

**Northeast Michigan Community Mental Health Authority Board
Board/Advisory Council
June 2022 Meetings**



- ☁ **Executive Committee Meeting*, Thursday, June 2 at 12:00 p.m.**
- ☁ **Policy Workshop, Thursday, June 9 at 1:00 p.m.**
- ☁ **Strategic Planning [Part II]/Board Meeting, Thursday, June 9 at 3:00 p.m.**
- ☁ **Semi-Annual Report on Ends**

All meetings are held in the Board Room at the main office unless otherwise indicated.

** Meeting held in the Administrative Conference Room at the main office.*

Northeast Michigan Community Mental Health Authority

Executive Committee Agenda

June 2, 2022 @ 12:00 p.m.

1. Director's Contract Extension/Renewal

Committee Members:

Eric Lawson, Chair

Roger Frye, Vice Chair,

Bonnie Cornelius, Secretary

Gary Nowak, Past Chair

NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY
BOARD POLICY WORKSHOP
JUNE 9, 2022
1:00 P.M.

- 1 02-009 Board Members Per Diem**

- 2 CARF Standards related to Executive Director compensation**
 - a. 02-003 Board Job Description**
 - b. 02-007 Annual Board Planning Cycle**
 - c. 03-004 Monitoring Executive Director Performance**

GOVERNANCE PROCESS

(Manual Section)

BOARD MEMBERS PER DIEM

(Subject)

Board Approval of Policy

August 8, 2002

Last Revision Approved by the Board:

August 11, 2016

●1 **POLICY:**

1. Board Members shall be paid a per diem of \$40 per meeting within the service area, \$60 per meeting outside the service area and \$75 per day for conference attendance. In order to be eligible for these payments, these meetings must be approved by the Board or by the Board Chair if time constraints would not permit a delay until the next meeting of the Board.
2. Reimbursement of Board Members' expenditures for travel, lodging, meals, registration fees, tolls, parking fees and similar expenses related to Board business shall be at current rates established by the Board and consistent with applicable guidelines.
3. For purposes of reimbursement of expenses of travel to Board and Committee meetings held in a city other than a Board Member's city or township of residence, each Board Member shall have established a standard round-trip distance between home and Board Meeting site; reimbursement of such travel expenses shall be made monthly. For other Board-business-related travel, a record of actual mileage (via the shortest route between home and destination) shall be required, unless standard-map-mileage is utilized as a default. Wherever practical, Board Members traveling to the same destination should coordinate transportation to minimize expense. Reimbursement of all other expenses shall require documentation in the form of receipts. No reimbursement shall be made for purchases of alcoholic beverages.

4. Current reimbursement rates are:

Mileage: Mileage reimbursement equal to employee reimbursement rates_[D5]

Lodging: \$75.00 per night, unless lodging is at the site of a conference, in which case that facility's rate shall be honored. Hotel accommodations should be made by the Executive Secretary or designee so tax exemption occurs. Board members are encouraged to utilize double occupancy when appropriate.

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POLICY & PROCEDURE MANUAL**

Meals: **\$65.00** per day maximum, or individually by meal. Please note
the allowance includes a gratuity to a maximum of 15%.
 \$ 15.00 for Breakfast
 \$ 20.00 for Lunch
 \$ 30.00 for Dinner

●2 **APPLICATION:**

The Northeast Michigan Community Mental Health Authority Board

●3 **DEFINITIONS:**

●4 **REFERENCES:**

●5 **FORMS AND EXHIBITS:**

GOVERNANCE PROCESS

(Manual Section)

BOARD JOB DESCRIPTION

(Subject)

Board Approval of Policy
Last Revision of Policy Approved

August 8, 2002
May 14 2020

●1 **POLICY:**

The job of the board is to represent the people of Alpena, Alcona, Montmorency and Presque Isle counties in determining and ensuring appropriate organizational performance. To distinguish the board's own unique job from the jobs of its staff, the board will concentrate its efforts on the following job "products" or outputs:

1. The link between the organization and the people of Alpena, Alcona, Montmorency and Presque Isle counties.
2. Written governing policies which, at the broadest levels, address:
 - A. *Ends*: Organizational products, impacts, benefits, outcomes, recipients, and the relative worth of these Ends or products (what good for which needs at what cost).
 - B. *Executive Limitations*: Constraints on executive authority which establish the prudence and ethics boundaries within which all executive activity and decisions must take place.
 - C. *Governance Process*: Specification of how the board conceives, carries out and monitors its own task.
 - D. *Board-Executive Director Relationship*: How power is delegated and its proper use monitored; the Executive Director role authority and accountability.
3. The assurance of Executive Director performance (as outlined in policy number 03-004 page 1 of 1, Monitoring Executive Performance 2 A and 2B).
4. Maintain regular communication with the County Board of Commissioners in Alcona, Alpena, Montmorency and Presque Isle counties through regular reports with a copy maintained by the Executive Director.

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POLICY & PROCEDURE MANUAL**

5. Actively promote involvement of consumers, former consumers, family members and advocacy groups in planning, implementing and evaluating mental health services.

6. Actively participate in the planning of health and social services within its service area by involvement with local and regional health service agencies, school districts and pertinent members and groups of the community through regional coordinating councils and multi-purpose collaborative bodies.

●2 APPLICATION:

The Northeast Michigan Community Mental Health Authority Board

●3 DEFINITIONS:

●4 REFERENCES:

●5 FORMS AND EXHIBITS:

GOVERNANCE PROCESS

(Manual Section)

ANNUAL BOARD PLANNING CYCLE

(Subject)

Board Approval of Policy
Last Revision of Policy Approved:

August 8, 2002
October 10, 2019

●1 POLICY:

To accomplish its role with a governance style consistent with board policies, the board will follow an annual agenda, which (a) completes a re-exploration of ends policies annually and (b) continually improves its performance through attention to board education, enriched input and deliberation, as well as insistence upon measurement and achievement of ends.

1. The cycle will conclude each year on the last day of September in order that administrative budgeting can be based on accomplishing a one-year segment of the most recent board long-range vision.
 - By September preceding the new cycle, the board will develop its agenda for the ensuing one-year period.
2. Education, input and deliberation will receive paramount attention in structuring the series of meetings and other board activities during the year.
 - To the extent feasible, the board will identify those areas of education and input needed to increase the level of wisdom and forethought it can give to subsequent choices.
3. The sequence of the process for the board planning year ending September 30 is as follows:
 - May: The planning process begins with a brief review of progress to-date toward the current year ends. The session will include an environmental scan and exploration of the primary factors affecting public mental health services. The goal of the session will be to identify areas upon which the board wishes to focus its planning efforts over the next several months.
 - June through August: During these months, the planning areas identified above are refined with the active assistance of staff.

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- September: The board’s plan (including ends) for the coming year is adopted. This plan will also include the board’s desires for educational presentations for the year.
 - November: Review of past year ends achievement. Celebration.
4. Executive Director monitoring will be included on the agenda if monitoring reports show policy violations, or if policy criteria are to be debated.
 5. Executive Director remuneration will be decided after a review of monitoring reports received in the last year by September.
- 2 **APPLICATION:**
- The Northeast Michigan Community Mental Health Authority Board
- 3 **DEFINITIONS:**
- 4 **REFERENCES:**
- 5 **FORMS AND EXHIBITS:**

BOARD STAFF RELATIONSHIP

(Manual Section)

MONITORING EXECUTIVE DIRECTOR PERFORMANCE

(Subject)

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

August 8, 2002
October 10, 2019

●1 POLICY:

Monitoring executive performance is synonymous with monitoring organizational performance against board policies on *Ends* and on *Executive Limitations*. Any evaluation of the Executive Director's performance, formal or informal, may be derived only from these monitoring data.

