

Region 10 PIHP Board Meeting Minutes
April 21, 2023, 9:00 a.m.
Region 10 PIHP – Summit Conference Room
3111 Electric Ave., Port Huron, Michigan

Board Members Present: Ron Barnard, Kathryn Boles (virtual), Lori Curtiss, Dr. Niketa Dani (arrived 9:18 a.m.), DeElla Johnson, Joyce Johnson, Gary Jones (virtual), Bob Kozfkay, Ken Lemons (arrived 9:12 a.m.), Elva Mills, Chad Polmanteer, Wayne Strandberg, Nancy Thomson, Bobbie Umbreit

Board Members Absent: Ed Priemer

Staff Present: *Region 10 PIHP Staff:* Jim Johnson, Chief Executive Officer; Richard Carpenter, Chief Financial Officer; Tom Seilheimer, Chief Clinical Officer; Lauren Campbell, Quality Manager; Robin Kalbfleisch, Recording Secretary

CMH Staff: Lauren Emmons, Lapeer CMH (virtual); Dan Russell, GHS (virtual)

Guests: None

1. Call to Order:

Called to order at 9:00 a.m. Roll call was conducted by Recording Secretary.

2. Citizens Wishing to Address the Board

None

3. Agenda Changes (Action Item)

It was moved by Ms. Joyce Johnson, seconded by Ms. Mills, to approve the meeting agenda as presented. **MOTION CARRIED**

4. Approval of Previous Meeting Minutes (Action Item)

It was moved by Ms. Thomson, seconded by Mr. Strandberg, to approve the March 17, 2023, meeting minutes as presented. **MOTION CARRIED**

5. Finance

A. FY2023 Budget

1. Monthly Finance Report – February 2023 (Action Item)

Mr. Carpenter reported that eligibility remains high compared to last year, but we will start to see a decline in eligibles starting in June or July. There was a rate setting meeting this week. It will be a couple of months before we hear any information regarding potential rate changes due to the ending of the PHE. The rate setting



meetings are led by the Office of Actuarial Services, which is a part of the Behavioral Health division of MDHHS. In addition, the Office of Management and Budget participated in this meeting.

There was about \$3.3 million redirected to CCBHC from Traditional Medicaid for St. Clair CMH. The PPS1 rates are changing retroactively to October 1, 2022, and this will have an impact on the amount of funds that St. Clair CMH receives per day and the portion that comes out of the capitation. We should have more details next week. Traditional Medicaid has a surplus of about \$10 million. Healthy Michigan has a surplus of about \$5.8 million, with \$750,000 redirected to CCBHC.

It was moved by Mr. Kozfkay, seconded by Ms. Thomson, to approve the Monthly Finance Report for February 2023 as presented. **MOTION CARRIED**

2. Monthly Payment Report – February 2023 (Action Item)

Mr. Carpenter noted that the Hospital Rate Adjustor payments are included in this report and that the NBS amount is related to building construction and includes more than one month. There was discussion about the budget for the new building, with Mr. Carpenter reporting that about 50% of the budget has been used so far, and he anticipates being very close to the \$4 million budget when the project is completed.

It was moved by Ms. Joyce Johnson, seconded by Ms. Mills, to approve the Monthly Payment Report for February 2023 as presented. **MOTION CARRIED**

6. Strategic Plan (Action Item)

Chairperson Curtiss stated that she, Mr. Johnson, and Ms. VanWormer met and reviewed a draft of the Strategic Plan, which is included in the board packet along with a copy of the mission, vision, and value statements. Mr. Johnson stated that Region 10 currently has a workplan in place, which is the Quality Improvement Workplan that details the daily activities of the Region 10 PIHP. The Strategic Plan will address future needs and what we need to work on to meet those needs. Mr. Johnson reviewed the goals and action steps on the draft plan, which included:

- Bringing Opioid Treatment Provider (OTP) services to Port Huron. An RFP has been issued for an OTP provider and we are currently exploring options.
- Budget development. This is an annual process.
- Implementing a centralized utilization management system. GHS was not originally included in this process as they were a prospective 298 pilot site, but we now need to work to bring them on board.
- Developing a plan to address Conflict Free Access and Planning. This is tentative based on the plans of MDHHS. They have proposed four models that will separate planning functions from provider functions. MDHHS will designate groups to test the models and the groups will then report back to the state. The state is planning to select one of the four models by the end of the summer, and the PIHPs will be required to create a plan for implementation by the fall, with implementation taking place in the fall of 2024. Additional discussion took place on potential scenarios of how the process would work. Mr. Johnson stated this would be an incredible change to the system if it is implemented.



