



# *Northeast Michigan Community Mental Health Authority* *Board Meetings - December 2021*



All meetings are held at the Board's Main Office Board Room located at 400 Johnson St in Alpena unless otherwise noted.



Board Meeting –  
Thursday, December 9  
@ 3:00 p.m.

*Merry Christmas*

**NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY BOARD**

**BOARD MEETING**

**December 9, 2021 at 3:00 p.m.**

**A G E N D A**

**MISSION STATEMENT**

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

- I. Call to Order**
- II. Roll Call & Determination of a Quorum**
- III. Pledge of Allegiance**
- IV. Appointment of Evaluator**
- V. Acknowledgement of Conflict of Interest**
- VI. Information and/or Comments from the Public**
- VII. Educational Session – Compliance Report..... Jen Whyte**
- VIII. Approval of Minutes .....(See pages 1-6)**
- IX. Consent Agenda .....(See page 7)**
  - 1. Contracts**
    - a. Merit Service Agreement**
    - b. Mill Creek Lease Agreement**
- X. FY21-22 Budget Amendment.....(See pages 8-12)**
- XI. December Monitoring Reports**
  - 1. Treatment of Individuals Served 01-002.....(See pages 13- 49)**
  - 2. Budgeting 01-004 ..... (See page 50)**
  - 3. Financial Condition .....(See pages 51-53)**
  - 4. Grants or Contracts 01-011 .....(See pages 54-56)**
  - 5. Ends 04-001 .....(See pages 57-62)**
- XII. Board Policies Review and Self Evaluation**
  - 1. Treatment of Individuals Served 01-002 [Review] .....(See pages 63-64)**
  - 2. Staff Treatment 01-003 ..... [Review] ..... (See pages 65)**
  - 3. Grants or Contracts 01-011 ..... [Review] .....(See pages 66-67)**
  - 4. Board Member Recognition 02-011 ..... [Review & Self-Evaluation] .....(See page 68)**
  - 5. Board Member Orientation 02-015 ..... [Review & Self-Evaluation] .(See pages 69-70)**
- XIII. Linkage Reports**
  - 1. CMHAM**
    - a. Fall Conference Update ..... (Verbal)**
  - 2. Northern Michigan Regional Entity**
    - a. Board Meeting (9/22, 10/27, 11/24) .....(See pages 71-82)**
  - 3. Advisory Council Update (12/06/21) ..... (Verbal)**
- XIV. Operations Report .....(See page 83)**
- XV. Nomination / Board Member Composition Committee Report .....(See page 84)**
- XVI. Chair's Report**
  - 1. By-Law Review.....(See pages 85-95)**
- XVII. Director's Report**
  - 1. Director's Update ..... (Verbal)**
  - 2. QI Council Update .....(See pages 96-103)**
- XVIII. Information and/or Comments from the Public**
- XIX. Information and/or Comments for the Good of the Board**
- XX. Next Meeting – Thursday, January 13, 2022 at 3:00 p.m.**
  - 1. Set January Agenda.....(See page 104)**
  - 2. Evaluation of meeting..... All**
- XXI. Adjournment**

**Northeast Michigan Community Mental Health Authority Board**  
**October 14, 2021**

**I. Call to Order**

Chair Eric Lawson called the meeting to order in the Board Room at 3:00 p.m.

**II. Roll Call and Determination of a Quorum**

Present: Geyer Balog, Les Buza, Bonnie Cornelius, Roger Frye, Lynette Grzeskowiak, Judy Jones, Terry Larson, Eric Lawson, Gary Nowak, Terry Small

Absent: Robert Adrian, Pat Przeslawski (Excused)

Staff & Guests: Lisa Anderson, Carolyn Bruning, Lee Ann Bushey, Connie Cadarette, Mary Crittenden, Rebekah Duhaime, Erin Fletcher, Lynne Fredlund, Morgan Hale, Mickey Knoch, Larry Patterson, Jaelen Rodgers, Kelsi Shea, Nena Sork, Jen Whyte, Jill Busha & Guest from Bayview joined at 3:10 p.m.

Robert Adrian joined at 3:02 p.m.

**III. Pledge of Allegiance**

Attendees recited the Pledge of Allegiance as a group.

**IV. Appointment of Evaluator**

Gary Nowak was appointed as evaluator for this meeting.

**V. Acknowledgement of Conflict of Interest**

Robert Adrian declared he had a conflict of interest related to the NEMROC Contract agenda item.

**VI. Information and/or Comments from the Public**

There were no comments presented.

**VII. Approval of Minutes**

*Moved by Robert Adrian, supported by Les Buza, to approve the minutes of the September 9, 2021 meeting as presented.* Motion carried.

**VIII. Educational Session – Assertive Community Treatment (ACT)**

The ACT program staff provided Board members with an educational session related to the ACT Program. Nena Sork introduced Mickey Knoch, ACT Supervisor. Mickey introduced her staff RNs Jaelen Rodgers, and Kelsi Shea. In addition to the two RNs, she has a social worker who is the crisis person today and unable to attend. Mickey shared a story with Board members related to the provision of a lifesaving event recently with one of the individuals receiving services by this program.

Jaelen reviewed the ACT Team composition noting a physician must provide psychiatric coverage for all individuals provided services through ACT. Dr. Spurlock provides the psychiatric physician services within the Agency. The Team must have a registered nurse, a team lead/supervisor with a minimum of a master's degree, a social worker registered or certified by the state and other staff that may include Certified Peer Support Specialists and an Employment Specialist. The ratio does not include the use of the peer staff. The team also has an Administrative Assistant keeping the team on track.

Jaelen Rodgers and Kelsi Shea provided board members with a brief overview of their experience with working with ACT.

The ACT program is an evidence-based model. The ACT program services began in the early 1970's to address the needs of individuals transitioning into community living from a state hospital with our Agency starting the program in 1988.

The fidelity measures of the ACT program were reviewed with Board members. One measure is to provide greater than 80% of time with individuals meeting in the community. Our Agency's measurement for meeting that particular fidelity measure is 94%.

Goals of the ACT program includes: recovery through community treatment and rehabilitation; decreased risk of hospitalization and incarceration; increased independence with the community, at work and at home; and psychiatric stabilization through medication management, assistance and support. Team members provided criteria for admission and discharge to the ACT program and explanation for individuals not appropriate for receiving ACT services.

Mickey Knoch provided a summary of the Integrated Dual Diagnosis Treatment (IDDT) group noting this group is currently paused due to COVID.

**IX. Consent Agenda**

**A. MRS Cash Match Agreement**

**B. Bay View Center**

**C. ABA Pathways**

**D. Touchstone Amendment for FY21**

**E. Catholic Human Services Amendment for FY21**

**F. Straley, Lamp & Kraenzlein PC**

**G. Hospital Agreements/Amendments**

BCA Stone Crest

Forest View

Havenwyck

War Memorial

Pine Rest (Adult)

Marquette General Hospital (Marquette – UP Health Systems)

Cedar Creek

Harbor Oaks

Healthsource of Saginaw

MidMichigan Health

Pine Rest (Child/Adolescent)

***Moved by Gary Nowak, supported by Geyer Balog, to approve the Consent Agenda as presented.*** Roll call vote: Ayes: Robert Adrian, Geyer Balog, Les Buza, Bonnie Cornelius, Roger Frye, Lynette Grzeskowiak, Judy Jones, Terry Larson, Eric Lawson, Gary Nowak, Terry Small; Nays: None; Absent: Pat Przeslawski. Motion carried.

**X. NEMROC Contracts**

**A. Supported Employment**

**B. Community Living Supports**

***Moved by Terry Small, supported by Lynette Grzeskowiak, to approve the NEMROC contracts as presented.*** Roll Call Vote: Ayes: Geyer Balog, Les Buza, Bonnie Cornelius, Roger Frye, Lynette Grzeskowiak, Judy Jones, Terry Larson, Eric Lawson, Gary Nowak, Terry Small; Nays: None; Abstain: Robert Adrian; Absent: Pat Przeslawski. Motion carried.

**XI. MDHHS Contract Amendment #1 and FY22 Contract**

Nena Sork informed the Board of the Amendment to the FY21 contract and the FY22 contract with the Michigan Department of Health and Human Services. The FY22 contract includes a slight increase in funding of \$100,580. Typically, contracts are not executed prior to board action; however, the State required the contracts be executed prior to the beginning of the fiscal year. She reported she contacted the chair to provide notification of this requirement.

***Moved by Les Buza, supported by Terry Small, to approve Amendment #1 to the MDHHS Contract and to approve the FY22 MDHHS contract authorizing the Executive Director to execute associated documents as presented.*** Motion carried.

## **XII. October Monitoring Report**

### **1. Budgeting 01-004**

Connie Cadarette reviewed the Statement of Revenue and Expense for month ending August 31, 2021 with 91.67% of the year lapsed with one month left for reporting this fiscal year. Revenues keep increasing every month with the Agency doing its best to spend the money appropriately. Connie reported several ticket items have been completed and retention payments to staff and providers have occurred; however, there is still dollars unspent. The Agency only can retain a percentage of General Funds and return the rest to the State and for Medicaid any additional funds need to be returned to NMRE. NMRE only has a percentage of unspent Medicaid they can retain as well before they must return dollars to the State. Connie reported the Agency currently has \$3.2 million to send back to NMRE as of the end of August. Accounts payable trying to get all expenses into September. September payment was more than budgeted. Most Boards are sending money back this year. Connie noted the budget amendment increased the revenues to what was being received; however, even with the increased revenues in the amendment, there are still higher revenues coming in. Connie noted it is too late to spend any more money. Nena Sork reported with the Board approval of the Director having the authority to make some of the adjustments and purchases with notification it was easy for the Agency to make purchases to spend the extra money. Roger Frye can remember when they didn't have enough money to make payroll. The NMRE is looking for CMH to come up with ways to spend money that would not be recurring into the future.

Robert Adrian inquired about the discussions he had heard related to Medicaid in regards to upping Medicaid rates to be the higher Medicare rates. He wondered if these services fell under that noting his concern would be even a greater amount of unspent dollars. Nena Sork noted this Agency's Medicaid is provided under a capitation rate based on number of individuals enrolled in Medicaid, not fee-for-service reimbursement. NMRE receives the Medicaid dollars for its member boards and then passes the dollars to each member board. Nena Sork noted much of the lapsed dollars is due to lack of staff. If the vacant positions were filled and the benefits for those positions paid, the lapse would be much less. Nena also noted mileage and out of town conference attendance was affected by COVID. Per Lisa Anderson, there are approximately 60 – 70 open positions.

Larry Patterson reviewed the variances in the expense line items noting the Agency is trying to spend money as quick as possible. Larry reviewed the line items with variances. He reported the variance items include Staff Recruiting and Development, Contracted Inpatient, Contracted Residential, Property and Liability Insurance, Rent and Capital Equipment. The Agency anticipates the recruiting line to increase even more due to the aggressive recruitment underway. The contracted inpatient is slightly higher than budgeted; however, it is slightly under the percentage of budget at this point in the year. Contracted residential is also percentage-wise under budget but there is a negative variance for the period. This is attributed to serving more individuals through self-determination than initially budgeted [102 individuals budgeted; 125 individuals enrolled]. The Asset distribution received from our carrier was not as high as anticipated resulting in the variance for the property and liability insurance. Larry reported the year to date expenses are at 87.7% of the budgeted amount, even with the additional purchases in capital equipment with 91.67% of year gone.

### **2. Compensation and Benefits 01-008**

Nena Sork reported the Board Association conducts a salary survey every three years. When she became director, she checked the Agency's salary compared to the survey and has worked to bring all positions up to the average; however, the new survey came out and the Agency is again behind. Nena said this will be one of her primary objectives during this next fiscal year would be to lift salaries back up to the average of the survey so the Agency can stay somewhat competitive for recruiting staff. She noted she has been conservative, but with the staffing crisis there needs to be a competitive salary and benefits for recruitment. Robert Adrian inquired what the Agency's COVID leave provides staff. The Agency provides 40 hours of leave if COVID related. There is a committee that reviews the request. This will continue this fiscal year.

*Moved by Lynette Grzeskowiak, supported by Gary Nowak, to accept the October Monitoring Report as presented.* Motion carried.

**XIII. Board Policies Review & Self-Evaluation**

**1. Annual Board Planning Cycle 02-007**

There were no revisions or comments provided. Board members agreed they were adhering to the policy.

**2. Executive Director Job Performance 03-003**

Board members believe this policy looks good. Board members indicated the Director's performance on ends meeting objectives set and that the organization is operating within established ethics.

**3. Monitoring Executive Performance 03-004**

There were no suggested revisions to this policy.

**XIV. Linkage Reports**

**1. Northern Michigan Regional Entity (NMRE)**

**a. Board Meeting September 22, 2021**

Roger Frye noted NMRE is having the same issue with the finances in underspending of funds. Gary Nowak indicated grants needed for SUD to spend some of the PA2 funds. Some of the approvals made at the August meeting can be found in board packet, page 28. Nena was not in attendance at the meeting due to the director's forum.

**b. Board Meeting August 25, 2021**

The minutes for the August 25, 2021 meeting were included in the materials for this meeting.

**2. Community Mental Health Association of Michigan (CMHAM)**

**a. Fall Board Conference – October 25 & 26 [Grand Traverse Resort]**

Eric Lawson reported the Fall Board Conference remains an in-person conference at the Grand Traverse Resort. He appointed two voting delegates to attend the Member Assembly meeting on Sunday, October 24 at 5:30 p.m. The voting delegates will be Roger Frye and Lynette Grzeskowiak.

**3. Advisory Council Update**

Les Buza shared that the Council viewed a video with the Key Note Speaker [Annette Downing] at the Walk a Mile in My Shoes held in Lansing. She gave a great report on the importance of Walk a Mile advocacy. Les Buza reported she shared there are 330,000 people served by mental health in Michigan. Nena Sork reported Annette is now the Director of Community Living Services

**XV. Operations report**

Mary Crittenden reviewed the data from the August and September reports, noting the August report was not available at the September meeting due to the early date of that meeting. In August 1,026 individuals received a service from the Agency. The September report, included in the materials for this meeting, included 63 Access calls, 64 crisis contacts, 67 prescreens with 19 admissions, 428 received doctors' services with a total of 1,016 services provided in this month.

Terry Small left 3:53 p.m.

**XVI. Chair's Report**

**1. Perpetual Calendar Adoption**

At the last Board meeting, Board members were presented with a proposed FY22 Perpetual Calendar for adoption. This month action will be needed to approve the calendar.

*Moved by Gary Nowak, supported by Robert Adrian, to adopt the FY22 Perpetual Calendar as presented.* Motion carried.

**2. Strategic Plan**

The Board has worked over several months to develop the FY22 Strategic Plan. The plan included in the materials for this meeting is the final version of the plan as discussed during the various segments of the planning process. *Moved by Terry Larson, supported by Gary Nowak, to approve the Strategic Plan as presented.* Motion carried.

**3. Ends Policy 04-001**

This policy updates the sub-ends as identified in the Strategic Plan. *Moved by Roger Frye, supported by Gary Nowak, to approve revisions to Policy 04-001 Ends as presented.* Motion carried.

**4. Appoint Nomination/Board Member Composition Committee**

Eric Lawson reported the Nomination/Board Member Composition Committee is made up of at least four members, preferably one from each county. Traditionally, a Board member who has a term expiring is not included in the four to avoid any type of conflict. The committee usually meets in November. Gary Nowak will replace Terry Larson on the committee from the committee make-up of March. Eric Lawson noted the Board members with terms expiring are Robert Adrian, Judy Jones, Les Buza and Terry Larson. Gary Nowak thinks should send out letters early as commissioners try to fill vacancies early. Robert Adrian reported the Commissioner's Personnel meeting is usually in January. Gary Nowak will chair the committee and call a meeting. Due to not having a board meeting in November, Gary Nowak called the meeting for Wednesday, November 10 at 2:00 p.m. All Board members with terms expiring are interested in continuing. Gary Nowak suggests the recommendation letters come from the Board Chair versus the Committee Chair as it might carry more power. The letters can be drafter and Eric can come and sign them if needed. Eric Lawson noted Diane Hayka would not be back until November 12 so Rebekah Duhaime will fill in for this meeting.

**5. CMH PAC**

Eric Lawson reminded Board members of the CMH PAC campaign underway. He noted the Board Association is at 40% of normal goal for the campaign. Board members can participate by making their pledges through a credit card payment this year or mail in. The recommended pledge is equal to one per diem, which for this Board is \$40.

**XVII. Director's Report**

**1. Staff Salaries/Economic Adjustments**

Nena Sork noted based on information reported earlier related to the salary survey, etc. an economic adjustment was built into the budget for FY22. She reported the NMRE is not concerned with budget next year due to the excess dollars this year and amount of savings they currently have to allow for economic adjustments in member boards and have encouraged an economic adjustment of 5% for this fiscal year. By awarding this adjustment at the beginning of the fiscal year, it would eliminate the need to figure retroactive pay later. Gary Nowak asked if a bonus could be given instead of a raise. Nena Sork provided bonuses instead of raises over the past few years has had an effect on our salaries being lower than the average. To fix salaries to at least get to the average, the raise would need to be applied to the base. Staff retention payments in last fiscal year did go out as a lump sum payment. NMRE believes we can do the adjustments and financially will be fine. Nena reported she is trying to lift all salaries to average based on the salary survey by the end of the fiscal year.

**2. Director Update**

Nena Sork reported she and Eric Lawson had an exciting afternoon with a presentation from Alpena Alcona Area Credit Union (AAACU) of a donation to the Agency \$2,093.88. She reported the credit union conducts fund raising efforts with their staff and we were the latest group to receive the funds from this effort. The funds received were collected to support mental health services in the community. She reported contract negotiations have been ongoing. She attended the Bay View Center open house. Leadership and supervisor trainings are being hosted locally with Jackie Krawczak providing leadership training to several staff. She attended the Director's Forum in Lansing. The Agency also hosted SUD training with Dr. Harrison at Alpena Community

College. She noted the goal would be to have other community providers attend trainings arranged by our Agency and they may pay a nominal fee or no fee to attend. She reported Agency staff participated in two Suicide Prevention Walks. The remaining Carter kits have arrived for the volunteer fire departments and will be distributed soon. Nena Sork announced Dr. Hoffman has accepted the Medical Director role for the Agency effective October 1. Dr. Hoffman has lots of goals and training ideas for the future. Dr. Rajasekhar is stepping down from the Medical Director role but will remain with the Agency and provide a limited amount of services. He has provided the Agency with 38 years of service. Terry Larson requested a letter of thanks for Dr. Rajasekhar be drafted with signature from the Board Chair. October 23<sup>rd</sup> is the "Take Back Event" in collaboration with the fire department, city police and Alpena Senior Citizens Center. This event provides an avenue to dispose of unwanted medications assuring the medication does not fall into hands for misuse.

Eric Lawson provided input as to the staff salary increases noting inflation will most likely eat up some of the increases for staff.

**XVIII. Information and/or Comments from the Public**

Bonnie Cornelius asked for prayers for her son, Brocht, as he is very ill.

**XIX. Information and/or Comments for the Good of the Board**

Les Buza and Terry Larson commented on the newsletter Diane Hayka created to capture the history of the Agency in a birthday edition.

Roger Frye shared the Knights of Columbus in Montmorency County Tootsie Roll drive was a success and checks will be forthcoming for Pied Piper and Special Olympics.

**XX. Next Meeting**

The next regularly scheduled meeting of Northeast Michigan Community Mental Health Authority Board will be held Thursday, December 9, 2021 at 3:00 p.m.

**1. Set December Agenda**

The December agenda items were reviewed.

**XXI. Evaluation of Meeting**

Gary Nowak stated that the meeting started and stopped on time, and that he hopes everyone walked away with new understanding. He stated that it was a good meeting and the majority of the board participated.

**XXII. Adjournment**

*Moved by Les Buza, supported by Geyer Balog, to adjourn the meeting.* Motion carried. This meeting adjourned at 4:30 p.m.

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Bonnie Cornelius, Secretary

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Eric Lawson, Chair

Rebekah Duhaime/Diane Hayka  
Recorder



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INTEROFFICE MEMORANDUM

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**TO:** Board Members  
**FROM:** Nena Sork  
**SUBJECT:** Consent Agenda  
**DATE:** November 19, 2021

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**I. Contracts/Agreements**

**A. Merit Service Agreement**

This agreement is an agreement with Merit in response to our Universal Service Fund (USF) Application. This agreement is an annual agreement with Merit to provide the Agency's internet services and secured connectivity between offices. We recommend approval.

**B. Mill Creek Lease Agreement**

A lease renewal option has been received from Hughes & Sons for the lease pertaining to the Mill Creek home. The lease is for three years beginning on November 30, 2021 through November 30, 2024. The monthly payment is of \$1,779.25, which is a 3% annual increase from the previous three-year lease we currently hold. This is a standard lease. The lease agreement provides for a 60-day notice to terminate the lease after the first year of this new term should circumstances change with the Agency. We recommend approval of the lease renewal.

Northeast Michigan Community Mental Health Authority  
**2021-2022 Budget Amendment #1**  
Revenue Budget

Line #	Revenue Source	FY22 Continuation Budget	\$\$\$ Incr./Decr.	FY22 Budget Amendment #1	Totals	% of Total Budget
1	<b>Rent Income</b>	\$ 12,951	\$ (12,951)	\$ -	\$ -	0.00%
2	<b>State Contracts</b>		\$ -		<b>324,039</b>	0.89%
3	PASARR (Nursing Home Services)	105,187	\$ 218,852	324,039		
4	<b>Private Contracts</b>		\$ -		<b>42,216</b>	0.12%
5	Blue Horizons Management Services	18,250	\$ (34)	18,216		
6	MI Child Collaborative Care Grant	40,662	\$ (16,662)	24,000		
7	<b>Local Funding</b>		\$ -		<b>528,632</b>	1.45%
8	Alcona County Allocation	35,223	\$ -	35,223		
9	Alpena County Allocation	150,216	\$ -	150,216		
10	Montmorency County Allocation	31,435	\$ -	31,435		
11	Presque Isle County Allocation	49,764	\$ -	49,764		
12	Rebates/Incentives/Other local revenue/Grants	336,812	\$ (74,818)	261,994		
13	<b>Interest Income</b>	12,165	\$ (10,665)	1,500	1,500	0.00%
14	<b>Medicaid</b>	29,675,562	\$ 826,973	30,502,535	30,502,535	83.86%
15	<b>General Funds from MDCH</b>		\$ -		<b>1,152,288</b>	3.17%
16	Operational (Community) Funding	1,046,679	\$ 55,528	1,102,207		
17	Carryforward from FY21 to FY22	-	\$ 50,081	50,081		
18	<b>Healthy Michigan Plan</b>	2,337,267	\$ (117,786)	2,219,481	2,219,481	6.10%
19	<b>Third Party Insurance (incl. COFR)</b>	367,346	\$ 50,054	417,400	417,400	1.15%
20	<b>Residential Clients - Room &amp; Board</b>	521,551	\$ (19)	521,532	521,532	1.43%
21	<b>Contracted Residential Revenue - Blue Horizons</b>	-	\$ 494,390	494,390	494,390	1.36%
22	<b>Behavior Health Home Revenue</b>	-	\$ 30,500	30,500	30,500	0.08%
23	<b>Other Revenue</b>		\$ -		<b>138,243</b>	0.38%
24	Reimbursed Class Fees	4,250	\$ 1,250	5,500		
25	Food Stamps	-	\$ 105,493	105,493		
26	Representative Payee Fees	17,550	\$ 2,450	20,000		
27	Record Copying Fees	7,250	\$ -	7,250		
28	Michigan Rehabilitation Services	-	\$ -	-		
29	Miscellaneous Other Income	2,400	\$ (2,400)	-		
30	<b>Total Revenues</b>	<b>\$ 34,772,520</b>	\$ 1,600,236	<b>\$ 36,372,756</b>	<b>\$ 36,372,756</b>	100.00%

Northeast Michigan Community Mental Health Authority  
**2020-2021 Budget Amendment #1**  
 Expenditure Budget (by account)

Line #	Expenditure Type	FY22 Continuation Budget	\$\$\$ Incr./((Decr.)	FY22 Budget Amendment #1
1	Salaries	\$ 14,525,614	\$ 1,558,168	\$ 16,083,782
2	Social Security Tax	686,351	\$ 97,112	783,463
3	Health Savings Accounts	50,980	\$ (13,980)	37,000
4	Health Insurance (self insured)	2,775,972	\$ 110,242	2,886,214
5	Prescription Insurance (self insured)	464,744	\$ 240,980	705,724
6	Dental Insurance (self insured)	116,367	\$ 11,095	127,462
7	Vision Insurance (self insured)	36,628	\$ 11,854	48,482
8	Life Insurance	30,991	\$ 2,461	33,452
9	Long Term Disability Insurance	29,307	\$ 5,367	34,674
10	Short Term Disability Insurance	164,969	\$ 11,901	176,870
11	Pension	860,919	\$ 74,531	935,450
12	Pension (Social Security Opt Out)	363,400	\$ 20,822	384,222
13	Unemployment	8,000	\$ -	8,000
14	Workers Compensation	176,246	\$ 58,027	234,273
15	Office Supplies	29,125	\$ 1,343	30,468
16	Postage	18,596	\$ 457	19,053
17	Advertisement/Recruitment	74,177	\$ 26,214	100,391
18	Public Relations/Community Education	17,042	\$ 7,270	24,312
19	Employee Relations/Wellness	60,072	\$ 30,141	90,213
20	Computer Maintenance/Supplies	378,214	\$ 786	379,000
21	Activity/Program Supplies	36,012	\$ 10,126	46,138
22	Medical Supplies & Services	143,732	\$ (45,001)	98,731
23	Household Supplies	58,030	\$ 6,339	64,369
24	Clothing	-	\$ -	-
25	Contracted Transportation	80,498	\$ (8,660)	71,838
26	Contracted Inpatient	1,347,246		-
27	Contracted Residential (incl. Self-Determination)	5,876,267		-
28	Contracted Employees/Services	4,248,829		-
29	<b>Contracted Employees/Services (now one cost center)</b>	<b>11,472,342</b>	<b>\$ (712,590)</b>	<b>10,759,752</b>
30	Telephone / Internet (Communications)	139,495	\$ 13,573	153,068
31	Staff Meals & Lodging	30,225	\$ 279	30,504
32	Staff Travel Mileage	165,135	\$ 28,911	194,046
33	Vehicle Gasoline	108,657	\$ 3,122	111,779
34	Client Travel Mileage	37,893	\$ 3,231	41,124
35	Board Travel and Expenses	13,664	\$ -	13,664
36	Staff Development-Conference Fees	31,795	\$ 3,533	35,328
37	Staff Physicals/Immunizations	13,393	\$ 2,054	15,447
38	Professional Fees (Audit, Legal, CARF)	71,824	\$ 1,335	73,159
39	Professional Liability Insurance Drs.	21,295	\$ 639	21,934
40	Property/Staff Liability Insurance (net)	44,022	\$ 79,200	123,222
41	Heat	26,213	\$ 8,922	35,135
42	Electricity	95,703	\$ 4,845	100,548
43	Water/Sewage	27,228	\$ 1,360	28,588
44	Sanitation	11,102	\$ 1,389	12,491
45	Office Building/Equipment Maintenance	70,038	\$ -	-
46	Home Maintenance (incl. Envir. Modifications)	44,915	\$ -	-
47	<b>Maintenance (all one cost center now)</b>	<b>114,953</b>	<b>\$ 3,200</b>	<b>118,153</b>
48	Vehicle Maintenance	46,620	\$ (6,620)	40,000
49	Rent-Homes and Office Buildings	298,023	\$ (77,167)	220,856
50	Rent-Equipment	6,004	\$ -	6,004
51	Membership Dues	38,118	\$ 676	38,794
52	Food	149,309	\$ 8,373	157,682
53	Food Stamps (now a revenue account)	(83,746)	\$ 83,746	-
54	Capital Equipment over \$200	438,485	\$ (236,137)	202,348
55	Consumable Equipment under \$200	6,570	\$ 9,815	16,385
56	Computer Equipment over \$200	78,400	\$ 97,200	175,600
57	Client Adaptive Equipment	29,828	\$ (5,828)	24,000
58	Depreciation Expense Adjustment	34,344	\$ 64,069	98,413
59	General Fund Expenditures	9,640	\$ (1,640)	8,000
60	Local Fund Expenditures (10% State Hospital)	110,000	\$ 3,151	113,151
61	<b>Unidentified Budget Corrections (TBD)</b>	<b>-</b>	<b>\$ -</b>	<b>-</b>
62	<b>Total Expenditures</b>	<b>\$ 34,772,520</b>	<b>\$ 1,600,236</b>	<b>\$ 36,372,756</b>

