

**SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY
REGULAR MONTHLY BOARD MEETING MINUTES
MARCH 8, 2021**

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

PRESENT: Jill Armentrout, Mike Cierzniewski, Tracey Raquepaw, Andrea Schrems, Robert Woods, Jane Sills, Kathy Dwan, Steve Fresorger, Larry Jones, Leola Wilson, Jordan Wise

ABSENT: John Pugh

GUESTS:

STAFF: Sandra Lindsey, Ryan Mulder

I. CALL TO ORDER

Tracey Raquepaw, Chair called the meeting to order at 5:01 p.m. A quorum was established and verification of posting was determined.

II. PUBLIC PARTICIPATION

There was no public participation.

III. APPROVAL OF BOARD MINUTES

A. Board Meeting – February 8, 2021

Motion made by Leola Wilson and supported by Robert Woods to approve the February 8, 2021 SCCMHA Board Meeting minutes. Motion carried.

IV. APPROVAL OF COMMITTEE REPORTS

A. Recipient Rights Committee – No Meeting
Robert Woods, Chair – *Vacancy*, Vice Chair

B. Governance Committee – February 18, 2021
Vacancy, Chair – Tracey Raquepaw, Vice Chair
Reported by Tracey Raquepaw.

Motion made by Tracey Raquepaw and supported by Leola Wilson to receive & file this report as written. Motion carried.

C. Ends Committee – February 22, 2021
Jill Armentrout, Chair – Tracey Raquepaw, Vice Chair
Reported by Tracey Raquepaw.

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

D. Executive Limitations – February 24, 2021
Andrea Schrems, Chair – John Pugh, Vice Chair
Reported by Andrea Schrems.

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

V. CEO REPORT (The following represents the outline from which Sandy gave her report for 02/08/21)

CEO Report to SCCMHA Board of Directors from March 8, 2021

COVID Related Business

Passing of Sharon Sears, Behavioral Health Executive at HealthSource Saginaw

Sadly this news was shared with Sandy this morning by Nancy Johnson. Sandy wanted the SCCMHA Board to be aware.

Psychiatric Inpatient Bed Shortage Crisis Continues

The crisis of inadequate inpatient psychiatric bed capacity continues across the state and locally. There was significant activity on social media and other media responding to the story of a family that could not get an inpatient admission for their son who posted their story on social media via a YouTube video. The father gave testimony at the MI House Appropriations Committee last week about his family's story and asked the legislature to fix the "broken mental health system" in our state. The family was from Isabella County and the son was boarding for 10 days at the Mid- Michigan Hospital ED, before CMH for Central MI became involved as the family insurance was BCBS Primary. The son eventually was placed into a Crisis Residential Home for Youth in the Lansing area as there candidly are no open beds anywhere. Honestly, this story could have just as easily been told by a Saginaw Family. There is simply inadequate inpatient psychiatric capacity in our state. This was true before COVID and during this pandemic the bed capacity locally and state wide has shrunk even further as demand for this level of care has increased.

It is important to realize that competition for bed access is occurring across payers including commercial third-party payers, Medicare, and CMHSPs that are managing access for Medicaid, Healthy MI and the uninsured.

Reasons for Bed Shortages Pre-Pandemic:

- Medical Shortages State Wide/ Some Regions worse than Others: too few psychiatrists statewide, too few psychiatric nurses, too few MSWs

- Inpatient Beds are not a money maker for health systems

Reasons for Bed Shortages During Pandemic:

- Social Distancing inside psychiatric units forced bed reductions as patient rooms that formerly served 2 patients could only serve 1

- Workforce shortages across hospital functions, not just treatment staff but support staff as well; as inpatient staff became ill with COVID or exposed and sent home to quarantine or took FMLA to care for family members or educate minor aged children at home

-Exodus of health care workforce – professional inpatient staff just leaving for other settings or career changes, early retirements and other life choices

- Further complicating admissions are COVID positive patients. With the exception of Pine Rest in Grand Rapids, no psychiatric or SUD patients that are COVID positive are being admitted. Not surprisingly, the Pine Rest COVID unit of 8 beds is perpetually full. Kingswood Hospital did have a small COVID unit for youth but it is now closed.

-State Psychiatric Hospitals that have been dealing with their own COVID management are largely unavailable and the waiting lists are hundreds of persons long. Only the Forensic Center is open to limited admissions for transfers from jails of persons needing evaluation for competency.

Service Demand:

The presentation for inpatient care on balance looks very different currently than it did pre-pandemic. Persons with diagnosable conditions over the last year could not access therapy, and they lost access to psychiatric prescribers and medications for a host of reasons. Many have co-morbid Substance Use Disorders (SUD) and physical health conditions also not treated over the Stay at Home orders and beyond. This has resulted in those presenting in crisis for inpatient psychiatric admission, having very complex needs. Complexity of needs, mental health, chronic health conditions and SUD make medical clearance at the ED pre-admission extremely complex and time consuming and not all EDs and inpatient units use the same medical clearance protocols.