1. The purpose of monitoring is to determine the degree to which board policies are being fulfilled. Information that does not do this will not be considered to be monitoring. Monitoring will be as automatic as possible, using a minimum of board time so that meetings can be used to create the future rather than to review the past.
2. A given policy may be monitored in one or more of three ways:
 - A. Internal report: Disclosure of compliance information to the board from the chief executive.
 - B. External report: Discovery of compliance information by a disinterested, external auditor, inspector or judge who is selected by and reports directly to the board. Such reports must assess executive performance only against policies of the board, not those of the external party unless the board has previously indicated that party's opinion to be the standard.
 - C. Direct board inspection: Discovery of compliance information by a board member, a committee or the board as a whole. This is a board inspection of documents, activities or circumstances directed by the board which allows a "prudent person" test of policy compliance.
3. Upon the choice of the board, any policy can be monitored by any method at any time. For regular monitoring, however, each *Ends* and *Executive Limitations* policy will be classified by the board according to frequency and method.
 - A. See Board Monitoring Schedule for frequency and method.
4. By each September, the board will have a formal evaluation of the Executive Director. This evaluation will not only consider monitoring data as defined here, but as it has appeared over the intervening year. In every case, the standard for compliance shall be any reasonable Executive Director interpretation of the board policy being monitored. The board is final arbiter of reasonableness, but will always judge with a "reasonable

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person” test rather than with interpretations favored by board members or by the board as a whole.

●2 **APPLICATION:**

The Northeast Michigan Community Mental Health Authority Board

●3 **DEFINITIONS:**

●4 **REFERENCES:**

●5 **FORMS AND EXHIBITS:**

Exhibit 1 – Monitoring Schedule

**NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY
MONITORING SCHEDULE**

Exhibit 1

Policy	Reports	Internal/External/Direct	Frequency	Month
Budgeting 01-004	Budget (Executive Director Report)/Monthly Budget Reports	Internal	At least Quarterly	January – December** (NOTE: This is reported monthly if available)
Emergency Executive Succession 01-006	Executive Director Report	Internal	Annual	January
Emergency Executive Succession 01-006	Board Evaluation	Internal -Board Review of Policy	Annual	January
Executive Director Role 03-001	Board-Evaluation Self-Evaluation	Internal – Board Review of Policy	Annual	January
Treatment of Consumers 01-002	Recipient Complaint Log	Internal	Quarterly	Feb., May, Aug., Nov.
Staff Treatment 01-003	Turnover Report/Exit	Internal	Semi-Annual	February/August
Budgeting 01-004	Budget (Executive Director Report)/Monthly Budget Reports	Internal	At least Quarterly	February – January** (NOTE: This is reported monthly if available)
Financial Condition 01-005	Executive Director Report/Quarterly Financial Statements	Internal	Quarterly	Feb., May, Aug., Nov.
Asset Protection 01-007	Board Evaluation	Internal. Board Review of Policy	Annual	February
Budgeting 01-004	CPA Audit	External	Annual	February
Financial Condition 01-005	CPA Audit	External	Annual	February
Asset Protection 01-007	CPA Audit	External	Annual	February
Delegation to the Executive Director 03-002	Board Evaluation Self-Evaluation	Internal – Board Review of Policy	Annual	February
Board Committee Principles 02-005	Board Evaluation Self-Evaluation	Internal – Board Review of Policy	Annual	February
Treatment of Consumers 01-002	Executive Director Report Consumer Satisfaction Survey	Internal Internal	Annual Annual	March
Staff Treatment 01-003	Employee Survey Policy Review	Direct Internal – Board Review of Policy	Annual	March
Budgeting 01-004	Budget (Executive Director Report)/Monthly Budget Reports	Internal	At least Quarterly	March-February** (NOTE: This is reported monthly if available)
Budgeting 01-004	Board Evaluation	Internal – Board Review of Policy	Annual	March

**NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY
MONITORING SCHEDULE**

Exhibit 1

Policy	Reports	Internal/External/Direct	Frequency	Month
Code of Conduct 02-008	Board Evaluation Self-Evaluation	Internal – Board Review of Policy	Annual	March
Board Member Recognition 02-011	Executive Director Report	Internal (Board Member Recognition Awards)	Annual	March
Budgeting 01-004	Budget (Executive Director Report)/Monthly Budget Reports	Internal	At least Quarterly	April - March** (NOTE: This is reported monthly if available)
Financial Condition 01-005	Board Evaluation	Internal – Board Review of Policy	Annual	April
Communication & Counsel 01-009	Executive Director Report	Internal	Annual	April
Communication & Counsel to Board 01-009	Board Evaluation	Internal – Board Review of Policy	Annual	April
Governing Style 02-002	Board Evaluation Self-Evaluation	Internal – Board Review of Policy	Annual	April
Cost of Governance 02-013	Board Evaluation	Internal – Board Review of Policy	Annual	April
	Self-Evaluation	Update Policy with Budget Amounts	Annual	April
Treatment of Consumers 01-002	Recipient Complaint Log	Internal	Quarterly	May, Aug., Nov., Feb.
Budgeting 01-004	Budget (Executive Director Report)/Monthly Budget Reports	Internal (2 months May/Jun)	At least Quarterly	May - April** (NOTE: This is reported monthly if available)
Financial Condition 01-005	Executive Director Report/Quarterly Financial	Internal	Quarterly	May, Aug., Nov., Feb.
Board Job Description 02-003	Self-Evaluation & Policy Review Survey to Owners Employee Survey	Internal – Board Review of Policy	Annual	May
Board Core Values 02-014	Self-Evaluation & Policy Review	Internal – Board Review of Policy	Annual	May
Disclosure of Ownership 02-016	Self-Evaluation & Policy Review	Internal – Board Review of Policy	Annual	May
Planning Session	Planning Session	Internal/External	Annual	June
Ends 04-001	Executive Director Report	Internal	Semi-Annual	June

**NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY
MONITORING SCHEDULE**

Exhibit 1

Policy	Reports	Internal/External/Direct	Frequency	Month
Staff Treatment 01-003	Executive Director Report	Internal (Staff Recognition)	Annual	July/August**
Budgeting 01-004	Budget (Executive Director Report)/Monthly Budget Reports	Internal	At least Quarterly	July - June** (NOTE: This is reported monthly if available)
Asset Protection 01-007	Insurance Reports	External/Internal	Annual	July
Community Resources 01-010	Board Evaluation	Internal – Board Review of Policy	Annual	July
Community Resources 01-010	Executive Director Report	Collaboration Report	Annual	July
Public Hearing 02-010	Self-Evaluation & Policy Review	Internal – Board Review of Policy	Annual	July
Treatment of Consumers 01-002	Recipient Complaint Log	Internal	Quarterly	Aug., Nov., Feb., May
Staff Treatment 01-003	Turnover Report/Exit Interview	Internal	Semi-Annual	August/February
Budgeting 01-004	Budget (Executive Director Report)/Monthly Budget Reports	Internal	At least Quarterly	August - July** (NOTE: This is reported monthly if available)
Financial Condition 01-005	Executive Director Report/Quarterly Financial Statements	Internal	Quarterly	Aug., Nov., Feb., May
Chairperson's Role 02-004	Self-Evaluation & Policy Review Board Survey	Internal – Board Review of Policy	Annual	August
Board Members Per Diem 02-009	Self-Evaluation & Policy Review	Internal – Board Review of Policy	Annual	August
Board Self-Evaluation 02-012	Self-Evaluation & Policy Review	Internal – Board Review of Policy	Annual	August
Disclosure of Ownership 02-016	Self-Evaluation & Policy Review	Internal – Board Review of Policy	Annual	August
General Executive Constraint 01-001	Board Evaluation of Executive Director Policy Review	Internal Internal – Board Review of Policy	Annual Annual	September September
Budgeting 01-004	Budget (Executive Director Report)/Monthly Budget Reports	Internal	At least Quarterly	September - August** (NOTE: This is reported monthly if available)
Compensation & Benefits 01-008	Policy Review	Internal – Board Review of Policy	Annual	September

**NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY
MONITORING SCHEDULE**

Exhibit 1

Policy	Reports	Internal/External/Direct	Frequency	Month
Board Committee Structure 02-006	Self-Evaluation & Policy Review	Internal – Board Review of Policy	Annual	September
Executive Director Search Process 03-005	Self-Evaluation & Policy Review	Internal – Board Review of Policy	Annual	September
Budgeting 01-004	Budget (Executive Director Report)/Monthly Budget Reports	Internal	At least Quarterly	October - September** (NOTE: This is reported monthly if available)
Annual Board Planning Cycle 02-007	Self-Evaluation & Policy Review	Internal – Board Review of Policy	Annual	October
Executive Director Job Description 03-003	Self-Evaluation & Policy Review	Internal – Board Review of Policy	Annual	October
Monitoring Executive Director Performance 03-004	Self-Evaluation & Policy Review	Internal – Board Review of Policy	Annual	October
Treatment of Consumers 01-002	Recipient Complaint Log Policy Review	Internal Internal – Board Review of Policy	Quarterly Annual	Nov./Feb./May/Aug.
Budgeting 01-004	Budget (Executive Director Report)/Monthly Budget Reports	Internal	At least Quarterly	November - October** (NOTE: This is reported monthly if available)
Financial Condition 01-005	Executive Director Report/Quarterly Financial	Internal	Quarterly	Nov., Feb., May, Aug.
Ends 04-001	Executive Director Report	Internal	Semi-Annual	November/May
Budgeting 01-004	Budget (Executive Director Report)/Monthly Budget Reports	Internal	At least Quarterly	December – Nov.** (NOTE: This is reported monthly if available)
Grants or Contracts 01-011	Executive Director Report Board Evaluation	Internal Internal – Board Review of Policy	Annual	December
Board Member Recognition 02-011	Self-Evaluation & Policy Review	Internal – Board Review of Policy	Annual	December
Board Member Orientation 02-015	Self-Evaluation & Policy Review	Internal – Board Review of Policy	Annual	December
By-Laws	Self-Evaluation & Review	Internal – Board Review of Bylaws	Annual	December
Compensation & Benefits 01-008	Association Salary Survey Pension Report Executive Director Report	External/Internal External/Internal Internal	Annual	Within 60 days of receipt of Salary Survey
Ends 04-001	Policy Review	Internal – Board Review of Policy	Annual	Conducted when Strategic Plan is adopted

**NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY BOARD
BOARD/ADVISORY COUNCIL – STRATEGIC PLANNING [PART 2]
June 9 2022 at 3:00 p.m.
A G E N D A**

- I. Call to Order**
- II. Roll Call & Determination of a Quorum**
- III. Pledge of Allegiance**
- IV. Acknowledgement of Conflict of Interest**
- V. Appointment of Evaluator**
- VI. Information and/or Comments from the Public**
- VII. Approval of Minutes (See Pages 1-6)**
- VIII. Consent Agenda (See Page 7)**
 - 1. McLaren Hospitals**
 - 2. Partners in Prevention Amendment**
 - 3. Autism Contract Updates**
 - a. Acorn Health of Michigan**
 - b. Autism of America**
- IX. June Monitoring Reports**
 - 1. Budgeting 01-004 (See Page 8)**
 - 2. Ends 04-001 (See Pages 9-13)**
- X. Linkage Reports**
 - 1. Northern Michigan Regional Entity Update**
 - a. May 25 Meeting (Verbal Update)**
 - 2. Board Association**
 - a. Spring Conference Update (6/7-6/8) (Verbal Updates)**
- XI. Operational Report..... (Available at Meeting)**
- XII. Chair's Report**
 - 1. Strategic Plan Review (See Pages 12-16)**
 - 2. Policy Workshop Action(Verbal)**
- XIII. Director's Report**
 - 1. Director's Update(Verbal)**
- XIV. Information and/or Comments from the Public**
- XV. Information and/or Comments for the Good of the Board**
- XVI. Next Meeting – Thursday, July 14 at 3:00 p.m.**
 - 1. Set July Agenda (See Page 17)**
 - 2. Meeting Evaluation (All)**
- XVII. Adjournment**

MISSION STATEMENT

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

**Northeast Michigan Community Mental Health Authority Board
Strategic Planning [Part I]/Board Meeting
May 12, 2022**

I. Call to Order

Chair Eric Lawson called the meeting to order in the White Conference Room at the Fletcher Street office at 3:00 p.m.

II. Roll Call and Determination of a Quorum

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

Absent: Pat Przeslawski

Staff & Guests: Lisa Anderson, Carolyn Bruning, Connie Cadarette, Mary Crittenden, Rebekah Duhaime, Erin Fletcher, Diane Hayka, Eric Kurtz joined at 3:04 p.m., Larry Patterson, Jen Whyte

Eric Lawson thanked Rebekah Duhaime for joining the meeting as the note taker, and stated she will be taking over for Diane Hayka in August. Mr. Lawson introduced Mary Crittenden as filling in for Nena Sork.

III. Pledge of Allegiance

Attendees recited the Pledge of Allegiance as a group.

IV. Acknowledgement of Conflict of Interest

No conflicts were identified.

V. Appointment of Evaluator

Eric Lawson appointed Bob Adrian as evaluator for this meeting.

VI. Information and/or Comments from the Public

There were no comments presented.

VII. Approval of Minutes

Moved by Les Buza, supported by Gary Nowak, to approve the minutes of the April 14, 2022 meeting as presented, noting the distributed minutes initially had the year as 2021.
Motion carried.

Eric Kurtz joined the meeting at 3:04 p.m.

VIII. Environmental Scan

Eric Kurtz from the NMRE thanked the Board for having him present the environmental scan. Mr. Kurtz stated the NMRE is in very good shape financially. Medicaid enrollments have continued to increase over the last two years, as they haven't been doing redeterminations. The last three years have all seen increased funding. Though rates have been reduced, Medicaid enrollments have increased, and they are at \$1.9 million over the previous year.

Behavioral Health Home (BHH) initially began in 2020 with Manistee, Benzie, and Grand Traverse counties, and after changes at the state and some lobbying has expanded to include all five regional CMHSPs. Based on the diagnostic criteria for BHH, there are 58,339 potential enrollees. Current active BHH enrollment is 283 individuals, including 23 from NeMCMHA. Opioid Health Home (OHH) began in 2019 and has 7,690 potential enrollees. That number may be expanded as opioid use disorder is now the sole criteria. Current active enrollment is 715 individuals, with a goal in the 1,000 range. Alcohol Health Home (AHH) will be starting in 2022 using block grant funding for the first year, and then hopefully becoming funded by Medicaid.

Mr. Kurtz stated MDHHS has done a reorganization of behavioral health. They have created the position of Chief Deputy of Health, who oversees the State Hospital Administration and the Behavioral and Physical Health and Aging Services Administration (BPHASA). The Behavioral Health and Developmental Disabilities Administration no longer exists and is now a smaller bureau under the BPHASA. Another major shift in the MDHHS reorganization was the creation of the Bureau of Children's Coordinated Health Policy and Supports. They pulled children's services out of the former Behavioral Health and Disabilities Administration and made it a stand-alone department that has its own contracting and policy divisions. Mr. Kurtz stated this may be part of the K.B. lawsuit settlement.