Northeast Michigan Community Mental Health Authority  
**2021-2022 Budget Amendment #1**  
 Expenditure Budget (by program)

Line #	Program	FY22 Continuation Budget	\$\$\$ Incr./((Decr.)	FY21 Budget Amendment #1	FY22 to FY22 Amendment #1 % Incr./((Decr.)
1	Board Administration	\$ 876,361	\$ -	\$ 45,185	0.0%
2	DD Administration	224,123	\$ -	-	0.0%
3	MI Administration	67,087	\$ -	-	0.0%
4	<b>General Administration (all one Cost Center now)</b>			<b>930,134</b>	
5	<b>To compare old accounts to new accounts variance</b>	<b>1,167,571</b>	\$ (192,252)	<b>975,319</b>	
6	Managed Information Systems (MIS)	1,333,207	\$ 176,114	1,509,321	13.2%
7	Training	50,047	\$ 1,017	51,064	2.0%
8	Budget & Finance	1,149,826	\$ 56,485	1,206,311	4.9%
9	Direct Run Support Staff (old Clerical plus a few)	551,196	\$ 298,214	849,410	54.1%
10	Human Resources	603,394	\$ (56,078)	547,316	-9.3%
11	Facilities	896,921		341,367	0.0%
12	Housekeeping (now part of Facilities)	138,331		-	0.0%
13	Alpena Facilities (Utilities, Rent, Depreciation)			186,056	
14	Alcona Facilities (Utilities, Rent, Depreciation)			8,225	
15	Hillman Facilities (Utilities, Rent, Depreciation)			57,870	
16	Rogers City Facilities (Utilities, Rent, Depreciation)			46,639	
17	Fletcher Facilities (Utilities, Rent, Depreciation)			88,561	
18	Vehicle Fleet (Gasoline, Depreciation, Maintenance)			305,152	
19	<b>To compare old accounts to new accounts variance</b>	<b>1,035,252</b>	\$ (1,382)	<b>1,033,870</b>	
20	Quality Improvement	251,298	\$ (10,848)	240,450	-4.3%
21	MI Outpatient	1,278,191	\$ 188,209	1,466,400	14.7%
22	Physician Services	1,837,597	\$ 131,999	1,969,596	7.2%
23	Customer Service	87,708	\$ (23,589)	64,119	-26.9%
24	Older Adult Services - PASARR	74,492	\$ 223,083	297,575	299.5%
25	Older Adult Case Management	713,776	\$ -	-	0.0%
26	MI Case Management	739,285	\$ -	-	0.0%
27	DD Case Management	842,598	\$ -	-	0.0%
28	<b>Case Management all one Cost Center now</b>	<b>2,295,659</b>	\$ (182,218)	<b>2,113,441</b>	-7.9%
29	Assertive Community Treatment (ACT)	492,890	\$ (129,169)	363,721	-26.2%
30	Children's Home Based and Comm. Services	782,258	\$ 23,417	805,675	3.0%
31	MI Child Collaborative Care Grant	50,216	\$ 11,820	62,036	23.5%
32	Children's Wraparound	108,330	\$ -	108,330	0.0%
33	Clinical Supervision (old DD Clinical Support)	419,716	\$ 2,015,829	2,435,545	480.3%
34	SIS		\$ 29,265	29,265	100.0%
35	Physical, Occupational & Speech Therapy		\$ 100,662	100,662	100.0%
36	Provider Network (Self Det. Internal, Contracts)		\$ 454,440	454,440	100.0%
37	MI Adult Clubhouse (Touchstone Inc. 1/1/2020)	592,730	\$ -	-	0.0%
38	Self Determination (DD & MI)	1,980,065	\$ -	-	0.0%
39	Contracted Residential	4,599,426	\$ -	-	0.0%
40	Respite (DD & MI)	145,265	\$ -	-	0.0%
41	Private Hospitalization (all populations)	1,347,246	\$ -	-	0.0%
42	Applied Behavioral Analysis (Autism) Services	1,335,915	\$ -	-	0.0%
43	<b>External Services (all one Cost Center now)</b>	<b>10,000,647</b>	\$ (366,491)	<b>9,634,156</b>	
44	Blue Horizons	-	\$ 494,435	494,435	
45	Behavior Health Home	110,820	\$ 231	111,051	0.2%
46	State Hospitalization (County 10% Share only)	110,000	\$ 3,151	113,151	2.9%
47	DD Community Employment	1,242,000	\$ -	-	0.0%
48	MI Community Employment	185,558	\$ -	-	0.0%
49	<b>Supported Employment (one Cost Center now)</b>	<b>1,427,558</b>	\$ (667,756)	<b>759,802</b>	
50	DD Community Support	1,176,527	\$ -	-	0.0%
51	DD Supported Independent Living (SIP)	1,785,768	\$ -	-	0.0%
52	<b>SIP/Community Support (one Cost Center now)</b>	<b>2,962,295</b>	\$ (435,208)	<b>2,527,087</b>	
53	Bay View Center	133,400	\$ 1,235	134,635	0.9%
54	Peer Directed Activities	28,450	\$ 2,562	31,012	9.0%
55	MI Peer Support Services	183,000	\$ (3,372)	179,628	-1.8%
56	DD SIP Monitoring	591,553	\$ (72,838)	518,715	-12.3%
57	Hospital Transportation	26,397	\$ (2,925)	23,472	-11.1%
58	Cambridge Residential DD	683,241	\$ (56,615)	626,626	-8.3%
59	Princeton Residential DD	748,745	\$ (177,352)	571,393	-23.7%
60	Walnut Residential DD	801,049	\$ (74,702)	726,347	-9.3%
61	Thunder Bay Heights Residential DD	733,386	\$ (6,695)	726,691	-0.9%
62	Pinepark Residential DD	628,617	\$ (75,735)	552,882	-12.0%
63	Brege Residential DD	711,336	\$ (48,000)	663,336	-6.7%
64	Harrisville Residential DD	634,842	\$ (23,587)	611,255	-3.7%
65	Millcreek Residential DD	688,336	\$ (5,120)	683,216	-0.7%
66	<b>Budget Corrections to be spread to programs</b>		\$ -		100.0%
67	<b>Total Expenditures</b>	<b>\$ 34,772,520</b>	<b>\$ 1,600,236</b>	<b>\$ 36,372,756</b>	<b>4.6%</b>

Northeast Michigan Community Mental Health Authority  
**2021-2022 Budget Amendment #1**

**Capital Purchases**

Line #	Program	Description	\$\$\$
<b>Equipment, Furniture, Building Improvements</b>			
	Staff Development	Training Items	6,548
	MIS	Misc Equipment	12,500
	Facilities	Vehicle - Sedan 1	24,000
	Facilities	Vehicle - Mini Vans 4	112,000
	Facilities	Vehicle - Minin Vans w/Ramps 1	38,000
	Cambridge	One Major Appliance	1,000
	Princeton	One Major Appliance	1,000
	Walnut	One Major Appliance	1,000
	Thunder Bay	One Major Appliance	1,000
	Pine Park	One Major Appliance	1,000
	Brege	One Major Appliance	1,000
	Various	Misc Equipment	3,300
	<b>Total Equipment, Furniture, Building Improvements</b>		<b>\$ 202,348</b>
<b>Computer Equipment</b>			
	MIS	Access Points - 18	18,000
	MIS	Switches - 7	77,000
	MIS	Controllers - 3	45,000
	MIS	Firepower Controllers - 13	15,600
	MIS	Camera Systems - 3	12,000
	MIS	Controller	8,000
	<b>Total Computer Equipment</b>		<b>\$ 175,600</b>

Vehicle Replacement Policy:

*Agency owned vehicles will be reviewed for replacement when:*

- a. they have reached a service life of five years and/or they have accumulated 120,000 miles,*
- b. excessive wear or costs dictates that the vehicle be removed from service, or*
- c. safety conditions require that they be removed from service.*

Northeast Michigan Community Mental Health Authority  
**2021-2022 Budget Amendment #1**  
 Staffing - Full Time Equivalents (FTE's)

Line #	Program	FY21 Continuation Budget	FTE Incr./Decr.)	FY22 Budget Amendment #1	% Incr./Decr.)
1	Board Administration (now only Board Members)	6.91	(6.01)	0.90	-87.0%
2	DD-Administration	2.00	-	-	0.0%
3	MI-Administration	0.50	-	-	0.0%
4	<b>General Administration</b>	2.50	5.15	7.65	206.0%
5	Managed Information Systems (MIS)	6.00	-	6.00	0.0%
6	Training	0.37	-	0.37	0.0%
7	Budget & Finance	9.98	1.02	11.00	10.2%
8	Direct Run Support Staff (old clerical plus some)	7.85	4.90	12.75	62.4%
9	Human Resources	4.15	(0.15)	4.00	-3.6%
10	Facilities (old Housekeeping now in Facilities)	6.50	(0.92)	5.58	-14.2%
11	Quality Improvement	2.00	-	2.00	0.0%
12	MI Outpatient	11.50	1.30	12.80	11.3%
13	Physician Services	10.10	0.90	11.00	8.9%
14	Customer Service	1.25	(0.25)	1.00	-20.0%
15	Geriatric Services - PASARR	0.91	2.00	2.91	219.8%
16	Geriatric Case Management	10.71	-	-	0.0%
17	MI Case Management (see DD Case Manage)	11.78	-	-	0.0%
18	DD Case Management (see MI Case Manage)	10.00	-	-	0.0%
19	<b>Case Management</b>	32.49	(6.49)	26.00	
20	Assertive Community Treatment (ACT)	6.00	(2.00)	4.00	-33.3%
21	Home Based	10.43	(0.37)	10.06	-3.5%
22	MI Child Collaborative Care Grant	0.50	-	0.50	0.0%
23	DD-Clinical Support	1.80	(1.80)	-	-100.0%
24	Clinical Supervisors	-	27.00	27.00	100.0%
25	Behavior Health Home	2.35	(1.50)	0.85	-63.8%
26	DD-Community Employment	12.70	-	-	0.0%
27	MI-Community Employment	3.55	-	-	0.0%
28	<b>Supported Employment</b>	16.25	(3.25)	13.00	-20.0%
29	Physical, Occupational & Speech Therapy	-	1.00	1.00	100.0%
30	Peer Directed Activities	0.78	-	0.78	0.0%
31	MI Peer Support Services	3.63	0.06	3.69	1.7%
32	SIP Monitoring	9.97	2.13	12.10	21.4%
33	DD-Supported Independent Living (SIP)	37.85	-	-	0.0%
34	DD-Community Living Supports	17.41	-	-	0.0%
35	<b>SIP/Community Support</b>	55.26	(6.41)	48.85	-11.6%
36	SIS	-	0.50	0.50	100.0%
37	Provider Network (was Self Determination)	4.31	1.00	5.31	23.2%
38	Hospital Transportation	0.67	(0.14)	0.53	-20.9%
39	Cambridge Residential DD	12.43	(1.02)	11.41	-8.2%
40	Princeton Residential DD	13.97	(0.06)	13.91	-0.4%
41	Walnut Residential DD	13.65	(1.12)	12.53	-8.2%
42	Thunder Bay Residential DD	12.13	0.51	12.64	4.2%
43	Pinepark Residential DD	12.61	0.76	13.37	6.0%
44	Brege Residential DD	13.42	(0.77)	12.65	-5.7%
45	Harrisville Residential DD	12.57	(1.00)	11.57	-8.0%
46	Millcreek Residential DD	12.23	(0.62)	11.61	-5.1%
47	<b>Total FTE's</b>	317.47	14.35	331.82	4.5%



## Recipient Rights Advisory Committee Minutes October 20, 2021

The meeting was called to order at 3:15 p.m. October 20, 2021 by Chair Patricia Przeslawski in the Administrative Conference Room.

**Present:** Tom Fredlund, Judy Jones, Barb Murphy, Pat Przeslawski, and Lorell Whitscell  
**Absent:** Renee Smart-Shepler (Excused)  
**Staff:** Ruth Hewett  
**Guests:** None.

DRAFT MINUTES

I. **Old Business.** None.

II. **Approval of Minutes.** The minutes from 07-21-2021 were approved as written. Tom moved to approve, Judy supported, motion carried.

III. **New Business.**

QUARTERLY RIGHTS ACTIVITY REPORT: The report covered the fourth quarter of FY 21, 7/1/2021 – 9/30/2021. Complaints this quarter were comparable with the last three quarters at 25. Ruth noted 14 of the complaints were received in the month of September. Of the 25 complaints, 22 were investigated with 13 substantiated and 4 pending. There was 1 outside the jurisdiction of the rights office. Remedial action was pending for 5 but this was due to completion of many of the complaints from September and remedial action will be taken within the next two weeks. There was an increase in incident reports for the quarter at 557. Lorell moved to review the report, supported by Barb, motion carried.

ANNUAL RECIPIENT RIGHTS REPORT: The annual rights report covered the months of 10/1/2020 through 9/30/2021 and included 108 allegations, of which 91 were investigated and 1 was handled as an intervention. Thirteen did not contain a Code-protected right, and 3 were outside the jurisdiction of the rights office. 49 of the 92 investigations/interventions were substantiated. Ruth noted this is a draft annual report as there are 4 investigations and 5 remedial actions pending. This report is due to the State by 12-30-21 and all pending actions must be completed. Since the committee does not meet again until January, the actions will be added to the final report and will be reflected on the next quarterly report to the committee. The outcomes for the office were shared with the committee. Recommendations to the Board were discussed and it was decided that none are necessary. Barb moved to review the report, supported by Lorell, motion carried.

MDHHS RIGHTS SITE ASSESSMENT RESULTS AND PLAN OF CORRECTION: Ruth presented the site assessment report showing substantial compliance, citations, and plan of correction. Majority of the citations involved site visits of contracted hospitals around the state. The rights office will ensure a site visit is completed every 365 days per the Mental Health Code with documentation of compliance or attempts to bring into compliance.

IV. **Educational Session:** There was no educational session this meeting.

V. **Other Business.**

The next meeting will be January 19, 2022 at 3 p.m. in the Administrative Conference Room.

**VI. Adjournment.**

Judy moved to adjourn the meeting, supported by Barb. The meeting adjourned at 3:35 pm.

Ruth Hewett, Recorder

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Patricia Przeslawski, Chairperson



**QUARTERLY RECIPIENT RIGHTS ACTIVITY REPORT**

**Time Period: July, August & September 2021:**

I. COMPLAINT DATA SUMMARY		<u>FY 20-21</u>					<u>FY 19-20</u>		
A. Totals	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>		1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>
Complaints Received:	33	23	26	25		39	38	26	31
Investigated:	26	19	23	22		32	30	25	24
Interventions:	01	-0-	-0-	-0-		01	02	01	02
Substantiated:	22	08	06	13 + 4 pd		14	18	17	21
Outside Jurisdiction:	02	-0-	-0-	01		05	02	-0-	-0-
No Code Protected Right:	04	04	03	02		01	04	-0-	05

B. Aggregate Summary of Complaints

CATEGORY	Received	Investigation	Intervention	Substantiated
Abuse I	0	0		0
Abuse II	3	3		2 + 1 pdg
Abuse III	0	0		0
Sexual Abuse	0	0		0
Neglect I	1	1		0 + 1 pdg
Neglect II	0	0		0
Neglect III	5	5		3 + 1 pdg
Rights Protection System	0	0	0	0
Admiss/Dischrg-2 <sup>ND</sup> Opinion	0	0	0	0
Civil Rights	0	0	0	0
Family Rights	0	0	0	0
Communication & Visits	0	0	0	0
Confidentiality/Disclosure	2	2	0	2
Treatment Environment	0	0	0	0
Freedom of Movement	0	0	0	0*
Financial Rights	0	0	0	0
Personal Property	1	1	0	0 + 1 pdg
Suitable Services	10	10	0	6**
Treatment Planning	0	0	0	0
Photos/Fingerprints/Audio etc	0	0	0	0
Forensic Issues	0	0	0	0
<b>Total</b>	<b>22</b>	<b>22</b>	<b>0</b>	<b>13 + 4 pdg</b>

Pending from last quarter:

\*Freedom of Movement was substantiated but changed to Dignity & Respect (Suitable Serv)

\*\*2 Services Suited to Condition were not substantiated.

c. Remediation of substantiated rights violations.

<b>Category/Specific Allegation</b>	<b>Specific Provider</b>	<b>Specific Remedial Action</b>
Pending from prev qtr:		
* Suit Serv-D & Resp	CJ's Home	Other
Actions this qtr:		
Abuse II	NEMCMH	Pending
Abuse II	Self Determination	Written Reprimand
Neglect III	Self Determination	Written Reprimand
Neglect III	NEMCMH	Pending
Neglect III	NEMCMH	Quit before invest. compltd
Confidentiality	NEMCMH	Pending
Confidentiality	NEMCMH	Pending
Suit Serv-Dign/Resp	NEMCMH	Pending
Suit Serv-Dign/Resp	NEMCMH	Suspension
Suit Serv-Dign/Resp	NEMCMH	Suspension
Suit Serv-Dign/Resp	NEMCMH	Suspension
Suit Serv-Dign/Resp	NEMROC	Verbal Reprimand
Suit Serv-Dign/Resp	NEMCMH	Terminated

D. Summary of Incident Reports: July, August & September 2021

Category Type	1 <sup>st</sup> Qtr		2 <sup>nd</sup> Qtr		3 <sup>rd</sup> Qtr		4 <sup>th</sup> Qtr	
	'21	'20	'21	'20	'21	'20	'21	'20
01.0 Absent without leave (AWOL)	04	02	01	03	02	06	04	03
02.0 Accident – No injury	03	06	05	06	07	01	06	02
02.1 Accident – With injury	20	14	18	10	16	16	18	12
03.0 Aggressive Acts – No injury	16	30	51	25	39	24	55	40
03.1 Aggressive Acts – w/ injury	04	06	05	10	04	-0-	12	05
03.3 Aggressive Acts – Property Destruc	01	01	09	04	03	01	06	03
04.0 Death	01	05	05	05	08	02	05	05
05.0 Fall – No injury	07	12	10	20	12	09	16	07
06.0 Medical Problem	103	60	120	78	135	91	119	109
07.0 Medication Delay	04	06	05	05	02	06	08	04
07.1 Medication Error	29	19	23	19	19	22	28	21
07.2 Medication Other	52	49	46	52	49	41	61	51
07.3 Medication Refusal	99	47	22	77	04	63	31	73
08.0 Non-Serious Injury – Unknwn cause	08	03	08	06	08	07	09	04
09.0 Other	68	41	102	65	78	50	109	87
10.0 Self Injurious Acts – No injury	04	12	02	03	07	01	02	08
10.1 Self Injurious Acts – w/injury	09	06	06	02	04	04	06	02
Challenging Behavior	17	35	50	25	15	12	36	12
Fall – with injury	07	11	22	16	12	17	17	14
Arrests	04	05	02	08	06	03	09	03
Total	460	370	512	439	430	376	557	465

E. Prevention Activity	Quarter	YTD
Hours Used in Training Provided	26.00	98.25
Hours Used in Training Received	38.00	49.00
Hours Used in Site Visits	43.00	68.00

F. Monitoring Activity	Quarter	YTD
Incident Report Received	557	1,928

G. Source of All Complaints:	Quarter	YTD
Recipient:	03	16
Staff:	16	66
ORR:	03	12
Gdn/Family:	02	08
Anonymous:	-0-	-0-
Comm/Gen Pub:	<u>01</u>	<u>05</u>
Total	25	107

Ruth M. Hewett, Recipient Rights Officer

10/19/2021  
Date

## Annual Appeals Data for: Northeast Michigan CMH Authority

### APPEALS INFORMATION (if agency has local appeals committee)

Number of Appeal Requests Received	0
Number of Appeals Accepted	0
Number Number of Appeals Upheld	0
Number of Appeals Sent Back for Reinvestigation	0
Number of Appeals Requesting External Investigation by DHHS	0
Number of Appeals Sent Back for Further Action	0
Total Number of Appeals Reviewed by the Appeals Committee	0

## Complaint Data for: Northeast Michigan CMH Authority

Rights Office Director: Ruth M. Hewett

Reporting Period: 10/1/2020 to 9/30/2021

CMH	2,307	# of Consumers Served (unduplicated count)	CMH	2	Rights Office FTEs
LPH		Number of Admissions	LPH		Hours/40

## Section I: Complaint Data Summary

### Part A: Agency Totals

Allegations	108	DO NOT TYPE HERE - IT WILL AUTO FILL
Interventions	1	DO NOT TYPE HERE - IT WILL AUTO FILL
Investigations	91	DO NOT TYPE HERE - IT WILL AUTO FILL
Interventions Substantiated	0	DO NOT TYPE HERE - IT WILL AUTO FILL
Investigations Substantiated	49	DO NOT TYPE HERE - IT WILL AUTO FILL

#### COMPLAINT SOURCE

Recipient	16	DO NOT TYPE HERE - IT WILL AUTO FILL
Staff	64	
ORR	12	
Guardian/Family	8	
Anonymous	0	
Community/General Public	5	
<i>Total Complaints Received</i>	105	

#### TIMEFRAMES OF COMPLETED INVESTIGATIONS

Category	Total	≤30	≤60	≤90	>90
Abuse I, II, III & Neglect I, II, III	34	29	4	1	0
All others	54	42	10	2	0

### Part B: Detailed Summary

#### 1. Freedom from Abuse

Code	Category	Received	Investigations	Investigations Substantiated	Recipient Population		
					MI	DD	SED
7221	Abuse class I	0	0	0	0	0	0
72221	Abuse class II - nonaccidental act	0	0	0	0	0	0
72222	Abuse class II - unreasonable force	7	7	3	0	9	0
72223	Abuse class II - emotional harm	0	0	0	0	0	0
72224	Abuse class II - treating as incompetent	0	0	0	0	0	0
72225	Abuse class II - exploitation	1	1	1	0	1	0
7223	Abuse - class III	6	6	2	1	7	0
7224	Abuse class I - sexual abuse	0	0	0	0	0	0

#### 2. Freedom from Neglect

Code	Category	Received	Investigations	Investigations Substantiated	Recipient Population		
					MI	DD	SED
72251	Neglect class I	1	1	1	0	1	0
72252	Neglect class I - failure to report	0	0	0	0	0	0
72261	Neglect class II	1	1	1	1	0	0
72262	Neglect class II - failure to report	0	0	0	0	0	0
72271	Neglect class III	20	20	14	8	67	0
72272	Neglect class III - failure to report	0	0	0	0	0	0

### 3. Rights Protection System

Code	Category	Received	Interventions	Interventions Substantiated	Investigations	Investigations Substantiated	Recipient Population		
							MI	DD	SED
7060	Notice/explanation of rights	0	0	0	0	0	0	0	0
7520	Failure to report	2	0	0	2	2	1	1	0
7545	Retaliation/harassment	1			1	0	1	0	0
7760	Access to rights system	0	0	0	0	0	0	0	0
7780	Complaint investigation process	0	0	0	0	0	0	0	0
7840	Appeal process/mediation	0	0	0	0	0	0	0	0

### 4. Admission/Discharge/Second Opinion

Code	Category	Received	Interventions	Interventions Substantiated	Investigations	Investigations Substantiated	Recipient Population		
							MI	DD	SED
4090	hospitalization	0	0	0	0	0	0	0	0
4190	Termination of voluntary hospitalization (adult)	0	0	0	0	0	0	0	0
4510	admission process	1	0	0	1	0	1	0	0
4630	Independent clinical examination	0	0	0	0	0	0	0	0
4980	Objection to hospitalization (minor)	0	0	0	0	0	0	0	0
7050	Second opinion - denial of services	0	0	0	0	0	0	0	0

### 5. Civil Rights

Code	Category	Received	Interventions	Interventions Substantiated	Investigations	Investigations Substantiated	Recipient Population		
							MI	DD	SED
7041	Civil rights: discrimination, accessibility, accommodation, etc	0	0	0	0	0	0	0	0
7044	Religious practice	0	0	0	0	0	0	0	0
7045	Voting	0	0	0	0	0	0	0	0
7047	Presumption of competency	0	0	0	0	0	0	0	0
7284	Search/seizure	0	0	0	0	0	0	0	0

### 6. Family Rights

Code	Category	Received	Interventions	Interventions Substantiated	Investigations	Investigations Substantiated	Recipient Population		
							MI	DD	SED
7111	Family dignity & respect	1	0	0	1	1	0	1	0
7112	information	0	0	0	0	0	0	0	0
7113	Opportunity to provide information	0	0	0	0	0	0	0	0

### 7. Communication & Visits

Code	Category	Received	Interventions	Interventions Substantiated	Investigations	Investigations Substantiated	Recipient Population		
							MI	DD	SED
7261	Visits	0	0	0	0	0	0	0	0
7262	Contact with attorneys or others regarding legal matters	0	0	0	0	0	0	0	0
7263	Access to telephone, mail	1	0	0	1	0	1	0	0
7264	Funds for postage, stationery, telephone usage	0	0	0	0	0	0	0	0
7265	Written and posted limitations, if established	0	0	0	0	0	0	0	0
7266	Uncensored mail	0	0	0	0	0	0	0	0

