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**NORTHEAST
MICHIGAN
COMMUNITY
MENTAL HEALTH
AUTHORITY**



APRIL BOARD MEETING

THURSDAY, APRIL 11, 2024



3:00 PM

400 JOHNSON STREET
ALPENA, MICHIGAN 49707

NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY BOARD

BOARD MEETING

April 11, 2024 at 3:00 p.m.

A G E N D A

- I. Call to Order**
- II. Seating of Board Members**
 - Kara Bauer LeMonds – Alpena County
 - Terry Small – Alcona County
 - Eric Lawson – Alpena County
- III. Roll Call & Determination of a Quorum**
- IV. Pledge of Allegiance**
- V. Appointment of Evaluator**
- VI. Acknowledgement of Conflict of Interest**
- VII. Information and/or Comments from the Public**

- VIII. Report of Nominations Committee (Verbal)**
- IX. Election of Officers (Page 1)**
- X. Approval of Minutes..... (Pages 2 – 5)**
- XI. Consent Agenda (Page 6)**
 - 1. doxy.me

- XII. April Monitoring Reports**
 - 1. Budgeting 01-004 (Page 7)
 - 2. Financial Condition 01-005..... (Page 8)
 - 3. Communication and Counsel to the Board 01-009 (Pages 9 – 11)

- XIII. Board Policy Review and Self-Evaluation**
 - 1. Financial Condition 01-005[Review]..... (Page 12)
 - 2. Communication and Counsel to the Board 01-009....[Review] (Pages 13 – 14)
 - 3. Governing Style 02-002..... [Review & Self-Evaluate]..... (Page 15)
 - 4. Cost of Governance 02-013[Review, Self-Evaluate, and Approve Revisions] (Page 16)

- XIV. Linkage Reports**
 - 1. NMRE Board Meeting – March 27 (Verbal)
 - 2. Advisory Council Meeting – April 10 (Verbal)
 - 3. CMHA 2024 Annual Summer Conference – June 10 – 12..... (Page 17)

- XV. Operations Report..... (Page 18)**

- XVI. Board Chair’s Report**
 - 1. Section 222 & Conflict of Interest Form (Pages 19 – 21)
 - 2. Establishment of Regular Meeting Date (Verbal)
 - 3. Appointment of Standing Committees (Page 22)

- XVII. Executive Director’s Report (Verbal)**

- XVIII. Information and/or Comments from the Public**
- XIX. Information and/or Comments for the Good of the Organization**

- XX. Next Meeting – Thursday, May 9 at 3:00 p.m.**
 - 1. Proposed May Agenda Items..... (Page 23)
- XXI. Meeting Evaluation(Verbal)**

MISSION STATEMENT
To provide comprehensive services and supports that enable people to live and work independently.

Adjournment

NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY

INTEROFFICE MEMORANDUM

TO: Board Members
FROM: Rebekah Duhaime
SUBJECT: Election of Officers
DATE: April 4, 2024

Current NeMCMHA Board Officers:

Chair – Eric Lawson, Alpena County
Vice Chair – Lloyd Peltier, Montmorency County
Past Chair – Gary Nowak, Presque Isle County
Secretary – Bonnie Cornelius, Alcona County

From the NeMCMHA Bylaws, Article V – Officers, Section 1. Officers; Election; Term of Office:

- During the April Meeting, a slate of candidates for the Board's three offices shall be placed in nomination first by the Nomination/Board Member Composition Committee, which shall give its report at the call of the Chair.
- Election of the Board's Chair for the next year shall be the first election, and shall be conducted by the current Chair, who shall state the Nomination/Board Member Composition Committee's nomination, then ask if there are any [further] nominations from the floor; if/when none is heard after *three* such invitations, then the Chair shall declare that nominations are closed and the election may proceed.
- Balloting may be by voice, by show-of-hands or by roll call at the request of any Board member, as the Board may determine in advance or by its majority vote at any time during the election process; a majority of votes cast shall determine the outcome of the election.
- Following the election of a new Chair (and assuming the current Chair does not succeed to the office), the immediate-past-Chair shall relinquish the chair to the new Chair, who shall conduct the balance of the elections in the same manner.
- Elections then proceed in this order:
Vice-Chair... then Secretary.
- Newly-elected officers assume their offices immediately upon elections.
- If questions of procedure arise before or during the meeting or elections, the Board shall resolve these questions via reference to its By-Laws, Policies and/or Robert's Rules.

**Northeast Michigan Community Mental Health Authority (NeMCMHA)
Board Meeting – March 14, 2024**

I. Call to Order

Chair Eric Lawson called the meeting to order in the Board Room at 3:01 p.m.

II. Roll Call and Determination of a Quorum

Present: Les Buza, Bob Adrian, Bonnie Cornelius, Charlotte Helman, Judy Jones, Dana Labar, Eric Lawson, Gary Nowak, Lloyd Peltier, Patricia Przeslawski, Terry Small

Absent: Lynnette Grzeskowiak (Excused)

Staff & Guests: Lisa Anderson, Carolyn Bruning, Connie Cadarette, Mary Crittenden, Vicky DeRoven, Erin Fletcher, Michael Gonzalez, Kingsli Kraft, Brooke Paczkowski, Abbey Podbielski, Nena Sork, Jen Walburn

III. Pledge of Allegiance

Attendees recited the Pledge of Allegiance as a group.

IV. Appointment of Evaluator

Lloyd Peltier was appointed as evaluator of the meeting.

V. Acknowledgement of Conflict of Interest

No conflicts of interest were acknowledged.

VI. Information and/or Comments from the Public

There were no comments from the public.