MDHHS has moved prevention and gambling programs, including some SUD prevention, under the Chronic Disease and Gambling Program. Mr. Kurtz stated they are unsure what this means for SUD prevention and block grants, as the Office of Recovery Oriented Systems of Care no longer exists. As of the morning on 5/12/22, MDHHS is thinking about putting prevention back where it was before, but it is unclear. Mr. Kurtz stated they will now be dealing with two different bureaucracies within the department – the Bureau of Children's Coordinated Health Policy and Supports and the BPHASA.

Mr. Kurtz stated the NMRE's goals for FY22 include continuing to advance regional marketing and advocacy efforts against both the House and Senate bills, Whiteford and Shirkey. Both bills would eliminate PIHPs, significantly change CMH funding, and remove local governance and control. The Shirkey bill would change funding to fee-for-service under private Medicaid health plans, and the Whiteford bill would likely also use an enhanced fee-for-service model.

MDHHS is under the impression some flexibilities given during the COVID-19 pandemic are at their discretion to continue, even if the public health emergency ends. Mr. Kurtz stated this is conflicting, because if it's not covered by the federal government, how will it be covered by the state? Mr. Kurtz stated Medicaid redeterminations will begin at some point, causing a reduction in Medicaid enrollment as individuals may no longer qualify for Healthy Michigan. There is going to be an increased focus on children's services, which is already occurring during MDHHS and PIHP meetings, as well as an emphasis on services to all populations, regardless of insurance or severity. School-based social work programs are being heavily funded, which may further negatively affect the current staffing crisis.

Bob Adrian asked about the underlying drive of the Shirkey bill. Mr. Kurtz stated they think privatization would be better, though he also thinks there isn't as much profit in it as they assume, as the money is going to long-term services and supports. The Shirkey bill would have a phased approach, taking children first, then the severely mentally ill, then SUD and I/DD. Mr. Kurtz doesn't think they would get past the first group, as they won't want anyone besides children and those with mild/moderate mental illness, leaving everyone else with the public system. Mr. Kurtz stated their reasoning changes from money to government failure to claiming CMHs are not serving people.

Another main goal of the NMRE is to expand crisis capacity on a regional basis. The state believes one-size-fits-all in terms of crisis units or stabilization centers, but it's not feasible with 11,000 square miles to cover. The NMRE is looking at privately contracting a six bed adult crisis residential unit to be used by the NMRE only (possibly the UP). Some construction is needed, but the goal is to be open by October. They are also looking to implement and pilot AHH, and expand OHH and BHH provider networks, as well as have 1,000 active enrollees in both.

The NMRE has increased its emphasis on national benchmarking in regards to Healthcare Effectiveness Data and Information Sets (HEDIS) measures related to behavioral health. For the first time, they received a full performance incentive at 100% for \$1.7 million. The funds from regions not receiving 100% are placed in a pool which gets distributed back out, so the NMRE will be receiving an additional \$1.3 million. These funds will be shared with CMHSPs as local flexible funding. The NMRE is also continuing their pursuit of Medicaid Managed Care rural exemptions.

Terry Larson began discussion of the recent news out of Northern Lakes Community Mental Health Authority (NLCMHA). Mr. Kurtz stated the Grand Traverse County Commission voted, and the county

administrator sent a letter to the state notifying them of their intent to remove themselves from NLCMHA. Mr. Kurtz has met with the county administrator, and they seem set on moving forward. They don't think there are equitable contributions of general funds from each of the counties and jail services are also an underlying issue. The way the NLCMHA agreement is written, any one of the counties can vote themselves out and go with another CMH or create their own. As soon as one county leaves, the whole CMH is dissolved and assets and debt are redistributed back to the originating counties. The ramifications could be that the counties go back to their two CMHs from 2003 – Grand Traverse and Leelanau as one CMH and the other four counties as another. This would require them to dissolve and recreate, with the NMRE having to figure out how to reintegrate them. Mr. Kurtz will be writing a letter to the NLCMHA Board to make sure the other four counties are aware of the work they will have to do if this goes through. Mr. Kurtz stated he will make sure services are continuing to be delivered, and if there are service disruptions in the area the NMRE will provide oversight. It would take about a year for NLCMHA to disband.

Eric Lawson sought further clarification on the MDHHS reorganization. Mr. Kurtz thinks it is mostly due to the children's lawsuit, which is a roughly \$90 million settlement, and it is also a way for them to deal with the legislative complaints.

Erick Kurtz departed the meeting at 3:49 p.m.

IX. May Monitoring Reports

1. Treatment of Individuals Served 01-002

The Recipient Rights Advisory Committee met in April and the Activity Report covers January – March 2022. Judy Jones reported there were 23 complaints substantiated, which is higher than normal, with many of the complaints regarding dignity/respect.

2. Budgeting 01-004

The Board reviewed the Statement of Revenue and Expense for the month ending March 31, 2022. Connie Cadarette reviewed the revenue line items with half of the year elapsed, stating revenue sits at 47.2% after paying the NMRE the underspent amount. Medicaid underspending is at \$1.2 million and Healthy Michigan underspending is at \$90,000 as of the end of March. The amount of general funds lapsing to date is \$58,000, which does include a carryover from FY21. The first incentive payment came in April for \$264,000. Ms. Cadarette drew attention to line 13, Revenue Fiduciary, which is new to the revenue statement and shows consumer funds. The Governmental Accounting Standards Board is now requiring this on financial statements, but it does not go to state reporting or the financial status report. Line 44, Expense Fiduciary, is also new and is the offset to Revenue Fiduciary. These two new line items will not factor into over or under funding, as they are only for compliance with the new laws.

Larry Patterson reviewed the expenses with Board members. Line items with negative variance were individually reviewed with explanation. Budget adjustments will be made as necessary.

3. Financial Condition 01-005

Connie Cadarette reviewed the Statement of Net Position and Change in Net Position for March 31, 2022, the end of the second quarter. She reported unrestricted cash would keep the agency running for 36 days. Ms. Cadarette stated in contrast to previous years when the unrestricted cash would keep the agency running for 40 – 45 days, the agency now holds more assets, instead of just cash. Ms. Cadarette stated revenue for the Community Foundation for Northeast Michigan fund did go down, despite contributions, due to stock market losses.

Eric Lawson questioned Ms. Cadarette on the effect staff raises had on the net position. Ms. Cadarette and Mr. Lawson discussed revenue hasn't been lost, but more money is being spent.

Moved by Roger Frye, supported by Terry Larson, to approve the May Monitoring Reports as presented. Motion carried.

X. Board Policy Review and Self Evaluation

1. Board Job Description 02-003

Board members reviewed the policy and did not recommend any revisions.

2. Board Core Values 02-014

Board members reviewed the policy and did not recommend any revisions.

XI. Linkage Reports

1. Northern Michigan Regional Entity (NMRE)

a. Regional Board Meetings

i. April 27, 2022

The April minutes were distributed to Board members at this meeting. Gary Nowak stated the Board will remain the same. Roger Frye stated officers will also stay the same.

ii. Mr. Frye stated the recent SUD Board meeting was held virtually, as there was only one application for the PA2 funds.

2. Community Mental Health Association of Michigan (CMHAM)

a. Spring Conference – June 7 & 8, 2022

Diane Hayka distributed hotel information and the schedule of events to attendees at this meeting. If any attending Board member is missing an offered BoardWorks module a green sticker is next to it. Voting will take place on June 6 at 5:30 p.m. Ms. Hayka has not registered attendees for specific sessions, so they may decide which to attend. If doing a BoardWorks 2.0 module, paperwork must be turned in to receive credit.

