

Region 10  
Genesee • Lapeer • Sanilac • St. Clair Counties

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GROUP MEETING: Region 10 PIHP Board  
PLACE: Sanilac CMH  
227 E. Sanilac, Sandusky, MI  
Date: May 20, 2022  
TIME: 9:00 a.m.  
PRESIDING: Lori Curtiss, Chairperson

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PRESENT: Lori Curtiss, Dr. Niketa Dani, Joyce Johnson, Bob Kozfkay, Chad Polmanteer, Edwin Priemer, Wayne Strandberg, Bobbie Umbreit

ABSENT: Ron Barnard, Kathryn Boles, DeElla Johnson, Gary Jones, Elva Mills, Nancy Thomson

ALSO PRESENT: *Region 10 PIHP Staff:* Jim Johnson, Chief Executive Officer; Kelly VanWormer, Chief Operations Officer; Richard Carpenter, Chief Financial Officer; Lauren Bondy, Quality Manager; Robin Kalbfleisch, Recording Secretary

*CMH Staff:* Wil Morris, Sanilac County CMH; Dan Russell, GHS

GUESTS: None

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I. CALL TO ORDER

The meeting was called to order at 9:00 a.m. by Chairperson Curtiss. Roll call was conducted by Recording Secretary.

II. CITIZENS WISHING TO ADDRESS THE BOARD

None

III. AGENDA CHANGES (*Action*)

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

IV. APPROVAL OF PREVIOUS MEETING MINUTES (*Action*)

It was moved by Mr. Strandberg, seconded by Mr. Kozfkay, to approve the April 15, 2022, meeting minutes as presented. **MOTION CARRIED**

V. FINANCE

A. FY2022 Budget

1. Monthly Finance Report – March 2022 (*Action*)

Mr. Carpenter presented the monthly finance report for March 2022. There was a correction to the Medicaid eligible data from last month. The downward trend in February was related to CCBHC payments being counted as TANF and it was causing the numbers to be artificially inflated. This has been corrected.

Revenue has been stable month to month. There will be additional revenue May – September due to an additional Direct Care Worker (DCW) adjustment. There is a Traditional Medicaid surplus of approximately \$18.3 million. St. Clair CMH numbers continue to be estimates due to CCBHC. Healthy Michigan has a surplus of approximately \$5 million, with St. Clair CMH numbers estimated. Approximate total of \$23 million. Mr. Carpenter stated the CFOs continue to discuss any provider stability, service gaps, or other appropriate uses of this funding.

It was moved by Dr. Dani, seconded by Ms. Joyce Johnson, to approve the Monthly Finance Report for March 2022 as presented. **MOTION CARRIED**

2. Monthly Payment Report – March 2022 (*Action*)

Mr. Carpenter presented the monthly payment report for March.

It was moved by Ms. Umbreit, seconded by Dr. Dani, to approve the Monthly Payment Report for March 2022 as presented. **MOTION CARRIED**

VI. **PERSONNEL**

Mr. Johnson reported that GHS has advised us about changes going on at their organization. They have submitted an application to be a CCBHC. When that is approved, it will not be a demonstration site like St. Clair CMH and will not be run through the PIHP. In addition, Genesee County has passed a mental health millage that will increase local resources. Because of these changes, GHS has an increased need for clinical staff. They have indicated they are not intending to renew the lease agreement Region 10 has with them for nine clinicians and six customer support staff, or for the space in their Flint offices, effective September 30<sup>th</sup>. Many of those leased staff are now applying for open positions at GHS and we are anticipating that most, if not all, will try to get other positions at GHS rather than move over to Region 10. Mr. Russell noted that GHS can control the transfer dates with the union so that the staff are not leaving all at once.

Region 10 currently has in place a signing bonus of up to \$2,000. Because of the enhanced need to hire more clinicians, and to hire them now, we are asking the Board to approve a signing bonus of up to \$6,000 per new hire to help attract clinical staff for the Access Center. Mr. Johnson noted that we are less able to take new graduates than the CMHSPs are because of the demonstrated skill experience required to provide eligibility screening, therefore, we need experienced candidates, which makes our pool of candidates smaller. Mr. Johnson stated that the signing bonus of up to \$6,000 could be used for other positions if needed, but we will need it immediately for clinicians. Ms. VanWormer noted that Region 10 is very limited on space right now so some of the other (non-clinical/Access) positions will not be filled until we move over to the new building.

It was moved by Mr. Priemer, seconded by Mr. Strandberg, to approve an increase to the New Employee Sign-On Bonus of up to \$6,000, to be determined by position at the discretion of the CEO. **MOTION CARRIED**

## VII. BUILDING UPDATE

Ms. VanWormer reported that the plans for the building were updated due to the additional clinical staff that will be needed. This will involve using what is now the garage as office space. Engineering has been evaluating electrical systems, including plans for a generator. The HVAC will need to be reconfigured due to new office spaces being built. For the internet, RESA fiber network will be able to be brought in, and permits have been submitted to DTE. It will take 2-3 months before work begins. It is estimated that RESA fiber will cost \$3,500 plus permits and make ready fees, plus an additional amount for the conduit to bring the fiber to the building. The startup cost is \$300 and will run about \$1,800 per year. There is a Comcast line already running to the building, and that will be the back-up internet source.