VII. Approval of Minutes

Moved by Gary Nowak, supported by Patricia Przeslawski, to approve the revised minutes of the February 8, 2024 Board meeting with two spelling errors corrected. Motion carried.

VIII. Consent Agenda

Moved by Gary Nowak, supported by Charlotte Helman, to approve the March Consent Agenda. Motion carried.

IX. March Monitoring Reports

1. Budgeting 01-004

Connie Cadarette reviewed the Statement of Revenue and Expense and Change in Net Position for the month ending January 31, 2024, with 33.33% of the year elapsed. Revenues are holding steady, and trends for the NMRE and the Agency look good with a slight increase. The change in net position is still negative as a large portion of local funds haven't yet been received. Healthy Michigan and Medicaid funds are underspent by \$912,495. Medicaid redeterminations have pushed General Funds into the negative, with an overspent amount of \$204,560. Staff are working to assist individuals to get back on the correct type of Medicaid, and the Agency should be retroactively reimbursed for expenses.

2. Treatment of Individuals Served 01-002

The annual Customer Satisfaction Survey was reviewed by Board members. Recipients or their guardians complete the survey. The sample size was smaller than last year, though it more closely resembles pre-COVID response numbers. Nena would like to do a stronger push to have more surveys completed.

Moved by Patricia Przeslawski, supported by Judy Jones, to approve the March Monitoring Reports.
Motion carried.

X. **Board Policy Review and Self-Evaluation**

1. Asset Protection 01-007

At the February meeting, Board members requested that the dollar thresholds be increased to more accurately reflect the current economy. Nena and Connie reviewed purchases to see what numbers would be more feasible, and suggested an increase from \$500/\$5,000 to \$2,000/\$10,000.

Moved by Bob Adrian, supported by Terry Small, to approve the revisions to the Asset Protection Policy.

Roll Call: Ayes: Bob Adrian, Les Buza, Bonnie Cornelius, Charlotte Helman, Judy Jones, Dana Labar, Eric Lawson, Gary Nowak, Lloyd Peltier, Patricia Przeslawski, Terry Small; Nays: None; Absent: Lynnette Grzeskowiak. Abstain: None. Motion carried.

2. Budgeting 01-004

The Board reviewed the suggested grammar and punctuation revisions.

Moved by Gary Nowak, supported by Patricia Przeslawski, to approve the revisions to the Budgeting Policy. Motion carried.

3. Board Members' Ethical Code of Conduct 02-008

The Board reviewed the policy for any necessary revisions. Les and Pat both think the Board is following the policy, and Eric thinks the Board does a good job following their ethical code of conduct. The Board accepted the policy as-is and signed their codes of conduct.

XI. **Board Member Recognition**

Gary received a certificate for 25 years of service, and Pat received a certificate for 24 years of service, as this will be her last Board meeting. Nena introduced Kara Bauer LeMonds to the Board. She will be taking over Pat's seat at the April meeting.

Recess at 3:30 p.m.

Resume at 3:43 p.m.

XII. **Linkage Reports**

1. NMRE Board

Eric and Nena reported the Board is considering drafting a resolution concerning Certified Community Behavioral Health Clinics (CCBHCs). There was also discussion about performance incentive payments. Nena said the NMRE was one of only two regions in the State that met the criteria for the performance indicators.

XIII. **Operations Report**

Mary Crittenden reported on operations for February 2024. There were 59 routine requests for service, 38 crisis contacts, and 42 prescreens. She highlighted Children's Services, which has worked hard to rebuild over the last year. It is one department, but the level of intensity changes. Home Based Children's Services, which is more intensive, served 35 children and MI Children's Services served 96. Nena said Children's Services serves the whole family, so the numbers can also be looked at as households served. Overall, the Agency served 1,039 individuals in the month of February.

XIV. Board Chair's Report

1. CMH PAC Campaign

Eric pointed the Board to the flyer for PAC donations. A typical donation equals a per diem.

2. Board Committee Per Diem Payments

Board committee per diem payments for attending Consumer Advisory Council and Recipient Rights Advisory Council will now go through normal payroll, per IRS guidelines.

3. Schedule Nominations Committee Meeting

Judy will fill the Alpena County spot on the committee. They will meet at 2:30 p.m. on Thursday, April 11.

4. CCBHCs

Nena has been asked about the Agency's position on CCBHCs. The CCBHC model was developed in urban settings, and in Michigan they are mostly all south of M-55. They are being piloted in Michigan, with the University of Michigan studying them. Senator Debbie Stabenow is the force behind the movement to turn to CCBHCs as centers to treat physical and mental health at all levels, from mild to severe. There is some concern that in a rural setting this model will create competition for the same funding, and will limit the number of organizations that can provide necessary services. The five CMHSPs in the NMRE and all of the upper peninsula do not want to move to the CCBHC model. A resolution from the NMRE Board of Directors is being worked on to state why that is, including wanting to see the research from U of M on the outcome measures for the pilot programs in Michigan. Moving to the CCBHC model would put the Agency in direct competition with other small providers, including increased competition for qualified clinicians. The Mental Health Code requires CMHSPs to serve those with a severe mental illness, a serious emotional disturbance, and intellectual/developmental disabilities. The Agency has a "no wrong door" policy, so those that do not qualify for services are given a warm handoff to an agency that can serve them. The demands of the CCBHC would be impossible to meet in a rural setting. Nena feels that the intent of the CCBHC model is already being met, but it has to be done in a different way in a rural setting.

XV. Executive Director's Report

Nena provided a report of her activities over the last month. During the weeks of February 4 and 12, she attended the local NAMI meeting, held a quarterly meeting with Partners in Prevention, attended the NMRE Finance meeting, the regional NMORC meeting, and participated in the Rural and Frontier Caucus. She also attended the NMRE Operations meeting during the week of February 19. The following week, Mary and Nena met with the Alpena Chief of Police and the Alpena County Sheriff to review transports and draft a new Letter of Understanding.