The social and family isolation of the pandemic, related job loss, reduced income, housing and food insecurity conditions for citizens previously without mental health or SUD conditions, has promoted a huge increase in depression, anxiety and other mental health and substance abuse conditions, domestic violence and suicide attempts through both overdose and other means. This is true not just for persons with these diagnoses' pre-pandemic, but for those now being newly diagnosed.

To give a feel for what we are experiencing locally through our Crisis Service and Hospital Pre-admission Screening as of last Friday morning 3-5-21, this was the demand for psychiatric inpatient admission. Below is a cut and paste from an email update sent to me and is regrettably typical from our Crisis Services Supervisor.

"This morning we have 12 individuals in holding patterns for admissions. 6 youth, 5 adults and 1 additional adult waiting for SUD intake. One new adult case that the police just brought in that we are petitioning for involuntary admission and another frequent open adult case that has been here several times this week for intoxication. Total of 14 persons in consult/pre-admission process."

It is also important to understand that our Crisis Service is seeing not just folks from Saginaw County but also those from anywhere else in the surrounding region that presents at Covenant or St. Mary's. CMHSP Crisis Service units across the state deal with anyone in crisis on a "where found" basis, similar to law enforcement responsibilities.

Highlights of other COVID Related Matters:

Direct Care Premium Pay Extension

Late last week the MI Legislature passed a 2021 Budget Supplemental Bill dealing with all things COVID. The most pressing matter of the continuation for the Direct Care Staff COVID Premium pay was extended through the rest of the year as we had hoped. The legislative extension also increased the Premium Pay to \$2.25/hour from \$2.00/hour.

Face to Face Service Contact Expectation Memo from MDHHS

MDHHS issued a directive this week that the return to face to face (mask to mask) in-person service is a consumer choice. Here in Saginaw we see this as a good move and we have been preparing to open to more and more in-person service.

Professional Staffing Shortage Challenges

Professional staffing shortages are being experienced everywhere and our network is no exception. We had urgent meetings last week to discuss clinical teams both in house and in the contracted network that were closed to new intakes. This is a very important utilization matter as if we cannot keep these doors open the demand will be at Crisis Services which is already overloaded as reported earlier in this report and at Central Access and Intake.

As of last Thursday, 4 of 7 clinical teams for children and youth were closed to new admissions and 9 of 13 clinical adult teams for adults were closed to new admissions. Remedies short and long term are underway.

Guardian Visits to AFC Homes

MDHHS issued new and relaxed guidance regarding family/guardian visitation to licensed Adult Foster Care homes. There however are a number of concerns that were not addressed in the guidance and questions were sent on Wednesday requesting clarification. Finding a balance between allowing visitors and keeping staff and residents safe is key. The guidance for example requires visitors to have proof that they tested negative for COVID 72 hours before the visit. It did not lend guidance to how those who wish to visit and have been vaccinated should be handled nor the need to still maintain social distancing and remain masked or any limitations on the duration of the visit.

Community Ties North and South Phase 3: Pilot Opening for In Person Services

Last month I reported that Community Ties North and Community Ties South, our two-day programs for adults with intellectual and developmental disabilities were both calling back staff from lay-off to expand telehealth day activity services to 54 consumers at North and 32 at South. This month the programs are planning for the reopening of in-person programming in April. The plan will call back additional program and transportation staff to pilot in-person services at both sites. The pilot is targeting 11 consumers at North and 13 consumers at South to return to on site day programming. Both sites are preparing for appropriate social distancing in building/classroom arrangements, retraining staff, planning for enhanced sanitation measures

and a host of related tasks. The consumers in Phase 3 are those living with parents of either advanced age or working parents that must get back to work. Phase 3 participants are those that do not need much assistance with activities of daily living (ADL) and will mask for the program day.

Restart Planning for Summer Respite Camps Commencing

SCCMHA is also working to restart planning for day and overnight respite camping services this summer. We had lots of very disappointed families and consumers last summer when camp experiences had to be cancelled last summer. We are recalling back to work our seasonal respite camp planning staff and will be talking soon to our many wonderful camp partners that are planning to re-open to daytime, week-end and week-long summer overnight camping experiences in the region.

We typically start planning for summer respite camps in December but as we have now been informed that camps are slowly planning on summer re-openings, we will do our best to provide all of the opportunities we can possibly arrange.

Respite is a covered service in the specialty Medicaid benefit managed by CMHSPs across the state and its purpose is to give family care givers a break from the care and supervision of their disabled family member. Research on respite has revealed that this service is critical to postponement of the need for residential placement of disabled family members.