## 8. Confidentiality/Privileged Communications/Disclosure

Code	Category	Received	Interventions	Interventions Substantiated	Investigations	Investigations Substantiated	Recipient Population		
							MI	DD	SED
7481	Disclosure of confidential information	8	1	0	7	3	4	3	1
7485	Withholding of information (includes recipient access to records)	0	0	0	0	0	0	0	0
7486	Correction of record	0	0	0	0	0	0	0	0
7487	Access by p & a to records	0	0	0	0	0	0	0	0
7501	Privileged communication	0	0	0	0	0	0	0	0

## 9. Treatment Environment

Code	Category	Received	Interventions	Interventions Substantiated	Investigations	Investigations Substantiated	Recipient Population		
							MI	DD	SED
7081	Safe environment	3	0	0	3	2	4	4	0
7082	Sanitary/humane environment	0	0	0	0	0	0	0	0
7086	Least restrictive setting	0	0	0	0	0	0	0	0

## 10. Freedom of Movement

Code	Category	Received	Interventions	Interventions Substantiated	Investigations	Investigations Substantiated	Recipient Population		
							MI	DD	SED
7441	Restrictions/limitations	1	0	0	1	0	1	0	0
7400	Restraint	0	0	0	0	0	0	0	0
7420	Seclusion	0	0	0	0	0	0	0	0

## 11. Financial Rights

Code	Category	Received	Interventions	Interventions Substantiated	Investigations	Investigations Substantiated	Recipient Population		
							MI	DD	SED
7301	Safeguarding money	0	0	0	0	0	0	0	0
7302	Facility account	0	0	0	0	0	0	0	0
7303	Easy access to money in account	0	0	0	0	0	0	0	0
7304	Ability to spend or use as desired	0	0	0	0	0	0	0	0
7305	Delivery of money upon release	0	0	0	0	0	0	0	0
7360	Labor & Compensation	0	0	0	0	0	0	0	0

## 12. Personal Property

Code	Category	Received	Interventions	Interventions Substantiated	Investigations	Investigations Substantiated	Recipient Population		
							MI	DD	SED
7267	Access to entertainment materials, information, news	0	0	0	0	0	0	0	0
7281	Possession and use	5	0	0	5	0	5	0	
7282	Storage space	0	0	0	0	0	0	0	
7283	Inspection at reasonable times	0	0	0	0	0	0	0	
7285	Exclusions	0	0	0	0	0	0	0	
7286	Limitations	0	0	0	0	0	0	0	
7287	Receipts to recipient and to designated individual	0	0	0	0	0	0	0	
7288	Waiver	0	0	0	0	0	0	0	
7289	Protection	0	0	0	0	0	0	0	

### 13. Suitable Services

Code	Category	Received	Interventions	Interventions Substantiated	Investigations	Investigations Substantiated	Recipient Population		
							MI	DD	SED
1708	Dignity and Respect	26	0	0	26	17	6	39	0
7003	Informed consent	0	0	0	0	0	0	0	0
7029	Information on family planning	0	0	0	0	0	0	0	0
7049	Treatment by spiritual means	0	0	0	0	0	0	0	0
7080	condition	7	0	0	7	3	1	8	0
7100	Physical and mental exams	0	0	0	0	0	0	0	0
7130	Choice of physician/mental health professional	0	0	0	0	0	0	0	0
7140	Notice of clinical status/progress	0	0	0	0	0	0	0	0
7150	Services of mental health professional	0	0	0	0	0	0	0	0
7160	Surgery	0	0	0	0	0	0	0	0
7170	Electro convulsive therapy (ect)	0	0	0	0	0	0	0	0
7180	Psychotropic drugs	0	0	0	0	0	0	0	0
7190	Notice of medication side effects	0	0	0	0	0	0	0	0

### 14. Treatment Planning

Code	Category	Received	Interventions	Interventions Substantiated	Investigations	Investigations Substantiated	Recipient Population		
							MI	DD	SED
7121	Person-centered process	0	0	0	0	0	0	0	
7122	Timely development	0	0	0	0	0	0	0	
7123	Requests for review	0	0	0	0	0	0	0	
7124	Participation by individual(s) of choice	0	0	0	0	0	0	0	
7125	Assessment of needs	0	0	0	0	0	0	0	

### 15. Photographs, Fingerprints, Audiotapes, One-way Glass

Code	Category	Received	Interventions	Interventions Substantiated	Investigations	Investigations Substantiated	Recipient Population		
							MI	DD	SED
7241	Prior consent	0	0	0	0	0	0	0	
7242	Identification	0	0	0	0	0	0	0	
7243	Objection	0	0	0	0	0	0	0	
7244	Release to others/return	0	0	0	0	0	0	0	
7245	Storage/destruction	0	0	0	0	0	0	0	

<b>TOTALS</b>	<b>92</b>	<b>1</b>	<b>0</b>	<b>91</b>	<b>49</b>	<b>30</b>	<b>146</b>	<b>1</b>
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### 17. No Right Involved

Code	Category	Received
0000	No right involved	13

### 18. Outside Provider Jurisdiction

Code	Category	Received
0001	Outside provider jurisdiction	3



Section II: intervention & investigation substantiation data for: Northeast Michigan CMH Authority

Category (from Complaint Data)	Specific Provider Type	Specific Remedial Action	Specific Remedial Action	Specific Remedial Action	Specific Remedial Action	Specific Remedial Action	Specific Remedial Action	Specific Remedial Action	Specific Remedial Action (no drop down)	MI	DD	SED	SED-W	DD-CWP	HSW
Abuse class II - exploitation	Other	Written Reprimand								0	0	0	0	0	1
Abuse class III	Residential DD	Suspension								0	0	0	0	0	3
Abuse class III	Residential DD	Written Counseling								0	0	0	0	0	1
Abuse class II - unreasonable force	Residential MI & DD	Employee left the agency, but substantiated	Other							0	0	0	0	0	1
Abuse class II - unreasonable force	Residential DD	Suspension								0	0	0	0	0	1
Abuse class II - unreasonable force	Residential DD	Pending								0	0	0	0	0	1
Neglect class II	Residential MI	Employment Termination								1	0	0	0	0	0
Neglect class III	Residential MI & DD	Other								6	4	0	0	0	3
Neglect class III	Residential DD	Verbal Counseling								0	0	0	0	0	6
Neglect class III	Residential DD	Verbal Counseling								0	1	0	0	0	5
Neglect class III	Residential MI & DD	Employment Termination								1	1	0	0	0	0
Neglect class III	Residential DD	Written Reprimand								0	0	0	0	0	11
Neglect class III	Residential MI & DD	Policy Revision/Development								0	0	0	0	0	1
Neglect class III	Residential MI & DD	Employee left the agency, but substantiated								1	0	0	0	0	0
Neglect class III	Supported Employment	Written Counseling								0	0	0	0	0	1
Neglect class III	Residential DD	Employee left the agency, but substantiated								0	0	0	0	0	5
Neglect class III	Residential DD	Written Reprimand	Employment Termination							0	1	0	0	0	5
Neglect class III	Supported Employment	Written Reprimand								0	1	0	0	0	1
Neglect class III	Other	Written Reprimand								0	0	0	0	0	1
Neglect class III	Residential DD	Pending								0	0	0	0	0	1
Neglect class III	Residential DD	Employee left the agency, but substantiated								0	0	0	0	0	6
Failure to report (other than Abuse/Neglect)	Residential DD	Verbal Counseling								0	0	0	0	0	1
Failure to report (other than Abuse/Neglect)	Residential MI	Written Reprimand	Written Reprimand	Written Reprimand						1	0	0	0	0	0
Family dignity & respect	Other	Written Counseling								0	0	0	0	0	1
Disclosure of confidential information	Other	Other								2	0	0	0	0	0
Disclosure of confidential information	Residential DD	Pending								0	0	0	0	0	1
Disclosure of confidential information	Other	Pending								0	0	1	0	0	0
Safe environment	Residential MI & DD	Other								2	2	0	0	0	1
Safe environment	Residential MI & DD	Environmental Repair/Enhancement								1	1	0	0	0	0
Dignity and respect	Other	Verbal Counseling								0	0	0	0	0	1
Dignity and respect	Residential DD	Written Reprimand								0	0	0	0	0	6
Dignity and respect	Residential DD	Employee left the agency, but substantiated								0	0	0	0	0	1
Dignity and respect	Residential MI & DD	Verbal Counseling								1	0	0	0	0	0
Dignity and respect	Residential MI & DD	Other								1	0	0	0	0	0
Dignity and respect	Residential DD	Employment Termination								0	0	0	0	0	1
Dignity and respect	Case Management	Verbal Counseling								1	0	0	0	0	0
Dignity and respect	Residential DD	Employment Termination								0	0	0	0	0	3
Dignity and respect	Residential DD	Written Counseling								0	1	0	0	0	0
Dignity and respect	Residential DD	Verbal Counseling	Employee left the agency, but substantiated							0	1	0	0	0	5
Dignity and respect	Residential DD	Pending								1	0	0	0	0	0
Dignity and respect	Residential DD	Suspension								0	1	0	0	0	0
Dignity and respect	Residential DD	Suspension								0	1	0	0	0	0
Dignity and respect	Residential DD	Suspension								0	0	0	0	0	1
Dignity and respect	Supported Employment	Written Counseling								0	1	0	0	0	0
Dignity and respect	Residential DD	Employment Termination								0	0	0	0	0	3
Dignity and respect	Residential DD	Employee left the agency, but substantiated								0	0	0	0	0	6
Mental health services suited to condition	SIP	Verbal Counseling								0	1	0	0	0	0
Mental health services suited to condition	Other	Written Counseling								0	1	0	0	0	0
Mental health services suited to condition	SIP	Verbal Counseling								0	0	0	0	0	1

REMEDATION TOTALS	
Verbal Counseling	9
Written Counseling	6
Verbal Reprimand	0
Written Reprimand	9
Suspension	5
Demotion	0
Staff Transfer	0
Training	0
Employment Termination	6
Employee left the agency, but substantiated	7
Contract Action	0
Policy Revision/Development	1
Plan of Service Revision	0
Recipient Transfer to Another Provider/Site	0
Other	5
Pending	5
None	0
POPULATION TOTALS	
MI	19
DD	18
SED	1
SED-W	0
DD-CWP	0
HSW	86
PROVIDER TOTALS	
Out Patient	0
Residential MI	2
Residential DD	25
Residential MI & DD	9
Inpatient	0
Day Program MI	0
Day Program DD	0
Workshop (prevocational)	0
Supported Employment	3
ACT	0
Case Management	1
Psychosocial Rehabilitation	0
Partial Hospitalization	0
SIP	2
Crisis Center	0
Children's Foster Care	0
Clubhouse/Drop-in Center	0
Respite Homes	0
Other	7

Northeast Michigan CMH Authority

SECTION II: ANNUAL TRAINING ACTIVITY

Part A: Training Received by Office Staff (Please only list trainings related to rights protection)

LIST THE NAMES OF ALL STAFF HERE	Staff Name (drop down: you have to scroll up to see the names)	MDHHS-ORR Course Number	Topic of Training Received	CEU Type (drop down)	# Hours
Ruth Hewett	Jolie Danielson	ORR21-70	Building Blocks of Rept Writing	I - Operations	4.50
Jolie Danielson	Ruth Hewett	ORR21CMHQC	CMH Director's Qtrly Conf Call	I - Operations	1.50
	Ruth Hewett	ORR21CMHQC	CMH Director's Qtrly Conf Call	I - Operations	1.50
	Ruth Hewett	RCA21-05	RROAM-Legislature Update/Rdtbl	II - Legal Foundations	2.00
	Ruth Hewett	ORR21-004	Vol/Invol Process, AOT, Deferrals	I - Operations	1.50
	Jolie Danielson	ORR21-004	Vol/Invol Process, AOT, Deferrals	I - Operations	1.50
	Ruth Hewett	RCA21-49	RROAM-Subpoena/Release	II - Legal Foundations	2.00
	Ruth Hewett	RC21-PreCon	Pre-Conf: Deceptive Analysis	I - Operations	3.00
	Ruth Hewett	RC21-PreCon	Pre-Conf: Deceptive Analysis	I - Operations	3.00
	Ruth Hewett	RC20-GS1	GS1: Detecting Deception	I - Operations	1.50
	Ruth Hewett	RC20-01	#1 Evidence Analysis	I - Operations	1.50
	Ruth Hewett	RC20-09	#9 Practicing Effective Mgmt	IV - Augmented Training	1.50
	Ruth Hewett	RC20 LPHRT	LPH Roundtable	I - Operations	1.50
	Ruth Hewett	RC20-13	#13 Beh Hlth Mediation Prog	II - Legal Foundations	1.50
	Ruth Hewett	RC20 CMHRT	CMH Roundtable	I - Operations	1.50
	Ruth Hewett	RC20-18	#18 Guardianship Reform	II - Legal Foundations	1.50
	Ruth Hewett	RC20-GS2	GS2: veivet Covered Steer: How to think, comm & act w/resilience	IV - Augmented Training	1.50
	Jolie Danielson	RC21-PreCon	Pre-Con: Deceptive Analysis	I - Operations	3.00
	Jolie Danielson	RC21-PreCon	Pre-Con: Deceptive Analysis	I - Operations	3.00
	Jolie Danielson	RC20-GS1	GS1: Detecting Deception	I - Operations	1.50
	Jolie Danielson	RC20-03	#3 interviewing Cons w/Personality Disorders	I - Operations	1.50
	Jolie Danielson	RC20-04	#4 Journey to Rights Focused Environment	I - Operations	1.50
	Jolie Danielson	RC20-09	#9 Practicing Effective Mgmt	IV - Augmented Training	1.50
	Jolie Danielson	RC20-10	#10 Moving from Chail to Rewarding Conversations	IV - Augmented Training	1.50
	Jolie Danielson	RC20-14	#14 Respond. To Comm Trauma	IV - Augmented Training	1.50
	Jolie Danielson	RC20-17	#17 Interviewg Children w/Autism and DD	I - Operations	1.50
	Jolie Danielson	RC20-GS2	GS2: veivet Covered Steer: How to think, comm & act w/resilience	IV - Augmented Training	1.50

CATEGORY TOTALS	
I - Operations	34.50
II - Legal Foundations	7.00
III - Leadership	0.00
IV - Augmented Training	9.00
Non-CEU	0.00

THESE NUMBERS WILL AUTO-FILL

**Northeast Michigan CMH Authority**  
**SECTION II: ANNUAL TRAINING ACTIVITY**  
**Part B: Training Provided by Rights Office**

<b>Is Update Training Required?</b>	<b>Yes</b>
If Yes, how often: (Annual, Every 2 years, etc.)	Annual

Topic of Training Provided	How long is the training? # Hours	# Agency Staff	# Contractual Staff	# of Consumers	# Other Staff	Type of Other Staff	Method of Training Provided	Description (If Needed)
		361	140	11	25			
Module 7	4.00	44	44	0	8	Self Determination	Face-to-Face	
Initial Rights	1.00	13	0	0	12	Interns/Students	Face-to-Face	Mostly 1:1
Initial Rights	1.00	11	0	0	5	Interns	Teams/Zoom, etc	Mostly 1:1
Rights for Casual Workers	1.00	0	0	11	0		Face-to-Face	
Rights Update	1.00	293	96	0	0		Paper	

Type of Training Totals	Agency Staff	Contractual Staff	Consumers	Other Staff
Face-to-Face	3	57	44	11
Video	0	0	0	0
Computer	0	0	0	0
Paper	1	293	96	0
Video & Face-to-Face	0	0	0	0
Computer & Face-to-Face	0	0	0	0
Paper & Face-to-Face	0	0	0	0
Teams/Zoom, etc	1	11	0	5
Other (please describe)	0	0	0	0
<small>These Numbers will self-fill</small>				

**Northeast Michigan CMH Authority**

**SECTION III: DESIRED OUTCOMES FOR THE OFFICE & PROGRESS OF PREVIOUS OUTCOMES**

Progress on Outcomes established by the office for FY 20/21. Pick from the drop-down in Outcome and indicate if goal was accomplished, was accomplished, discontinued, or remains ongoing. Checking ongoing will result in that outcome being self-populated in the FY 21/22 goal section below.

1 **Continue with scanning projects of documents, resource materials, committee minutes and information.**

Outcome:

2 **Work with IT in developing information for the recipient rights link on the Agency's website.**

Outcome:

3

Outcome:

4

Outcome:

5

Outcome:

**Outcomes established by the office for FY21-22**

1 **Continue with scanning projects of documents, resource materials, committee minutes and information.**

2 **Work with IT in developing information for the recipient rights link on the Agency's website.**

3

4

5

# Northeast Michigan CMH Authority

## SECTION IV: RECOMMENDATIONS TO THE GOVERNING BOARD

The ORR & Advisory Committee recommends the following:

1.

None.

2.

3.

4.

5.



<b>Date</b>	<b>Course</b>	<b>Name of Course</b>	<b>Category</b>	<b>CEU's</b>
10/20/2020	ORR21-91	Basic Skills I 10/20 - 22	I - Operations	3.00
10/23/2020	ORRCMHQC	CMH Directors Quarterly Call	I - Operations	1.50
10/27/2020	RCA20-59	Board Member Orientation and the Role of Board Members in the Rights Protection	I - Operations	1.00
10/29/2020	LPHRT-20	LPH Roundtable	I - Operations	3.00
10/29/2020	RCA20-60	Motivational Interviewing for Comorbid Bi-polar and Substance Use Disorders	IV - Augmented Training	1.50
10/29/2020	RCA20-61	Behavioral Health and Coronavirus: Challenges and Opportunities	IV - Augmented Training	1.00
11/6/2020	RCA20-58	Legislative Updates	I - Operations	0.50
11/13/2020	RCA20-57	MDHHS-BTPRC Webinar	I - Operations	1.50
11/17/2020	ORR21-81	Basic Skills II 11 - 17 - 20	I - Operations	6.00
11/20/2020	ORR21LPHQC	LPH Quarterly Call	I - Operations	1.00
12/2/2020	ORRCMHDIC	CMH Directors Interim Call	I - Operations	1.00
1/14/2021	RCA21-03	Introduction to Intellectual/DD and Dementia Training Webinar	IV - Augmented Training	1.00
1/19/2021	ORR21-91	Basic Skills I 1/19 - 21	I - Operations	3.00
1/21/2021	LPHRT-20	LPH Roundtable	I - Operations	3.00
1/22/2021	ORRCMHQC	CMH Directors Quarterly Call	I - Operations	1.50
1/26/2021	RCA21-01	Why Supported Decision-Making?	IV - Augmented Training	1.50
1/27/2021	RCA21-02	Addressing Historical & Contemporary Racial Inequities	IV - Augmented Training	3.00
2/5/2021	RCA21-05	Legislative Update: MMHC and Roundtable Discussion	II - Legal Foundations	2.00
2/9/2021	ORR21-81	Basic Skills II 2/9 - 11	I - Operations	6.00
2/9/2021	RCA21-06	Update from MDHHS	I - Operations	1.00
2/9/2021	RCA21-07	Healing Moral Injury	IV - Augmented Training	1.50
2/10/2021	RCA21-08	Engaging with Arab and Chaldean Families	IV - Augmented Training	1.50
2/11/2021	RCA21-09	Avoiding Burnout	IV - Augmented Training	1.50
2/12/2021	RCA21-10	What's Going on in Lansing	I - Operations	1.50
2/19/2021	ORR21LPHQM	LPH Quarterly Call	I - Operations	1.00
2/23/2021	RCA21-11	Supported Decision Making, Session 2	II - Legal Foundations	1.50

3/3/2021	RCA21-04	Ethics for Social Work and Substance Use Disorder Professionals	II - Legal Foundations	6.00
3/18/2021	LPHRT-20	LPH Roundtable	I - Operations	3.00
3/18/2021	RCA21-13	Liar, Liar, Pants on Fire	I - Operations	1.00
3/19/2021	RCA21-16	Positive Behavior Support Planning, Part I	IV - Augmented Training	2.00
3/23/2021	RCA21-12	Supported Decision Making, Session 3	IV - Augmented Training	1.50
3/31/2021	RCA21-04	Ethics for Social Work and Substance Use Disorder Professionals	II - Legal Foundations	6.00
4/1/2021	RCA21-17	Positive Behavior Support Planning, Part II	IV - Augmented Training	2.25
4/20/2021	ORR21-91	Basic Skills I 4/20 - 22	I - Operations	3.00
4/21/2021	ORR21-70	Building Blocks	I - Operations	4.50
4/21/2021	RCA21-14	Racism:A Public Health Crisis	IV - Augmented Training	2.00
4/23/2021	ORR21CMHQC	CMH Directors Quarterly Call	I - Operations	1.50
4/27/2021	RCA21-15	Supported Decision Making, Session 4	IV - Augmented Training	1.50
5/3/2021	RCA21-33	Leading with Integrity-How to Repair the World Without Breaking Yourself	III - Leadership	0.75
5/3/2021	RCA21-34	Driving Behavior-Trauma and Toxic Stress	IV - Augmented Training	0.50
5/3/2021	RCA21-35	LGBTQ plus Affirming Care and Harm Reduction	IV - Augmented Training	1.00
5/3/2021	RCA21-36	Uncovering the Hidden Prejudice that Shapes What We See, Think and Do	IV - Augmented Training	0.75
5/4/2021	RCA21-37	Carla's Pearls	III - Leadership	1.00
5/4/2021	RCA21-38	Three Key Principles to Effective Leadership	III - Leadership	0.50
5/4/2021	RCA21-39	Turning the Titanic	III - Leadership	0.75
5/5/2021	RCA21-20	Crisis Prevention Intervention	IV - Augmented Training	4.00



5/5/2021	RCA21-40	Social Justice	IV - Augmented Training	0.50
5/5/2021	RCA21-41	The Fact of HIPAA and 42 CFR Part 2	II - Legal Foundations	0.75
5/6/2021	RCA21-20	Crisis Prevention Intervention	IV - Augmented Training	4.00
5/7/2021	RCA21-19	Introduction to Diversity, Equity and Inclusion	IV - Augmented Training	1.50
5/11/2021	ORR21-81	Basic Skills II 5/11 - 13	I - Operations	6.00
5/18/2021	RCA21-30	Reaching for the Rainbow: Meeting the Needs of Rural and Isolated LGBTQ Friends and Neighbors	IV - Augmented Training	1.00
5/18/2021	RCA21-31	Bronson Conversations in Clinical Ethics-Medical Urban Legends Can Influence Clinical Care	IV - Augmented Training	1.00
5/20/2021	LPHRT-20	LPH Roundtable	I - Operations	3.00
5/21/2021	ORR21LPHQM	LPH Quarterly Call	I - Operations	1.50
5/23/2021	RCA21-32	Disparity in the Deaf and Hard-of-Hearing Community and Interpreter Services	II - Legal Foundations	1.00
5/25/2021	RCA21-14	Racism:A Public Health Crisis	IV - Augmented Training	2.00
6/3/2021	RCA21-24	The HCBS Act: A Law 70 Years in the Making	II - Legal Foundations	1.00
6/8/2021	RCA21-22	MDHHS Requirements for BTPRC and Occupational Therapy Evaluations	I - Operations	1.50
6/11/2021	RCA21-47	Writing Quality Comprehensive Behavior Support Plan	I - Operations	5.50
6/14/2021	RCA21-25	Establishing Stabilization Units in the Michigan MHC	IV - Augmented Training	1.50
6/15/2021	RCA21-26	What's Going on in Lansing	IV - Augmented Training	1.50
6/15/2021	RCA21-27	Hot Topics in Legal Issues for CMH: AOT and Incompetence to Stand Trial	II - Legal Foundations	1.50
6/16/2021	RCA21-28	Making Connections and Linkages to Service	I - Operations	1.50
6/17/2021	RCA21-29	Update for the Michigan Dept. of Health and Human Services	I - Operations	1.00

6/18/2021	RCA21-23	Understand Medication Training Standards	II - Legal Foundations	1.50
7/15/2021	LPHRT-20	LPH Roundtable	I - Operations	3.00
7/20/2021	ORR21-91	Basic Skills I 7/20 - 22	I - Operations	3.00
7/21/2021	ORR21-70	Building Blocks	I - Operations	4.50
7/27/2021	RCA21-48	NGRI Policy Update	I - Operations	2.00
8/6/2021	RCA21-49	Confidentiality	II - Legal Foundations	2.00
8/10/2021	ORR21-81	Basic Skills II 20/21	I - Operations	6.00
8/18/2021	ORR21LPHQM	LPH Quarterly Call	I - Operations	1.50
8/25/2021	RCA21-50	Caring for Yourself While Caring for Others	IV - Augmented Training	1.50
8/25/2021	RCA21-52	MDHHS Self Determination Conference 8-25/26-2021	IV - Augmented Training	6.00
8/26/2021	RCA21-51	Understanding Your Mental Health Rights	I - Operations	1.50
9/13/2021	RC21-PreCon	Deceptive Analysis	I - Operations	3.00
9/14/2021	RC21-PreCon	Deceptive Analysis	I - Operations	3.00
9/21/2021	RC20-01	Evidence Analysis	I - Operations	1.50
9/21/2021	RC20-02	What's New in Lansing	I - Operations	1.50
9/21/2021	RC20-03	Interviewing Consumers with Personality Disorders	I - Operations	1.50
9/21/2021	RC20-GS1	Detecting Deception in a Verbal and Written Statement	I - Operations	1.50
9/22/2021	RC20 CMHRT	CMH Roundtable	I - Operations	1.50
9/22/2021	RC20-04	Journey Toward a Rights Focused Environment-Strategies for Change	I - Operations	1.50
9/22/2021	RC20-05	SUD Recipient Rights	I - Operations	1.50
9/22/2021	RC20-06	Uniting Joint Commission Standards with Recipient Rights	I - Operations	1.50
9/22/2021	RC20-07	BHDDA Updates	IV - Augmented Training	1.50
9/22/2021	RC20-08	Sexuality is a Natural Part of the Human Experience; Even Under Guardianship	IV - Augmented Training	1.50
9/22/2021	RC20-09	Practicing Effective Management	IV - Augmented Training	1.50