Partners in Prevention has trained 186 individuals between ASIST, Youth Mental Health First Aid, Mental Health First Aid, and SafeTALK. Of those attending trainings, 34 sought referrals for services after attending. Four new people have been trained as trainers, and will become new presenters for Partners in Prevention, including two Agency employees. Partners in Prevention is starting to hold trainings in smaller communities. They have held one in Metz and have upcoming trainings in Hillman, Lincoln, and Greenbush.

Nena provided the Board with a handout of the requested information on employee turnover and exit interviews. She briefly reviewed the reasons for staff resignations. There were seven dismissals for Recipient Rights issues and 14 terminations due to performance.

Nena provided a few other Agency updates. The Agency's first employee handbook was rolled out in February. The Sunset Project, which serves the same four counties as the Agency, is holding its largest annual fundraiser on April 6. Registration for the Mental Health Movement 2K | 5K | 10K has launched. The new Greenhaven home is waiting on the arrival and installation of new smoke detectors before being ready for

licensing. Nena introduced Vicky DeRoven, the new Quality Improvement Coordinator. She comes to the Agency with a lot of experience and knowledge.

XVI. Information and/or Comments from the Public

Abbey Podbielski, Program Director at Light of Hope Clubhouse, said they can help members complete Customer Satisfaction Surveys.

Kara Bauer LeMonds offered an overview of the grant Partners in Prevention was awarded. It is a three-part grant. The first part is for crisis training with first responders, which will expand over four years to all counties. In addition, they want to train up to 2,000 people in all their offered trainings. They would also like to create a crisis intervention team. Another large project is creating a mental health map of resources available in the area. There are many resources, but people don't know about them. One of the wonderful things she has found is that this community is very supportive of each other, and she is impressed with the available services.

XVII. Information and/or Comments for the Good of the Organization

Bob reminded everyone to remove their fishing shanties from the ice.

XVIII. Next Meeting

The next meeting of the NeMCMHA Board is scheduled for Thursday, April 11 at 3:00 p.m., with the Nominations Committee meeting immediately prior at 2:30 p.m.

1. April Agenda Items

The proposed April agenda items were reviewed.

XIX. Meeting Evaluation

Lloyd felt Board members came prepared to govern and it was a fantastic meeting. He keeps learning more and taking the information to other boards, too. Lloyd said Nena is a fantastic Executive Director and she is able to be so because she has excellent staff. He thinks there was good participation from everyone.

XX. Adjournment

Moved by Terry Small, supported by Judy Jones, to adjourn the meeting. Motion carried. This meeting adjourned at 4:34 p.m.

Bonnie Cornelius, Secretary

Rebekah Duhaime
Recorder

Eric Lawson, Chair

NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY

INTEROFFICE MEMORANDUM

TO: Board Members
FROM: Nena Sork
SUBJECT: Consent Agenda
DATE: April 4, 2024

1. doxy.me

The Agency currently contracts with doxy.me as a telehealth platform provider. Agency providers and contracted outpatient therapists utilize the platform for telehealth visits. Currently, the Agency utilizes 15 clinical accounts and is seeing a good response from providers and individuals served.

We are requesting to add five additional clinic accounts, as we have exhausted all accounts previously approved. The cost per account is \$330.

Northeast Michigan Community Mental Health Authority
Statement of Revenue and Expense and Change in Net Position (by line item)
For the Fifth Month Ending February 29, 2024
41.7% of year elapsed