Judy Jones and Bonnie Cornelius volunteered to be voting delegates. Ms. Hayka will mail information on voting if received in advance.

XII. Operations Report

Erin Fletcher reviewed the services provided by staff for the month ending April 30, 2022. The Access program provided 55 routine access screens, zero emergent, and one urgent. Outpatient Counseling served 107 individuals including 23 children and 81 adults. Community Living Support Services served 97 individuals for I/DD and MI served 61. A total of 1,040 individuals were served in April.

XIII. Chair's Report

1. Strategic Planning Discussion Continued

Eric Lawson stated Ends will be discussed at the June meeting. Diane Hayka stated the semi-annual Ends report will also be presented. New Ends will be established at the July meeting.

2. Director's Contract

Eric Lawson stated Nena Sork's original three-year contract expires on June 30, 2022. Terry Larson suggested Board discussion on her contract and compensation occur prior to the Board meeting. Diane Hayka reminded the Board they have scheduled a policy workshop at 1:00 p.m. on June 9 before the Board meeting. Cheryl Kobernik, a CARF reviewer, will be participating in the policy workshop. Mr. Lawson said they will need to discuss whether Ms. Sork's raises should coincide with staff raises or if they should follow the state's EQI. Lisa Anderson will attend the meeting, and will bring salary survey data and Ms. Sork's current salary and contract. Mr. Lawson suggested the Executive Committee meet to discuss Ms. Sork's contract on a separate day. The Executive Committee will meet on Thursday, June 2 at 12:00 p.m.

Mr. Lawson called the Board's attention to the Annual Report. Board members were in agreement that it looks good. Mr. Lawson especially enjoyed the success story.

XIV. Director's Report

1. Director Report Summary

Mary Crittenden provided Board members with an update of the various activities Nena Sork has participated in during the past month. For the week of April 18, Nena attended the NMRE OPS

meeting, the CMHA Member Services Committee, and the CMHA Board of Director's meeting. Nena put together an internal work group for the HRSA-NHSC application. If approved, clinical staff could qualify for loan forgiveness after a period of two years with a commitment to work an additional two years.

During the week of April 25, Nena presented with the Management Team at the All Staff Meeting. The Annual Report was submitted for printing. Nena attended the Presque Isle DHHS/CPS meeting and the NMRE Board meeting. The April Take Back Event was hosted by the Clinical Leadership Team in partnership with the Alpena City Police and Alpena Senior Center. Eleven pounds of medication were collected at the event. Additional Carter Kits were obtained from the NMRE. Ashley Shay from the clerical department is a Green Township volunteer firefighter, and has been working on distributing additional Carter Kits to volunteer fire departments. Nena met with Gavin MacDonald, Executive Director of The Sunset Project. May is Mental Health Awareness Month, and NeMCMHA has partnered with Cabin Creek Coffee by providing them with coffee sleeves that have the Agency's crisis hotline and logo on them. Cabin Creek Coffee is also selling "Be Grounded" coffee, with 30% of proceeds going to The Sunset Project, which works with youth aged 16 – 23, with a focus on the arts and mental health awareness.

For the week of May 2, Nena worked on a contract with MORC for Implicit Bias training, which will be a continuing education requirement for social workers beginning in June. The training will be available for NeMCMHA staff and community partners. NeMCMHA participated in, and was a lunch sponsor of, Leadercast at ACC. Sponsorship provided recognition, the opportunity to provide promotional materials, and a chance to speak at the event. Nichole Keyes, new in the HR department, spoke on behalf of the agency. On May 4, NeMCMHA partnered with Versiti to host a blood drive. Over 75 patients in Northern Michigan will be helped by the 25 donations collected.

During the week of May 9, Nena attended the Management Team and NMRE Finance Committee meetings. Nena, Ms. Crittenden, and the contract manager met with The Sunset Project staff to plan for future partnership on trainings and mental health awareness.

Ms. Crittenden shared the agency will be hosting a staff picnic on August 17 and employee recognition will occur the same week. Erin Fletcher and Ms. Crittenden met with Alcona schools in to discuss a donation from an individual from Alcona County for suicide prevention. The agency will put the funds back into Alcona County by providing Safe Talk training to Alcona Public Schools staff. The agency will be getting a new sign at the main office. The brick work will be done by a mason from Atlanta. The name and website will be permanent on the sign and there will be a changeable electronic portion. The other offices will also receive smaller updated signs, which Gary Nowak stated he has been wanting for years.

Gary Nowak stated he has received a few very good comments about Dr. Hoffman, and she has helped a lot of kids in Rogers City. Les Buza agreed that he has also heard the same thing.

2. **MDHHS Contract Amendment #1 via EGrAMS**

Diane Hayka clarified that the amendment was one MDHHS pushed through that had to go through EGrAMS, which is an electronic way of signing contracts with the state. Eric Lawson stated Nena Sork typically has to process these EGrAMS before a board meeting occurs, and then the memorandums come to the Board for approval.

Moved by Gary Nowak, supported by Les Buza, to approve the Executive Director's execution of MDHHS Contract Amendment #1. Roll call: Ayes: Bob 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

Gary Nowak requested a roll call be done when contracts or the spending of funds are brought to the Board, which Eric Lawson supported. Mr. Lawson suggested future agendas have a note

under items needing a roll call, and he reminded Board members they can request a roll call at any time.

3. Annual Submission

Mary Crittenden stated NeMCMHA is required to submit information on the waitlist for specific programs. Ms. Crittenden said the only waitlist is for autism spectrum disorder testing, which is done by contract providers on site. When a referral is received, an intake is done and staff monitor them while waiting for testing to confirm their diagnosis. There is a lot of additional data required for the Annual Submission and it is a very detailed report.

The Priority Needs and Planned Actions shows the five priority issues that will be NeMCMHA's goals and focus for the next two years. The priority issues are community education, expanding BHH, increasing transportation assistance, strengthening relationships with local law enforcement, and expanding peer support services. Diane Hayka stated the priority goals were developed from the survey and public hearing attended by individuals served, advocates, the justice system, etc., and are based on what people feel is lacking in the community. Eric Lawson suggested Board members take a good look at these goals as they move into strategic planning.

4. QI Council Update

There were no questions on the QI Council minutes from the April meeting.

XV. Information and/or Comments from the Public

There was no information and/or comments presented.

XVI. Information and/or Comments for the Good of the Board

Gary Nowak requested discussion of increasing the Board member per diem be included as an agenda item for the Executive Committee meeting on June 2. Diane Hayka reported Alpena County's per diem is \$30, Alcona County's is \$35, and Montmorency and Presque Isle counties are both \$50. Ms. Hayka stated the per diem policy used to require following the county seat, which is Alpena, but it isn't the policy any longer. Eric Lawson agreed it could be discussed at the June 9 meeting.

XVII. Next Meeting

The Executive Committee will be meeting June 2 at 12:00 p.m. and the Board will have a policy workshop on June 9 at 1:00 p.m. The next regularly scheduled meeting of the Northeast Michigan Community Mental Health Authority Board will be held Thursday, June 9, 2022 at 3:00 p.m.

1. Set June Agenda

The June agenda items were reviewed, as well as the next year of scheduled Board meetings.

2. Evaluation of Meeting

Bob Adrian reported the meeting started and ended on time. Mr. Adrian stated Eric Kurtz gave a great presentation, staff reports were very good, and the majority of the Board participated with questions and comments. Mr. Adrian stated the venue was a little tight, but they made do.

XVIII. Adjournment

Moved by Lynette Grzeskowiak, supported by Geyer Balog to adjourn the meeting. Motion carried. This meeting adjourned at 4:43 p.m.