9/23/2021	RC20 LPHRT	LPH Roundtable	I - Operations	1.50
9/23/2021	RC20-10	Moving from Challenging to Rewarding Conversations	IV - Augmented Training	1.50
9/23/2021	RC20-11	Speaking on the Fly	I - Operations	1.50
9/23/2021	RC20-12	Disrupting the Impacts of Implicit Bias and Micro-Aggressions: Being Respectful and Professional is Not Enough	IV - Augmented Training	1.50
9/23/2021	RC20-13	Behavioral Health Mediation Program with the Community Dispute Resolution Program	II - Legal Foundations	1.50
9/23/2021	RC20-14	Responding to Community Trauma; Strategies to Create a Culture of Staff Wellness	IV - Augmented Training	1.50
9/23/2021	RC20-15	NGRI Policy Updates	I - Operations	1.50
9/24/2021	RC20-16	Medication Over Objection: Rights and Responsibilities	II - Legal Foundations	1.50
9/24/2021	RC20-17	Interviewing Children with Autism and Developmental Disabilities	I - Operations	1.50
9/24/2021	RC20-18	Guardianship Reform: Kicking the Can Down the Road	II - Legal Foundations	1.50
9/24/2021	RC20-GS1	Velvet Covered Steel: How to Think Communicate and Act with Resilience	IV - Augmented Training	1.50
9/28/2021	RCA21-55	Assisted Outpatient Treatment	II - Legal Foundations	1.50
On-Line	RCA21-53	Structural Racism and Mental Health: Challenges and Opportunities	IV - Augmented Training	1.00
On-Line	RCA21-54	So, You Want to Talk About Racism?	IV - Augmented Training	1.00

Source
MDHHS-ORR
CMHAM Fall Conference
Hosted by Michigan Medicine
CMHAM Fall Conference
CMHAM Fall Conference
RROAM
MDHHS-BTPRC Workgroup
MDHHS
MDHHS-ORR
MDHHS-ORR
Kristi Davis
MDHHS
Hosted by Michigan Medicine
MDHHS-ORR
Mary Sheehan-Boogaard
Linda Henderson-Smith, PhD
RROAM
MDHHS
CMHAM
CMHAM
CMHAM
CMHAM
CMHAM
MDHHS-ORR
Lisa Lepine

Tom Moore, LMSW

Hosted by Michigan Medicine

Traci Brown

Katy Kunst,  
Rhonda Davin, PhD

Cathy McRae

Tom Moore, LMSW

Katy Kunst,  
Rhonda Davin, PhD

MDHHS

MDHHS

Grenae Dudley, PhD

MDHHS-ORR

Lisa Lepine,  
Scott De Varona

Becky Margiotta

Vincent Felitti

Andrew Spiers

Chuck Ingoglia

Carla Harris

Michael King

Leslie Wiss

Rocky Carrigan, Lauren Franklin

Rachael Rivera
Ronald Zimmet
Rocky Carrigan, Lauren Franklin
RROAM
MDHHS
Online
Tyler Gibbs, JD, PhD
Hosted by Michigan Medicine
MDHHS-ORR
Online
Grenae Dudley, PhD
ARC of Michigan
Price Pullins, Charlyss Ray
John Langlois
CMHAM
CMHAM
CMHAM
CMHAM
CMHAM

Jean Pfaendtner, LMSW
Hosted by Michigan Medicine
MDHHS
MDHHS
Webinar
RROAM
MDHHS
MDHHS-ORR
Tana Bridge, PhD
CMHAM
Beverly Sobolewski
Lena Sisco
Lena Sisco
Neil Marchand, JD
Alan Bolter
Heather Schultz, MD, MPH
Mark McClish
Ashlee Bailey Edward Wilson Greg Fox
Amy Bauer, MA
Dan Dedloff
Nancy Harris
Allen Jansen
Mary Sheehan Boogaard Frank Vaca
Travis Atkinson Myranda Green

Lisa Haywood and Matt Zugel
Christine Zimmerman, LMSW
Jean Pfaendtner, LMSW
Zenell B. Brown, Esq.
Charity Burke Gabi Reihanian Havlicek
Dexter Clarke Shawn Edwards Carrie Chanter, Elizabeth Burtch
Debra Pinals Kimberly Kulp-Osterland Kelli Schafer
Dr. Debra Pinals
Fiona Miller and Brenda Pontillo
Bradley Geller, JD
Michelle Steffes
Debra Pinals, MD Bridget McCormick, J Milton Mack, JD
Ruth Shim, MD
Ijeoma Oluo



Population	
MI	Adult Mentally Ill
DD	Developmentally Disabled Adult or Child
SED	Child with Serious Emotional Disturbance
SEDW	This is a 1915(c) waiver (Home and Community-Based Services Waiver) for children with serious emotional disturbance. This waiver is administered through Community Mental Health Services Programs (CMHSPs) in partnership with other community agencies and is available in a limited number of counties. Eligible consumers must meet current MDCH contract criteria for the state psychiatric hospital for children and demonstrate serious functional limitations that impair the child's ability to function in the community.
DD-CWP	This is a 1915(c) waiver (Home and Community-Based Services Waiver) for children with developmental disabilities who have challenging behaviors and/or complex medical needs. This waiver is administered through Community Mental Health Services Programs (CMHSPs) and is available statewide. Eligible consumers must be eligible for, and at risk of, placement in an Intermediate Care Facility for the Mentally Retarded (ICF/MR).
HSW	The Habilitation Supports Waiver is a 1915(c) waiver (Home and Community-Based Services Waiver) for people who have developmental disabilities and who meet the eligibility requirements: have active Medicaid, live in the community, and otherwise need the level of services provided by an intermediate care facility for mental retardation (ICF/MR) if not for the HSW. There are no age limitations for enrollment in the HSW. This waiver is administered through Prepaid Inpatient Health Plans (PIHPs) and affiliate Community Mental Health Services Programs (CMHSPs). The HSW is available statewide.

Accomplished  
Discontinued  
Ongoing

7221	Abuse class I
7224	Abuse class I - Sexual Abuse
72221	Abuse class II - nonaccidental act
72222	Abuse class II - unreasonable force
72223	Abuse class II - emotional harm
72224	Abuse class II - treating as incompetent
72225	Abuse class II - exploitation
7223	Abuse class III
72251	Neglect class I
72252	Neglect class I - failure to report
72261	Neglect class II
72262	Neglect class II - failure to report
72271	Neglect class III
72272	Neglect class III - failure to report
7304	Funds - Ability to spend or use as desired
7487	Access by P & A to records
7760	Access to rights system
7263	Access to telephone, mail
7840	Appeal process/mediation
7130	Choice of physician/mental health professional
7041	Civil rights: discrimination, accessibility, accommodation, etc
7780	Complaint investigation process
7262	Contact with attorneys or others regarding legal matters
7486	Correction of record
7305	Delivery of money upon release
1708	Dignity and respect
7481	Disclosure of confidential information
7303	Easy access to money in account
7170	Electro convulsive therapy (ect)
7302	Facility account
7520	Failure to report (other than Abuse/Neglect)
7111	Family dignity & respect

7264	Funds for postage, stationery, telephone usage
4630	Independent clinical examination
7029	Information on family planning
7003	Informed consent
4510	Involuntary admission process
7360	Labor & compensation
7086	Least restrictive setting
7080	Mental health services suited to condition
0000	No right involved
7140	Notice of clinical status/progress
7190	Notice of medication side effects
7060	Notice/explanation of rights
4980	Objection to hospitalization (minor)
7113	Opportunity to provide information
0001	Outside provider jurisdiction
7125	Person-Centered - assessment of needs
7124	Person-Centered- participation by individual(s) of choice
7123	Person-Centered - requests for review
7122	Person-Centered - timely development
7121	Person-Centered Process
7242	Photo - identification
7243	Photo - objection
7241	Photo - prior consent
7244	Photo - release to others/return
7245	Photo - storage/destruction
7100	Physical and mental exams
7047	Presumption of competency
7501	Privileged communication
7267	Property - access to entertainment materials, information, news
7285	Property - exclusions
7283	Property - inspection at reasonable times
7286	Property - limitations
7281	Property - possession and use
7289	Property - protection
7287	Property - receipts to recipient and to designated individual
7282	Property - storage space
7288	Property - waiver
7180	Psychotropic drugs
7112	Receipt of general education information
7044	Religious practice
7400	Restraint
7441	Restrictions/limitations
7545	Retaliation/harassment
7081	Safe environment
7301	Safeguarding money
7082	Sanitary/humane environment
7284	Search/seizure
7420	Seclusion
4090	Second opinion - denial of hospitalization
7050	Second opinion - denial of services
7150	Services of mental health professional
7160	Surgery
4190	Termination of voluntary hospitalization (adult)
7049	Treatment by spiritual means
7266	Uncensored mail
7261	Visits
7045	Voting
7485	Withholding of information (includes recipient access to records)

7265	Written and posted limitations, if established
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drop down on Complaint Data tab
Allegan County CMH Services
Ascension Borgess Hospital
Ascension Macomb-Oakland Hospital, Madison Heights Campus
Ascension Macomb-Oakland Hospital, Warren Campus
Ascension Providence Hospital, Southfield Campus
Ascension Providence Rochester Hospital
Ascension St John Hospital
AuSable Valley Community Mental Health Authority
Barry County CMHA
Bay-Arenac Behavioral Health
Beaumont Hospital Farmington Hills Geropsychiatry
Beaumont Hospital - Royal Oak
Beaumont Hospital - Taylor
Behavioral Center of Michigan
Berrien MHA/Riverwood
Brightwell Behavioral Health
Bronson Battle Creek - Fieldstone Center
Bronson Lakeview Community Hospital
Caro Center
Cedar Creek Hospital
Center for Forensic Psychiatry
Centra Wellness Network
Community Mental Health and Substance Abuse Services of St Joseph County
CMH for Central Michigan
CMH of Ottawa County
CMHA of Clinton Eaton Ingham Counties
Copper Country CMHS
Detroit Wayne Integrated Health Network
DMC - Detroit Receiving Hospital
DMC - Sinai-Grace Hospital
Forest View Hospital
Garden City Hospital
Genesee Health System
Gogebic CMHA
Gratiot Integrated Health Network
Harbor Oaks Hospital
Havenwyck Hospital
Hawthorn Center
HealthSource Saginaw
HealthWest
Henry Ford Allegiance Health
Henry Ford Kingswood Hospital
Henry Ford Macomb Hospital
Henry Ford Wyandotte Hospital
Hiawatha Behavioral Health
Hillsdale Hospital
Holland Hospital
Hurley Medical Center
Huron Behavioral Health
Integrated Services of Kalamazoo
Kalamazoo Psychiatric Hospital
Lapeer County CMH
Lenawee CMH Authority
LifeWays
Livingston County CMH Authority

Macomb County CMH Services
McLaren Bay Region
McLaren - Flint
McLaren Greater Lansing
McLaren - Lapeer Region
McLaren Macomb
McLaren Oakland
McLaren Port Huron
Memorial Healthcare - Owosso
Mercy Health St Marys
Mercy Health Partners - Hackley Campus
Michigan Medicine Health Systems
MidMichigan Medical Center - Alpena
MidMichigan Medical Center – Gratiot
MidMichigan Medical Center - Midland
Monroe CMH Authority
Montcalm Care Network
Munson Medical Center
network180
Newaygo County Mental Health
North Country CMH
Northeast Michigan CMH Authority
Northern Lakes CMH
Northpointe Behavioral Healthcare System
Oakland Community Health Network
Oaklawn Hospital
Pathways
Pine Rest Christian Mental Health Services
Pines Behavioral Health Services
Pontiac General Hospital
ProMedica Coldwater Regional Hospital
ProMedica Monroe Regional Hospital
Saginaw County Community Mental Health Authority
Samaritan Behavioral Center
Sanilac County CMH Authority
Shiawassee Health and Wellness
Sparrow-St Lawrence Hospital
Spectrum Health Lakeland Hospital
St. Clair County Community Mental Health Authority
St Joseph Mercy Hospital
St Joseph Mercy Hospital - Chelsea
St Joseph Mercy Oakland Hospital
St Mary's Hospital - Livonia
StoneCrest Center
Summit Pointe Behavioral Health
The Right Door for Hope, Recovery and Wellness
Tuscola Behavioral Health Systems
UP Health System - Marquette
Van Buren CMH Authority (PMS)
Walter Reuther Psychiatric Hospital
War Memorial Hospital's Behavioral Health Center
Washtenaw County Community Mental Health
West Michigan CMH
Woodlands Behavioral Healthcare Network



**OFFICE OF RECIPIENT RIGHTS  
2021 RIGHTS SYSTEM ASSESSMENT REPORT**

**AGENCY: NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH**

**ASSESSMENT DATES: AUGUST 17-19, 2021**

**REVIEWERS: CYNTHIA SHADECK (LEAD) AND JANICE TERRY**

SECTION	MAXIMUM POSSIBLE SCORE	WEIGHT	MAXIMUM POSSIBLE SCORE (WEIGHTED)	YOUR INITIAL SCORE	YOUR WEIGHTED SCORE
1. CMHSP RESPONSIBILITIES	21	3	63	21	63
2. RIGHTS OFFICE OPERATIONS	16	3	48	16	48
3. EDUCATION AND TRAINING	12	3	36	10	30
4. POLICIES	6	1	6	6	6
5. RIGHTS ADVISORY COMMITTEE	11	1	11	11	11
6. COMPLAINT RESOLUTION - PROCESS	20	3	60	20	60
7. COMPLAINT RESOLUTION – CONTENT	34	3	102	34	102
8. COMPLAINT RESOLUTION - TIMEFRAMES	10	3	30	8	24
9. APPEALS (No Appeals/Appeals)	25	2	50	25	50
10. SEMI-ANNUAL AND ANNUAL REPORTING	9	2	18	9	18
11. SITE VISITS	14	2	28	2	4
<b>TOTAL SCORE</b>	<b>178</b>		<b>452</b>	<b>162</b>	<b>416</b>

13 Investigations, 3 Interventions, 9 OJ/NRIs, and 2 appeals were reviewed.

**Score: 416 out of 452 points = SUBSTANTIAL COMPLIANCE**

FULL COMPLIANCE = 430    SUBSTANTIAL COMPLIANCE = 407    LESS THAN SUBSTANTIAL COMPLIANCE = <407

Citation	Standard	SECTION 1 - CMHSP RESPONSIBILITIES	MAX SCORE	SCORE	FINDINGS	REQUIRED ACTION
MHC 1755(1)	1.1.1	The Agency has established a recipient rights office subordinate only to the executive director.	1	1		
MHC 1100(a)(30) MHC 1782	1.1.2	The Agency has appointed a designee to act in place of the Executive Director in the absence of the Director.	1	1	Executive Director, Nena Sork, was interviewed by Lead Assessor on 08/18/21.	
MHC 1755(2)(b)	1.2.1	The process for funding the rights office includes a review of the funding by the recipient rights advisory committee.	1	1		
MHC 1755(2)(c)	1.3.1	The recipient rights office is protected from pressures that could interfere with the impartial, even-handed, and thorough performance of its duties.	2	2		
MHC 1755(2) (d)	1.3.2	The rights office has had unimpeded access to a) All programs and services operated by, or under contract to, the CMHSP; b) All staff employed by, or under contract to, CMHSP; c) All evidence necessary to conduct a thorough investigation or to fulfill its monitoring function.	2	2		
MHC 1755(3) (a)	1.3.3	Complainants, rights office staff, and any staff acting on behalf of a recipient will be protected from harassment or retaliation resulting from recipient rights activities.	2	2	2 Retaliation/Harassment allegations were received during this assessment period. Both were handled correctly.	
MHC 1755(3) (a) AR 7035(1)	1.3.4	Appropriate disciplinary action was taken if there was evidence of retaliation and harassment.	2	2	1 of the 2 was substantiated and appropriate disciplinary action was taken.	
MHC 1755(4) MHC 1757(2) (e)	1.4.1	The executive director has selected a director of the rights office who has the education, training, and experience to fulfill the responsibilities of the office.	1	1		
MHC 1755(4) MHC 1778(1)	1.4.2	The Agency has established a process to assure ongoing rights protection in the absence of the rights director.	1	1		
MHC 1757(2) [e] MHC 1755 (4)	1.4.3	The executive director has consulted with the Recipient Rights Advisory Committee in the hiring of the Director of the office.	1	1	No changes during this assessment period.	
MHC 1755 (4)	1.4.4	The director of the rights office has no clinical service responsibilities.	1	1		
CMHSP 6.3.2.3A	1.5.1	All contracts with licensed private hospitals/units included language that required contractor's rights staff to comply with Attachment 6.3.2.3A of the CMHSP contract.	2	2		

Citation	Standard	SECTION 1 - CMHSP RESPONSIBILITIES	MAX SCORE	SCORE	FINDINGS	REQUIRED ACTION
MHC 1755(2)(f)(ii)	1.5.2	Each contract between a CMHSP and a service provider requires that all recipients be protected from rights violations while receiving services.	2	2		
MHC 1722 [2]	1.5.3	The CMHSP ensured that each service provider under contract, including those allowed/required to have their own rights protection system, took appropriate disciplinary action against those who are engaged in abuse or neglect.	2	2		
<b>SECTION TOTAL</b>			<b>21</b>	<b>21</b>		

Citation	Standard	SECTION 2 – RIGHTS OFFICE OPERATIONS	MAX SCORE	SCORE	FINDINGS	REQUIRED ACTION
MHC 1706	2.1.1	At the time services are initiated, ORR ensured that recipients, parents of minor recipients, and guardians are notified, in an understandable manner, of the rights guaranteed by Chapter 7 and 7A of the Mental Health Code and provided access to summaries of the rights guaranteed by Chapter 7 and 7A both at the time services are initiated and periodically during the time services are provided.	2	2		
MHC 1776 (5)	2.2.1	ORR ensured there is a mechanism to advise recipients or other individuals that there are advocacy organizations available to assist in preparation of a written rights complaint and offered to make the referral.	2	2		
MHC 1776 (5)	2.3.1	As necessary, the office assists recipients or other individuals with the complaint process.	2	2		
MHC 1755[5][d][i]	2.4.1	ORR maintained a record system for all reports of apparent or suspected rights violations received including a mechanism for logging all complaints.	2	2		
MHC 1755[5][d]	2.4.2	ORR has established a mechanism for secure storage of all investigative documents and evidence.	2	2		
MHC 1755[5][h]	2.5.1	ORR serves as a consultant to the director and to agency staff in rights related matters.	2	2		
MHC 1755[5][i]	2.6.1	Ensure that all reports of apparent or suspected violations of rights within the community mental health services program system are investigated in accordance with section 1778.	2	2		
AR 7199 (g) CMHSP 6.8.3.1	2.7.1	The Rights Office attended meetings of the Behavior Treatment Review Committee as an ex-officio member.	2	2		
<b>SECTION TOTAL</b>			<b>16</b>	<b>16</b>		

Citation	Standard	SECTION 3 – EDUCATION AND TRAINING	MAX SCORE	SCORE	FINDINGS	REQUIRED ACTION
CMHSP 6.3.2	3.1.1	The staff of the rights office attended and successfully completed the Basic Skills Training programs within 90 days of hire.	2	2	Rights staff, Jolie Danielson, started in December 2019 and attended Basic Skills training in November 2019. Miranda Kinsland started in January 2019, received Basic Skills training in February 2019 and left the position in August 2019.	
CMHSP 6.3.2	3.1.2	The Executive Director has completed the MDHHS CEO Rights training program within 180 days of hire.	2	2	New Executive Director, Nena Sork, started on July 02, 2019 and her training was October 30, 2019.	
MHC 1755[2][e] CMHSP 6.3.2.3 (A)	3.2.1	The staff of the rights office have complied with the continuing education requirements identified in the contract attachment, including that a minimum of 12 of the required 36 hours were approved as either Category I or II.	2	2	Staff exceeded this requirement.	
MHC 1755[5][f]	3.3.1	All individuals employed by the CMHSP or its contract agencies received training related to recipient rights protection before or within 30 days after being employed.	2	0	69% compliance noted.	<b>PLAN: CMH employees complete the rights orientation on first day of hire. For contractors' staff, the training packet w/test will be sent for contractors' staff to complete within 30 days of hire. They will be advised of the option to take online training from <a href="http://improvingmipractices.org">improvingmipractices.org</a>. w/ another CMH, or attend NEMCMH rights class.</b>
CMHSP 6.3.2.3B	3.3.2	Training related to recipient rights protection addressed all training standards identified in the contract attachment.	2	2		
MHC 1755[2][a]	3.4.1	Education and training in recipient rights policies and procedures are provided to the recipient rights advisory committee and appeals committee.	2	2		
<b>SECTION TOTAL</b>			<b>12</b>	<b>10</b>		



Citation	Standard	SECTION 4 – POLICIES	MAX SCORE	SCORE	FINDINGS	REQUIRED ACTION
MHC 1752[1]	4.1.1	The policies and procedures provided a mechanism for prompt reporting, review, investigation, and resolution of apparent or suspected rights violations, and are designed to protect recipients from, and prevent repetition of, violations of rights guaranteed by Chapters 7 and 7A.	2	2		
MHC 1752[1]	4.1.2	Policies and procedures included, at a minimum, all those specifically delineated in MHC 330.1752 (1).	2	2		
MHC 1752 (1) MHC 1704 (1)	4.1.3	Policies and procedures meet the criteria established in the Mental Health Code, Administrative Rules, and contractual requirements and those reflected in the MDHHS-ORR Policy Review Standards.	2	2		
<b>SECTION TOTAL</b>			<b>6</b>	<b>6</b>		

Citation	Standard	SECTION 5 – RECIPIENT RIGHTS ADVISORY COMMITTEE	MAX SCORE	SCORE	FINDINGS	REQUIRED ACTION
MHC 1757[1]	5.1.1	The board of each community mental health services program shall appoint a recipient rights advisory committee consisting of at least 6 members who represent the varied perspectives of the CMHSP’s geographic area and meet the statutory requirements of the Mental Health Code.	2	2	RRAC Chair, Pat Przeslawski, was interviewed by Lead Assessor on 08/18/21.	
MHC 1757[2](a)	5.1.2	The RRAC met at least semiannually or as necessary to carry out its responsibilities.	1	1	RRAC meets quarterly.	
MHC 1757[2](b)	5.1.3	The CMHSP maintains a current list of members’ names. This list is available to individuals upon request.	1	1		
MHC 1757[2](c)	5.1.4	The CMHSP maintains a current list of categories represented by members. This list is available to individuals upon request.	1	1		
MHC 1757[2](d)	5.1.5	The RRAC acts to protect the recipient rights office from pressures which could interfere with the impartial, even-handed and thorough performance of its duties and serves in an advisory capacity to the CMHSP director and the director of the rights office.	2	2		
MHC 1757[2][g]	5.1.6	The RRAC reviewed and provided comments on the annual rights report submitted by the executive director to the Board of the CMHSP.	2	2		
MHC 1757[2][i]	5.1.7	Meetings of the RRAC complied with the Open Meetings Act (Act 257 of 1976).	1	1		

MHC 1757[2][i]	5.1.8	Minutes of the RRAC meetings were maintained and made available to individuals upon request.	1	1		
<b>SECTION TOTAL</b>			<b>11</b>	<b>11</b>		

Citation	Standard	SECTION 6 – COMPLAINT RESOLUTION - PROCESS	MAX SCORE	SCORE	FINDINGS	REQUIRED ACTION
MHC 1776[3]	6.1.1	Each rights complaint was recorded upon receipt by the rights office.	2	2		
MHC 1776[3]	6.1.2	For each rights complaint recorded, an acknowledgement letter and copy of the complaint was sent to the complainant.	2	2		
MHC 1776[6]	6.2.1	If a rights complaint had been filed regarding the conduct of the agency director, the rights investigation was conducted by the office of another CMHSP or, if requested by the CMHSP Board of Directors, by the MDHHS Office of Recipient Rights.	2	2	There were no complaints filed against the Executive Director during this assessment period.	
MHC 1778[1]	6.3.1	The rights office immediately initiated investigation of apparent or suspected rights violations involving the death of a recipient, alleged abuse or neglect of a recipient, or the alleged retaliation or harassment of an individual using the rights system.	2	2		
MHC 1778[1]	6.3.2	The rights office initiated investigation of apparent or suspected rights violations in a timely and efficient manner.	2	2		
MHC 1778[2]	6.4.1	Investigation activities for each rights complaint were accurately recorded by the office. This includes interview notes, documents reviewed, policies, and other sources of evidence pertaining to the investigation being contained in the complaint case file.	2	2		
MHC 1778[5]	6.5.1	Upon completion of the investigation, the office completed a written investigative report (RIF) and submitted it to the respondent and to the RMHA.	2	2		
MHC 1782[1]	6.6.1	The executive director submitted a written summary report to the complainant, recipient if different, guardian/parent of a minor recipient.	2	2		
MHC 1782[2]	6.7.1	Information in the summary report did not violate the rights of any employee (ex. Bullard-Plawecki Employee Right to Know Act).	2	2		
MHC 1784[3]	6.8.1	The rights office advised the appellant that there are advocacy organizations available to assist in preparing the written appeal and offered to make the referral. In the absence of assistance from an advocacy organization, the rights office	2	2		

		assisted the appellant in meeting the procedural requirements of a written appeal.				
		<b>SECTION TOTAL</b>	<b>20</b>	<b>20</b>		

Citation	Standard	SECTION 7 – COMPLAINT RESOLUTION - CONTENT	MAX SCORE	SCORE	FINDINGS	REQUIRED ACTION
MHC 1776 (4)	7.1.1	Complaints identified as out-of-jurisdiction or no right involved were correctly categorized and responded to. Sufficient rationale was provided to the complainant.	2	2		
CMHSP 6.4.3.2	7.1.2	For complaints where the intervention process was utilized, the rights office conducted the intervention in compliance with the standards established by MDHHS and utilizing the preponderance of evidence standard.	2	2		
CMHSP 6.4.3.2	7.1.3	The results of the intervention indicated whether a rights violation was substantiated.	2	2		
CMHSP 6.4.3.2	7.1.4	The correspondence clearly indicated that process for requesting an investigation if the complainant was not satisfied with the result of the intervention.	2	2		
MHC 1778[4]	7.2.1	Issued status reports contained all required elements and were sent to all required persons.	2	2		
MHC 1778[5][a]	7.3.1	The written investigative report included a statement of allegations as required by MDHHS standards.	2	2	Allegations were well-written.	
MHC 1778[5][c]	7.3.2	The written investigative report included citations to relevant provisions of the Mental Health Code, other applicable laws, rules, policies, and guidelines.	2	2		
MHC 1778[5][b]	7.3.3	The written investigative report included a statement of the issues involved as required by MDHHS standards.	2	2		
MHC 1778[5][d]	7.3.4	The written investigative report included findings of the investigation that were sufficient to provide a detailed inquiry and systematic examination of the allegation.	2	2	Thorough investigations were conducted.	
MHC 1778[5][e]	7.3.5	The written investigative report included a conclusion section which provided an analysis of the findings and a decision as to whether a violation occurred using a preponderance of evidence standard.	2	2		
MHC 1778[5][f]	7.3.6	When appropriate, the written investigative report included recommendations which provided for appropriate remedial action and attempted to prevent a recurrence of the violation.	2	2		

MHC 1722[2]	7.4.1	On substantiated rights violations involving abuse or neglect, the RMHA/ respondent took disciplinary action which remediated the violation and action to prevent recurrence.	2	2		
MHC 1755[3][b] MHC 1780[1]	7.4.2	On substantiated rights violations not requiring disciplinary action, the RMHA/respondent took remedial action to remedy the violation and prevent recurrence.	2	2		
MHC 1782 [1] (a)(b)(c)(d)(e)(f)(g)	7.5.1	Summary reports reflected the information from the allegation, citation, and issues, and recommendation sections of the RIF and provided a summary of the investigative findings of the rights office.	2	2		
MHC 1780	7.5.2	The Summary Report provided detailed information as to the action taken (or action planned to be taken) in order to meet the requirements stated in MHC 1780.	2	2		
MHC 1782[1][h]	7.5.3	As part of the Summary Report the complainant, recipient, if different, guardian or parent of a minor were informed of their right to appeal, the grounds for filing the appeal, and information about where to send the appeal.	2	2		
CMHSP 6.3.2.4 II.D	7.5.4	If the Summary Report included a "Plan of Action", written notice was issued to the potential appellants upon completion of the plan. If the action taken was different than the plan, the notice detailed the action that was taken and the date it occurred as well as informed potential appellants of the right to appeal on action only.	2	2		
<b>SECTION TOTAL</b>			<b>34</b>	<b>34</b>		

Citation	Standard	SECTION 8 – COMPLAINT RESOLUTION - TIMEFRAMES	MAX SCORE	SCORE	FINDINGS	REQUIRED ACTION
MHC 1776 (3)	8.1.1	For each complaint received, the Rights Office provided, to the complainant within 5 business days, an acknowledgement of receipt and a copy of the complaint.	2	2	94% compliance rate noted.	
CMHSP 6.4.3.2	8.1.2	For each complaint utilizing the intervention process, responses were provided to the complaint within 30 calendar days.	2	2	100% compliance rate noted.	
MHC 1778 (4)	8.1.3	For each investigation, status reports were issued every 30 days, as required.	2	0	56% compliance rate noted.	<b>PLAN: ORR will calculate the dates for 30, 60, and 90 days from the receipt date of complaint to account for the months with 31 days.</b>
MHC 1778 (1)	8.1.4	Subject to delays involving pending action by external agencies, the office completed investigations no later than 90 calendar days following receipt.	2	2	98% compliance rate noted.	

