is becoming a critical concern.—To date here in Saginaw there have been some challenges as well (Saginaw Meadows CRU in particular) but so far we are hanging on. Things are tense across the system though.

MSHN is having conversations with CEOs about staff recognition monetarily across the region with so much budget favorability in the region. Anything we can do to reward folks would be a really good thing.

Boarding continues at Covenant Emergency Department (11 people over the last weekend) due to the lack on inpatient psychiatric beds.

Public Hearing on Strategic Priorities and FY 22 Budget to be held at the end of FY 21, no firm date yet however.

XI. ADJOURNMENT

Motion by Robert Woods and supported by Cym Winiecke to adjourn this meeting at 6:39 pm. Motion carried.

**Minutes prepared by:
Ryan Mulder
Executive Assistant to CEO**