

ST. CLAIR COUNTY COMMUNITY MENTAL HEALTH AUTHORITY
3111 Electric Avenue
Port Huron, Michigan 48060

GROUP MEETING: SCC Community Mental Health Board
SUBJECT: Regular Meeting
PLACE: St. Clair County Community Mental Health
3111 Electric Avenue, Port Huron
DATE: December 12, 2023
TIME: 5:00 p.m.
PRESIDING: Julie Jowett-Lee, Vice Chairman

IN PERSON: L. Ames, D. Davey, A. Essian, J. Jowett-Lee, R. Mirabelli, M. Partipilo, E. Priemer,
N. Thomson, J. Totty
ABSENT: K. Schieweck, R. Johnson,
ALSO PRESENT: Guests Video Conference: None
Guests In Person: R. Kiehler
Staff In Person: T. Delor, K. Farr, K. Gallagher, D. Hayes, D. Johnson, M. Measel-
Morris, T. Pingitore, T. Wells (recording secretary)
Staff Video Conference: None

I. CALL TO ORDER

The meeting was called to order at 5:08 p.m. by Chairman Thompson.

II. CITIZENS WISHING TO ADDRESS THE BOARD

None.

III. AGENDA CHANGES

None.

IV. CONSENT AGENDA

- A. Presentation or Previous Meeting Minutes
- B. Presentation of Receipts / Disbursements and Electronic Transfers
- C. Presentation of Bills to be Paid
- D. Board Policies for Approval

It was moved by Mr. Essian, seconded by Ms. Ames to approve the consent agenda. **MOTION CARRIED.**

V. CLOSED SESSION

It was moved by Mr. Essian, seconded by Mr. Priemer to move into closed session at 5:10 p.m.
MOTION CARRIED.

It was moved by Ms. Partipilo, seconded by Mr. Essian to move out of closed session at 5:21 p.m.
MOTION CARRIED.

VI. ITEMS FOR ACTION

A. Personnel Committee Report: Chief Executive Officer Evaluation

The Personnel Committee met prior to tonight's meeting. The board was provided with a summary of Ms. Johnson's evaluation feedback.

It was moved by Mr. Essian, seconded by Ms. Jowett-Lee, to approve the evaluation of Ms. Deb Johnson, CEO. **MOTION CARRIED**

B. Contract Amendment, Debra Johnson, CEO

Consistent with the negotiated salary increase for AFSCME Local 1518, Chapter 20 members, Employee shall receive a 1% salary increase for 2024. Additionally, based upon the Employee's annual performance assessment, the board has supports a 3% Bonus Compensation. This results in an overall 4% salary increase for 2024.

It was moved by Mr. Essian, seconded by Ms. Jowett-Lee, to approve an overall 4% salary increase for Ms. Debra Johnson, CEO for 2024. **MOTION CARRIED**

C. MEND Contract

Ms. Measel-Morris presented the MEND Contract. The SCCCMH Leadership Team researched digital options to improve the patient intake process, and streamline services. Part of that research included a meeting with PCE that provides our current electronic health record, OASIS, to find out what options were available to us.

Additional software was reviewed, however due to the special customization of PCE, MEND was able to accommodate and further customize options suitable for our unique work flow. The idea behind Mend is to improve patient outcomes and show rates, expedite patient payments, increase engagement and offer a flexible, customizable tele-health platform for patients and staff.

They claim a 61% decrease in no-shows, 72% automated patient payment forms completed, 86% digital forms completed.

Contract cost (year one): \$154,962.20 (include \$27,000 one-time fee for implementation); annual charge: \$127,962.20

Life-size currant contract: \$52,000 (Mend replaces this telehealth solution for prescribers /clinicians and Zoom contract \$12,000 will be covered by Microsoft Teams for all staff).

Total first year: \$154,962.20 - \$64,000 (lifesize and zoom contract) = \$90,962.20 net cost.

Mend provides:

- Patient check in and digital intake forms (custom or standardized, can include clinical or administrative options) – sent to patient via text or email.
- Patient payment solutions and automated payment options.
- Patient text reminders (reducing our costs with PCE on a monthly basis)
- Custom tele-health services and platform (that also integrates with Eleos' chat bot – no extra charge) with customizable "waiting room."

It was moved by Ms. Partipilo, seconded by Ms. Davey, to approve the MEND Contract in the amount of \$154,962.20, as presented. **MOTION CARRIED.**

D. Board Calendar for 2024

The Board Calendar for 2024 was presented.