MHC 1782 (1)	8.1.5	A written Summary Report was issued for each Report of Investigative Findings (RIF) within 10 business days after receipt of the RIF.	2	2	98% compliance rate noted.	
<b>SECTION TOTAL</b>			<b>10</b>	<b>8</b>		

Citation	Standard	SECTION 9 – APPEALS	MAX SCORE	SCORE	FINDINGS	REQUIRED ACTIONS
MHC 1774[2][a]	9.1.1	The Board of the CMHSP appointed an appeals committee to hear appeals of recipient rights matters <b>OR</b> designated the RRAC as the appeals committee.	2	2	There were 2 appeals received during this assessment period and both were technically sound.	
MHC 1774[4] C 6.3.2.4.III.F.	9.2.1	Within 5 business days after receipt of a written appeal, the assigned committee members reviewed the appeal to determine whether it met criteria.	2	2		
MHC 1784(2) C6.3.2.4	9.2.2	Requests for appeal were correctly accepted or rejected in accordance with the standards established in the Code and Contract language.	2	2		
C 6.3.2.4.III.G.	9.2.3	Within 7 business days of the receipt of the appeal, written notification was provided to the appellant as to the acceptance or denial of the appeal. A notice of rejection shall describe the reason for not accepting the appeal.	2	2		
C 6.3.2.4.III.G.	9.2.4	A copy of the appeal was provided to the Rights Office, the respondent, and the RMHA.	2	2		
MHC 1774[6]	9.3.1	A member of the Appeals Committee who has a personal or professional relationship with an individual involved in the appeal abstained from participating in the appeal.	1	1		
MHC 1784[5] C 6.3.2.4.III.H.	9.4.1	Within 30 days after the written appeal was received, the Appeals Committee met in a closed session and reviewed the facts as stated in all complaint investigation documents.	2	2		
MHC 1784[5] C 6.3.2.4.III.H.	9.4.2	The Appeals Committee took an action that was in compliance with the Code, Rules, and contract requirements.	2	2		
MHC 1784[5] C 6.3.2.4.III. H	9.4.3	The decision of the appeals committee was correct.	2	2		
MHC 1784[6] C 6.3.2.4.III.J.	9.5.1	The Appeals Committee documented its decision in writing and provided written justification for that decision.	2	2		
MHC 1784[6]	9.5.2	Within 10 days after reaching its decision, the Appeals Committee provided copies of the decision to the respondent, appellant, recipient, if different than appellant, recipient’s guardian, the RMHA and the rights office.	2	2		
C 6.3.2.4.	9.5.3	Processing of appeals to Step 2 is handled in accordance with the CMHSP Contract attachment 6.3.2.4	2	2		

		<b>SECTION TOTAL</b>	<b>25</b>	<b>25</b>		
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Citation	Standard	SECTION 10 – SEMI-ANNUAL AND ANNUAL REPORTING	MAX SCORE	SCORE	FINDINGS	REQUIRED ACTION
MHC 1755[5][j] CMHSP 6.5.1.1	10.1.1	By June 30 of each year, the Rights Office provided to MDHHS and to the agency RRAC, a summary of complaint data together with a remedial action taken on substantiated complaints.	3	3		
MHC 1755[6] CMHSP 6.5.1.1	10.2.1	By December 30 of each year, the CMHSP submitted to MDHHS, an annual report prepared by the recipient rights office on the current status of recipient rights in the agency and a review of the operations of the rights office for the preceding fiscal year.	3	3		
MHC 1755[6] CMHSP 6.5.1.1	10.3.1	By January 30 of each year, the Rights Office submitted the ORR Annual Report Monitoring form for the preceding calendar year to MDHHS-ORR.	3	3		
		<b>SECTION TOTAL</b>	<b>9</b>	<b>9</b>		

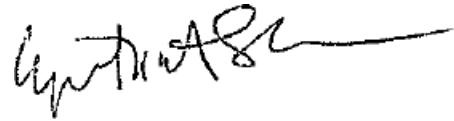
Citation	Standard	SECTION 11 – SITE VISITS	MAX SCORE	SCORE	FINDINGS	REQUIRED ACTION
MHC 1755 (5)(e) ORR Guidance 17-01	11.1.1	The agency ensured that for all service providers - <i>other than LPHs and other providers that have their own rights system</i> – the service site is visited with the frequency necessary for protection of rights but in no case less than annually.	2	2	91% compliance rate noted.	
MHC 1755 (b)(c) (i) MHC 1776 (1) (5) MHC 1723	11.1.2	The agency ensured that for each site review of service providers - <i>other than LPHs and other providers that have their own rights system</i> – the review contained all elements required by Code, Rules, Contract and MDHHS-ORR standards.	2	0	Reviewed 18 of these files. Documentation of site visits, such as site visit checklist, was missing in a significant number (5). The files do not appear to have been well-maintained.	<b>PLAN: Although developed several years ago, ORR will use a database to log visits and results of contracted sites for timeliness as well as completion. ORR will attempt to secure a site visit from another CMH. If unable, ORR will conduct the visit.</b>

CMHSP RIGHTS SYSTEM ASSESSMENT					ASSESSMENT REPORT
MHC 1755 (5)(g)	11.2.1	The agency ensured that for each site review of service providers - <i>other than LPHs and other providers that have their own rights system</i> – any necessary follow up or remedial action required to bring providers into compliance with ORR standards is addressed and completed.	2	0	Of the site visit checklists that were present and able to be reviewed, 3 did not have evidence of necessary follow up.
					<b>PLAN: As stated in 11.1.2, the database will show those contracted sites that are in non-compliance for ORR to follow up in obtaining remedial action as necessary.</b>

MHC 1755 (5)(e)	11.2.2	The Agency ensured that the service sites of <i>all LPHs and other providers that have their own rights system</i> are visited with the frequency necessary for protection of rights but in no case less than annually.	2	0	75% compliance rate noted based on the list of contracted hospitals and visit dates provided to us on the Excel spreadsheet. It is worth noting though that the spreadsheet only contained 12 hospitals whereas we were provided with files for 13 hospitals with whom they contracted during the assessment period.	<b>PLAN: Contract manager supplied ORR a current list of 11 contracted hospitals for FY 21 and 22. She will notify ORR of any new hospitals added or dropped. ORR will ensure hospital reviews will be done annually, either by another CMH, MDHHS assessment team or NEMCMH ORR.</b>
MHC 1755 (5)(e)	11.2.3	The Agency ensured that for site reviews of <i>LPHs and other providers that have their own rights system</i> , the review contained all elements required by Code, Rules, Contract and MDHHS-ORR standards.	2	0	The files do not appear to have been maintained contemporaneously as evidenced by an email dated June 29, 2021 sent to NMRE which requested site reviews for 13 LPHs dating from 2017-2020. A clear indication that hospitals were not being monitored annually by NE MI CMH.	<b>PLAN: After obtaining and reviewing annual LPHU site visits, ORR Will correspond with the LPHU, confirming compliance.</b>
MHC 1755 (5)(e)	11.2.4	The Agency ensured that, for each site review of <i>LPHs and other providers that have their own rights system</i> , any necessary follow up or remedial action required to bring providers into compliance with ORR standards is addressed and completed.	2	0	See comments cited above.	<b>PLAN: After obtaining and reviewing LPHU site visits, ORR will correspond with the LPHU, requesting follow up for compliance.</b>
MHC 1755 (5)(e)	11.2.5	The Agency ensured that the recipient rights policies of <i>LPHs and other providers that have their own rights system</i> are reviewed, and that the reviews are done in compliance with applicable standards for rights policy reviews.	2	0	5 of the 10 hospital files reviewed during the assessment did not contain evidence of policy review.	<b>PLAN: Given the current contracted LPHUs, a schedule will be implemented as to when the policy reviews need to be completed every 3 years.</b>



		<b>SECTION TOTAL</b>	<b>14</b>	<b>2</b>		



Report Prepared by: \_\_\_\_\_  
 Cynthia Shadeck, Community Rights Specialist, MDHHS-ORR

Date: 08/27/21



Report Reviewed by: \_\_\_\_\_  
 Raymie Postema, Director, MDHHS-ORR

Date: 08/27/21

**Northeast Michigan Community Mental Health Authority**  
**Preliminary Statement of Revenue and Expense and Change in Net Position (by line item)**  
**For the Twelve Months Ending September 30, 2021**  
**100% of year elapsed**

	Actual September Year to Date	Budget September Year to Date	Variance September Year to Date	Budget FY21	% of Budget Earned or Used
<b>Revenue</b>					
1 State Grants	98,965.17	105,187.00	\$ (6,222)	105,187.00	94.1%
2 Private Contracts	25,569.00	58,912.00	(33,343)	58,912.00	43.4%
3 Grants from Local Units	528,632.69	603,450.00	(74,817)	603,450.00	87.6%
4 Interest Income	1,655.88	12,165.00	(10,509)	12,165.00	13.6%
5 Medicaid Revenue	30,913,653.80	29,675,562.00	1,238,092	29,675,562.00	104.2%
6 General Fund Revenue	959,382.87	1,046,679.00	(87,296)	1,046,679.00	91.7%
7 Healthy Michigan Revenue	1,688,380.05	2,337,264.00	(648,884)	2,337,264.00	72.2%
8 3rd Party Revenue	436,773.40	367,347.00	69,426	367,347.00	118.9%
9 Behavior Health Home Revenue	30,534.39	0.00	30,534	0.00	0.0%
10 SSI/SSA Revenue	508,079.91	521,553.00	(13,473)	521,553.00	97.4%
11 Other Revenue	83,733.41	44,401.00	39,332	44,401.00	188.6%
12 <b>Total Revenue</b>	<b>35,275,361</b>	<b>34,772,520</b>	<b>502,841</b>	<b>34,772,520</b>	<b>101.0%</b>
<b>Expense</b>					
13 Salaries	14,660,921.87	14,525,614.00	(135,308)	14,525,614.00	100.9%
14 Social Security Tax	643,047.25	686,351.00	43,304	686,351.00	93.7%
15 Self Insured Benefits	3,036,003.05	3,444,691.00	408,688	3,444,691.00	88.1%
16 Life and Disability Insurances	197,057.39	225,267.00	28,210	225,267.00	87.5%
17 Pension	1,215,882.05	1,224,319.00	8,437	1,224,319.00	99.3%
18 Unemployment & Workers Comp.	158,839.04	184,246.00	25,407	184,246.00	86.2%
19 Office Supplies & Postage	44,058.90	47,721.00	3,662	47,721.00	92.3%
20 Staff Recruiting & Development	186,700.98	119,365.00	(67,336)	119,365.00	156.4%
21 Community Relations/Education	78,089.07	17,042.00	(61,047)	17,042.00	458.2%
22 Employee Relations/Wellness	66,746.12	60,072.00	(6,674)	60,072.00	111.1%
23 Program Supplies	543,138.59	622,558.00	79,419	622,558.00	87.2%
24 Contract Inpatient	1,302,017.19	1,347,246.00	45,229	1,347,246.00	96.6%
25 Contract Transportation	49,338.96	80,498.00	31,159	80,498.00	61.3%
26 Contract Residential	6,143,533.56	5,876,266.96	(267,267)	5,876,266.96	104.5%
27 Contract Employees & Services	4,037,102.71	4,248,829.00	211,726	4,248,829.00	95.0%
28 Telephone & Connectivity	146,033.71	139,495.00	(6,539)	139,495.00	104.7%
29 Staff Meals & Lodging	6,171.13	30,225.00	24,054	30,225.00	20.4%
30 Mileage and Gasoline	278,451.57	311,685.00	33,233	311,685.00	89.3%
31 Board Travel/Education	3,365.04	13,664.00	10,299	13,664.00	24.6%
32 Professional Fees	36,277.30	71,824.00	35,547	71,824.00	50.5%
33 Property & Liability Insurance	78,706.24	65,317.00	(13,389)	65,317.00	120.5%
34 Utilities	158,131.70	160,246.00	2,114	160,246.00	98.7%
35 Maintenance	215,277.15	161,573.00	(53,704)	161,573.00	133.2%
36 Rent	303,664.61	304,027.00	362	304,027.00	99.9%
37 Food (net of food stamps)	44,776.29	65,563.00	20,787	65,563.00	68.3%
38 Capital Equipment	841,510.18	178,485.00	(663,025)	178,485.00	471.5%
39 Client Equipment	33,095.94	29,828.04	(3,268)	29,828.04	111.0%
40 Miscellaneous Expense	143,426.41	157,758.00	14,332	157,758.00	90.9%
41 Depreciation Expense	327,462.44	372,744.00	45,282	372,744.00	87.9%
42 <b>Total Expense</b>	<b>34,978,826</b>	<b>34,772,520</b>	<b>(206,306)</b>	<b>34,772,520</b>	<b>101.0%</b>
43 <b>Change in Net Position</b>	<b>\$ 296,534</b>	<b>\$ -</b>	<b>\$ 296,534</b>	<b>\$ -</b>	<b>0.1%</b>
44 Contract settlement items included above:					
45 Medicaid Funds (Over) / Under Spent	\$ 1,072,629				
46 Healthy Michigan Funds (Over) / Under Spent	735,019				
47 <b>Total NMRE (Over) / Under Spent</b>	<b>\$ 1,807,648</b>				
47 General Funds to Carry Forward to FY22	\$ 50,081				
48 General Funds Lapsing to MDHHS	39,215				
49 <b>General Funds (Over) / Under Spent</b>	<b>\$ 89,296</b>				

**Northeast Michigan Community Mental Health Authority**  
**Preliminary Statement of Net Position and Change in Net Position**  
**Proprietary Funds**  
**September 30, 2021**

	Total Business- Type Activities September, 2021	Total Business- Type Activities Sept. 30, 2020	% Change
<b>Assets</b>			
Current Assets:			
Cash and cash equivalents	\$ 8,191,128	\$ 7,908,516	3.6%
Restricted cash and cash equivalents	981,261	866,778	13.2%
Investments	750,000	750,000	0.0%
Accounts receivable	1,013,049	943,040	7.4%
Inventory	37,068	37,068	0.0%
Prepaid items	(231,754)	420,792	-155.1%
Beneficial Interest	4,637	4,637	0.0%
Total current assets	<u>10,745,389</u>	<u>10,930,830</u>	<u>-1.7%</u>
Non-current assets:			
Capital assets not being depreciated	157,586	80,000	97.0%
Capital assets being depreciated, net	1,642,397	1,653,068	-0.6%
Beneficial Interest	9,043	9,043	0.0%
Total non-current assets	<u>1,809,026</u>	<u>1,742,111</u>	<u>3.8%</u>
Total assets	<u>12,554,415</u>	<u>12,672,940</u>	<u>-0.9%</u>
<b>Liabilities</b>			
Current liabilities:			
Accounts payable	4,616,060	4,814,405	-4.1%
Accrued payroll and payroll taxes	1,147,028	1,436,289	-20.1%
Deferred revenue	21,187	63,290	-66.5%
Current portion of long-term debt (Accrued Leave)	81,739	72,203	13.2%
Total current liabilities	<u>5,866,015</u>	<u>6,386,187</u>	<u>-8.1%</u>
Non-current liabilities:			
Long-term debt, net of current portion (Accrued Leave)	899,522	794,575	13.2%
Total liabilities	<u>6,765,536</u>	<u>7,180,762</u>	<u>-5.8%</u>
<b>Net Position</b>			
Invested in capital assets, net of related debt	1,799,984	1,733,068	3.9%
Unrestricted	3,988,895	3,759,111	6.1%
Total net position	<u>\$ 5,788,879</u>	<u>\$ 5,492,179</u>	<u>5.4%</u>
<b>Net Position Beginning of Year</b>			
Revenue	5,492,179		
Expense	35,275,361		
	(34,978,826)		
Change in net position	<u>296,534</u>		
<b>Net Position September 30, 2021</b>	<u>\$ 5,788,713</u>		

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

12.5% or 46 days  
8% - 25%

1

9:00 AM

Community Foundation for Northeast Michigan  
NE Mich Community Mental Health Fund

10/01/2020 - 9/30/2021

	YTD
LIABILITY\FUND BALANCE ACTIVITY	
ENDOWMENT	
Beginning Balance	72,952.26
	-----
Revenue:	
Contributions	4,059.18
	-----
Increase (Decrease)	4,059.18
	-----
Ending Balance	77,011.44
	=====
RESERVE	
Beginning Balance	17,501.29
	-----
Revenue:	
Interest and Dividends	3,261.42
Realized Gain(Loss)	10,679.69
Unrealized Gain(Loss)	7,354.35
	-----
Total Revenue	21,295.46
	-----
Expense:	
Transfer To Spendable This FY	4,068.38
Administrative Fees	1,286.46
	-----
Total Expense	5,354.84
	-----
Increase (Decrease)	15,940.62
	-----
Ending Balance	33,441.91
	=====
SPENDABLE	
Beginning Balance	13,347.64
	-----
Revenue:	
Transfer From Reserve	4,068.38
	-----
Total Revenue	4,068.38
	-----
Expense:	
	-----
Total Expense	0.00
	-----
Increase (Decrease)	4,068.38
	-----
Ending Balance	17,416.02
	=====

10/26/2021

Financial Statement Consolidated

Page

2

9:00 AM

Community Foundation for Northeast Michigan  
NE Mich Community Mental Health Fund

10/01/2020 - 9/30/2021

YTD

BALANCE SHEET

Assets:

Investment Pool 127,869.37

Total Assets 127,869.37

Current Liabilities:

Liability\Fund Balances:

Endowment 77,011.44

Reserve 33,441.91

Spendable 17,416.02

Total Liability\Fund Balances 127,869.37

Total Liabilities and Equity 127,869.37

## NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY

**POLICY CATEGORY:**

EXECUTIVE LIMITATIONS

**POLICY TITLE AND NUMBER:**

GRANTS OR CONTRACTS, 01-011

**REPORT FREQUENCY AND DUE DATE:**

ANNUAL, DECEMBER

### **Executive Director Report:**

Following each of the five sub-items within the policy, I will indicate my interpretation and status of each.

### **Policy Statement:**

With respect to contracts and grants, the Executive Director may not enter into any grant or contract, unless it emphasizes the production of ends and the avoidance of unacceptable means. Accordingly, he or she may not:

1. Fail to prohibit particular methods and activities to preclude grant funds or contracts from being used in imprudent, unlawful or unethical ways.
  - **Interpretation:** Contracts must include language that mandates all contractors, vendors, subcontractors and suppliers of goods to adhere to all applicable laws, ordinances and regulations when providing services. Contractors must agree to provide service in an ethical manner.
  - **Status:** All service contracts contain language that requires the contractors to adhere to all applicable local, state and federal laws, ordinances and regulations when providing services as part of the agreement.

New contract boilerplate templates were used for FY 2021 service contracts. Contractors were receptive to the new boilerplate language.

Contract Monitoring for FY 21 review continues to be impacted by COVID-19 as it relates to entering homes, screening, and documentation from licensing bodies. (Some Adult Foster Care Homes had delay in application for renewal of licenses, etc.) Reviews of contractors continues. The Contract Manager will utilize a hybrid version to monitor contracts which will include, a virtual review process, on site reviews and phone interviews to obtain necessary monitoring information.

Contractors continue to be held to training, rights compliance, and any restrictions imposed by Governors Orders addressing the COVID – 19 Pandemic.

2. Fail to assess and consider an applicant's capability to produce appropriately targeted efficient results.
  - **Interpretation:** Contracts must include language indicating expected outcomes and evaluation of services provided by contractors, vendors and subcontractors.
  - **Status:** Service Contracts contained language indicating what the measurable expected outcomes of the service contracts are. Contracts require authorization as well as mandate the adherence to the measurable goals identified in the plan of service. Contracts will be evaluated at least annually.

One of the agency's major provider of services is NEMROC. Monthly meetings occurred to address service outcomes and problem solving areas of concern. For other contractors, evaluation continues via the Recipient Rights Office, regular meetings with providers, and contract site visit evaluations.

This past year, the Agency continued to be in contact with the various providers to discuss additional funding to those who qualify by performing face-to-face services (Direct Care Wage Pass-through) Providers were also allowed to submit for stability payments to offset COVID – 19 interruptions in service provision. Two providers applied and received stability payments.

## NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY

3. Enter into any contract for services without approval from the Board except for contracts for residential services and professional clinical services. In unusual circumstances, when a contract requires execution prior to the next regular meeting of the Board, the Executive Director may approve such contracts when the total cost of the contract does not exceed \$25,000.
  - **Interpretation:** The Board will approve all service contracts excluding those pertaining to residential services or professional clinical services.
  - **Status:** All contracts (excluding residential and professional clinical) are submitted to the Board on a regular basis for review and approval. As a matter of policy, routine contracts are included on the Board's consent agenda; contracts that require more detailed discussion and consideration (such as the provider agreement with the PIHP) are handled as separate agenda items.
4. Fail to maintain financial obligations for contracts on a fiscal year basis.
  - **Interpretation:** The contract term shall follow the fiscal year calendar.
  - **Status:** For those contracts that Northeast provides payment, the contracts are written on a fiscal year basis. Occasionally, multi-year contracts are used (e.g., DHHS) but language limits financial obligations to fiscal year periods.
5. Fail to determine to the best of his/her ability that all contractors, vendors, subcontractors and suppliers of goods shall prohibit discrimination based on religion, race, color, national origin, age, sex, height, weight, marital status, political affiliation, sexual orientation, record of arrest without conviction, physical or mental handicap.
  - **Interpretation:** All contracts must include language that prohibits discrimination based on religion, race, color, national origin, age, sex, height, weight, marital status, political affiliation, sexual orientation, record of arrest without conviction, physical or mental handicap.
  - **Status:** All contracts contain language that prohibits discrimination based upon the above-mentioned areas.
6. For contracts over \$25,000 needing execution prior to the next regularly scheduled meeting of the Board, the Executive Director will request the Executive Committee to review the contract and take action. The Board will be notified at the next Board meeting of the recommendations and outcome of the Executive Committee.
  - **Interpretation:** Any urgent contracts over \$25,000 needing approval prior to the regularly scheduled Board meeting will get approval from Executive Committee members.
  - **Status:** This method has been used in the past fiscal year. With the increase in the use of EGRAMS as it relates to contracts from the State, those received over the past year were approved prior to the Board meetings. The policy will be reviewed and this circumstance with EGRAMS will be addressed.
7. The Executive Director will notify the Board, at the next regular Board meeting, when there is an application executed by the Agency for available grants, which enhance the lives of the people we serve and/or assist in the day-to-day operations of the Agency. Grant funds will be included in the budget and presented to the Board for approval at the next regularly scheduled Board meeting.
  - **Interpretation:** The Board will be notified for all applications for grant funds made through the Agency.
  - **Status:** Grant application notices are included on the Consent Agenda as they are applied for and if the grant is awarded, the dollars for the grant are incorporated into the budget or budget amendment.

## NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY

### **Summary:**

I believe we are in substantial compliance with the Board's policy. The Agency has made efforts to stay in contact with the various contractors throughout the fiscal year. Two providers did request a sustainability payment during the third and fourth quarter of the fiscal year. The Agency received funding to accommodate this request as the providers are long standing partners with the agency and services were not provided at a rate expected during those quarters due to COVID – 19 restrictions. The providers began providing services when allowed and these providers continue to partner with us today.

This year contract monitoring reciprocity continues, meaning that we can ask another CMH who has completed a site visit at a location we have someone living, for their review of a site to determine compliance, which was utilized with many of the out of catchment area residential homes. The NeMCMHA Contract staff will review those providers having only one individual served through a CMH in which NeMCMHA serves that individual. We, in turn, will share with other boards our site visit information. This reduces the number of duplicate reviews the homes are involved with and allows less intrusion into the person's home situation.

The QI staff continues to complete provisional Home and Community Based Services (HCBS) surveys on all new providers who deliver adult foster care, community living supports, and supported employment services. This is to ensure the providers are prepared to meet the HCBS guidelines.

A new Contract Manager, Morgan Hale BBA, has been hired and contracts have been transitioned to her as well as County of Financial Responsibility contracts with other CMH's.

### **Board Review/Comments**



**POLICY CATEGORY:**  
**POLICY TITLE AND NUMBER:**  
**REPORT FREQUENCY & DUE DATE:**  
**POLICY STATEMENT:**

Ends  
Board Ends Statement, Policy # 04-001  
Annual: November 2021

Ends

All people in the region, through inclusion and the opportunity to live and work independently, will maximize their potential.

Sub-Ends

**Services to Children**

1. Children with serious emotional disturbances served by Northeast will realize significant improvement in their conditions.
  - A. Increase the number of children receiving home-based services; reducing the number of children receiving targeted case management services. Current percentage in each program is 33% in home-based services and 67% in targeted case management. Goal is to reach 80% in home-based services.