Bonnie Cornelius, Secretary

Eric Lawson, Chair

Rebekah Duhaime
Recorder

NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY

INTEROFFICE MEMORANDUM

TO: Board Members
FROM: Nena Sork
SUBJECT: Consent Agenda
DATE: May 26, 2022

1. McLaren Hospitals

The Agency has been utilizing McLaren Hospital psychiatric facilities through single case agreements. McLaren recently completed contract negotiations with the NMRE. McLaren locations included in this contract are listed here: Bay Region, Flint, Greater Lansing, Lapeer Region, Macomb, Oakland and Port Huron. The rate for inpatient hospitalization is \$950 per diem and \$475 for partial hospitalization. We recommend approval.

2. Partners in Prevention

The Agency currently contracts with Partners in Prevention to provide Youth Mental Health First Aid. Partners in Prevention’s staff recently completed a course to provide Adult Mental Health First Aid trainings. We propose a contract amendment to authorize Partners in Prevention to provide three Adult Mental Health First Aid trainings at a cost of \$2,230. We recommend approval.

3. Autism Contract Updates

a. Acorn Health of Michigan

Acorn Health of Michigan is expanding their service provision to include group adaptive behavior treatment to individuals served under their current contract. The table below depicts the additional service descriptions:

Service Code	Service	Rate
97154	Group Adaptive Behavior Treatment	\$4.95 per 15-min. unit (BCaBA, BCBA) \$4.59 per 15-min. unit (BT)
0373T	Group Adaptive Behavior Treatment	\$30.66 per 15-min. unit (BCBA) \$21.91 per 15-min. unit (BCaBA) \$28.16 per 15-min. unit (BT)

b. Autism of America

Due to code changes implemented by MDHHS, Master Social Workers are unable to bill under the H0031 code, which was used to provide psychological testing. Master Level Social Workers, whom work for Autism of America, will now bill under the following codes:

Service Code	Service	Rate
96116	Assessment, first 60 minutes	\$321.00
96121	Assessment, each addition 60 min.	\$100.00

Northeast Michigan Community Mental Health Authority

Statement of Revenue, Expenses and Change in Net Position

October 1, 2021 through April 30, 2022

Percent of Year is 58.33%

	Total Amended Budget	YTD Totals 4/30/22	Under/(Over) Budget	Percent of Budget - YTD	
Operating revenue					
Medicaid:					
1	Traditional Capitation	\$ 30,502,535	\$ 18,344,101	\$ 12,158,434	60.14%
2	Traditional Settlement	-	(972,473)	972,473	
3	Healthy Michigan Capitation	2,219,481	1,330,757	888,724	59.96%
4	Healthy Michigan Settlement	-	(485,022)	485,022	
5	State General Fund:				
6	Formula Fundings	1,152,288	693,032	459,256	60.14%
7	Settlement		(320,525)	320,525	
8	Client Fees	417,400	198,433	218,967	47.54%
9	Grant revenue	324,039	169,050	154,989	52.17%
10	Other earned contracts	567,106	326,624	240,482	57.59%
11	County Appropriation	528,632	245,145	283,487	46.37%
12	Interest and other revenue	34,250	44,193	(9,943)	129.03%
13	Fiduciary Receipts	-	214,141	(214,141)	0.00%
14	Group Home Revenues	627,025	316,252	310,773	50.44%
15	Total operating revenue	\$ 36,372,756	\$ 20,103,708	\$ 16,269,048	55.27%
Operating expenses					
16	Salaries and wages	\$ 16,083,782	\$ 8,357,127	\$ 7,726,655	51.96%
17	Social security tax	783,463	353,498	429,965	45.12%
18	Self insured benefits	3,804,882	1,398,725	2,406,157	36.76%
19	Life and disability insurances	244,996	121,785	123,211	49.71%
20	Pension	1,319,672	686,796	632,876	52.04%
21	Unemployment & workers comp	242,273	94,768	147,505	39.12%
22	Office supplies & postage	49,341	26,820	22,521	54.36%
23	Staff recruiting & development	100,391	79,892	20,499	79.58%
24	Community relations/education	24,312	8,286	16,026	34.08%
25	Employee relations/wellness	90,213	54,665	35,548	60.60%
26	Program supplies	604,423	161,543	442,880	26.73%
27	Contract transportation	71,838	19,516	52,322	27.17%
28	Contract employees & services	5,331,324	3,528,370	1,802,954	66.18%
29	Contract inpatient services	1,430,446	890,075	540,371	62.22%
30	Contract residential services	3,997,982	2,705,706	1,292,276	67.68%
31	Telephone & connectivitiy	152,076	75,894	76,182	49.91%
32	Staff meals & lodging	81,279	39,077	42,202	48.08%
33	Mileage & gasoline	346,949	187,204	159,745	53.96%
34	Maintenance	158,153	139,907	18,246	88.46%
35	Building rent	125,617	71,957	53,660	57.28%
36	Board travel/education	13,664	3,405	10,259	24.92%
37	Professional fees	73,159	71,753	1,406	98.08%
38	Property & liability insurance	145,156	75,288	69,868	51.87%
39	Utilities	177,754	113,009	64,745	63.58%
40	Group home rent	101,623	66,045	35,578	64.99%
41	Group home food	157,682	29,150	128,532	18.49%
42	Capital equipment	73,948	33,078	40,870	44.73%
43	Client equipment	24,000	8,292	15,708	34.55%
44	Miscellaneous expense	162,915	78,966	83,949	48.47%
45	Fiduciary Expense	-	233,600	(233,600)	0.00%
46	Depreciation expense	399,443	242,413	157,030	60.69%
47	Total operating expenses	\$ 36,372,756	\$ 19,956,609	\$ 16,416,147	54.87%
48	Change in net position	-	<u>147,099</u>	\$ (147,099)	
49	Medicaid Funds (Over)/Under Spent		972,473		
50	Healthy Michigan Funds (Over)/Under Spent		485,022		
51	Total Due to NMRE (Over)/Under Spent		<u>1,457,495</u>		
52	General Funds to Carry Forward to FY23		32,148		
53	General Funds Lapsing to MDHHS		288,377		
54	General Funds (Over)/Under Spent		<u>320,525</u>		

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

Ends
Board Ends Statement, Policy # 04-001
Semi-annual: June 2022

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. Goal is to reach 80% in home-based services.

Status:

Of the individuals served in Children's Services, 42% are receiving home-based services.

B. 90% of home-based services will be provided in a home or community setting.

Status:

85% of home-based services are currently provided services in a home or community setting.

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:

There have been no additional contract residential homes developed during this timeframe.

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

Status:

In November 2021, one individual was moved from a specialized residential adult foster care home to a supported living arrangement.

Services to Adults with Co-Occurring Disorders

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

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

Status:

Of individuals served qualifying for BHH, 23% are enrolled in this benefit. As of March 31, 2022, a total of 31 individuals are enrolled in BHH.

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

Status:

90% of enrollees have seen their primary care provider annually.

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

Status:

67% of enrollees in the BHH have completed a baseline A1C lab.

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 March 31, 2022, agency-wide revenues exceed agency-wide expenses by \$2,118.

- 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 March 31, 2022, Medicaid funds were underspent by \$1,220,331 and Healthy Michigan funds were underspent by \$90,484. This produced a net amount due to the NMRE of \$1,310,815. These amounts are based upon actual funds received and actual expenses incurred. This underspending of funds was due largely to the amount of open positions within the agency. Travel and conference costs have been reduced as many training and conferences are conducted virtually.