It was moved by Ms. Ames, seconded by Ms. Partipilo to approve the Board Calendar for 2024, as presented. **MOTION CARRIED.**

E. SCCCMH Strategic Plan

Ms. Johnson presented the finished St. Clair County Community Mental Health Strategic Plan. After board approval, the plan will be posted to the St. Clair County CMH Website. Ms. Johnson thanked all involved for the plans development. The board requested that quarterly updates be provided on the Strategic Plan.

It was moved by Ms. Ames, seconded by Ms. Partipilo, to approve the SCCCMMH Strategic Plan, as presented. **MOTION CARRIED.**

F. Office of Recipient Rights Annual Report

Ms. Delor presented the Office of Recipient Rights Annual Report. Section 330.1755(6) of the Mental Health Code states each CMHSP must submit to its Board of Directors an annual report detailing its current status of rights protection. After the Board of Directors approves the report, the CMHSP must submit the report to the Department by December 30th.

FY2023 Annual Report Summary

Appeals

During fiscal year 2023, the ORR received two (2) request for an appeal, which was approved. The RRAC upheld the findings of the ORR, and the action taken by the responsible provider agency.

Operations and Complaint Data

During fiscal year 2023, SCCCMMHA served 6,359 individuals (unduplicated count).

During fiscal year 2023, the ORR operated with the equivalent of 3.07 Full-Time Employees (based on a 37.5 hour work week).

During fiscal year 2023, the ORR received 147 complaints consisting of 207 allegations.

No Right Involved Allegations – 1

Outside Provider Jurisdiction Allegations – 2

Investigations – 204

Investigations Substantiated – 89

Substantiation Rate – 43%

Remediation Data

The 75 substantiated violations are listed by category, provider type, and remediation type.

Training Received by ORR Staff

The ORR staff received 71.25 training hours in rights protection.

Sandy O'Neill: 20 hours

Training Provided by ORR Staff

The ORR provided training to 1,813 employees/volunteers.

Goals for the SCCCMHA-ORR

FY2023 Goal Status Update

1. The Office of Recipient Rights will strive to complete Reports of Investigative Findings within 60 days of receipt of complaints 80% of the time. – Ongoing
2. The Office of Recipient Rights will work to develop a statewide registry to capture data (date of violation, category, and name of staff member) specific to substantiated allegations of Abuse (Class I and II) and Neglect (Class I and II). This registry would be accessible to all Offices of Recipient Rights in the State of Michigan. – Ongoing
3. The Office of Recipient Rights will ensure New-Hire Recipient Rights Training is provided face-to-face 50% of the time. With two trainings provided each month, one of the two trainings will be provided in person each month. – Accomplished
4. The Office of Recipient Rights will create a certificate to recognize the service sites that receive full compliance on their annual site visit. – Ongoing
5. The Office of Recipient Rights will create posters and videos to supplement its current training materials. – Ongoing

FY2024 Goals

1. The Office of Recipient Rights will strive to complete Reports of Investigative Findings within 60 days of receipt of complaints 80% of the time.
2. The Office of Recipient Rights will advocate for the development of a statewide registry to capture data (date of violation, category, and name of staff member/volunteer) specific to substantiated allegations of Abuse: Class I, Abuse: Class II, Neglect: Class I, and Neglect: Class II. This registry would be accessible to all Offices of Recipient Rights in the State of Michigan.
3. The Office of Recipient Rights will collaborate with the Community Relations Team to develop a Public Service Announcement and Community Column that will share information about the Rights Protection System with the public.
4. The Office of Recipient Rights will create a certificate to recognize the service sites that receive full compliance on their annual site visit and zero substantiated recipient rights complaints during the fiscal year.
5. Due to the number of substantiated violations in the category of Dignity & Respect during fiscal year 2023, the Office of Recipient Rights will create posters supporting the treatment of individuals served with Dignity & Respect that will be posted at every service location operated by SCCCMHA and its provider network. In addition, the Office of Recipient Rights will prepare materials to be shared with recipients that provides a comprehensive overview of the Rights Protection System.

Recommendations to the Governing Board for FY2024

1. The Board of Directors continues to designate adequate funding for the operation of the Office of Recipient Rights, to include funding for staffing at a minimum of the equivalent of 3.07 full-time employees through March 2024 as well as adequate funding for complaint resolution, monitoring, prevention, and training activities.
2. The Board of Directors supports the designation of three separate offices for the operations of the Office of Recipient Rights to ensure each investigator has full access to a private office to conduct confidential meetings/interviews, when space becomes available through the Electric Avenue Building redesign.
3. The Board of Directors to advocate for the development of a statewide registry to capture the names of the employees/volunteers with substantiated recipient rights violations in the

categories of Abuse (I and II) and Neglect (I and II). This registry would be accessible to all Offices of Recipient Rights in the State of Michigan.