Employee COVID Infections Remain Low

As of this report, we have had no staff test positive since January. Approximately 60% of our staff are vaccinated.

Consumer Rates of Infection Remain Low in AFCs

The pace of new consumer COVID infections continue to be reducing. In the last 5 weeks there have been 17 consumers that have tested positive. This rate of infection for the approximate 160 consumers living in our 26 contracted specialized AFC homes located inside Saginaw County was much higher during the surges of the pandemic. The congregate nature of these settings and the fact that so many of these consumers cannot or will not mask, is the reason for the infection rates across the months of the pandemic.

Federal COVID Emergency Grant Funding via MDHHS Extended

We recently learned that there will be a time extension for the federally funded via MDHHS COVID 19 Grant for Mental Health and Substance Use Disorder. The grant, which was scheduled to sunset on August 19th 2021 has now been extended through May 31, 2022. This means that SCCMHA services related to the impact of COVID 19, especially targeted at adult and child/family consumers and Health Care Workers, will continue.

Regular/General Business Highlights

Expansion of Mobile Response and Stabilization Services Expanding to 24/7 Services and Adding Adults to Service Eligibility

The SCCMHA clinical leadership has planning underway to rename the current Mobile Urgent Treatment Team to Mobile Response and Stabilization Services. In addition, the service will move to 24/7 operations and serve adults as well as children and Youth. Four new mental health clinician positions are being created to cover the midnight shift with additional staffing enhancements for day time hours on Saturdays and Sundays. This unit will work closely with Central Access and Intake, Crisis Services and law enforcement. Building out the service is likely to take until the end of the fiscal year. Much more to come as planning and implementation gets underway.

NEW DECIPHER Grant

Last fall SCCMHA learned that a large federal research grant funded by the US Dept. of Health and Human Services was funded for a submission by a research partnership between the University of Michigan and John Hopkins Medical School called DECIPHeR. SCCMHA was invited at the time of the submission to be named as an implementation partner and we agreed. The grant was submitted quite a while ago and we assume decisions about awards to applicants was delayed due to COVID-19.

The US Dept. of Health and Human Service via the National Institute for Health was interested through this grant release titled: *Achieving Cardiovascular Health Equity in Community Health*, in funding research to address how to achieve cardiovascular health equity by optimizing implementation strategies for consumers of community mental health centers. DECIPHeR is the acronym title of the grant submission by the university partnership that stands for *Disparities Elimination through Coordinated Interventions to Prevent and Control Health Disease Risk*.

The planned 7-year research partnership is being led by Gail Daumit, MD from John Hopkins and Amy Kilbourne, PhD, MPH from the University of Michigan. The project research implementation strategies will be in partnership with 12 community mental health centers in Michigan and 12 in Maryland. In Michigan, SCCMHA will be one of these sites.

The benefit of participation to our organization and more importantly to those adults with serious mental illness that we serve, will be staff training in methods and strategies from experts in a modality called *IDEAL Goals*. *IDEAL Goals* combines two evidenced based practices: *Life Goals Collaborative Care* and *IDEAL*, which are based upon the Collaborative Care Model and are proven effective to address heart disease risk factors in persons with serious mental illness. The components include; mental and physical health self-management and lifestyle support, behavioral counseling for heart disease risk factors (e.g. tobacco cessation) and care management (e.g. for blood pressure management).

The first meeting with the researchers to begin planning was on March 2, 2021. Stay tuned.

Other Work in the Background/ More to Come

- Certified Community Behavioral Health Clinic (CCBHC) SAMHSA grant implementation is well underway. Enrollment target for year one which ends April 30th is enrollment of 178 Adults and 37 children. SCCMHA expects to meet or exceed these targets.
- SCCMHA 2021 Service Contracts are nearing completion and contract information and 2021 rates will be headed to Executive Limitations Committee review this month and full board approval consideration at the April meeting. Contract work this year has been burdened by significant coding changes for Evaluation and Management (E&M) codes and Community Living Services (CLS) service code changes and of course Premium Pay provisions for direct care staff.
- Expansion of Genoa Med-Drop Program to Children & Youth set to commence.
- Development of site-based respite programs for consumers with ASD on week-ends and afterschool hours is underway. The provider has been identified and families are being surveyed for their specific needs and interests in this service.
- Federal Communications Commission (FCC) Development of National Crisis Prevention Telephone Hotline at a new "988" telephone exchange is targeted to go live in the summer of 2022 and it will also absorb the existing federal Suicide Prevention Life Line Service. The new federal service will also require connections and coordination with the new MDHHS MiCAL crisis line service also under development and with local crisis call centers and services at CMHSPs.
- A New Standardized Costing Project for CMHSPs being implemented this year across the state is underway and must be ready by 10-1-21. The project is requiring standardized costing methodologies across all CMHSPs and larger contracted providers down to the service code level (encounter, 15-minute unit and per diems).
- The SCCMHA Key Informant Group on Race and Culture Disparities for Black and Indigenous People of Color (BIPOC), a group of 9 cross functional Black, Latinx and Native American staff have been meeting with myself and Kristie Wolbert to inform planning for ways to support staff of color in the agency, redesign racial and cultural competency continuing education, continue to grow a diverse workforce and address health disparities for BIPOC consumers.
- Coordination of Benefits/Primary Payer Rules Project for Dual Eligible Consumers (Medicare/Medicaid), a project developed by SCCMHA leadership to pitch policy changes to MDHHS in the coordination of benefits to clarify benefit boundaries, advocate for consumer provider choice and improved Medicaid benefit access and move away from current risk avoidance, and cost defaults to General Fund to "pay and chase" benefits coordination is moving forward.
- New Residential Home Development in Saginaw is underway. The goal is to contract with 3 new licensed 6 bed group homes to accommodate a return of consumers placed out of county/back to Saginaw County and at the same time address the fact that the settings where they currently reside out of County are not likely to meet Home and