- Coordinating CCBHC and PIHP funded services. Includes developing a regional group to develop processes and practices to reduce the burden on persons served and promote administrative efficiency.
- Increasing engagement and reducing racial disparities in access to care. Use of American Rescue Plan Act (ARPA) grant funding for this and there is also currently a Performance Improvement Plan (PIP) in place that addresses the same issue.
- Board relationship. Continue to keep the board updated and arrange trainings to be provided during meetings. Resume practice of convening a meeting of PIHP Board and CMHSP Board members.

Mr. Johnson requested feedback from the Board. Mr. Lemmons inquired about opportunities for mobile assessments and there was discussion about what is currently offered in the region and the difficulty related to providers doing intakes 24/7. Mr. Kozfkay suggested including within the Strategic Plan that we are doing everything we can to eliminate barriers and get individuals the treatment they need as soon as possible. Ms. Thomson suggested addressing the crisis with mental health facilities for youth. Mr. Johnson stated that there is advocacy going on at the state level regarding this and legislative action is needed. Ms. Boles had a concern about ensuring that each CMH has a plan to address older homebound adults who cannot access services by getting to a location. Mr. Johnson stated that this might be something that would normally be handled by a CMH. However, it could be discussed at committee meetings that Dr. Seilheimer has with the regional clinical leadership to determine how it is currently perceived and what is in place already. If needed, it could be added to the Strategic Plan at some point in the future.

7. **Region 10 Tobacco Cessation**

Dr. Seilheimer presented the tobacco cessation presentation within the Board packet, which is a publication from the Centers of Medicare and Medicaid Services. It focuses on Region 10's Performance Improvement Project (PIP) that sought to improve access to tobacco cessation supports among adults with serious mental illness (SMI). Dr. Seilheimer was part of a video showcasing Region 10's approach to implementing this PIP. He touched on the strategies used for treatment and minimizing barriers.

8. **Building Update**

Mr. Johnson provided a brief update giving details of what he observed when he last visited the building. Ms. VanWormer is still meeting frequently with NBS staff, and we are still on target for moving June 1st and beginning work at the new building on June 2nd. Ms. Umbreit inquired about the Access operations during the move and Mr. Johnson stated the calls will be rolled over to our after-hours service on June 1st as all staff will be involved in training on that day. Region 10 will resume work as usual at the new building on June 2nd.

9. **FY2023 2nd Quarter Quality Improvement (QI) Workplan**

A. **FY2023 2nd Quarter Quality Improvement Plan Summary**

Ms. Campbell reviewed the summary page showing the status of the workplan goals during the quarter. Mr. Johnson noted that indicator 4.b, the percent of discharges from a substance use disorder detox unit who are seen for follow-up care within seven days, shows a significant improvement. Mr. Kozfkay inquired about the Autism Program, which shows that three CMHs had individuals waiting 90 or more days to begin ABA services. Ms.



Campbell explained that the 90-day timeframe starts when individuals are first eligible to receive services. She stated that CMHs are struggling to find qualified ABA providers and those with expanded hours. Mr. Johnson noted that individuals waiting for ABA services may still be receiving other services. There was additional discussion about the fact that there are specific qualifications for ABA providers.