	Actual February Year to Date	Budget February Year to Date	Variance February Year to Date	Budget FY24	% of Budget Earned or Used
Revenue					
1 State Grants	78,432.35	91,746.65	\$ (13,314)	220,192.00	35.6%
2 Grants from Local Units	111,099.17	111,099.15	0	266,638.00	41.7%
3 NMRE Incentive Revenue	0.00	125,000.00	(125,000)	300,000.00	0.0%
4 Interest Income	1,845.33	2,083.35	(238)	5,000.00	36.9%
5 Medicaid Revenue	12,549,747.86	13,033,170.40	(483,423)	31,279,609.00	40.1%
6 General Fund Revenue	689,959.00	501,161.25	188,798	1,202,787.00	57.4%
7 Healthy Michigan Revenue	805,570.05	1,045,089.95	(239,520)	2,508,216.00	32.1%
8 Contract Revenue Blue Horizons	173,021.50	195,757.10	(22,736)	469,817.00	36.8%
9 3rd Party Revenue	202,789.19	219,212.90	(16,424)	526,111.00	38.5%
10 Behavior Health Home Revenue	113,363.31	81,791.65	31,572	196,300.00	57.8%
11 Food Stamp Revenue	33,707.93	43,399.60	(9,692)	104,159.00	32.4%
12 SSI/SSA Revenue	233,242.92	241,466.25	(8,223)	579,519.00	40.2%
13 Revenue Fiduciary	122,513.34	0.00	122,513	0.00	0.0%
14 Other Revenue	18,950.19	21,855.40	(2,905)	52,453.00	36.1%
15 Total Revenue	15,134,242	15,712,834	(578,592)	37,710,801	40.1%
Expense					
16 Salaries	6,051,177.73	6,402,996.25	351,819	15,367,191.00	39.4%
17 Social Security Tax	242,898.70	283,372.91	40,474	680,095.00	35.7%
18 Self Insured Benefits	852,816.47	1,111,812.93	258,996	2,668,351.00	32.0%
19 Life and Disability Insurances	106,845.84	104,416.48	(2,429)	250,600.00	42.6%
20 Pension	530,549.03	537,839.96	7,291	1,290,816.00	41.1%
21 Unemployment & Workers Comp.	58,665.75	49,629.65	(9,036)	119,111.00	49.3%
22 Office Supplies & Postage	17,689.23	20,170.36	2,481	48,409.00	36.5%
23 Staff Recruiting & Development	108,817.89	76,867.21	(31,951)	184,481.00	59.0%
24 Community Relations/Education	19,968.57	23,799.55	3,831	57,119.00	35.0%
25 Employee Relations/Wellness	40,613.04	79,500.00	38,887	190,800.00	21.3%
26 Program Supplies	241,523.16	223,258.27	(18,265)	535,820.00	45.1%
27 Contract Inpatient	608,834.57	794,717.10	185,883	1,907,321.00	31.9%
28 Contract Transportation	5,729.67	18,677.90	12,948	44,827.00	12.8%
29 Contract Residential	2,154,384.70	1,989,521.65	(164,863)	4,774,852.00	45.1%
30 Local Match Drawdown NMRE	49,284.00	41,070.00	(8,214)	98,568.00	50.0%
31 Contract Employees & Services	2,934,588.63	2,886,048.70	(48,540)	6,926,517.00	42.4%
32 Telephone & Connectivity	91,039.00	128,248.30	37,209	307,796.00	29.6%
33 Staff Meals & Lodging	9,027.51	10,038.84	1,011	24,093.00	37.5%
34 Mileage and Gasoline	173,696.07	156,805.68	(16,890)	376,334.00	46.2%
35 Board Travel/Education	3,049.15	5,693.35	2,644	13,664.00	22.3%
36 Professional Fees	17,090.21	31,565.80	14,476	75,758.00	22.6%
37 Property & Liability Insurance	59,460.50	36,716.25	(22,744)	88,119.00	67.5%
38 Utilities	85,061.05	79,107.13	(5,954)	189,857.00	44.8%
39 Maintenance	53,741.89	103,979.10	50,237	249,550.00	21.5%
40 Interest Expense Leased Assets	8,823.31	8,158.30	(665)	19,580.00	45.1%
41 Rent	5,755.55	7,222.10	1,467	17,333.00	33.2%
42 Food	57,374.14	68,518.80	11,145	164,445.00	34.9%
43 Capital Equipment	8,357.77	10,685.14	2,327	25,644.00	32.6%
44 Client Equipment	9,449.06	5,052.10	(4,397)	12,125.00	77.9%
45 Fiduciary Expense	146,946.48	0.00	0.00	0.00	0.0%
46 Miscellaneous Expense	41,735.53	52,893.76	11,158	126,945.00	32.9%
47 Depreciation & Amortization Expense	385,030.21	359,449.95	(25,580)	862,680.00	44.6%
48 MI Loan Repayment Program	0.00	5,000.00	5,000.00	12,000.00	0.0%
49 Total Expense	15,180,024	15,712,834	674,756	37,710,801	40.3%
50 Change in Net Position	\$ (45,782)	\$ 0	\$ (45,782)	\$ -	-0.1%
51 Contract settlement items included above:					
52 Medicaid Funds (Over) / Under Spent	\$ 924,724				
53 Healthy Michigan Funds (Over) / Under Spent	(41,794)				
54 Total NMRE (Over) / Under Spent	\$ 882,930				
55 General Funds to Carry Forward to FY24	\$ -				
56 General Funds Lapsing to MDHHS	(188,799)				
57 General Funds (Over) / Under Spent	\$ (188,799)				

FY24 GF Carryforward from FY23 60,139

Northeast Michigan Community Mental Health Authority
Statement of Net Position and Change in Net Position
Proprietary Funds
February 29, 2024

	Total Business- Type Activities February 29, 2024	Total Business- Type Activities Sept. 30, 2023	% Change
Assets			
Current Assets:			
Cash and cash equivalents	\$ 888,098	\$ 1,696,077	-47.6%
Restricted cash and cash equivalents	1,134,647	1,103,742	2.8%
Accounts receivable	4,429,945	5,475,794	-19.1%
Inventory	39,877	39,877	0.0%
Prepaid items	599,153	340,312	76.1%
Beneficial Interest	5,050	5,050	0.0%
Total current assets	<u>7,096,770</u>	<u>8,660,852</u>	<u>-18.1%</u>
Non-current assets:			
Capital assets not being depreciated	80,000	80,000	0.0%
Capital & Lease being depreciated, net	4,007,513	3,706,849	8.1%
Beneficial Interest	9,436	9,436	0.0%
Total non-current assets	<u>4,096,949</u>	<u>3,796,285</u>	<u>7.9%</u>
Total assets	<u>11,193,719</u>	<u>12,457,136</u>	<u>-10.1%</u>
Liabilities			
Current liabilities:			
Accounts payable	2,218,997	3,368,009	-34.1%
Accrued payroll and payroll taxes	226,343	942,856	-76.0%
Deferred revenue	24,503	24,950	-1.8%
Current portion of long-term debt (Accrued Leave, Lease Liability)	353,338	214,106	65.0%
Total current liabilities	<u>2,823,181</u>	<u>4,549,920</u>	<u>-38.0%</u>
Non-current liabilities:			
Long-term debt, net of current portion (Accrued Leave, Lease Liability)	1,428,363	1,116,329	28.0%
Total liabilities	<u>4,251,544</u>	<u>5,666,249</u>	<u>-25.0%</u>
Net Position			
Invested in capital assets, net of related debt	3,166,379	3,452,440	-8.3%
Restricted	41,562	65,995	
Unrestricted	3,604,822	3,340,111	7.9%
Total net position	<u>\$ 6,812,763</u>	<u>\$ 6,858,545</u>	<u>-0.7%</u>
Net Position Beginning of Year			
Restatement	6,858,545	-	
	6,858,545		
Revenue	15,134,242		
Expense	(15,180,024)		
Change in net position	<u>(45,782)</u>		
Net Position February 29, 2024	<u>\$ 6,812,763</u>		