Community Based Services Rule standards for Medicaid use by the deadline just recently extended to 2023next year. The expansion will also provide enhanced bed capacity for local placement demands.

Motion made by Robert Woods and supported by Leola Wilson to receive this CEO Report. Motion Carried.

VI. BOARD ACTION

A. Approval of 2020 Youth Services Satisfaction Survey Report

Motion made by Larry Jones and supported by Leola Wilson to approve 2020 Youth Services Satisfaction Survey Report. Motion Carried

B. Approval of 2020 Adult Consumer Satisfaction Survey Report

Motion made by Leola Wilson and supported by Steve Fresorger to approve 2020 Adult Consumer Satisfaction Survey Report. Motion Carried.

C. Approval of 2020 Provider Audit Performance Report

Motion made by Robert Woods and supported by Larry Jones to approve 2020 Provider Audit Performance Report. Motion Carried.

D. Approval of 2020 Event Verification Report

Motion made by Leola Wilson and supported by Robert Woods to approve 2020 Event Verification Report. Motion Carried.

E. Reappointment to Citizens Advisory Committee (Ann Finta, Eileen Vescio, Lisa Sawyer, Jim Nesbit)

Motion made by Robert Woods and supported by Jane Sills to Reappoint Ann Finta, Eileen Vescio, Lisa Sawyer and Jim Nesbit) to Citizens Advisory Committee. Motion Carried.

VII. BOARD INFORMATION

A. CMHA Weekly Update – 02/05/21 link: <https://cmham.org/wp-content/uploads/2021/02/Weekly-Update-2.5.21.pdf>

B. CMHA Weekly Update – 02/12/21 link: <https://cmham.org/wp-content/uploads/2021/02/Weekly-Update-2.12.21.pdf>

C. CMHA Weekly Update – 02/19/21 link: <https://cmham.org/wp-content/uploads/2021/02/Weekly-Update-2.19.21.pdf>

D. CMHA Weekly Update – 02/26/21 link: <https://cmham.org/wp-content/uploads/2021/02/Weekly-Update-2.26.21.pdf>

E. Letter to Comm. Ruth re: Recommended Board Appointments – 02/26/21

VIII. MEDIA / PUBLICATIONS

A. Press Release 'Free, Confidential Mental Health Support and Counseling for Healthcare Frontline Workers' – 01/12/21

B. Pres Release 'COVID-19 has increased the Demand for More Care. We are Responding with More Hours' – 02/09/21

C. Press Release 'HealthSource Board Announces New President & Chief Executive Officer' – 02/15/21

D. Child and Adolescent MH as a Result of COVID: A Michigan Perspective

IX. OTHER ITEMS OF INTEREST

A. Delayed Start Times for SCCMHA Board and/or Committee Meetings

Motion was made by Robert Woods and supported by Leola Wilson to begin start time for SCCMHA Board and Committee Meetings at 5:15 pm beginning in April 2021. Motion carried.

B. SCCMHA Board / Committee Meetings Beginning in April 2021

Ryan reported that SCCMHA will be able to continue to meet virtually until at least Wednesday, March 31st at 11:59 pm. At this month's Governance Committee Sandy asked the group to discuss how they would recommend the board proceed once we are able to return to in person meetings post COVID-19 pandemic public health emergency (whether in-person meetings should be held at Hancock or A&W and/or if we should move from AT&T Conference line to Zoom Conference). See page 91-92 in tonight's packet for schematic drawings of the three spaces being considered. Stay tuned for what is decided for April 2021 Board and committee meetings.

X. ADJOURNMENT

Motion by Robert Woods and supported by Jordan Wise to adjourn this meeting at 6:09 pm. Motion carried.

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