***Status:***

*The Children's Services department currently has three (3) full-time clinicians with four (4) full-time vacancies. Of 56 children and youth served within the department, 64% ended the fiscal year Home-Based services provided, while 34% received Targeted Case Management. The team nearly doubled Home-Based cases this past year despite experiencing staffing shortages.*

**Services to Adults with Mental Illness and Persons with I/DD**

2. Individuals needing independent living supports will live in the least restrictive environment.
  - A. Development of one additional contract residential provider within our catchment area to increase capacity for persons requiring residential placement.

***Status:***

*The Agency continues to promote development of residential facilities within the catchment area; however, due to the COVID pandemic and staff shortages we were unable to develop any new residential facilities during the 2020-2021 fiscal year. The Agency worked with Premier Care to develop a facility previously operated by Changes AFC; however, this effort fell through, in part, due to staffing needs..*

- B. Development of additional supported independent services for two individuals currently living in licensed Foster Care.

**Status:**

- *In December 2020, an individual was transitioned from a specialized residential home to a family home. In January 2021 an individual moved from a specialized residential home to a non-specialized residential home and in September 2021, two individuals transitioned to a supported independent living arrangement: one from a specialized residential setting and one from a family home.*

**Services to Adults with Co-Occurring Disorders**

3. Adults with co-occurring disorders will realize significant improvement in their condition.

- A. 10% of individuals served with two or more of the following chronic conditions – Asthma/COPD, High Blood Pressure, Diabetes, Morbid Obesity, Cardiac issues – will be offered enrollment in the Behavioral Health Home (BHH).

**Status:**

*The Agency identified 364 individuals receiving services who qualified for Behavioral Health Home (BHH) based on Serious Mental Illness (SMI) or Serious Emotional Disturbance (SED) diagnoses accompanied by two or more chronic conditions listed above. Of these, 70 individuals or 19.23% were offered enrollment in BHH, nearly doubling our goal. The Agency successfully enrolled 22 individuals.*

- B. 95% of individuals served enrolled in the Behavioral Health Home will see their primary care provider annually.

**Status:**

*Of the 22 individuals enrolled in BHH, 21 individuals or 95.45% saw their PCP within the past year.*

- C. 100% of individuals served enrolled in the Behavioral Health Home will have a base line A1C.

**Status:**

*100% of enrollees have completed a base-line A1C.*

## **Financial Outcomes**

4. The Board's agency-wide expenses shall not exceed agency-wide revenue at the end of the fiscal year (except as noted in 5.B, below).

***Status:***

*As of September 30, 2021, agency-wide revenues exceed agency-wide expenses by \$296,534.*

5. The Board's major revenue sources (Medicaid and Non-Medicaid) shall be within the following targets at year-end:

- A. Medicaid Revenue: Expenses shall not exceed 100% of revenue unless approved in advance by the Board and the PIHP.

***Status:***

*As of September 30, 2021, Medicaid funds were underspent by \$1,072,629 and Healthy Michigan funds were underspent by \$735,019. This produced a net amount due to NMRE of \$1,807,648. These amounts are based upon actual funds received and actual expenses incurred. This underspending of funds was due partly to the COVID pandemic. Travel and conference costs have been resuming slowly as most training and conferences are being conducted virtually. Most pre-COVID service level will take time to level out and the Agency is still seeing a reduction in costs in those areas.*

*The Board of Directors are kept apprised of the Agency's financial situation on a monthly basis, including the status of overspending and underspending of Medicaid and Healthy Michigan funds. All financial status reports provided to the Board have been approved by the Board for the respective time periods. The NMRE is kept apprised of the Agency's managed care spending on a monthly basis and have clearly communicated the Agency limit spending to approve per member per month and carryforward net amounts.*

- B. Non-Medicaid Revenue: Any over-expenditure of non-Medicaid revenue will be covered by funds from the Authority's fund balance with the prior approval of the board.

***Status:***

*As of September 30, 2021, General Funds were underspent by \$89,296. Of this amount to date, \$50,081 will be allowed to be carried forward to FY22 and \$39,215 would be owed back to the State.*

*Once again, the underspending in General Funds was due partly to the COVID pandemic. General Funds are used to cover costs and services not covered by any other source. Individual spend downs (deductibles) have not been required for Medicaid recipients due to COVID. These spend downs are usually paid out of General Funds. Since these spend downs have not been required yet this fiscal*

*year, this is causing excess General Funds for the Agency. Also, when General Funds are in excess, the Agency uses these funds to provide services to the community. Several of these were done within legal limitations due to COVID. More were unable to be offered due to the legal restrictions placed on the counties by the State due to the pandemic.*

*The Board of Directors are kept apprised of the Agency's financial situation on a monthly basis, including the status of overspending and underspending of General Funds. All financial status reports provided to the Board have been approved by the Board for the respective time periods.*

### **Community Education**

6. The Board will provide community education. This will include the following:
  - A. Disseminate mental health information to community utilizing available technology and at least one Report to Community annually.

***Status:***

*The Annual Report was completed in May 2021 and is posted to the Agency's website, distributed through e-mail as well as hard copies available for offices, commissioners, collaborative members and those requesting hard copy.*

- B. Develop and coordinate community education in Mental Health First Aid for adults and youth, trauma and the effects of trauma on individuals and families, suicide prevention, co-occurring disorders and the increasing violence in our society.

***Status:***

*Due to COVID, many activities had to be rescheduled or cancelled.*

*The Agency contracts with Partners in Prevention to provide many of the community education components of this End. Much of their work is depicted in the following categories:*

**Trauma:**

*Partners in Prevention participated in an interview with Julie Riddle, The Alpena News, for suicide information which was integrated in an article related to murder/suicide. Participants attending the Youth Mental Health First Aid were provided with myStrength cards which includes modules on trauma. Partners in Prevention continues to promote information related to trauma through postings on their Facebook page as well.*

*In the second quarter of this fiscal year, Partners in Prevention participated in an interview on WBKB-TV "Talk of the Town" addressing the community's options for training related to trauma.*

*Area schools were provided with presentations on “Trauma: What it is and How it Affects Children (including discussion of the trauma aspects of COVID-19). Hinks and Wilson schools received this presentation in March with Besser and Lincoln schools on May 12<sup>th</sup> and Ella White school on May 25<sup>th</sup>.*

*Suicide Prevention:*

*Partners in Prevention used funds raised in the Suicide Prevention Walk from September 2020 to purchase 500 wristbands with the suicide hotline number to distribute.*

*The Suicide Team continues to meet at least monthly and is planning its 2<sup>nd</sup> Suicide Awareness Walk for September 25, 2021.*

*In preparation for the walk in Presque Isle, a SafeTALK presentation was made to individuals connected with the organization of the September walk. The Agency participated and was a sponsor of the “Out of Darkness” walk on Sunday, September 26, 2021 in Presque Isle.*

*Mental Health First Aid:*

*The first “blended” course for Youth Mental Health First Aid was held with 12 participants. The blended course is comprised of two hours of online pre-work, followed by a 4 ½ hour in-person course. As this was the first attempt using this method, some adjustments will be made to make the course smoother in the future.*

*Youth Mental Health First Aid was held on June 30, again as a blended course, with five individuals registering with only three actually attending.*

*On July 30<sup>th</sup>, staff DJ Dehring and Amanda Schuelke held a Mental Health First Aid course with five attending.*

*Due to COVID, many of the trainings were not able to be held as facilities were unavailable to host groups.*

*Other:*

*November 23, 2020 – Carolyn Bruning, Administrative Assistant, collaborated with MDHHS and St. Vincent de Paul to deliver Thanksgiving baskets to 20 needy families.*

*January 28, 2021 -- Sarah Hamilton, CRS Clinician, provided a community presentation for the Combat Readiness Training Center (CRTC) in Alpena related to stress management.*

*May 24, 2021 – Sarah Hamilton, CRS Clinician, was featured in an interview on WBKB-TV covering the topic of mental health awareness including resource availability in our region.*

*May 26, 2021 – Lauren Tallant, Children’s Services Supervisor, was featured in an interview on WBKB-TV covering the impact of social media on adolescent’s mental health.*

*August 20, 2021 – Mary Crittenden, COO, attended the annual Parkinson’s Group Facilitator Training at Besser Senior Living and presented on resources available in the Alpena are to combat senior isolation and loneliness.*

C. Support community advocacy.

***Status:***

*Amy Pilarski has been working with the local NAMI Formation group in attempting to establish a local NAMI Chapter in Alpena. This is still a work in progress.*

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

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EXECUTIVE LIMITATIONS  
(Manual Section)

**TREATMENT OF INDIVIDUALS SERVED**  
(Subject)

Board Approval of Policy |  
Last Revision of Policy Approved by Board:

August 8, 2002  
November 14, 2019

●1 **POLICY:**

With respect to interactions with individuals served, or those individuals applying for services, the Executive Director shall not cause or allow conditions, procedures, or decisions which are unsafe, disrespectful, unduly undignified, unnecessarily intrusive, or which fail to provide appropriate confidentiality and privacy.

Accordingly, she or he may not:

1. Use application forms or procedures that elicit information for which there is no clear necessity.
2. Use methods of collecting, reviewing, or storing client information that fail to protect against improper access to the information elicited.
3. Maintain facilities that fail to provide a reasonable level of privacy, both aural and visual.
4. Fail to provide procedural safeguards for the transmission of information.
5. Fail to establish with the individual receiving services a clear contract of what may be expected and what may not be expected from the service offered.
6. Fail to inform individuals served by this Agency of this policy or to provide a grievance process to those individuals served who believe that they have not been accorded a reasonable interpretation of their rights under this policy.
7. Fail to have staffing or contractual arrangements to provide services that reflect the diversity found in the community.
  - A. ethnic
  - B. gender
  - C. geographic

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

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8. Fail to provide services and benefits to clients or the public and contract agencies without prejudice as to religion, race, color, national origin, age, sex, height, weight, marital status, political affiliation, sexual orientation, record of arrest without conviction, physical or mental handicap or ability to pay.

●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)

**STAFF TREATMENT**

(Subject)

Board Approval of **Policy**

August 8, 2002

Last Revision of Policy Approved by Board:

November 14, 2019

**●1 POLICY:**

With respect to treatment of paid and volunteer staff, the Executive Director may not cause or allow conditions which are unfair, undignified, unsafe or unclear.

Accordingly, she or he may not:

1. Operate without written personnel procedures which: clarify personnel rules for staff, provide for effective handling of grievances and protect against wrongful conditions.
2. Discriminate against any staff member for non-disruptive expression of dissent.
3. Fail to acquaint staff with their rights under this policy.
4. Fail to be sensitive to and consider human diversity in all dealings with staff once known or perceived.
5. Discriminate in the recruitment, hiring, training, upgrading, promotion, retention or any other personnel action based on religion, race, color, national origin, age, sex, height, weight, marital status, political affiliation, sexual orientation, record of arrest without conviction, or physical or mental handicap, except where age, sex or physical requirements constitute a bona fide occupational qualification necessary to proper and efficient administration.

**●2 APPLICATION:**

The Northeast Michigan Community Mental Health Authority Board

**●3 DEFINITIONS:**

**●4 REFERENCES:**

**●5 FORMS AND EXHIBITS:**

EXECUTIVE LIMITATIONS

(Manual Section)

**GRANTS OR CONTRACTS**

(Subject)

Board Approval of **Policy**  
Last Revision Approved by the Board:

August 8, 2002  
December 12, 2019

●1 **POLICY:**

The Executive Director may not enter into any grant or contract, unless it emphasizes the production of Ends and the avoidance of unacceptable means.

Accordingly, he or she may not:

- Fail to prohibit particular methods and activities to preclude grant funds or contracts from being used in imprudent, unlawful or unethical ways.
- Fail to assess and consider an applicant's capability to produce appropriately targeted efficient results.

The Executive Director may execute the EGrAMS authorizations for the contracts through the State of Michigan for such agreements as the General Funds contract, PASSAR Agreements, and other grants initiated by the Michigan Department of Health and Human Services. The Executive Director shall contact the Board Chair and provide notification to the Board at their next regularly scheduled meeting.

In addition, for **CONTRACTS:**

- Enter into any contract for services without approval from the Board except for contracts for residential services and professional clinical services. In unusual circumstances, when a contract requires execution prior to the next regular meeting of the board, the Executive Director may approve such contracts when the total cost of the contract does not exceed \$25,000.
- Fail to maintain financial obligations for contracts on a fiscal year basis.
- Fail to determine to the best of his/her ability that all contractors, vendors, subcontractors and suppliers of goods shall prohibit discrimination based on religion, race, color, national origin, age, sex, height, weight, marital status, political affiliation, sexual orientation, record of arrest without conviction, physical or mental handicap.
- For contracts over \$25,000 needing execution prior to the next regularly scheduled meeting of the Board, the Executive Director will request the

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

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Executive Committee to review the contract and take action. The Board will be notified at the next Board meeting of the recommendations and outcome of the Executive Committee.

In addition, for **GRANTS**:

- The Executive Director will notify the Board, at the next regular Board meeting, when there is an application executed by the Agency for available grants, which enhance the lives of the people we serve and/or assist in the day-to-day operations of the Agency. Grant funds will be included in the budget and presented to the Board for approval at the next regularly scheduled Board meeting.

●2 **APPLICATION:**

The Northeast Michigan Community Mental Health Authority Board

●3 **DEFINITIONS:**

●4 **REFERENCES:**

●5 **FORMS AND EXHIBITS:**

GOVERNANCE PROCESS

(Manual Section)

**BOARD MEMBER RECOGNITION**

(Subject)

Board Approval of Policy  
Board Revision of Policy

August 8, 2002  
December 12, 2019

●1 **POLICY:**

The Board may recognize its members for extended tenure or upon termination or retirement, either upon completion of full terms or partial terms of office. Such recognition may take any form deemed appropriate by the Board. The Board may include such recognition for service within the Board meeting minutes.

The following schedule shall provide guidance concerning frequency and nature of awards to Board members:

**Award Schedule**

At 5 years	A framed Certificate of Appreciation signed by the current Board Chair and Executive Director
At 10 years	A Certificate of Appreciation signed by the current Board Chair and Executive Director
At 15 years	A Certificate of Appreciation signed by the current Board Chair and Executive Director
At 20 years and each 5 years thereafter	An appropriate gift (as determined by the Executive Director in consult with the Board Chair)
Upon retirement from Service at any other time	A Letter of Appreciation from the Board and if possible a Certificate of Appreciation from the Department of Health and Human Services

These acknowledgements shall be presented at the March Board meeting.

●2 **APPLICATION:**

The Northeast Michigan Community Mental Health Authority Board

●3 **DEFINITIONS:**

●4 **REFERENCES:**

●5 **FORMS AND EXHIBITS:**

GOVERNANCE PROCESS

(Manual Section)

**BOARD MEMBER ORIENTATION**

(Subject)

Board Approval of Policy  
Last Revision to Policy Approved:

April 14, 2005  
December 8, 2016

●1 **POLICY:**

The Board will provide an orientation for new board members as well as regular updates for all board members. This orientation program will include information addressing the areas noted below. Primary responsibility for delivery of each section is also noted:

- Community Mental Health History (General perspective: MACMHB Boardworks 2.0 module: “Foundations: Public Policy;” Northeast perspective: Executive Committee/Director)
- Community Mental Health Mission and Priorities (General perspective: MACMHB Boardworks 2.0 module: “Foundations: Intended Beneficiary Ownership,” and “Foundations: Intended Beneficiary Orientation;” Northeast perspective: Executive Committee/Director)
- Michigan’s Mental Health Code (General perspective: MACMHB Boardworks 2.0 module “Management: Legal;” Northeast perspective: Director)
- Policy Governance (primarily Executive Committee with elements from MACMHB Boardworks 2.0 modules: “Leadership: Fundamentals” and “Leadership: Character”)
- Organizational structure of Northeast Michigan Community Mental Health Authority (General perspective: MACMHB Boardworks 2.0 modules: “Implementation;” Northeast perspective: Director)
- Services offered by Agency (Director, Services Directors, Boardworks 2.0 modules: “Management: System” and “Implementation: Best Practice”)
- Basics of mental healthcare financing and managed care (General perspective: MACMHB Boardworks 2.0 modules: “Management: Budget” and “Management: System;” Northeast perspective: Director and Budget and Finance Director)
- The Board’s relationships with the Counties, Department of Health and Human Services, the PIHP, the Board Association and other local agencies (Executive Committee/Director; MACMHB Boardworks 2.0 modules: “Management: Legal” and “Management: System”)

For newly appointed board members, those portions of the orientation program that are to be delivered by members of the Executive Committee, other members of the Board or the Director shall be delivered within the first 90 days of the

members' terms. New Board members will be encouraged to complete the Michigan Association of Community Mental Health Boards' Boardworks 2.0 Training program within one year.

The Executive Committee shall assure that at least one board member is both knowledgeable in the area of policy governance and is willing and able to train other board members in its principles.

For each of the other curriculum areas, the Director, with the support of the Board, will assure that orientation material is developed, available in appropriate media and kept current.

●2 **APPLICATION:**

The Northeast Michigan Community Mental Health Authority Board members

●3 **DEFINITIONS:**

●4 **REFERENCES:**

On Board Leadership, Carver, John, Jossey – Bass, 2002

The Policy Governance Fieldbook, Oliver, Carolyn, Jossey – Bass, 1999

“John Carver on Board Governance” A Video Presentation

MACMHB Resource Manual

Mental Health Code, Michigan PA 258 of 1976

Plan of Service, NeMCMH

●5 **FORMS AND EXHIBITS:**

**NORTHERN MICHIGAN REGIONAL ENTITY  
BOARD OF DIRECTORS MEETING  
10:00AM – SEPTEMBER 22, 2021  
GAYLORD BOARDROOM**

<b>ATTENDEES:</b>	<b>Roger Frye, Ed Ginop, Randy Kamps, Terry Larson, Gary Nowak, Jay O'Farrell, Richard Schmidt, Karla Sherman, Don Smeltzer, Joe Stone, Don Tanner</b>
<b>VIRTUAL ATTENDEES:</b>	<b>Gary Klacking (West Branch), Mary Marois (Traverse City)</b>
<b>ABSENT:</b>	<b>Christian Marcus</b>
<b>NMRE/CMHSP STAFF:</b>	<b>Brian Babbitt, Joanie Blamer, Eugene Branigan, Eric Kurtz, Pamela Polom, Brandon Rhue, Sara Sircely, Teresa Tokarczyk, Deanna Yockey, Carol Balousek, Lisa Hartley</b>
<b>PUBLIC:</b>	<b>Anja Angel, Chip Cieslinski, Chris Frasz, Kassondra Glenister, Sue Winter, Jackie Wurst</b>

CALL TO ORDER

Let the record show that Chairman Tanner called the meeting to order at 10:00AM.

ROLL CALL

Let the record show that Christian Marcus was absent for the meeting on this date; all Board Members were in attendance either virtually or in person.

PLEDGE OF ALLEGIANCE

Let the record show that the Pledge of Allegiance was recited as a group.

ACKNOWLEDGEMENT OF CONFLICT OF INTEREST

Let the record show that no Conflicts of Interest to any of the meeting agenda items were expressed.

APPROVAL OF AGENDA

Let the record show that Chairman Tanner called for any additions or corrections to the meeting Agenda; none were proposed.

**MOTION BY GARY NOWAK TO APPROVE THE NORTHERN MICHIGAN REGIONAL ENTITY BOARD OF DIRECTORS MEETING AGENDA FOR SEPTEMBER 22, 2021; SUPPORT BY JOE STONE. MOTION CARRIED.**

APPROVAL OF PAST MINUTES

Let the record show that the August minutes of the NMRE Governing Board were included in the materials for the meeting on this date.

**MOTION BY ROGER FRYE TO APPROVE THE MINUTES OF THE AUGUST 25, 2021 MEETING OF THE NORTHERN MICHIGAN REGIONAL ENTITY BOARD OF DIRECTORS; SUPPORT BY RANDY KAMPS. MOTION CARRIED.**

## CORRESPONDENCE

- 1) The minutes from the September 2, 2021 PIHP CEO Meeting.
- 2) Michigan Psychiatric Care Improvement Project (MPCIP) Update dated August 2021.
- 3) “Stakeholder Update KB vs. MDHHS Lawsuit” presentation slides dated August 2021.
- 4) “Michigan Behavioral Health Delivery System Redesign: presentation slides from Rep. Mary Whiteford.
- 5) “SB 597 and SB 598” presentation slides from the Michigan Association of Health Plans (MAHP) dated August 31, 2021.
- 6) Document titled “Why We Oppose SBs 597 & 598” from the Community Mental Health Association of Michigan (CMHAM).
- 7) SFY 2022 Behavioral Health Capitation Rates draft presentation from Milliman dated August 31, 2021.
- 8) The minutes from the September 8, 2021 Regional Finance Committee Meeting in draft form.

Mr. Kurtz drew attention to the KB Lawsuit update that was presented to PIHP CEOs in August. The lawsuit alleges that the State of Michigan failed to provide adequate behavioral health services and supports to children eligible for Early and Periodic Screening, Diagnostic and Treatment (EPSDT). During an investigation into the allegations the “current PIHP and CMHPS structure” was identified as an underlying issue.

Attention was next drawn to Rep. Whiteford’s system redesign slides regarding House Bill 4925, in which she calls for a “managed fee-for-service delivery system through a contract with a single public or nonprofit administrative services organization” to replace the 10 PIHPs. Mr. Tanner spoke about Rep. Whiteford’s visit to Centra Wellness Network, calling it a good discussion and exchange of ideas. Michigan’s 101<sup>st</sup> District Representative Jack O’Malley was in attendance and confessed to knowing nothing about the issue. Mr. Stone responded that CMHAM needs to do a better job of informing legislators. Ms. Sherman remarked that she has met with Rep. Whiteford three times; she and 107<sup>th</sup> District Representative John Damoose appear to be “all ears.”

Mr. Kamps spoke about Rep. Whiteford’s visit to Northern Lakes; he expressed that she didn’t seem receptive to push back about rural vs. urban, local input, or further modifications to the bills. Mr. Kurtz responded that his perception is that Rep. Whiteford is listening but not really changing the approach. Mr. Kamps voiced that he is pleased that Region 2 partners are delivering a consistent message.

## ANNOUNCEMENTS

Let the record show that Mr. Stone reminded the Board about the CMHAM Fall Conference taking place October 25<sup>th</sup> – 26<sup>th</sup> in Traverse City; a reception is planned for the evening of October 24<sup>th</sup>.

## PUBLIC COMMENTS

Let the record show that the members of the public attending the meeting virtually were recognized. Chris Frasz, Outreach Director for Bear River Health, expressed that he had some comments regarding liquor tax requests. Mr. Tanner responded that he may bring those up as the requests are presented under “New Business.”



## REPORTS

### **Executive Committee Report**

Let the record show that the NMRE Board Executive Committee met earlier on this date; a report will be given under "New Business."

### **CEOs Report**

The NMRE CEO Monthly Report for September 2021 was included in the materials for the meeting on this date. Mr. Kurtz drew attention to a meeting he attended on September 2<sup>nd</sup> regarding Behavioral Health home services and Targeted Case Management. Oakland County's Medical Director raised questions with the Department that targeted case management and care management are duplicative services and cannot be billed within the same month. MDHHS then contacted MSA which agreed. Mr. Kurtz has drafted an opinion outlining the differences in services. Current guidance is to continue to provide both services until a final determination is received in writing.

Mr. Kurtz also referenced issues concerning the Standard Cost Allocation (SCA). In September, CFI, CMH Contract Negotiation Team, the PIHP Contract Negotiation Team, and several CMH and PIHP staff with expertise in cost allocation, financial management, state policy, statutes, and Medicaid waivers, met with representatives of Milliman and MDHHS to negotiate the contract language, in both the CMH and PIHP contracts, related to the MDHHS/Milliman proposed Standard Cost Allocation (SCA) initiative. More meetings are scheduled. CMHSP administrative cost reporting remains a primary issue (Network Provider vs. Subcontractor). Mr. Kurtz explained how the SCA is tied to the PIHP's Medical Loss Ratio. Mr. Kamps questioned whether the SCA is intended to improve the provision of services or just add additional administrative burden.

### **July 2021 Financial Report**

- Traditional Medicaid showed \$169,683,683 in revenue, and \$146,422,957 in expenses, resulting in a net surplus of \$23,260,726. Medicaid ISF was reported as \$7,738,320 based on the unaudited final FSR. Medicaid Savings was reported as \$4,515,675.
- Healthy Michigan Plan showed \$26,312,497 in revenue, and \$20,406,986 in expenses, resulting in a net surplus of \$5,905,511. HMP ISF was reported as \$7,058,552 based on the unaudited Final FSR. HMP savings was reported as \$0.
- Net Position\* showed net surplus Medicaid and HMP of \$29,166,237. Medicaid carry forward was reported as \$4,515,675. The total Medicaid and HMP Current Year Surplus was reported as \$27,911,912. Medicaid and HMP combined ISF was reported as \$14,796,872; the total Medicaid and HMP net surplus, including carry forward and ISF was reported as \$42,708,784.
- Health Home showed \$422,310 in revenue, and \$351,433 in expenses, resulting in a net surplus of \$70,877.
- SUD showed all funding source revenue of \$17,347,217, and \$14,286,596 in expenses, resulting in a net surplus of \$3,060,621. Total PA2 funds were reported as \$6,491,685.

Ms. Yockey reported that a FY21 lapse is currently projected at approximately \$18M. Mr. Stone asked what can be done to reduce the risk of future lapse. Mr. Kurtz responded that not much can be done for FY21; however, Operations committee is discussing benefit stabilization initiatives to undertake in FY22; crisis and residential services for both mental health and SUD were identified as key target areas, though staffing issues continue to be problematic. It was noted that much of the surplus is due to Medicaid enrollees not being dropped during the

pandemic; there remains a level of uncertainty regarding revenue amounts when Medicaid redeterminations and spenddowns resume.

Ms. Yockey stated that an additional PA2 payment is expected by the end of the year.

Mr. Tanner remarked that in the past CMHSPs were able to retain Medicaid savings to use as local. Ms. Sherman spoke about the benefit of serving the mild/moderate population under the public system.

**MOTION BY RANDY KAMPS TO RECEIVE AND FILE THE NORTHERN MICHIGAN REGIONAL ENTITY MONTHLY FINANCIAL REPORT FOR JULY 2021; SUPPORT BY JOE STONE. ROLL CALL VOTE.**

**“Yea” Votes:** R. Frye, R. Schmidt, R. Kamps, K. Sherman, J. Stone, E. Ginop, T. Larson, G. Klacking, J. O’Farrell, D. Smeltzer, G. Nowak, D. Tanner

**“Nay” Votes:** Nil

**MOTION CARRIED.**

**Operations Committee**

The minutes from August 21, 2021 were distributed during the meeting on this date in draft form. Mr. Kamps asked about the NMRE’s decision to pass on applying for the Veteran Navigator Peer Support grant. Mr. Kurtz responded that the NMRE’s Veteran Navigator, Brian Martinus, is not ready at this time to bring on a peer nor is the region seeing the need; this will be explored more in the future. Mr. Martinus will report his activities during an upcoming Board meeting.