Unrestricted Net Position as a % of projected annual expense
Recommended Level

9.6% or 35 days
8% - 25%

POLICY CATEGORY:

Executive Limitations

POLICY TITLE AND NUMBER:

Communication and Counsel to the Board

Policy # 01-009

REPORT FREQUENCY & DUE DATE:

Annual: April 2024

POLICY STATEMENT:

With respect to providing information and counsel to the Board, the Executive Director may not permit the Board to be uninformed or unsupported in its work. Accordingly, the Executive Director may not:

1. Neglect to submit monitoring data required by the Board (see policy on Monitoring Executive Performance) in a timely, accurate, and understandable fashion, directly addressing provisions of the Board policies being monitored.
 - **Interpretation**

The monitoring reports required by Board policy are to be included on the monitoring schedule, and are to be prepared, delivered, and presented clearly to the Board on a timely basis, including any necessary data or evidence.
 - **Status**

During the last 12 months, monitoring reports have been submitted on a timely basis in accordance with the monitoring schedule. Lead staff from various departments continue to be included in the development and presentation of various reports to more accurately relay information.
2. Let the Board be unaware of relevant trends, anticipated adverse media coverage, material external and internal changes, and particularly changes in the assumptions upon which any Board policy has previously been established.
 - **Interpretation**

The Executive Director will keep the Board apprised of any significant information or events that bear on the Board's responsibilities.
 - **Status**

The Executive Director has apprised the Board of significant information during her Executive Director Report at each Board meeting. Information and/or events requiring more immediate notice have been communicated to the Board Chair prior to the relevant Board meeting.
3. Fail to advise the Board if, in the Executive Director's opinion, the Board is not in compliance with its own policies on Governance Process and Board-Staff Relationships, particularly in the case of Board behavior, which is detrimental to the work relationship between the Board and the Executive Director.
 - **Interpretation**

The Executive Director has the opportunity and responsibility to frankly raise concerns related to the Governance Process, Board Relationships, and Board-Staff Relationships, and the Board has the duty to consider those concerns.
 - **Status**

The Board's commitment to adopt and implement Policy Governance appears to be very strong. Frank, open conversation between the Board and Executive Director provides an environment which supports the governance model, allowing the sharing of critical information without placing Board Members in the role expected of the Executive Director or other employees. Board Members adhere to their policies and hold the Executive Director responsible for reporting and compliance with its annual planning goals, policies, and expectations.
4. Fail to marshal for the Board as many staff and external points of view, issues, and options as needed for fully informed Board choices.
 - **Interpretation**

The Executive Director is the only employee that reports directly to the Board, and is expected to assure

that the expertise of staff and valued input from other community resources are available for the Board.

- **Status**

The Finance Officer, Accounting Officer, and Chief Operations Officer report to the Board monthly. Quality Improvement, Human Resources, and the Office of Recipient Rights report on a quarterly basis. Educational presentations from staff concerning programs and services occur throughout the year, and occasional presentations from community partners and the NMRE's Executive Director are included on the Board's agenda.

5. Present information in unnecessarily complex or lengthy form, or in a form that fails to differentiate among information of three types: monitoring, decision preparation, and other.

- **Interpretation**

Monitoring reports and other material prepared to assist the Board in its responsibilities should be concise and logical in presentation.

- **Status**

The Board completed a review of the By-laws of the Board. Monitoring Reports to the Board occur using a perpetual calendar of review. While on occasion some of those presentations required lengthy detailed discussions, most presentations met the tests of this policy issue.

6. Fail to provide a mechanism for official Board, officer, or committee communications.

- **Interpretation**

The Executive Director is to assist with and facilitate meetings of the Board, and provide whatever support, including clerical, is necessary to assure communication among Board members and officers.

- **Status**

The Recipient Rights Committee, Consumer Advisory Council, Nominations Committee, and Executive Committee meetings continue to be facilitated and supported by Agency staff. Communication with Board members assigned to the NMRE continues to be sufficient.

7. Fail to deal with the Board as a whole except when (a) fulfilling individual requests for information or (b) responding to officers or committees duly charged by the Board.

- **Interpretation**

The Executive Director is to respond to directives of the whole Board rather than to individual members, except when such an individual member or committee is duly authorized by the Board for a specific purpose.

- **Status**

Over the last year, the Board has continued to act as an entire body and does not place individual demands on the Executive Director or leadership staff.

8. Fail to report, in a timely manner, actual or anticipated noncompliance with any Board policy.

- **Interpretation**

The Executive Director is to inform the Board when issues of noncompliance, either actual or anticipated, with any Board policy occurs, either through communication at the next Board meeting or via contacting the Board Chair directly to inform him of the noncompliance.

- **Status**

The Executive Director maintains proper and timely communication with the Board Chair in regards to any actual or anticipated Board policy noncompliance.

9. Fail to supply for the consent agenda all items delegated to the Executive Director required by law or contract to be Board approved, along with the monitoring assurance pertaining thereto.

- **Interpretation**

The Executive Director is to report all items required by law or contract to the Board on the agenda for the next Board meeting. If there is an occasion where contracts or actions need to be addressed or

signed prior to the next Board meeting, the Executive Director will contact the Board Chair for approval and will report to the Board at the meeting.