The Board of Directors are kept apprised of the Agency's financial situation on a monthly basis, including the status of over 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 March 31, 2022, General Funds were underspent by \$58,340. Of this amount to date, \$27,555 will be allowed to be carried forward to FY23 and \$30,785 will be owed back to the state.

The underspending in General Funds was due largely to the COVID epidemic. 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. The Agency has been providing items using General Funds within the community to promote Mental Health Awareness and the reduction of stigma as well as hosting and participating in events to benefit citizens, persons served and students in our four-county area.

The Board of Directors are kept apprised of the Agency's financial situation on a monthly basis, including the status of over 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 2022 and is posted to the Agency's website, with 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 provided training on "Trauma Strategies" to Besser Elementary School staff on November 16th with 24 attending and to Gordon Road Administrative staff on November 18th with 16 attending.

In the second quarter of this fiscal year, Partners in Prevention held a six-week course "Caring for Children."

Suicide Prevention:

Partners in Prevention provided residents of Samaritas [senior residential complex] with a presentation on "Suicide and Seniors" with 12 in attendance. On November 20, Partners in Prevention facilitated the "International Survivors of Suicide Loss Day" held at the Presque Isle Athletic Club in Rogers City with four attending. On December 9 and 10, a safeTALK training was provided to the Bayview Center with four individuals attending on the 9th and 11 individuals on the 10th.

In the second quarter of this fiscal year, Partners in Prevention provided a safeTALK training on January 24 to the Alpena Public Safety staff with 11 participants.

Mental Health First Aid:

Partners in Prevention staff attended Mental Health First Aid Training of Trainers in February, which included the exam. On February 28th, Youth Mental Health First Aid was held through a virtual platform. The course required a two-hour pre-course to be completed prior to the online instructional presentation. There were 12 participants in this event.

Other:

On February 8, a Transition Education Night was held at the AMA-ESD to discuss options for parents with students aging out of the educational system. The presentation focused on guidance and resources to help empower parents, students and educators with the knowledge they need to develop high quality transition IEPs that fully support students as they move into their next chapter of life. Margie Hale-Manley presented services such as employment, supported independent living, community living skills and how to access the Agency's services to the transition council members and two parents.

Peggy Yachasz held a training on March 1 allowing staff to earn 6.5 CEUs entitled "Working with People: Gentle Teaching." This coursework was one of the first developed with the Agency's certification to provide CEUs.

On March 24 & 25, the Agency sponsored an "Ethics and Pain Management in Behavioral Health Services" held at Alpena Community College. The Agency brought in Jennifer Harrison, PhD, LMSW, CAADC to provide the training. Agency staff and community staff need this training for their licensure. The training was well attended.

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.

	Program	Consumers served May 2022 (5/1/22 - 5/30/22)	Consumers served in the Past Year (6/1/21 - 5/30/22)	Running Monthly Average(year) (6/1/21 - 5/30/22)
1	Access / Crisis / Prescreens	37 - Routine 0 - Emergent 0 - Urgent 51 - Crisis 63 - Prescreens	647 - Routine 3 - Emergent 5 - Urgent 653 - Crisis 587 - Prescreens	54 - Routine 0 - Emergent 1 - Urgent 54 - Crisis 63 -Prescreens
2	Doctors' Services	462	1399	406
3	Case Management			
	Older Adult (OAS)	109	293	103
	MI Adult	151	397	135
	MI ACT	26	63	27
	Home Based Children	20	52	33
	MI Children's Services	59	105	80
	IDD	200	422	174
4	Outpatient Counseling	108(23/85)	246	122
5	Hospital Prescreens	63	587	61
6	Private Hospital Admissions	18	219	18
7	State Hospital Admissions	0	4	0
8	Employment Services			
	IDD	56	87	47
	MI	17	45	18
	Touchstone Clubhouse	99	112	91
9	Peer Support	34	57	37
10	Community Living Support Services			
	IDD	95	145	84
	MI	46	98	56
11	CMH Operated Residential Services			
	IDD Only	55	63	57
12	Other Contracted Resid. Services			
	IDD	38	38	33
	MI	37	42	35
13	Total Unduplicated Served	1052	2304	1021

County	Unduplicated Consumers Served Since June 2021
Alcona	255
Alpena	1392
Montmorency	269
Presque Isle	317
Other	58
No County Listed	13

Northeast Michigan Community Mental Health Authority

STRATEGIC PLAN
2021-2022



Mission:

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

Vision:

Northeast Michigan Community Mental Health will be the innovative leader in effective, sensitive mental and behavioral health services.

In so doing, services will be offered within a culture of gentleness and designed to enhance each person's potential to recover. We will continue to be an advocate for the person while educating the community in the promotion of mental and behavioral health.

Core Values:

- A Person-Centered focus shall be at the heart of all activities.
- Honesty, respect and trust are values that shall be practiced by all.
- We will be supportive and encouraging to bring out the best in one another.
- Recognition of progress and movement toward a continuously improving environment is a responsibility for all.
- We prefer decision-by-consensus as a decision-making model and will honor all consensus decisions.

Forces in the Environment Impacting Behavioral Health

Payers/Payment Reform

- Reimbursement based on health outcomes
- ACA
- Health system insurance plans
- Gearing Toward Integration (Sen. Shirkey proposal) and House Bills 4925-29 Introduced by Mary Whiteford

Persons Served

- Aging population and other demographic changes
- Expansion of coverage
- Increasing comorbid conditions
- Individuals served accessing health information

Quality Improvement

- Health and safety
- Minimizing waste, fraud and abuse
- Right amount of scope & duration of service

Regulatory Changes

- Home and Community-Based Services Rules
- Potential carve-in of specialty behavioral health
- 1115 waiver application

Workforce

- *Shortage of qualified staff* of all types of disciplines (professional as well as direct care)
- Aging workforce
- Competing with the private sector (lower pay)
- Challenging work environment
- Evidence-Based Practices
- Training of staff to address current environment

Technology

- Electronic Health Record (EHR)
- Data Analytics
- Increase Mobile Capabilities
- Self-Management Tools/Consumer Portal

Goals:

1. To reduce the risk of metabolic syndrome in both adults and children.
 - a. Nursing staff will collect blood pressures (BPs), weights and body mass index (BMI) on all new psychiatric evaluations and all children receiving medication clinic services.
 - b. The Agency will participate in the data analytics project to identify those individuals who are at risk for increased health concerns.
 - c. Clinical staff will work with the Medicaid Health Plans to coordinate care and treatment.
 - d. Participate in PIHPs QAPIs [Quality Assessment Performance Improvement Projects].
 - i. QAPI #1 – Follow up care for children prescribed ADHD medications.
 - ii. QAPI #2 – Adults prescribed psychotropic medications for more than six (6) months will be screened for diabetes.
2. Promote a trauma-informed community through education, assessment and participation in community initiatives.
3. Support and expand services to all children and young adults diagnosed with Autism Spectrum Disorders.
4. Coordinate community education and partnerships in suicide prevention.
5. To increase Substance Use Disorder (SUD) services and training within the Agency, while partnering with local SUD providers to educate and reduce substance use in the community.
6. To collaborate with the Veteran's Administration assuring comprehensive behavioral health services are available.
7. To further utilize the Health Information Exchange (HIE) with MiHIN (Michigan Health Information Network) and local organizations in order to share critical health care information. *[It should be noted, our current electronic record system (PCE) is a conduit for this information making this utilization much easier.]*
8. To keep current in education and information technology (IT).

Barriers/Challenges:

Home and Community-Based Services – NeMCMHA will need to work with our providers to assure compliance with the rules for all.

ABA Expansion – Qualified providers, either in-person or through a telehealth arrangement, are limited in this program area.