The interior design plans have been developed and include individual workspaces and collaboration areas, adjustable height desks, more natural light, movable furniture, and an outdoor patio space. We will be sharing plans with the employees next week at a meeting that is taking place at the Water Street location.

There was additional discussion about likely budget increases due to inflation, issues with getting needed materials, and the changes that are needed due to the additional clinical staff.

## VIII. QUALITY IMPROVEMENT

### A. FY2022 2nd Quarter Quality Improvement Workplan

#### 1. FY2022 2nd Quarter Quality Improvement Plan Summary

Ms. Bondy reviewed the summary document showing the status of the goals from the second quarter.

It was moved by Ms. Joyce Johnson, seconded by Mr. Strandberg, to approve the FY2022 2<sup>nd</sup> Quarter Quality Improvement Workplan as presented. **MOTION CARRIED**

### B. FY2022 Performance Indicator Report – 1st Quarter

Presented by Ms. Bondy who reported the following indicators were not met: Indicator # 4: St. Clair CMH did not meet the standard for the population breakout of children with 94.12%. Lapeer CMH did not meet the standard for the population breakout of adults with 62.86%. Sanilac CMH did not meet the standard for the population breakout of adults with 88.89%. The PIHP did not meet standards 4.a.2 and 4.b. We will continue to follow up with SUD providers. Indicator # 10: Lapeer CMH did not meet the standard for the population breakout of adults with 17.65%. Ms. Bondy noted that, for those indicators that do not have a standard, the ranges of compliance have been included in the narrative of results. Ms. Bondy highlighted the root cause analyses and corrective action plans that were submitted by applicable CMHs for standards not met.

It was moved by Mr. Kozfkay, seconded by Dr. Dani, to approve the FY2022 Performance Indicator Report–1st Quarter as presented. **MOTION CARRIED**

### C. SFY2021 External Quality Review Technical Report

Ms. Bondy presented the shortened version of the SFY2021 External Quality Review Technical Report and stated that the full report can be found on the Region 10 website. The report reviews the External Quality Review activities, including Validation of Performance Improvement Projects (PIPs), Performance Measure Validation (PMV), and Compliance Review. She reviewed the program strengths

and weaknesses, and program recommendations. Ms. Bondy also reviewed a comparison of the ten PIHPs for each of the EQR activities.

There will be a Performance Measure Validation review on June 15<sup>th</sup> and a Compliance Monitoring review on July 12<sup>th</sup>.

#### IX. SUBSTANCE USE DISORDER

##### A. Meeting Minutes (5.3.22)

Mr. Johnson presented the SUD Oversight Policy Board Meeting Minutes from May 3<sup>rd</sup>. He noted that the SUD Oversight Board will be electing a new chairperson at the June meeting since Ms. Cole has resigned. In addition, since Ms. Cole was the Region 10 Board liaison to the SUD Oversight Board, the Board will need to appoint another liaison. Chairperson Curtiss appointed Ms. Umbreit as the Region 10 Board liaison.

#### X. NOMINATING COMMITTEE

Chairperson Curtiss appointed Ms. Joyce Johnson, Dr. Dani, and Ms. Umbreit to the 2022 Nominating Committee.

#### XI. DIRECTOR'S REPORT

Public Health Emergency – Mr. Johnson noted that the Public Health Emergency will be extended beyond July 15<sup>th</sup>. The administration in Washington has committed to giving the states 60 days lead time before the emergency ends and we are less than 60 days from July 15<sup>th</sup>. The state has started to prepare for the “unwind” to take back the flexibilities that were provided due to the emergency, such as Medicaid eligibility and the expanded access to Telehealth. The state has started hosting meetings regarding the “unwind” and has asked that PIHPs/CMHs verify the information on file for individuals currently receiving services to help ensure there are no gaps in coverage for the eligible.

HCBS – Compliance work continues, and we are starting to see placement issues related to the new rules. The due date for providers to be in compliance is March 2023, and the PIHP/CMHSPs will not be able to contract with them using Medicaid funds if they are not in compliance. If the setting is under Heightened Scrutiny, the state has to approve the placements.

Flexibilities are being considered by the Department regarding staff qualifications and training requirements due to the staffing crisis. PIHPs and CMHSPs have asked the Department for staffing support. The Department is convening an ad-hoc discussion group that will include people from PIHPs and CMHSPs across the state to discuss what may be possible to help ease the burdens.

Opioid Settlement – The PIHPs have a meeting with the Attorney General’s office and the Department in early June. We want to make sure they understand the current role of the PIHPs in the public behavioral health care system related to SUD services. We also want to make sure communities are able to use us to find resources.

SIS – The state requires this standardized assessment for individuals 16 years and over who have an intellectual and developmental disabilities. This is an optional assessment but will become a required assessment effective October 1, 2024. We believe the Department will begin to pay much closer attention to assessment completion rates at that point. This assessment will be required for anyone who wants to access services under the HAB support waiver, services under the 1915(i) waiver, and specialized residential services.

XII. ANY OTHER BUSINESS TO PROPERLY COME BEFORE THE BOARD

None

XIII. CITIZENS WISHING TO ADDRESS THE BOARD

None

XIV. ADJOURNMENT

It was moved by Ms. Umbreit to adjourn the meeting. With no further business to discuss, Chairperson Curtiss adjourned the meeting at 10:31 a.m.

Respectfully submitted,

Reviewed and approved,

Robin Kalbfleisch  
Recording Secretary

Region 10 PIHP Board  
Secretary / Designee