- **Status**

The Executive Director has presented consent agendas for contract obligations when received by the State or contract providers. Any contracts requiring immediate execution were handled appropriately by contacting the Board Chair and then notifying the Board at their next meeting.

Board Review/Comments

Reasonableness Test: Is the interpretation by the Executive Director reasonable?

Data Test: Is the data provided by the Executive Director both relevant and compelling?

Fine-Tuning the Policy: Does this report suggest further study and refinement of the policy?

Other Implications: Does this report suggest that other policies may be necessary?

**NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY
POLICY & PROCEDURE MANUAL**

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EXECUTIVE LIMITATIONS

(Manual Section)

FINANCIAL CONDITION

(Subject)

Board Approval of **Policy**
Last Revision of Policy Approved

August 8, 2002
April 09, 2020

●1 POLICY:

With respect to the actual, ongoing condition of the organization's financial health, the Executive Director may not cause or allow the development of fiscal jeopardy or a material deviation of actual expenditures from board priorities established in Ends policies.

Accordingly, he or she may not:

1. Expend more funds than have been received in the fiscal year to date unless the debt guideline (below) is met.
2. Borrow money in an amount greater than can be repaid by certain, otherwise unencumbered revenues within 60 days.
3. Use any designated reserves other than for established purposes.
4. Conduct inter-fund shifting in amounts greater than can be restored to a condition of equal or greater to the original discrete fund balances by certain, otherwise unencumbered revenues within 30 days.
5. Fail to settle payroll and debts in a timely manner.
6. Allow tax payments or other government-ordered payments or filings to be overdue or inaccurately filed.
7. Acquire, encumber, or dispose of real property.

●2 APPLICATION:

The Northeast Michigan Community Mental Health Authority Board

●3 DEFINITIONS:

●4 REFERENCES:

●5 FORMS AND EXHIBITS:

**NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY
POLICY & PROCEDURE MANUAL**

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EXECUTIVE LIMITATIONS

(Manual Section)

COMMUNICATION AND COUNSEL TO THE BOARD

(Subject)

Board Approval of **Policy**
Last Revision of Policy Approved

August 8, 2002
April 9, 2020

●1 **POLICY:**

With respect to providing information and counsel to the board, the Executive Director may not permit the board to be uninformed or unsupported in its work. Accordingly, he or she may not:

1. Neglect to submit monitoring data required by the board (see policy on Monitoring Executive Performance) in a timely, accurate and understandable fashion, directly addressing provisions of the board policies being monitored.
2. Let the board be unaware of relevant trends, anticipated adverse media coverage, material external and internal changes, particularly changes in the assumptions upon which any board policy has previously been established.
3. Fail to advise the board if, in the Executive Director's opinion, the board is not in compliance with its own policies on Governance Process and Board-Staff Relationship, particularly in the case of board behavior which is detrimental to the work relationship between the board and the Executive Director.
4. Fail to marshal for the board as many staff and external points of view, issues and options as needed for fully informed board choices.
5. Present information in unnecessarily complex or lengthy form or in a form that fails to differentiate among information of three types: monitoring, decision preparation and other.
6. Fail to provide a mechanism for official board, officer or committee communications.
7. Fail to deal with the Board as a whole except when (a) fulfilling individual requests for information or (b) responding to officers or committees duly charged by the board.

**NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY
POLICY & PROCEDURE MANUAL**

8. Fail to report in a timely manner an actual or anticipated noncompliance with any policy of the Board.
 9. Fail to supply for the consent agenda all items delegated to the Executive Director yet required by law or contract to be board-approved, along with the monitoring assurance pertaining thereto.
- 2 **APPLICATION:**
- The Northeast Michigan Community Mental Health Authority Board
- 3 **DEFINITIONS:**
- 4 **REFERENCES:**
- 5 **FORMS AND EXHIBITS:**

**NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY
POLICY & PROCEDURE MANUAL**

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GOVERNANCE PROCESS

(Manual Section)

GOVERNING STYLE

(Subject)

Board Approval of **Policy**

August 8, 2002

Last Revision of Policy Approved by Board:

April 9, 2020

●1 **POLICY:**

The board will govern with an emphasis on outward vision encouraging diversity of viewpoints, strategic leadership more than administrative detail, clear and concise roles of board and Executive Director, collectively and proactively focusing on the future.

The board will:

1. Function as a unit, be responsible for governing itself, and initiate its own practices. The board will use the expertise of individual members to enhance the ability of the board as a body.
2. Focus its primary efforts on the intended long-term impact outside the operating organization, and will direct the organization through the development of written board policies.
3. Enforce upon itself whatever discipline is needed to govern with excellence. Discipline will apply to matters such as attendance, preparation for meetings, policymaking principles, respect of roles, and ensuring the continuity of governance capability. Continual board development will include orientation of new members in the board's governance process and periodic board discussion of process improvement.
4. Monitor and discuss the board's process and performance at each meeting. Self-monitoring will include comparison of board activity and discipline to policies in the Governance Process and Board-Staff Relationship categories.

●2 **APPLICATION:**

The Northeast Michigan Community Mental Health Authority Board

●3 **DEFINITIONS:**

●4 **REFERENCES:**

●5 **FORMS AND EXHIBITS:**

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GOVERNANCE PROCESS

(Manual Section)

COST OF GOVERNANCE

(Subject)

Board Approval of **Policy**
Last Revision of Policy Approved

November 7, 2002
April ~~13~~11, ~~2023~~2024

●1 **POLICY:**

Because poor governance costs more than learning to govern well, the board will invest in its governance capacity.