4. The Board of Directors to designate funding for an outreach/education campaign targeting individuals receiving services to ensure they are aware of the components of the Rights Protection System.

It was moved by Ms. Totty, seconded by Ms. Ames, to approve the Office of Recipient Rights Annual report, as presented. **MOTION CARRIED**

VII. INFORMATIONAL ITEMS

A. Office of Recipient Rights

1. Recipient Rights Advisory Committee Meeting Agenda

Ms. Delor presented the agenda for the Recipient Rights Advisory Committee meeting that took place November 28, 2023.

2. Aggregate Data Report

Ms. Delor reported that during the fourth quarter, the ORR recorded 38 complaints consisting of 48 allegations, and finalized seven previously pending complaints consisting of nine allegations. In total, there were 45 complaints and 57 allegations reviewed this quarter.

Outcomes:

One allegation remained outstanding at the end of the quarter, one allegation was outside provider jurisdiction, 28 allegations were not substantiated, and 27 allegations were substantiated.

The investigation completion timeframe, within 60 days of receipt of each complaint, was MUCH improved this quarter – 86%; the final percentage for the fiscal year was 76% which was just shy of the 80% goal. Ms. Delor reported that this goal is attainable, and will be carried forward into FY2024.

B. Program Operations Updates

1. Program Director Report

Ms. Gallagher reported the following:

- Art classes are in the process of being expanded to all of our locations.
- We have entered into a contract with the SONS organization – they have purchased the former Harrison Elementary School, and we will be signing a one year lease for two classrooms. A schedule is being developed for utilization of the rooms there. Space will be utilized for art and music classes as well as for family meetings, in Shape classes and extra space for groups.
- Through advocacy efforts the rules regarding the emergency use of physical management in Children's residential settings have been changed. We are currently moving forward with planning to open a Children's Residential Facility. We held our first planning meeting last week to add the children's crisis residential to our service array.
- Options are being explored for individuals who attend CE River District, which will be closing. Ms. Gallagher reported that herself, Ms. Kristen Thompson, Assistant

Division Director, and Ms. Dawn Davey visited the Creative Empowerment Opportunities site in Anchorville. This was determined to be a good option and they have immediate openings.

- Renovations to our Broadway Building in Marine City are underway and expected to be completed in January. The program supervisor at the King Road facility has submitted a plan for the use of the building which includes classes (art, cooking, anger management, etc.), groups (for Veteran's, the aging population), individual sessions for those living within walking distance and socialization opportunities.
- We currently have a CMH clinician that is imbedded with the Port Huron Police Department. She has been doing ride alongs with officers and accompanying them to calls where a mental health intervention may be needed. She is also serving as a mental health resource for officers. Chief Platzer has conveyed his appreciation and continued support for this position.
- CMH has also provided two Critical Incident Stress Management (CISM) debriefings for the department regarding traumatic calls.
- The PHPD Community Resources Officer will be doing a building walk through with Facilities and Kathleen to assess our building for any improvements that can be made with regard to safety.

2. Other

None.

C. Administrative Update

1. Board Policies for Review

Ms. Pingitore shared the board policies that are up for review. Board members were asked to forward any changes or suggestions to Ms. Wells by 12/22/2023.

D. Data & Contract Management

Ms. Measel-Morris issued several reports to the board for review prior to tonight's meeting:

1. FY 2023 Quality Improvement Plan Annual Report

The purpose of this report is to provide the annual status of the Quality Improvement Plan (goals) for St. Clair County Community Mental Health Authority (SCCCMHA), which is developed and approved annually. The data included in this report covers the reporting period of October 1, 2022 through September 30, 2023.

This report summarizes the status of priority goals / key tasks that were established by the Committees and Workgroups of the Quality Improvement Council (QIC). The goals focused on efforts in specific areas designed to improve SCCCMA's overall systemic processes. All Workgroups, Committees and Sub-Committees have reported the status of each goal assigned.

2. FY 2024 Quality Improvement Program/Plan

It was noted that the goals contained within the Quality improvement plan, will be tied to the Strategic Plan.

The Quality Improvement (QI) Program-Plan is written to continue and/or improve current Quality Improvement structures and systems used to monitor, maintain, and improve quality care throughout all programs.