Ms. Sherman asked about the intent of the Behavioral Health fee screen developed by the Department/Milliman. Mr. Kurtz responded that the cover letter indicated that it is not to be used to set rates but likely to satisfy a legislative requirement. Mr. Kamps noted Rep. Whiteford’s support of issuing an RFP to procure the Department’s actuarial firm.

**NMRE SUD Oversight Board Report**

The minutes of the September 13, 2021 meeting of the NMRE Substance Use Disorder Oversight Board were included in the meeting materials in draft form. Liquor tax requests will be presented under “New Business.”

**NEW BUSINESS**

**PA2 Requests**

- 1) Michigan Rehabilitation Services – \$35,000 (split between all 21-counties)
- 2) Child & Family Services of Northwestern Michigan – \$23,889 (Grand Traverse, Leelanau)
- 3) Catholic Human Services – \$94,382 (Missaukee, Wexford)
- 4) Catholic Human Services – \$58,850 (Leelanau)
- 5) Catholic Human Services \$149,691 (Grand Traverse, Kalkaska, Leelanau)
- 6) District Health Department #2 – \$58,880 (Alcona, Alpena, Cheboygan, Iosco, Oscoda, Presque Isle)
- 7) Health Department of Northwest Michigan - \$132,500 (split between participating schools in the NMRE 21-county region)
- 8) Catholic Human Services – \$196,529 (Cheboygan, Crawford, Iosco, Oscoda, Roscommon)
- 9) Community Recovery Alliance – \$125,830 (Antrim, Charlevoix, Cheboygan, Emmet)

- 10) Catholic Human Services – \$15,873 (Alpena, Antrim, Benzie, Grand Traverse, Iosco, Kalkaska, Manistee, Missaukee, Montmorency, Ogemaw, Roscommon, Wexford)
- 11) Catholic Human Services – \$139,041 (Alpena, Antrim, Benzie, Grand Traverse, Iosco, Kalkaska, Manistee, Missaukee, Montmorency, Ogemaw, Roscommon, Wexford)
- 12) Catholic Human Services – \$66,000 (Grand Traverse)
- 13) Catholic Human Services - \$174,486 (Alcona, Alpena, Antrim, Benzie, Crawford, Grand Traverse, Iosco, Kalkaska, Manistee, Missaukee, Montmorency, Otsego, Presque Isle, Wexford)
- 14) Bear River Health - \$92,738 (Emmet)
- 15) Bear River Health – \$49,509 (Emmet)

The NMRE noted instances where the PA2 request would put a county's fund balance below the recommended level equivalent of one year's receipts. The budgets associated with the PA2 requests were posted to the nmre.org website per prior request.

The total amount approved by the NMRE SUD Oversight Board on September 13, 2021 was reported as \$1,413,198.

**MOTION BY GARY NOWAK TO APPROVE THE LIQUOR TAX REQUESTS RECOMMENDED BY THE NORTHERN MICHIGAN REGIONAL ENTITY SUBSTANCE USE DISORDER OVERSIGHT BOARD ON SEPTEMBER 13, 2021 FOR A TOTAL AMOUNT OF ONE MILLION FOUR HUNDRED THIRTEEN THOUSAND, ONE HUNDRED NINETY-EIGHT DOLLARS (\$1,413,198.00) FOR FISCAL YEAR 2022; SECOND BY ED GINOP.**

Discussion:

Mr. Schmidt voiced that the NMRE SUD Oversight Board approved the spending of \$37K Manistee County PA2 funds without him (the NMRE SUD Board representative for Manistee County) being in attendance. Ms. Yockey emphasized that block grant funds are used whenever possible to reduce the impact on PA2.

Chris Frasz, Outreach Director for Bear River Health, reported that the provision of MAT services to individuals in county jails has been very successful. The program began with SOR and PA2 funds and continued in FY21 using SOR funds only; SOR funds were not allocated to support the program in FY22, which led to the application for PA2. Without funding, the program will end September 30<sup>th</sup>. Mr. Schmidt suggested reducing the ask to allow the program to be funded for a few months and reapplying mid-year. The decision was made to fund one-third of the requested amount of \$68,556, or \$22,623.

**MOTION BY GARY NOWAK TO AMEND HIS PRIOR MOTION TO INCLUDE AN APPROVAL OF THE REQUEST BY BEAR RIVER HEALTH FOR \$22,623 OTSEGO COUNTY LIQUOR TAX DOLLARS FOR JAIL MAT SERVICES; SUPPORT BY JOE STONE. ROLL CALL VOTE.**

**“Yea” Votes: E. Ginop, D. Smeltzer, G. Klacking, G. Nowak, R. Schmidt, J. O’Farrell, R. Kamps, K. Sherman, T. Larson, R. Frye, J. Stone, D. Tanner**

**“Nay” Votes: Nil**

**MOTION CARRIED.**

**ROLL CALL VOTING TOOK PLACE ON THE MAIN MOTION.**

**“Yea” Votes:** D. Smeltzer, T. Larson, J. Stone, R. Frye, J. O’Farrell, E. Ginop, K. Sherman, G. Klacking, G. Nowak, R. Kamps, D. Tanner

**“Nay” Votes:** R. Schmidt

**MOTION CARRIED.**

Let the record show that the total amount of PA2 funds approved on this date was \$1,435,821.

**NMRE CEO Contract and Compensation**

Let the record show that the NMRE Board Executive Committee met at 9:15 on this date to discuss the CEO’s contract and compensation for FY22. A salary increases of 10.37% was proposed in addition to extending the contract term through FY26.

**MOTION BY GARY NOWAK TO APPROVE THE NORTHERN MICHIGAN REGIONAL ENTITY EXECUTIVE COMMITTEE’S SALARY RECOMMENDATION FOR THE CHIEF EXECUTIVE OFFICER FOR FISCAL YEAR 2022 AND EXTEND THE CONTRACT TERM THROUGH FISCAL YEAR 2026; SUPPORT BY ROGER FRYE.**

Discussion:

Mr. Stone expressed that the NMRE is fortunate to have Mr. Kurtz as its CEO.

**ROLL CALL VOTING TOOK PLACE ON MR. NOWAK’S MOTION.**

**“Yea” Votes:** J. Stone, G. Klacking, K. Sherman, R. Kamps, G. Nowak, E. Ginop, D. Smeltzer, J. O’Farrell, R. Frye, R. Schmidt, T. Larson, D. Tanner

**“Nay” Votes:** Nil

**MOTION CARRIED.**

**Proposed FY22 NMRE Board Meeting Schedule**

The proposed NMRE Board Meeting schedule for FY22 was included in the materials for the meeting on this date.

**MOTION BY RANDY KAMPS TO APPROVE THE NORTHERN MICHIGAN REGIONAL ENTITY BOARD OF DIRECTORS MEETING SCHEDULE FOR FISCAL YEAR 2022; SUPPORT BY JOE STONE. MOTION CARRIED.**

OLD BUSINESS

**Senate Bills 597 & 598/House Bills 4925-4929 – The Latest**

This topic was addressed under the “Correspondence” portion of the meeting Agenda.

PRESENTATION

**NMRE Proposed FY22 Budget**

The NMRE’s proposed budget for FY22 was included in the materials for the meeting on this date. Milliman projected a 7.5% increase in the state for \$2.00 DCW increase. The Statewide effective increase was reported as 1.2%.

NMRE rates showed an increase of (<1%). The NMRE used FY21 actual revenue as a basis for revenue less the anticipated DCW lapse and a neutral revenue projection for the FY22 budget.

The NMRE Operating Revenue included a 3% cola for staff, fully accrued PTO, and current vacant positions at full year.

Lambert PR will be added to the list of Administrative Contracts.

**MOTION BY JOE STONE TO APPROVE THE NORTHERN MICHIGAN REGIONAL ENTITY BUDGET FOR FISCAL YEAR 2022 AS PRESENTED AND REVIEWED ON THIS DATE; SUPPORT BY GARY NOWAK. ROLL CALL VOTE.**

**“Yea” Votes:** G. Klacking, D. Smeltzer, K. Sherman, R. Schmidt, E. Ginop, T. Larson, R. Kamps, R. Frye, J. O’Farrell, G. Nowak, J. Stone, D. Tanner

**“Nay” Votes:** Nil

**MOTION CARRIED.**

COMMENTS

Mr. Nowak announced that the Northeast Michigan Board of Directors voted to contract with Straley, Kamp, and Kraenzlein, PC as its financial auditing firm.

MEETING DATES

The next meeting of the NMRE Board of Directors was scheduled for 10:00AM on October 27, 2021.

ADJOURN

Let the record show that Mr. Tanner adjourned the meeting at 11:50AM.

**NORTHERN MICHIGAN REGIONAL ENTITY  
BOARD OF DIRECTORS MEETING  
10:00AM – OCTOBER 27, 2021  
GAYLORD BOARDROOM**

<b>ATTENDEES:</b>	<b>Roger Frye, Ed Ginop, Randy Kamps, Terry Larson, Christian Marcus, Mary Marois, Gary Nowak, Jay O’Farrell, Richard Schmidt, Don Smeltzer, Joe Stone, Don Tanner</b>
<b>ABSENT:</b>	<b>Gary Klacking, Karla Sherman</b>
<b>NMRE/CMHSP STAFF:</b>	<b>Joanie Blamer, Eugene Branigan, Christine Gebhard, Chip Johnston, Eric Kurtz, Brian Martinus, Diane Pelts, Nena Sork, Deanna Yockey, Carol Balousek, Lisa Hartley</b>
<b>PUBLIC:</b>	<b>Chip Cieslinski, Jim Harrington</b>

CALL TO ORDER

Let the record show that Chairman Tanner called the meeting to order at 10:00AM.

ROLL CALL

Let the record show that Gary Klacking and Karla Sherman were excused for the meeting on this date; all other Board Members were in attendance.

PLEDGE OF ALLEGIANCE

Let the record show that the Pledge of Allegiance was recited as a group.

ACKNOWLEDGEMENT OF CONFLICT OF INTEREST

Let the record show that no Conflicts of Interest to any of the meeting agenda items were expressed.

APPROVAL OF AGENDA

Let the record show that Chairman Tanner called for any additions or corrections to the meeting Agenda; none were proposed.

**MOTION BY GARY NOWAK TO APPROVE THE NORTHERN MICHIGAN REGIONAL ENTITY BOARD OF DIRECTORS MEETING AGENDA FOR OCTOBER 27, 2021; SUPPORT BY JOE STONE. MOTION CARRIED.**

APPROVAL OF PAST MINUTES

Let the record show that the September minutes of the NMRE Governing Board were included in the materials for the meeting on this date.

**MOTION BY ROGER FRYE TO APPROVE THE MINUTES OF THE SEPTEMBER 22, 2021 MEETING OF THE NORTHERN MICHIGAN REGIONAL ENTITY BOARD OF DIRECTORS; SUPPORT BY DON SMELTZER. MOTION CARRIED.**

CORRESPONDENCE

- 1) The minutes from the October 7, 2021 PIHP CEO meeting.
- 2) NMRE Regional Quarter 3 FY21 Performance Indicator report.

- 3) An article from the October 11, 2021 edition of Crain's Detroit by Sherry Welch titled, "Group-home beds go unused as agencies struggle to pay enough to lure workers."
- 4) MDHHS document titled, "Behavioral Health 1915(i) State Plan Benefit Frequently Asked Questions."
- 5) Michigan Psychiatric Care Improvement Project (MPCIP) October 2021 update.
- 6) Michigan Integration Efforts October 2021 update.
- 7) A letter to Senator Shirkey and Members of the Senate Government Operations Committee opposing Senate Bills 597 and 598 from Michigan Association of Counties, Michigan Sheriffs Association, Michigan Judges Association, American Civil Liberties Union of Michigan, and Michigan Association for Family Court Administration.
- 8) Document titled, "The Impact of Community Mental Health (CMH) on Michigan's Jails" from Wayne State University School of Social Work Center for Behavioral Health and Justice.
- 9) Document titled, "SB 597 & 598 The Wrong Step at the Wrong Time Dangerous, Costly, and Bad for Michigan" from numerous advocacy organizations that oppose the bills.
- 10) Document titled, "Medicaid Reform: Myth vs. Fact" from the Michigan Association of Health Plans.
- 11) Document titled, Medicaid Reform: What Opponents of SB 597 & 598 Say and What they Really Mean are Two Different Things" from the Michigan Association of Health Plans.
- 12) The draft minutes from the October 13, 2021 NMRE Regional Finance Committee meeting.

Mr. Kurtz drew attention to the performance indicator report; the percent of discharges from a psychiatric inpatient unit who were seen for follow-up care within seven days was just missed for the child population at 94.74%. Mr. Kurtz highlighted the Crain's Detroit article by Sherri Welch. The effects of changes to 1915(i) waiver enrollment model (effective October 1, 2022) were discussed; former b(3) services beneficiaries will need to be enrolled in the Waiver Services Application (WSA). The letter to Sen. Shirkey from various advocacy groups opposing SB 597 & 598 was reviewed.

#### ANNOUNCEMENTS

Let the record show that there were no announcements made during the meeting on this date.

#### PUBLIC COMMENTS

Let the record show that the members of the public attending the meeting virtually were recognized.

#### REPORTS

##### **Executive Committee Report**

Let the record show that no meetings of the NMRE Executive Committee have occurred since the September Board Meeting.

##### **CEOs Report**

The NMRE CEO Monthly Report for October 2021 was included in the materials for the meeting on this date. Mr. Marcus asked what can be done about funding issues and pay discrepancies. Mr. Kurtz responded that the FY22 budget included a (potentially permanent) \$2.35 increase for direct care workers. The Operations Committee has discussed a variety of staff recruitment and retention efforts. Mr. Stone added that the worker shortage was discussed during the Chairpersons' meeting at the CMHAM Fall Conference. Mr. Kamps noted the need to enhance the working conditions and job satisfaction rates within the system.

## August 2021 Financial Report

- Traditional Medicaid showed \$187,025,444 in revenue, and \$161,484,230 in expenses, resulting in a net surplus of \$25,541,214. Medicaid ISF was reported as \$7,738,320 based on the unaudited final FSR. Medicaid Savings was reported as \$4,515,675.
- Healthy Michigan Plan showed \$28,929,794 in revenue, and \$23,511,665 in expenses, resulting in a net surplus of \$5,418,129. HMP ISF was reported as \$7,058,552 based on the unaudited Final FSR. HMP savings was reported as \$0.
- Net Position\* showed net surplus Medicaid and HMP of \$30,959,343. Medicaid carry forward was reported as \$4,515,675. The total Medicaid and HMP Current Year Surplus was reported as \$29,128,018. Medicaid and HMP combined ISF was reported as \$14,796,872; the total Medicaid and HMP net surplus, including carry forward and ISF was reported as \$43,924,890.
- Health Home showed \$473,786 in revenue, and \$418,739 in expenses, resulting in a net surplus of \$55,047.
- SUD showed all funding source revenue of \$19,357,458, and \$17,454,194 in expenses, resulting in a net surplus of \$1,903,264. Total PA2 funds were reported as \$6,339,469.

The estimated DCW lapse was reported as \$6,347,000 (pending final numbers from Milliman). Ms. Yockey clarified that \$10M of the surplus may be carried forward into FY22. Mr. Kamps asked whether any of the surplus can be used for infrastructure. Ms. Yockey responded that for FY21, no. Benefit stabilization efforts for FY22 continue to be discussed by the Operations Committee. An additional PA2 payment is anticipated for FY21. Mr. Marcus inquired about the Health Home surplus. Mr. Kurtz responded that it has to do with the funding model (more of a fee-for-services model that has to be reconciled). It was noted that approximately 700 individuals are enrolled in the Opioid Health Home to date; NMRE is on track to meet its goal of 1,000 enrolled. Mr. Kurtz added that \$1M in ARP funds has been made available for each PIHIP for targeted substance use disorder treatment, prevention, and recovery projects.

### **MOTION BY JOE STONE TO RECEIVE AND FILE THE NORTHERN MICHIGAN REGIONAL ENTITY MONTHLY FINANCIAL REPORT FOR AUGUST 2021; SUPPORT BY GARY NOWAK. ROLL CALL VOTE. ROLL CALL VOTE.**

**“Yea” Votes:** R. Frye, E. Ginop, R. Kamps, T. Larson, C. Marcus, M. Marois, G. Nowak, J. O’Farrell, R. Schmidt, K. Sherman, D. Smeltzer, J. Stone, D. Tanner

**“Nay” Votes:** Nil

### **MOTION CARRIED.**

#### **Operations Committee**

The minutes from October 19, 2021 were included in the materials for the meeting on this date in draft form. The Operations Committee continues to discuss surplus funding and how it might be used to build crisis residential capacity in the region. Up to three facilities are being explored with a set number of beds allocated to NMRE clients of all populations. Mr. Marcus cautioned against building a facility/program and then not being able to keep it staffed. Mr. Kurtz responded that it’s a “fine line.” Mr. Kamps noted the possibility of shifting current staff. Ms. Gebhard spoke about the need for the center(s) to be sustainable. Ms. Pelts spoke about the framework of the Oscoda home.



## **NMRE SUD Oversight Board Report**

Let the record show that the next meeting of the NMRE Substance Use Disorder Oversight Board is scheduled for 10:00AM on November 8, 2021.

### NEW BUSINESS

#### **Engagement Letter with Feldsman, Tucker, Liefer, Fidell, LLP**

Per request of the Operations Committee, Mr. Kurtz contacted Adam Falcone to review the PIHP/CMHSP Contract (Network Provider vs. Subcontractor) in light of the Standard Cost Allocation (SCA) and the PIHP's Medical Loss Ratio (MLR) calculations.

**MOTION BY JOE STONE TO APPROVE THAT THE NORTHERN MICHIGAN REGIONAL ENTITY ENGAGE WITH FELDSMAN, TUCKER, LEIFER, FIDELL, LLP FOR A LEGAL OPINION IN AN AMOUNT NOT TO EXCEED SEVEN THOUSAND FIVE HUNDRED DOLLARS (\$7,500.00); SUPPORT BY GARY NOWAK. ROLL CALL VOTE.**

**“Yea” Votes:** R. Frye, E. Ginop, R. Kamps, T. Larson, C. Marcus, M. Marois, G. Nowak, J. O’Farrell, R. Schmidt, K. Sherman, D. Smeltzer, J. Stone, D. Tanner

**“Nay” Votes:** Nil

**MOTION CARRIED.**

#### **NMRE ICSS Plan of Correction**

A letter dated October 14<sup>th</sup> from Kendra Binkley was included in the materials for the meeting on this date for informational purposes. MDHHS and BHDDA found Northeast Michigan CMHA had only one contact for the Intensive Crisis Stabilization Services (mobile crisis) in FY20 resulting in “contract noncompliance.” A Plan of Correction is due to MDHHS by November 24, 2021. It was noted that Northeast Michigan has a schedule and a team in place; it is simply underutilized. Mr. Kurtz spoke with other PIHPs that had similar findings. Mr. Kurtz recognized that the issue is likely related to the KB lawsuit.

#### **CMHAM Fall Conference Debrief**

Mr. Stone commented that 400 individuals were in attendance with another 100 virtual. Ms. Pelts suggested that names not be required on evaluation forms to encourage honesty under the cloak of anonymity. Mr. Frye expressed disappointment that there were no handouts of the presentations. Mr. Kamps commented that he found Raymie Postema’s session on mediation very informative. The 2022 Winter Conference is scheduled for February 8<sup>th</sup>–9<sup>th</sup> in Kalamazoo.

### OLD BUSINESS

#### **Senate Bills 597 & 598/House Bills 4925-4929 – The Latest**

The NMRE’s response to SB 597 & 597 drafted by Mr. Kurtz and the Lambert PR firm and Robert Sheehan’s commentary in Crain’s Detroit titled, “Build on Michigan’s proven public mental health system” were distributed on this date. The NMRE’s response will be sent to the NMRE’s 21 county judges, prosecutors, Boards of Commissioners, sheriffs, administrators, and legislators. Mr. Stone voiced approval of the response.

### PRESENTATION

#### **Veteran Navigator Update**

NMRE Veteran Navigator, Brian Martinus, was in attendance to provide an update on his activities during the coronavirus pandemic. As part of the Michigan National Guard’s 46<sup>th</sup> Military

Police Command, Col. Martinus was deployed March 22, 2020 as part of the federal COVID-19 response. The 46<sup>th</sup> Military Police Command is one of three units in the US that respond to chemical, Biological, Radiological or Nuclear attacks or disasters within the United States. Under the COVID-19 pandemic, the 46<sup>th</sup> Military Police Command was deployed as a federal task force working in the central US. Hospital support was delivered by 4,500 military medical personnel to 14 states, 51 cities, and 71 hospitals. Vaccine support was delivered by 5,100+ military medical support personnel to 25 states, 42 cities, 48 vaccination sites with over 4.8 million vaccinations administered. Col. Martinus was in charge of behavioral health and religious support.

## COMMENTS

### **Board**

Mr. Kamps requested an update on the Public Relations Project and SUD Recovery Initiative during the November and/or December meetings.

Mr. Kamps expressed that a Northern Lakes Board Member has a child with I/DD; she asked why, as a natural support, she can't get paid (mileage reimbursement) for driving her son to a day program. Mr. Kamps did some investigating, and it was determined that it came down to one of the rules that distinguishes urban areas from rural. He asked how this (and other rules) can be changed for a rural environment. Mr. Kamps suggested compiling a list and working with the Northern Alliance and/or others. Mr. Tanner stressed the need for a rural exemption.

Ms. Gebhard announced that McLaren's Certificate of Need application was approved for the inpatient beds in Cheboygan.

## MEETING DATES

The next meeting of the NMRE Board of Directors was scheduled for 10:00AM on November 24, 2021.

## ADJOURN

Let the record show that Mr. Tanner adjourned the meeting at 11:42AM.

	Program	Consumers served October 2021 (10/1/21 - 10/31/21)	Consumers served in the Past Year (11/1/20 - 10/31/21)	Running Monthly Average(year) (11/1/20 - 10/31/21)
1	Access / Crisis / Prescreens	57 - Routine 1 - Emergent 1 - Urgent 58 - Crisis 60 - Prescreens	653 - Routine 4 - Emergent 5 - Urgent 619 - Crisis 658 - Prescreens	55 - Routine 0 - Emergent 0 - Urgent 52 - Crisis 54 -Prescreens
2	Doctors' Services	422	1397	401
3	Case Management			
	Older Adult (OAS)	105	246	100
	MI Adult	151	360	138
	MI ACT	27	71	27
	Home Based Children	33	84	52
	MI Children's Services	79	213	138
	IDD	179	417	163
4	Outpatient Counseling	141(34/107)	355	152
5	Hospital Prescreens	60	658	54
6	Private Hospital Admissions	19	240	20
7	State Hospital Admissions	0	2	0
8	Employment Services			
	IDD	48	83	47
	MI	17	62	18
	Touchstone Clubhouse	89	101	81
9	Peer Support	40	58	40
10	Community Living Support Services			
	IDD	98	154	77
	MI	58	102	60
11	CMH Operated Residential Services			
	IDD Only	57	62	58
12	Other Contracted Resid. Services			
	IDD	32	37	32
	MI	34	44	36
13	Total Unduplicated Served	1054	2300	1051

County	Unduplicated Consumers Served Since November 2020
Alcona	250
Alpena	1412
Montmorency	258
Presque Isle	287
Other	72
No County Listed	21

	Program	Consumers served November 2021 (11/1/21 - 11/30/21)	Consumers served in the Past Year (12/1/20 - 11/30/21)	Running Monthly Average(year) (12/01/20 - 11/30/21)
1	<b>Access / Crisis / Prescreens</b>	63 - Routine 1 - Emergent 1 - Urgent 44 - Crisis 63 - Prescreens	662 - Routine 5 - Emergent 6 - Urgent 625 - Crisis 674 - Prescreens	55 - Routine 0 - Emergent 1 - Urgent 51 - Crisis 55 - Prescreens
2	<b>Doctors' Services</b>	398	1414	407
3	<b>Case Management</b>			
	Older Adult (OAS)	101	258	101
	MI Adult	117	372	136
	MI ACT	28	72	27
	Home Based Children	31	85	52
	MI Children's Services	75	215	134
	IDD	153	427	164
4	<b>Outpatient Counseling</b>	123(25/98)	344	148
5	<b>Hospital Prescreens</b>	63	674	55
6	<b>Private Hospital Admissions</b>	15	238	20
7	<b>State Hospital Admissions</b>	0	3	0
8	<b>Employment Services</b>			
	IDD	39	83	47
	MI	19	59	18
	Touchstone Clubhouse	90	102	82
9	<b>Peer Support</b>	44	60	40
10	<b>Community Living Support Services</b>			
	IDD	80	154	77
	MI	46	99	60
11	<b>CMH Operated Residential Services</b>			
	IDD Only	57	63	58
12	<b>Other Contracted Resid. Services</b>			
	IDD	32	38	32
	MI	34	44	36
13	<b>Total Unduplicated Served</b>	1027	2326	1052

County	Unduplicated Consumers Served Since December 2020
Alcona	247
Alpena	1425
Montmorency	263
Presque Isle	299
Other	71
No County Listed	21

**Nominations Committee**

**November 10, 2021**

Gary Nowak called the meeting to order at 2:00 p.m. in the Administrative Conference Room.

Present: Gary Nowak, Geyer Balog, Pat Przeslawski, Terry Small

Absent:

Staff & Guest: Rebekah Duhaime

**I. Review of Terms**

In review of terms, the following Board members' terms are scheduled to expire on March 31, 2022.

Robert Adrian	--	Alpena County
Judy Jones	--	Alpena County
Les Buza	--	Presque Isle County
Terry Larson	--	Presque Isle County

Discussion ensued about Board make up and future service of current members noting the importance about having representation of commissioners and primary and family members.

**II. Review of Letter**

The recommendation letters for Alpena and Presque Isle Counties were included in the materials for this meeting. Revisions to the letters were made by consensus of the Nomination Committee.

***Adjournment by the call of the Chair.*** This meeting adjourned at 2:11 p.m.

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Gary Nowak, Chair

Rebekah Duhaime  
Recorder

# **NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY**

## **BYLAWS**

### **PREAMBLE**<sup>[DH1]</sup>

Recognizing the responsibility of the Alcona, Alpena, Montmorency, and Presque Isle County Boards of Commissioners to provide suitable mental health services to the above named counties, the boards of commissioners have duly appointed a Community Mental Health Board as a Mental Health Authority according to Public Act 258, 1974, as amended.