Accordingly:

1. Board skills, methods and supports will be sufficient to assure governing with excellence.
 - A. Training and retraining will be used liberally to orient new members and candidates for membership, as well as to maintain and increase existing member's skills and understandings.
 - B. Outside monitoring assistance will be arranged so that the board can exercise confident control over organizational performance. This includes but is not limited to fiscal audits.
 - C. Outreach mechanisms will be used as needed to ensure the board's ability to listen to owner viewpoints and values.
2. Costs will be prudently incurred, though not at the expense of endangering the development and maintenance of superior capability.
 - A. Up to ~~\$22,511~~17,088 in fiscal year ~~23~~2024 for Board travel and Board development.
 - B. Up to ~~\$31,436~~29,000 in fiscal year ~~23~~2024 for audit and other third-party monitoring of organizational performance.
 - C. Up to ~~\$28,963~~26,083 in fiscal year ~~23~~2024 for community public relations and Board contracted services.

●2 **APPLICATION:**

The Northeast Michigan Community Mental Health Authority Board

●3 **DEFINITIONS:**

●4 **REFERENCES:**

●5 **FORMS AND EXHIBITS:**

Community Mental Health Association of Michigan

Annual Summer Conference



The Importance of Belonging

**Grand Traverse Resort
Traverse City, MI**

June 10, 2024 - Pre-Conference

June 11-12, 2024 - Main Conference

	Program	Consumers served March 2024 (3/1/24 - 3/31/24)	Consumers served in the Past Year (4/1/23 - 3/31/24)	Running Monthly Average(year) (4/1/23 - 3/31/24)
1	Access	59	690	57
	Routine	1	5	0
	Emergent	0	5	0
	Urgent	34	441	37
	Crisis	42	585	47
	Prescreens			
2	Doctors' Services	451	1390	485
3	Case Management			
	Older Adult (OAS)	81	142	89
	MI Adult	59	166	72
	MI ACT	23	31	24
	Home Based Children	29	71	29
	MI Children's Services	76	217	84
	IDD	174	301	153
4	Outpatient Counseling	96(20/76)	219	83
5	Hospital Prescreens	42	585	47
6	Private Hospital Admissions	16	218	17
7	State Hospital Admissions	0	3	0
8	Employment Services			
	IDD	49	66	47
	MI	41	95	38
	Touchstone Clubhouse	87	104	89
9	Peer Support	38	52	35
10	Community Living Support Services			
	IDD	79	94	79
	MI	73	117	72
11	CMH Operated Residential Services			
	IDD Only	51	61	53
12	Other Contracted Resid. Services			
	IDD	34	38	32
	MI	30	34	28
13	Total Unduplicated Served	1087	2386	1052

County	Unduplicated Consumers Served Since April 2023
Alcona	255
Alpena	1408
Montmorency	291
Presque Isle	342
Other	70
No County Listed	20

Northeast Michigan Community Mental Health Authority

M E M O R A N D U M

To: NeMCMHA Board Members
From: Nena Sork
Date: April 4, 2024
Subject: Mental Health Code Section 222

The Board **must** annually certify its compliance with Section 222 of the Mental Health Code. That section of the Code (a copy of which is attached) sets certain requirements and limitations for participation by individuals as Board members. These requirements and limitations may be summarized as follows:

- At least four members must be primary consumers or family members of primary consumers;
- At least two of the above four members must be primary consumers;
- No more than four county commissioners;
- No more than six public officials, including the above mentioned county commissioners

(Please use the definitions on the survey form.)

It is important that Board members understand the use of this information. We are required to disclose to MDHHS (or anyone who might ask) the composition of our Board, and prove that we are in compliance with these provisions. It is MDHHS's interpretation that those Board members who we "count" as primary or family members be willing to have that information publicly disclosed. Therefore, please have this in mind as you complete this form.

Section 222 also addresses avoidance of conflict of interest. The attached form has been revised to address these items as well. Board members must not be:

- employed by MDHHS or Community Mental Health;
- a party to a contract with Community Mental Health; or
- serve in a policy making position with an agency under contract with Community Mental Health (except under certain circumstances)

Please complete this form return it to Rebekah Duhaime. Thank you.

Attachment: Sec. 222(1)(4)(5)

Northeast Michigan Community Mental Health Authority (NeMCMHA)
Mental Health Code Section 222 Survey

Printed Name

Signature

Date

Board Composition (please use the definitions immediately below in responding to these questions.)

1. Are you currently or have you ever been a “primary consumer” of mental health services?
 Yes No
2. Are you a family member of a primary consumer who is receiving, or has received, mental health services?
 Yes No
3. Are you a county commissioner?
 Yes No
4. Are you a public official?
 Yes No

Please use the following definitions in responding to this inquiry. These are the definitions used in the Mental Health Code.

Primary Consumer:

“Primary Consumer” means an individual who has received or is receiving services from MDHHS or a community mental health services program, *or services from the private sector equivalent to those offered by MDHHS or a community mental health services program.*

Family Member:

“Family Member” means a parent, stepparent, spouse, sibling, child, or grandparent of a primary consumer, or an individual upon whom a primary consumer is dependent for at least 50% of their financial support.

Public Official

“Public Officials” are individuals serving in an elected or appointed public office or who are employed more than 20 hours per week by an agency of federal, state, city, or local government.

Conflict of Interest

1. Are you employed by MDHHS or Community Mental Health?
 Yes No
2. Are you party to a contract with NeMCMHA?
 Yes No
3. Do you serve in a policy-making position with an agency under contract with NeMCMHA?
 Yes No
4. Do you serve in other than a policy-making position with an agency with which the Board holds a contract or is considering a contract? [If so, the procedure required by Sec. 222 (5) must be followed regarding disclosure and voting.]
 Yes No

MENTAL HEALTH CODE (EXCERPT)
Act 258 of 1974

330.1222 Board; composition; residence of members; exclusions; approval of contract; exception; size of board in excess of § 330.1212; compliance.