Integrated Healthcare – The Health Information Exchange (HIE) is not progressing as rapidly as previously anticipated. Data provided is not sufficient to address real time queries on health information of the populations served. Current restrictions of Personal Health Information (PHI) specific to Substance Use Disorders/treatment does not address the total needs of the individual in an HIE venue.

Funding – The contractual obligations to the Michigan Department of Health and Human Services (MDHHS) while staying within the Per Member Per Month (PMPM) formula provided by the PIHP.

Jail Services – Limited use by law enforcement impacts the number of pre- and post-booking jail diversions.

Recruiting and Retention of Qualified Staff – Local competition for positions has made it difficult to recruit.

Service Population – If service delivery is modified to include the mild to moderate population, current staffing level is insufficient.

Residential Options – Decrease of family operated foster care resulting in the need to contract with more expensive corporate specialized foster care placements.

Opioid Epidemic – The increasing opioid epidemic has strained community resources.

Increasing Violence in our Society – The increasing violence in our society is requiring communities to come together to develop a comprehensive community action plan.

Staffing – The lack of a feeder system to create qualified individuals to work in this field of healthcare.

Opportunities:

Work collaboratively with the community partners in the region to promote integrated services, develop shared services and improve consumer accessibility, health outcomes and efficiencies.

Introduce new Evidence-Based Practices (EBPs) and training in the delivery of services.

Using the new training certification the Agency received, the Agency can provide training opportunities for staff as well as community partners with CEUs awarded for the training.

The infrastructure of NeMCMHA is relatively strong, with excellent facilities, dedicated staff, continued IT investment and a balanced budget.

Provide education to the community at large and support and promote local advocacy efforts.

Work collaboratively with the community partners in the region to address challenges related to the increasing opioid epidemic and increase in violence and anger dyscontrol.

Take advantage of training opportunities provided by MDHHS.

Options:

The Agency must continue to strengthen its relationships with other partners of the market and reinforce its niche in intensive services for people with serious mental illness, serious emotional disturbance and intellectual/developmental disabilities, including those whose disabilities co-occur with substance use. The Agency must strategize to become a valued partner and be indispensable in the pursuit of quality, accessible health care at a lower cost. Options to be considered:

- Shared psychiatric consultation with staff at other clinics
- Easy and consistent flow of individuals and information between behavioral health and primary care providers

- Growth of health care awareness and services in CMH services through enhanced training in health coaching and the use of data analytics
- Work closely to assure people with a serious mental illness or intellectual/developmental disability are receiving all necessary primary and behavioral healthcare. Expand telemedicine services as it relates to pediatric and adult services.
- Provide community members and staff with training as it relates to Mental Health First Aid for youth and adults, suicide prevention, increasing violence in our society, co-occurring disorders and the effects of trauma on individuals.
- Continue to be a member of Human Services Collaboratives.

Plan:

Community Partners will be essential for NeMCMHA as we continue to be successful in the provision of integrated, comprehensive physical and behavioral health services. Northeast will continue to work collaboratively with the major primary health care providers and the Medicaid Health Plans (MHPs) to ensure the requirements to meet the health care reform challenges are met. Joint ventures will be established with community partners to provide seamless systems of care that eliminates duplication, lower costs, ensure quality care and achieve superior outcomes.

The Ends Statements reflect methods of monitoring population groups and department specific goals.

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. Goal is to reach 80% in home-based services.
 - b. 90% of home-based services will be provided in a home or community setting.

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

Services to Adults with Co-Occurring Disorders

3. Adults with co-occurring disorders will realize significant improvement in their condition.
 - a. 10% of eligible Behavioral Health Home (BHH) individuals served with two or more of the following chronic conditions – Asthma/COPD, High Blood Pressure, Diabetes, Morbid Obesity, Cardiac issues will be enrolled in the BHH.

- b. 95% of individuals served enrolled in the Behavioral Health Home will see their primary care provider annually.
- c. 100% of individuals served enrolled in the Behavioral Health Home will have 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).
- 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 by the Board and the PIHP.
 - 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.

Community Education

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

The Ends will be monitored by the Board at least semi-annually.

The Strategic Plan will be reviewed by the Board at least annually.

NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY
EXECUTIVE COMMITTEE
JUNE 2, 2022
12:00 P.M.

PRESENT: Eric Lawson, Bonnie Cornelius, Roger Frye, Gary Nowak, Terry Small

STAFF: Lisa Anderson, Diane Hayka

Chair Eric Lawson called the Executive Committee meeting to order.

Director's Contract Extension/Renewal

Members discussed the timing of the contract, noting the contract should be extended to coincide with the end of the fiscal year aligning the renewal after the evaluation of the Director. The Director's current salary is \$138,611 with the economic increases over the years. Lisa Anderson noted there is a provision in the Director's contract to allow for the same increases non-union staff receive during the life of the contract. There is also a 30-day extension; however, this extension would not get through the evaluation period. Team members felt extending the contract until September 30 with raises based on what staff receive would be the direction they would recommend to the Board. After the evaluation in August the Board would then enter into a three-year contract beginning October 1, 2022.

Lisa Anderson provided members with information related how the Director's benefits compare with others surveyed by the Community Mental Health Association of Michigan. Centra Wellness also surveyed several community mental health boards and members were provided with information from that survey as well.

A three-month extension will be presented to the Board at the meeting next week.

Moved by Gary Nowak, supported by Roger Frye, to recommend the Board extend the Director's contract through September 30, 2022. Motion carried.

Moved by Roger Frye, supported by Gary Nowak to adjourn. Motion carried. This meeting adjourned at 12:20 p.m.

Eric Lawson, Chair

Diane Hayka
Recorder

JULY AGENDA ITEMS

Policy Review

Community Resources 01-010

Policy Review & Self-Evaluation

Public Hearing 02-010

Monitoring Reports

Budgeting 01-004 (Finance Report)

Asset Protection 01-007 (Insurance Reports)

Community Resources 01-011 (Collaboration Report)

Activity

Budget Amendment

Strategic Plan/Ends

Plan for CEO Evaluation

Old Business

Ownership Linkage

Educational Session

Finalize Strategic Planning/Setting Ends

Northeast Michigan Community Mental Health Authority

400 Johnson Street

Alpena, MI 49707

County Representing	Name/Address	E-mail Address	Home Phone	Term Expiration
Alcona <i>Secretary</i>	Bonnie Cornelius 306 Hubbard Lake Road Hubbard Lake MI 49747		(989) 727-3145	3-31-2023
Alcona	Terry Small (John) 2066 Wilson Road Curran MI 48728		(989) 590-0364	3-31-2024
Alpena	Robert Adrian 227 Dawson St Alpena MI 49707		(989) 255-0208	3-31-2025
Alpena	Lynnette Grzeskowiak 6120 Blackberry Lane Alpena MI 49707		(701) 240-4802	3-31-2023
Alpena	Judith Jones 7397 US-23 South Ossineke MI 49766		(989) 471-5142	3-31-2025
Alpena <i>Chair</i>	Eric Lawson PO Box 73 Ossineke MI 49766		(989) 255-3762	3-31-2024
Alpena	Patricia Przeslawski 567 Northwood Drive Alpena MI 49707		(989) 354-4438	3-31-2024
Montmorency <i>Vice Chair</i>	Roger Frye 22955 Lake Avalon Road Hillman MI 49746		(989) 379-0997	3-31-2023
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Presque Isle	Terry A. Larson 376 E. Orchard Street Rogers City MI 49779		(989) 734-4453	3-31-2025
Presque Isle <i>Past Chair</i>	Gary Nowak PO Box 168 Rogers City MI 49779		(989) 734-3404	3-31-2023