It was moved by Ms. Thomson, seconded by Mr. Lemons, to approve the FY2023 2nd Quarter Quality Improvement (QI) Workplan as presented. **MOTION CARRIED**

10. SFY2022 External Quality Review Technical Report

Ms. Campbell shared a shortened version of the report. The full report can be found on the Region 10 website. This report summarizes findings from FY2022 EQR activities for all state PIHPs for: the Validation of Performance Improvement Projects, the Performance Measure Validation, and the Compliance Review. The report focuses on quality, timeliness, and accessibility of care and services provided by each PIHP. She referenced the state's quality strategy and goals, scores from each of the three reviews, responses from prior reviews, the overall conclusion for Region 10, and comparative information between the ten PIHPs. Mr. Kozfkay inquired about the score of 25% for Standard IV—Assurances of Adequate Capacity and Services. Ms. Campbell stated that this was related to completion of a network adequacy plan and provider/member ratio for Region 10 in FY2021.

There was discussion about Region 10 having the lowest scores on a couple of the indicators under the Performance Measure Validation review (PMV) and the efforts that are being undertaken to be more collaborative with the providers to determine what can be done to address the barriers they are experiencing. The next PMV review will be this summer. The Board expressed their appreciation for Ms. Campbell's work on the Quality Improvement activities of Region 10.

Ms. Campbell noted that the state will be requiring that HSAG conduct an Encounter Data Validation Review starting this year.

11. Substance Use Disorder

A. Meeting Minutes (4.4.23)

Ms. Umbreit summarized the minutes. A new board member, Teddy Pace, was appointed by the Sanilac County Board of Commissioners.

B. St. Clair County PA2 Request

Mr. Johnson stated that Sacred Heart requested \$888.00 for certification for the doctor to be able to provide Medication Assisted Treatment at the St. Clair County Jail. The PIHP administration endorsed this proposal, as did the SUD Advisory Board.

It was moved by Ms. Kozfkay, seconded by Ms. Joyce Johnson, to approve St. Clair County PA2 Request in the amount of \$888.00. **MOTION CARRIED**

There was discussion about a new drug called Xylazine. Information has been sent out to the provider network.



12. Director’s Report

Performance Bonus Incentive: Mr. Johnson reported that we will receive approximately \$2.3 million this year under the Performance Bonus Incentive Program (PBIP). We had been projecting around \$2.2 million. Region 10 earned back approximately 97% of the withheld incentive dollars this year. We failed to earn back a total of \$70,000 dollars but we were awarded \$113,000 dollars from statewide incentive withholds that were not earned back across other regions.

MDHHS/PIHP Contract: MDHHS announced this past month that they will be moving back to an annual contracting arrangement with the PIHPs, as opposed to the rolling seven-year contract we are currently operating under. They will not renew the agreement at the end of this year, and we will have a new agreement for FY 2024.

Performance Indicators: The 95% threshold was taken away from performance indicators 2 and 3, which are indicators related to the percentage of new persons receiving a face-to-face assessment with a professional within 14 calendar days of a non-emergency request for service. The plan is to now do a percentile ranking of PIHPs and establish an improvement target based on percent of improvement per individual PIHP. The new standards will be effective date of October 1st.

Conflict Free Access and Planning: Four models have been proposed and table-top testing of those models will begin this month. Mr. Johnson and Mr. Morris are on the statewide CFAP group so will be involved in the testing.

CCBHC Expansion: The state sent a letter indicating they are requesting funds from the state legislature to include all CCBHCs in the demonstration project effective October 1st. Senator Stabenow has been strongly encouraging the governor's office and democrats in both chambers to do this. There is an informational meeting scheduled for April 24th, but we will not know until the budget is approved if the expansion will be included.

State Budget: The Governor’s budget proposal is the largest budget proposal in the history of Michigan and exceeds revenues by about \$1 billion. This is because the budget did not recognize the impact of tax reductions, the earned income tax credit, and the reduction in retirement taxes. There was not much impact to the public behavioral health system in the proposed budget and we are hopeful that the \$1 billion in reductions will not impact our system.

13. Any Other Business to Properly Come Before the Board

None

14. Citizens Wishing to Address the Board

None

15. Adjournment (Action Item)

It was moved by Ms. Thomson to adjourn the meeting. With no further business to discuss, Chairperson Curtiss adjourned the meeting at 10:57 a.m.



Respectfully submitted,

Reviewed and approved,

Robin Kalbfleisch,
Recording Secretary

Region 10 PIHP Board
Secretary / Designee