Sec. 222. (1) The composition of a community mental health services board shall be representative of providers of mental health services, recipients or primary consumers of mental health services, agencies and occupations having a working involvement with mental health services, and the general public. At least 1/3 of the membership shall be primary consumers or family members, and of that 1/3 at least 1/2 of those members shall be primary consumers. All board members shall be 18 years of age or older.

(2) Not more than 4 members of a board may be county commissioners, except that if a board represents 5 or more counties, the number of county commissioners who may serve on the board may equal the number of counties represented on the board, and the total of 12 board memberships shall be increased by the number of county commissioners serving on the board that exceeds 4. In addition to an increase in board memberships related to the number of county commissioners serving on a board that represents 5 or more counties, board memberships may also be expanded to more than the total of 12 to ensure that each county is entitled to at least 2 board memberships, which may include county commissioners from that county who are members of the board if the board represents 5 or more counties. Not more than 1/2 of the total board members may be state, county, or local public officials. For purposes of this section, public officials are defined as individuals serving in an elected or appointed public office or employed more than 20 hours per week by an agency of federal, state, city, or local government.

(3) A board member shall have his or her primary place of residence in the county he or she represents.

(4) An individual shall not be appointed to and shall not serve on a board if he or she is 1 or more of the following:

(a) Employed by the department or the community mental health services program.

(b) A party to a contract with the community mental health services program or administering or benefiting financially from a contract with the community mental health services program, except for a party to a contract between a community mental health services program and a regional entity or a separate legal or an administrative entity created by 2 or more community mental health services programs under the urban cooperation act of 1967, 1967 (Ex Sess) PA 7, MCL 124.501 to 124.512, or under 1967 (Ex Sess) PA 8, MCL 124.531 to 124.536.

(c) Serving in a policy-making position with an agency under contract with the community mental health services program, except for an individual serving in a policy-making position with a joint board or commission established under 1967 (Ex Sess) PA 8, MCL 124.531 to 124.536, or a regional entity to provide community mental health services.

(5) If a board member is an employee or independent contractor in other than a policy-making position with an agency with which the board is considering entering into a contract, the contract shall not be approved unless all of the following requirements are met:

(a) The board member shall promptly disclose his or her interest in the contract to the board.

(b) The contract shall be approved by a vote of not less than 2/3 of the membership of the board in an open meeting without the vote of the board member in question.

(c) The official minutes of the meeting at which the contract is approved contains the details of the contract including, but not limited to, names of all parties and the terms of the contract and the nature of the board member's interest in the contract.

(6) Subsection (5) does not apply to a board member who is an employee or independent contractor in other than a policy-making position with a joint board or commission established under 1967 (Ex Sess) PA 8, MCL 124.531 to 124.536, a separate legal or administrative entity established under the urban cooperation act of 1967, 1967 (Ex Sess) PA 7, MCL 124.501 to 124.512, a combination of municipal corporations joined under 1951 PA 35, MCL 124.1 to 124.13, or a regional entity to provide community mental health services.

(7) In order to meet the requirement under subsection (1) related to the appointment of primary consumers and family members without terminating the appointment of a board member serving on March 28, 1996, the size of a board may exceed the size prescribed in section 212. A board that is different in size than that prescribed in section 212 shall be brought into compliance within 3 years after the appointment of the additional board members.

History: 1974, Act 258, Eff. Aug. 6, 1975;--Am. 1995, Act 290, Eff. Mar. 28, 1996;--Am. 2002, Act 596, Imd. Eff. Dec. 3, 2002;--Am. 2003, Act 278, Imd. Eff. Jan. 8, 2004

**Northeast Michigan Community Mental Health Authority Board
COMMITTEE ROSTER
April 2024**

April 2024 (New)

EXECUTIVE COMMITTEE

_____, Chair
_____, Vice Chair
_____, Past Chair
_____, Secretary

RECIPIENT RIGHTS COMMITTEE

_____, (Board Representative)
Judy Jones (Board Representative)
Lorell Whitscell
Tom Fredlund
Renee Smart-Sheppler
Barb Murphy
Patricia Przeslawski
Ruth Hewett, Recipient Rights Officer

NOMINATIONS COMMITTEE

Terry Small, Alcona County
Les Buza, Presque Isle County
Judy Jones, Alpena County
Charlotte Helman, Montmorency County

CONSUMER ADVISORY COUNCIL

Lloyd Peltier, (Board Representative)
Rebecca Stockford
Anne Ryan
Janet Freeman
Kathleen Destromp
Angela Lane
Heather Miller

(Current)

EXECUTIVE COMMITTEE

Eric Lawson, Chair, Alpena County
Lloyd Peltier, Vice Chair, Montmorency County
Gary Nowak, Past Chair, Presque Isle County
Bonnie Cornelius, Secretary, Alcona County

RECIPIENT RIGHTS COMMITTEE

Vacant (Board Representative)
Judy Jones (Board Representative)
Lorell Whitscell
Tom Fredlund
Renee Smart-Sheppler
Barb Murphy
Patricia Przeslawski
Ruth Hewett, Recipient Rights Officer

NOMINATIONS COMMITTEE

Terry Small, Alcona County
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Kathleen Destromp
Angela Lane
Heather Miller

MAY AGENDA ITEMS

Policy Review & Self-Evaluation

Board Job Description 02-003

Board Core Values 02-014

Disclosure of Ownership 02-016

Monitoring Reports

Budgeting 01-004

Financial Condition 01-004 (CPA Audit Report)

Asset Protection 01-007 (CPA Audit Report)

Educational Session

Part I of Strategic Planning – Environmental Scan