The Quality Improvement Program-Plan is broad in scope, covering both the quality of clinical care and the quality of administrative and non-clinical aspects of the organization, which support services to individuals served and their families and to the community. All services provided by St. Clair County Community Mental Health Authority (SCCCMHA) are included within this scope, which includes services provided by St. Clair County Community Mental Health staff as well as by individuals and organizations under contract to the Board.

All population groups are included within the Quality Improvement Program-Plan. Clinical outcomes and organizational process reviews may be system-wide or population-specific.

3. FY 2023 Program Performance Indicator Table Summary

The Program Performance Indicator Table Summary provides a table summary for CMH Direct Run, Contract Provider, and AFC/CFC Performance Indicator Results.

4. FY 2023 Annual Program Performance Indicator Summary

The FY 2023 Annual Program Performance Indicator Summary Report was provided to the board. This report is reflective of the performance indicator results for CMH Direct Run, Contract Providers, and AFC/CFCs.

5. Post-Discharge Survey Annual Report

The FY23 Post Discharge Summary represents the Quality Improvement department effort to evaluate the satisfaction and status of individuals who were discharged from services during the period of October 1, 2022 through September 30, 2023.

A Post-Discharge Survey is completed monthly on individuals who were discharged from St. Clair County Community Mental Health services in the preceding month. A survey, along with a self-addressed stamped envelope, is mailed out to each individual/guardian who received a service from our agency or through one of our contracted agencies, regardless of funding source. Any persons who requested no further contact, were hospitalized, are deceased, homeless, or in jail, received only an OBRA screening, received out of county services, Central Intake Unit (CIU), or children who reached three (3) years of age using previous Early On services are not included in the survey.

The responses for each question are individually calculated based on the number of “Yes” and “No” answers selected. Responses left blank are removed from the baseline before calculating totals. Sample size (n) is included to clarify response percentages of each question as some individuals did not complete certain questions.

For fiscal year 2023, 2,277 surveys were mailed out to individuals who were closed from services. One hundred and fourteen individuals/guardians chose to participate in the survey, which calculates to a 5% response rate that is higher than the fiscal year 2022 response rate of 4%.

For fiscal year 2023, overall satisfaction is 75%, with 82 out of 110 individuals responding to the question, “Overall, I am satisfied with the services I received from Community Mental Health”.

E. Community Education / Public Relations Reporting

1. Community Relations Report

Ms. Prowse presented on Community Education and Public Relations including outreach activities, upcoming events, social media engagement, and newspaper articles.

F. Training Department Report

Ms. Prowse reviewed the Training Department Report.

G. Human Resources

1. Employee and Team of the Month

Ms. Prowse announced the Employee and Team of the Month for October. Lori Gauthier was the employee of the month, and the SUD Team was the team of the month.

H. Region 10 PIHP Update

1. Board Meeting Minutes

Mr. Priemer shared that the Board Retreat took place last month in Lapeer, and there was a presentation from Richard Carpenter. Mr. Priemer also shared that sadly, long time board member Ms. Elva Mills passed away. Ms. Mills was commended for how much she did for the community.

VII. CHIEF EXECUTIVE OFFICER’S REPORT

A. CEO Updates

Ms. Johnson shared updates on Strategic Plan Review / Implementation, Opioid Settlement Funds, Safety Measures and Protocols, the Advisory Council Meeting, Region 10 Board Retreat, The December In-Service, Media Engagement, and updates from CMHA.

B. CMHA Updates

Mr. Alan Bolter, Associate Director of CMHA, presented prior to tonight’s meeting.

C. Other

VIII. BOARD FORUM – N. Thomson

A. Advisory Council Meeting Minutes

Ms. Thomson stated that the notes from the Advisory Council meeting are reflective of the meeting.

B. ShareFile

ShareFile is a shared file system that would potentially replace the board receiving their meeting materials over email and an internet posting. Each board member would need to create their own login to the system. It would keep all of the board meeting materials in one place. Board members were in agreement to trying this system.


IX. ANY OTHER BUSINESS TO PROPERLY COME BEFORE THE BOARD

- Ms. Partipilo suggested CMH have a community training on Social Security. It was suggested that this is something that CMH could partner with the ARC on.

X. ADJOURNMENT

It was moved by Ms. Ames, seconded by Ms. Jowett-Lee, to adjourn. **MOTION CARRIED**. With no further business to discuss the meeting was adjourned at 7:34 p.m.

Respectfully submitted,

A handwritten signature in cursive script, appearing to read "Tracy Wells".

Tracy Wells
Recording Secretary