Recognizing further the responsibility of this Authority in upholding the best interests of the citizens through concerted effort in providing and maintaining mental health services in accordance with Public Act 258, 1974, as amended, the Northeast Michigan Community Mental Health Authority hereby organizes in conformity with bylaws and regulations herein-stated.

For the purpose of these bylaws, whenever the term "Authority" shall appear, it shall be interpreted to mean the Northeast Michigan Community Mental Health Authority, who shall have authority in the government of the county mental health services for the above-mentioned counties. Whenever the term "Board" shall appear, it shall be interpreted to mean the Board of Directors of the Northeast Michigan Community Mental Health Authority. Whenever the term "Department" is used, it shall be interpreted to mean the Michigan Department of Health and Human Services.

### **ARTICLE I - NAME**

The name of this Board shall be the NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY.

### **ARTICLE II - MISSION**

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

### **ARTICLE III - DUTIES**

This community mental health authority shall:

- A. Examine and evaluate the mental health needs of the counties it represents and the public and nonpublic services necessary to meet those needs.

Approved by the Northeast Board – March 10, 1994

Last revision approved by the Northeast Board – February 11, 2021

- B. Review and approve an annual plan and budget for the program. (The format and documentation of the annual plan and budget shall be as specified by the Department.)
- C. Provide and advertise a public hearing on the annual plan and budget.
- D. Submit to each board of commissioners a copy of the Board's needs assessment, annual plan and requests for new State funds.
- E. Take such actions as it deems necessary and appropriate to secure private, federal, and other public funds to help support the program.
- F. Approve and authorize contracts for services.
- G. Review and evaluate the quality, effectiveness, and efficiency of services being provided by the program.
- H. Appoint an executive director of the community mental health program who shall meet standards of training and experience as established by the Department in Administrative Rules.
- I. Establish general policy guidelines within which the director shall execute the program.
- J. Subject to the provisions of Chapter II of Public Act 258, 1974, as amended, the Authority may enter into contracts for purchase of mental health services with private or public agencies.

Contracts may be entered into with any facility or entity of the Michigan Department of Health and Human Services with the approval of the Michigan Department of Health and Human Services.

## **ARTICLE IV- MEMBERSHIP**

### **Section 1. Appointment**

The county boards of commissioners of the counties involved, being Alcona, Alpena, Montmorency, and Presque Isle, shall establish a 12-member community mental health authority board of directors. Each board of commissioners shall appoint the board members from its county.

### **Section 2. Composition**

The composition of the Board shall be as specified in the Mental Health Code, section 222.

### **Section 3. Terms; Vacancies; Removal of Member**

The term of office of a board member shall be three (3) years from April 1 of the year of appointment. Vacancies shall be filled for unexpired terms in the same manner as original appointments. Board members are encouraged to attend all board meetings. If a Board member misses two consecutive meetings without advance notice to the Board Chairperson or his or her designee, a letter from the Board Chairperson will be sent to the board member inquiring about the member's intent to fulfill his or her term of office. If no response is received within 30 days, a second letter will be sent with a copy to the Chairperson of the appointing County Commission. If no response is received within 30 days, a letter will be sent to the Chairperson of the appointing County Commission requesting the removal of the board member according to the requirements of the Mental Health Code, § 224, which states in part: A board member may be removed from office by the appointing board of commissioners for neglect of official duty or misconduct in office.

## **ARTICLE V - OFFICERS**

### **Section 1. Officers; Election; Term of Office**

The officers of this Board shall consist of a Chair, Vice-Chair, and Secretary who shall perform the duties usually pertaining to such offices or as provided by the Board. All officers shall be elected for a term of one year and shall hold office until the next regular election; such election to be held at the April meeting of each year.

The annual election of Board Members to Board Offices shall be conducted in the following manner:

- By the October Meeting prior to the April election, the Chair will recommend to the Board, subject to the approval of the Board, a "Board Officers Nominating Committee", a Special Committee of the Board which shall exist for the sole purpose of nominating candidates to fill the positions of the Board's Offices; that Committee as needed to fill Board vacancies, the Chair will appoint a "Nomination/Board Member Composition Committee," which shall consist of at least four and no more than six Board Members, preferably one from each county.

This Committee shall review the terms of all Board members with terms expiring and identify the need for individuals with lived experience or a family member of an individual with lived experience for potential appointments. The committee shall attempt to recruit or identify candidates for membership who meet the requirements of Section 222 (1) of the Mental Health Code. These recommendations shall be communicated to the county Boards of Commissioners as necessary by the Board's Chair or his/her designee.



- By the March meeting, that Committee shall report its recommendations to the Board for its members' consideration prior to the April election meeting.
- 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.

## **Section 2. Duties**

**Chair** - The Chair shall be the presiding officer at all meetings of the Board; shall be an ex officio member of all committees; shall appoint the Chair of the standing and special committees; shall sign and execute in the name of the Board; shall call meetings of the Board; shall work with the Executive Director to create the meeting agenda; and shall perform such other duties as are required by the Board.

**Vice-Chair** - The Vice-Chair, in the event of the incapacity or absence of the Chair, shall assume the duties prescribed to the Chair. In the absence of the Chair from a meeting of the Board, the meeting shall be called to order by one of the officers of the appointed Board, designated as temporary Chair, in the following order of precedence:

Vice Chair ... then Secretary.

If the Chair does arrive, the temporary Chair shall surrender the chair to him/her.

**Secretary** - The Secretary or his/her designee shall send appropriate notices, shall act as custodian of all records and reports, and shall be responsible for the keeping and reporting of adequate records of all meetings of the Board.

### **Section 3. Additional Officers**

The Board may elect or appoint such other officers or agents as it may deem necessary for the transaction of business of the Board, and for terms to expire the same as other officers provided for in these Bylaws.

### **Section 4. Removal of an Officer**

The Board may remove an Officer for just cause by the majority of the Board (7). A member removed from office shall remain a member of the Board unless he or she is removed from the Board by the appointing board of commissioners according to Article IV, Section 3.

### **Section 5. Replacement of an Officer**

Should an Officer be unable to finish their term of office, the Board Chair will appoint a replacement for the position vacated, preferably from the same County to assure equal representation on the Executive Committee. If the appointee rejects the appointment, the Chair will appoint another Board member.

## **ARTICLE VI - MEETINGS**

### **Section 1. Regular Meetings**

The board of directors of Northeast Michigan Community Mental Health Authority shall hold at least twelve regular meetings annually at a time and place to be designated by the Chair of the Board. All meetings of the Board shall be open to the public and shall be held in a place available to the general public. All meetings shall be held in accord with 1976 P.A. Act 267 (the "Open Meetings Act") and 1976 P.A. 422 (the "Freedom of Information Act"). Within ten days after the April meeting of the Board in each year, the Secretary shall post a public notice stating the dates, times and places of its regular meetings.

If there is a change in the schedule of regular meetings of the Board, there shall be posted within three days after the meeting at which the change is made, a public notice stating the new dates, times, and places of its regular meetings.

Upon written request, at the same time a public notice of meeting is posted, the Secretary shall provide a copy of the public notice of that meeting to any newspaper published in the state and to any radio and television station located in the state, free of charge.

Other requirements pertaining to regular meetings of this Board contained in Public Act 267, 1976 shall be adhered to.

The agenda for regular meetings of the Board may include the following:

- Call to Order
- Roll Call and Determination of a Quorum
- Pledge of Allegiance
- Appointment of Evaluator
- Acknowledgement of Conflict of Interest
- Information and/or Comments from the Public
- Board Training
- Approval of Minutes
- Consent Agenda
- Monitoring Reports
- Policy Review, Approval & Self-Evaluation (if any)
- Linkage Reports
- Operation Report (if any)
- Chair's Report
- Director's Report
- Information and/or Comments from the Public
- Information and/or Comments for the Good of the Board
- Next Meeting – Setting Agenda
  - Meeting Evaluation
- Adjournment

## **Section 2. Special Meetings**

Special meetings of the Board may be called by the Chair or upon written request of any three members of the Board filed with the Secretary or his/her designee. Notices of a special meeting shall be given by one of the following means or as required by the Open Meetings Act:

- a. Personal notice by telephone or otherwise to each Board member at least 24 hours before such meeting.
- b. Public notice at least eighteen hours before such meeting, stating date, time, and place.
- c. As otherwise determined by the Chair.

Each notice of a special meeting shall state the time, place, and purpose thereof.

The agenda for special meetings of the Board may include the following:

- Call to Order
- Roll Call and Determination of a Quorum
- Statement of Purpose of Meeting
- Transaction of Business According to Stated Purpose
- Adjournment

### **Section 3. Closed Meetings**

A 2/3 majority roll call vote of appointed Board members shall be required to call a closed session, for purposes stated in Section 8, Public Act 267, 1976. The roll call vote and the purpose or purposes for calling the closed meeting shall be entered into the minutes of the meeting at which the vote is taken.

### **Section 4. Meeting by Remote Communication**

A Board member may participate in a meeting by conference telephone or any similar communication equipment through which all persons participating in the meeting can hear each other. Participation in a meeting pursuant to this Section constitutes presence in person at the meeting.

### **Section 5. Minutes**

The Board shall keep minutes of each meeting showing the date, time, place, members present, members absent, any decisions made at a meeting open to the public, and the purpose or purposes for which a closed session is held. The minutes shall include all roll call votes taken at the meeting.

Minutes shall be public records open to public inspection and shall be available at the address designated on posted public notices pursuant to Section 1. Copies of the minutes shall be available to the public at a reasonable estimated cost for printing and copying.

Proposed minutes shall be available for public inspection no later than eight (8) business days after the meeting to which the minutes refer. Approved minutes shall be available for public inspection not later than five (5) business days after the meeting at which the minutes are approved by the Board.

A separate set of minutes shall be taken by the Secretary or his/her designee at the closed meeting; these minutes shall not be available to the public, and shall only be disclosed if required by a civil action filed under Section 10, 11, or 13 of Public Act 267, 1976. These minutes may be destroyed one year and one day after approval of the minutes of the regular meeting at which the closed meeting was approved.

## **Section 6. Materials to be Furnished Board Members**

Insofar as possible, all members of the Board shall be mailed a copy of the proposed agenda and copies of all material to be considered at regular Board meetings in advance of such meetings; however, any Board member or the Director may place an item on the agenda by requesting the Chair to include such item or items.

Insofar as possible, all members of the Board shall be mailed copies of the agenda to be considered at special Board meetings, unless this requirement shall be waived by unanimous consent of all Board members.

## **Section 7. Quorum and Voting**

One-half plus one of the appointed Board members, which shall include one officer, shall constitute a quorum of the Board. Consistent with Robert's Rules of Order, motions made during Board and committee meetings shall require a second in order to be considered. The affirmative vote of the majority of the votes cast shall be required for the passage of any motion or resolution at any meeting of the Board or its committees. The Chair of the Board will be allowed to vote.

It shall be the prerogative of any Board member to require a roll call vote on any motion.

## **Section 8. Decorum during Debate**

Board members shall confine their remarks to the question, be courteous in their language and behavior, not arraign the motives of another board member and emphasize it is not the individual, but the measure which is subject of debate. The Chair will assure enforcement of these behavioral guidelines.

The Chair shall call to order any person who is being disorderly by speaking or otherwise disrupting the meeting proceedings by failing to be courteous, by speaking longer than a reasonable time or by speaking vulgarities. Such person shall thence be warned by the Chair that he/she may be expelled from the meeting and he/she shall not be permitted to speak further at the same meeting except upon special request of the board. If the person continues to be disorderly and disrupt the meeting, the Board Chair or a designee shall contact local law enforcement to have said individual removed from the meeting. No person shall be removed from a public meeting except for an actual breach of the peace committed at the meeting.

## **ARTICLE VII - COMMITTEES**

The Board of Directors shall establish the following standing committees: Executive Committee and Recipient Rights Committee. The standing committees shall perform such functions and duties as designated by the Board.

At the annual organizational meeting of the Board, the Chair of the Board shall appoint the Chair and members of the standing committees; those persons shall be members of the Board, except that the Recipient Rights Committee membership may include Community Mental Health Board members, staff personnel, government officials, attorneys, mental health consumer interest group representatives, or other persons, at the discretion of the Board Chair.

The Chair shall appoint the chair and members of special committees, subject to the approval of the Board; those persons need not be members of the Board, shall be counted for quorum and shall be eligible to vote on committee matters. The Chair of the Board shall be the only ex officio member of any and all standing committees, shall be included in counting for quorum, if present, and shall be eligible to vote.

The Board may establish such other committees as it deems proper.

All standing and special committees shall meet upon the call of the committee Chair, with the concurrence of the Board Chair, to consider whatever business is before said committee in order to recommend appropriate action to the Board.

Committees of the Board may meet by teleconference providing all requirements of the Open Meetings Act are met including providing and announcing a location at which members of the public may attend and hear the entire deliberations of the committee and all committee members.

Matters reported by a committee may be reported with a recommendation for Board action, or solely for the information of the Board.

Tenure on standing committees shall be for a one-year term beginning in April or until the appointment of a new committee; however, nothing herein shall be construed to prevent reappointment of any committee member.

Nothing contained in this Article shall be construed to deny any Board member the right to attend any meeting of any standing or special committee.

For Board committees a quorum shall be defined as equal to at least fifty percent (50%) of the committee membership.

Notices to the public regarding committee meetings shall be posted pursuant to Section 5, Public Act 267 of 1976, and Article VI of these Bylaws.

### **Section 1. Executive Committee**

The Executive Committee shall consist of four members: the Chair, Vice-Chair, Secretary of the Board and immediate past Chair. If the immediate past Chair is no

longer a current member of the Board, the Board shall elect an additional board member to serve as an at-large member of the Committee. It is the preference of the Board to have all four counties represented on the Committee. This committee shall have authority to act on behalf of the Board during the period between meetings of the Board, subject to any prior limitation imposed by the Board and with the understanding that all matters of major importance be referred to the Board.

At the request of the board (by consensus or majority vote) or the Chair, this Committee may research and apprise Board members of proposed, pending and current legislation pertaining to mental health services, and shall recommend a Board position.

## **Section 2. Recipient Rights Committee**

This Committee shall advise the Board and Director concerning implementation of policy as it relates to the Recipient Rights system and shall review the operation of the Office of Recipient Rights in accordance with Section 757 of the Mental Health Code. This Committee shall serve as the Appeals Committee under Section 784. Preference is to have at least two Board representatives as members of this Committee.

## **ARTICLE VIII - DIRECTOR OF COMMUNITY MENTAL HEALTH AUTHORITY**

The Director of the Northeast Michigan Community Mental Health Authority shall be selected by the Board. The Director shall be given the necessary authority and responsibility to operate all mental health services and carry out all policies as may be adopted by the Board, or any of its committees to which it has delegated authority. The Director shall ensure that appropriate orientation programs for new Board members and continuing education programs for all Board members are carried out and shall represent the Board in all areas in which the Board has not formally designated some other person to so act.

## **ARTICLE IX - MISCELLANEOUS**

### **Section 1. Amendment and Adoption of Bylaws**

These Bylaws may be amended or repealed by the affirmative vote of a majority of the members of the Board present at any regular or special meeting of the Board if notices of the proposed amendment or repeal are contained in the written notice of the meeting, such notice to be given prior to such a meeting by ordinary mail. Bylaws may also be amended without notice by a three-fourths vote of the Board members present.

### **Section 2. Rules of Order**

Robert's Rules of Order shall be the parliamentary guideline for all matters of procedure not specifically covered by the Bylaws or by specific rules or procedures adopted by this Board.

### **Section 3. Conflict of Interest**

No Board member shall in any way be a contractor for purposes of remuneration of this Authority or its contracting agencies unless a competitive bid process is utilized, the Board member discloses the association and affiliation, and a two-thirds (2/3) majority vote of the Board supports such a contract.

### **Section 4. Employment**

Employment of a Board member or any member of his or her immediate family is prohibited.

### **Section 5. Suspension of Rules**

The rules governing all matters of procedure of the Board provided in the Bylaws and in subsequent governing resolutions may be temporarily suspended at any time by the unanimous consent of the members present to facilitate the accomplishment of any legal objectives of the Board.

### **Section 6. Depository**

As a Mental Health Authority, the Board may act as its own depository of funds, or, at its discretion, designate a county willing to act as depository.

### **Section 7. Per Diem and Reimbursement**

Board members shall be paid in accord with the payment schedule for Northeast Michigan Community Mental Health Authority.

### **Section 8. Assurances**

With respect to both employment practices and services rendered, the Authority will not discriminate against persons because of religion, race, color, national origin, age, sex, height, weight, marital status, political affiliation, sexual orientation or physical or mental handicap.

No service or program provided by the Authority will be withheld from any person on the basis of residence in a county other than Alcona, Alpena, Montmorency, and Presque Isle counties. If a person cannot meet financial obligations incurred by such program or service, the county of residence will be billed.



# DRAFT



## QI Council Minutes

For Meeting on 10/18/21

10:15 AM/11:55 AM

Board Training Room

**Meeting called by:** Angela Stawowy  
**Type of meeting:** Bi-Monthly  
**Facilitator:** Jen Whyte  
**Note taker:** Lee Ann Bushey via digital recorder  
**Timekeeper:**

**Attendees:** Lynne Fredlund, Amber Gapske, Jen Whyte, Lisa Orozco, Rich Greer, Angela Stawowy, Nena Sork, Genny Domke  
11:05 AM, Rich Greer joined meeting

**Absent:** Joe Garant (excused)

**QI Coordinator:** Lynne Fredlund

**Assistant:** Lee Ann Bushey

### Agenda Topics

#### Review of Minutes

**Discussion:**

At this time Angela Stawowy turned the meeting over to the new Chair, Jen Whyte. By consensus, the minutes of the August 16, 2021 meeting were approved.

**Action items:**

**Person responsible:**

Lee Ann Bushey via digital recorder

**Deadline:**

ASAP

#### Committees requesting Additional Time

There were no requests from the Committees to have additional time.

# DRAFT

## Management Team

**Discussion:** Nena Sork reported this committee has been pretty busy, they made recommendations for an economic increase of 5% and it was approved by the Board, this will be applied to the base salary. This Fiscal Year's budget for next year is in really good shape financially, we will most likely have a surplus of money again. A new telephone system will be installed from last year's purchase and will have many new options for staff out in the field. New lap tops have been ordered for those staff who work out in the field, new 85" TVs for the Board Room for virtual trainings, increase in training opportunities for staff, replaced Generators in the Group Homes, purchased 10 new transit vans, exercise room will be open for use soon.

Next year goals are to get staff salaries up to a complete wage if not already, we will continue to recruit new staff for the vacancies so if anyone has any ideas for recruiting please let us know. In addition, we have ordered Ear Buds and Zip Drives with our contact information on them for all four county schools to be distributed to every child. We will also be providing Suicide Prevention training for schools in our area if we are allowed to do face to face.

**Action Items:**

Report Monthly

**Person Responsible:**

Nena Sork

**Deadline:**

## Advisory Council

**Discussion:** Nena reported we showed the Video with Annette Downy speaking on the Capital Steps during the "Walk a Mile in My Shoes" in Lansing. Nena stated it was very good. She used to be the Director for CMH in Oakland and now the Director of Community Living Services.

There is some push for NAMI and they asked to use our Board Room for meetings and Nena gave permission for them to meet here at CMH when they're ready to get meetings going again. Jen Whyte asked if they were not meeting because of COVID or lack of members? Nena commented they are trying to get charter approved again and get recommendation from NAMI and this has been a hard slow process, she thinks they are over this hurdle that stalled them for a long time.

**Action Items:**

Report Bi-Monthly

**Person Responsible:**

Nena Sork

**Deadline:**

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## CARF Committee

**Discussion:** This committee did not meet, next meeting is Wednesday, October 20, 2021.

**Action Items:**

**Person Responsible:**

Lynne Fredlund

**Deadline:**

## Clinical Leadership Team

**Discussion:** Lisa Orozco will be the spokesperson for this committee going forward. She will be replacing Mary Crittenden as attendee. This committee continues to pilot the Supervision Form and taking recommendations from those supervisors testing this form.

Working on setting up training for all new hires and making sure they get the supporting section from the Medicaid Manual at that time.

The team has been working on updating a lot of processes. The Coordination of Care form letter was reviewed and approved to be sent along with release of information for all departments. The team continues to monitor the Inpatient Hospitalizations and length of stays.

**Action Items:**

Report Monthly

**Person Responsible:**

Lisa Orozco

**Deadline:**

## Customer Satisfaction Committee

**Discussion:** Angela Stawowy reported 147 IDDT surveys were returned, she did not know the exact amount that were sent out and will get this information from Carolyn Bruning. MI Employment sent out 31 surveys and 7 total were returned, 4 from Guardians and 3 from persons served. Lynne Fredlund stated this number was an improvement from last year. Behavioral Support Committee sent out 15 surveys to

# DRAFT

those families and people who have a behavior plan developed and reviewed. 11 were returned so far and they were very favorable. This committee is looking at how to get a better return rate on surveys.

No suggestions in the suggestion box.

**Action Items:**

Report Bi-Monthly

**Person Responsible:**

Angie Stawowy

**Deadline:**

## **Resource Standards and Development Committee**

**Discussion:** Genny Domke reported a basket is in clerical for the donation to the Baby Pantry in Alcona County and a drawing will be held from those who donate.

The Committee continues with Employee of the Month, and now started "Committee of the Month." They are still sending out random acts of kindness to staff and continue with the Friday Trivia.

Genny reported this committee will be hosting a "Tailgating Party" at the end of this month, serving Hot Dogs and snacks for staff. They will be sending each home a bundle of goodies for them to celebrate too!

Annual staff training is scheduled for November.

**Action Items:**

Monthly

**Person Responsible:**

Genny Domke

**Deadline:**

## **Risk Management Committee**

**Discussion:**

**Grievance & Appeals:** Lynne Fredlund reported there were six grievances received for the 3<sup>rd</sup> quarter for a total of 19 for the fiscal year and no request for second opinion. There was one request for local appeal, which was upheld. There was one request for independent facilitation.

**Behavior Support:** There were 12 active plans for the quarter.

**Recipient Rights:** Lynne reported there were 26 complaints for the quarter, of which 23 were handled as investigations, and three contained no code protected right. There were 5 substantiations with three investigations pending.

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**Risk Review:** Lynne reported the committee is conducting interviews of a reportable event and finishing up interviews. There may be improvement opportunities coming.

Next regularly scheduled meeting will be held on 12/21/21.

**Action Items:**

Report Bi-Monthly

**Person Responsible:**

Lynne Fredlund

**Deadline:**

## Safety Committee

**Discussion:** No minutes presented for this committee.

**Action Items:**

**Person Responsible:**

Rich Greer

**Deadline:**

ASAP

## Utilization Management

**Discussion:** Jen Whyte reported August minutes are still in draft and there was no meeting in September due to trainings. No minutes were provided.

**LOCUS:** LOCUS standard report is looked at monthly. Jen obtained a list of everyone trained on LOCUS and was made aware the training is not uniform for all staff. Some have received on-line training, some face to face, it has not been uniform. Jen recommends that everyone get consistent training with on-line first followed by face-to-face and those staff who have not been trained in quite some time receive a refresher face-to-face. The CAFAS training is every two years so maybe LOCUS training could be done every two years as well.

Genny Domke has a tracking system to track all these trainings' but her concern is that staff sign up for trainings and then do not show up and we only have two staff and this is not beneficial for a good

# DRAFT

training. We are working with Supervisors to make sure they get staff to show up for this training once scheduled. Nena stated If these trainings are part of their probation and they do not complete then they do not get off probation. Genny stated she did not think it was just staff doing required training to meet probationary needs and that it is often our current staff. Nena stated this needs to be addressed and something should be figured out with some type of education to the Supervisors.

**Case Reviews:** Jen reported we continue to work on a "Cheat Sheet" for staff to assist them with completing the case reviews, Julie Hasse will be meeting Rose Vogelheim to work on updating this form.

**COVID Report:** Jen reported for the past month, COVID telehealth and video was being utilized in few instances. Most services were being done in the office, home and community. UM members were glad to see most individuals served were being seen face-to face but wondered with the recent increase of COVID cases in the area if we could be heading back towards telehealth visits. Jen asked Nena Sork how long did she want UM to continue with the COVID report? Nena stated as long as we're in COVID and that she has a meeting today with Emergency Managers and she does report our numbers to them.

**NMRE Quarterly Submission:** NMRE was asking for information on what the Utilization Management Committee reviews and discusses, and was requesting this on a quarterly basis, this has since been changed to annually.

Genny Domke stated she is working on a new way to track LOCUS training via SentricHR where it will pop up if they have any training expiring. This system may also be used with other trainings and reminders for staff.

**Action Items:**  
Report Monthly

**Person Responsible:**  
Jennifer Whyte

**Deadline:**

## Quality Oversight Committee (QOC) - NMRE

**Discussion:**

Lynne reported the committee met the first Tuesday of the month. New performance improvement project on Opioid Homes and developing protocols.

**Action Items:**  
Report Bi-Monthly

**Person Responsible:**  
Lynne Fredlund

# DRAFT

**Deadline:**

## **QI Member Concerns**

**Discussion:**

None

Members had no concerns.

**Action Items:**

**Person(s) Responsible:**

All members

**Deadline:**

## **Project Team/Workgroup Update/Old Business**

1. **MDHHS Audit (Plan of Correction Underway)** (Uploading evidence for plan of correction – MDHHS will review November 8-15<sup>th</sup> virtually)
- 2.
3. **Update Ace Team:** Two Scheduled trainings completed. Evaluations sent to staff who attended.
4. **Update CLC Team:** Members of the CLC team will be reporting at the Board Conference next week. Panel Discussion will be held.
5. **QI Training:** See Attachment



2021 2022  
NeMCMHA - Quality

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**New Business:**

1. Select Vice Chair, no nominations were tabled till next meeting.
2. Dr. Rajasekhar is retiring, Dr.; Hoffman will now be the Ad Hoc member as the new Medical Director.

# DRAFT

## Department/Program Process Improvements/New Business

1. **Vice Chair**: Nomination of Vice chair was tabled until next meeting.

2. **Other**

There was no other presented.

## Adjournment

**Discussion:** Next Meeting is scheduled for December 20, 2021, at 10:15 a.m. in the Board Training Room.

**Action Items:** By consensus, this meeting adjourned at 11:46 a.m.



## **JANUARY AGENDA ITEMS**

### **Policy Review**

Emergency Executive Succession 01-006

### **Policy Review & Self-Evaluation**

Executive Director Role 03-001

### **Monitoring Reports**

Emergency Executive Succession 01-006

Budgeting 01-004

### **Activity**

### **Ownership Linkage**

### **Educational Session**

Adult Case Management /Older Adult Services