

**NORTHEAST  
MICHIGAN  
COMMUNITY  
MENTAL HEALTH  
AUTHORITY**



*NeMCMHA Board Meeting  
Thursday, February 9 at 3:00 p.m.*

Board meetings are held in the Board Room at 400 Johnson Street in Alpena.

**NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY BOARD**  
**BOARD MEETING**  
**February 9, 2023 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. Appointment of Evaluator**
- V. Acknowledgement of Conflict of Interest**
- VI. Information and/or Comments from the Public**
- VII. Approval of Minutes**
  - 1. January 12 Board Meeting .....(Pages 1 – 5)
  - 2. January 26 Special Board Meeting .....(Pages 6 – 8)
- VIII. February Monitoring Reports**
  - 1. Budgeting 01-004..... (Page 9)
  - 2. Treatment of Individuals Served 01-002 .....(Pages 10 – 25)
  - 3. Staff Treatment 01-003 ..... (Pages 26 – 27)
- IX. Board Policies Review and Self-Evaluation**
  - 1. Emergency Executive Succession 01-006 ..... [Review Suggested Revisions]..... (Handout)
  - 2. Asset Protection 01-007..... [Review Only] ..... (Pages 28 – 29)
  - 3. Board Committee Principles 02-005 ..... [Review & Self-Evaluation]..... (Page 30)
  - 4. Delegation to the Executive Director 03-002 ..... [Review & Self-Evaluation]..... (Pages 31 – 32)
- X. Linkage Reports**
  - 1. NMRE Board Meeting – January 25..... (Verbal)
  - 2. Advisory Council – February 6..... (Verbal)
- XI. Operations Report ..... (Page 33)**
- XII. Chair's Report**
  - 1. 2023 Annual PAC Campaign..... (Pages 34 – 35)
- XIII. Executive Director's Report**
  - 1. AFC Home Contracts Update..... (Verbal)
  - 2. Endowment Fund Grant Awards ..... (Page 36)
  - 3. Executive Director's Update ..... (Verbal)
- XIV. Information and/or Comments from the Public**
- XV. Information and/or Comments for the Good of the Organization**
- XVI. Next Meeting – Thursday, March 9 at 3:00 p.m.**
  - 1. Set March Agenda ..... (Page 37)
- XVII. Meeting Evaluation**
- XVIII. Adjournment**

**Northeast Michigan Community Mental Health Authority (NeMCMHA) Board  
Board Meeting  
January 12, 2023**

**I. Call to Order**

Chair Eric Lawson called the meeting to order in the Board Room at 2:59 p.m.

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

Present: Robert Adrian, Les Buza, Bonnie Cornelius, Lynnette Grzeskowiak, Charlotte Helman, Judy Jones, Terry Larson, Eric Lawson, Gary Nowak, Lloyd Peltier (joined at 3:04 p.m.), Terry Small

Absent: Pat Przeslowski (Excused)

Staff & Guests: Lisa Anderson, Carolyn Bruning, Connie Cadarette, Mary Crittenden, Mike DeCaire, Todd DeCaire, Erin Fletcher, Kristie Gallagher, Morgan Hale, Don Haske, Paula Haske, Nancy Kearly, Danielle Lahaie, Janice Lemmon, Brooke Paczkowski, Larry Patterson, Abbey Podbielski, Ethan Saile, Nena Sork, Connie Srebnik, Jen Walburn, Gwen Wiacek

**III. Pledge of Allegiance**

Attendees recited the Pledge of Allegiance as a group.

**IV. Appointment of Evaluator**

Charlotte Helman was appointed as evaluator for this meeting.

**V. Acknowledgement of Conflict of Interest**

No conflicts of interest were acknowledged.

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

Gwen Wiacek, Presque Isle County, stated contract rates are being reduced by up to 40% for AFC homes, and they cannot provide good care or support individuals at that rate. She has never seen contract rates reduced before. With an already short supply of AFC providers, Gwen doesn't know what will happen to individuals if the homes cannot afford to stay open. Board Chair Eric Lawson stated these concerns would be further discussed during his Chair's Report.

Lloyd Peltier joined the meeting at 3:04 p.m.

Janice Lemmon, Office of Public Guardians in Presque Isle County, stated her office has received numerous phone calls regarding clients' rates being reduced. Janice worries this will cause her clients to require new placements. She reported that Judge Eric Stone received a concerned phone call from Cam Cavitt, State Representative for District 106. Janice stated the AFC providers could make a lot more money if they contracted with a different CMH.

Mike DeCaire, Alpena County, is extremely concerned about homes closing due to decreased rates, as he doesn't know where individuals would then be placed.

**VII. Approval of Minutes**

*Moved by Gary Nowak, supported by Terry Small to approve the minutes of the December 8, 2022 meeting.* Motion carried.

**VIII. Educational Session – Cultural Understanding and Advancement Committee**

Mary Crittenden and Erin Fletcher presented an educational session on the Cultural Understanding and Advancement Committee (CUAC). The "hatch of CUAC" began in the Fall of 2020, after an exit interview with a staff member who recounted her experiences facing racism and bigotry in the community. Soon after, several staff members were awarded the chance to participate in the first Cultural and Linguistic Competency Learning Community (CLC-LC). Through participation in CLC-LC over six months, seven staff members learned how the Agency can better grow and support individuals served and staff. These staff members wanted to keep the momentum going after CLC-LC ended. CUAC held its first meeting in October 2021, with a focus on cultural advancement, training, and education. Their goal is to provide monthly

cultural and linguistic education for staff. CUAC's Purpose is to promote diversity and inclusion within the Agency, its Mission is to provide education, resources, and tools to enhance cultural competency amongst staff while fostering a supportive environment for all, and its Vision is to be a culturally proficient agency.

**IX. Consent Agenda**

**1. GT Independence**

The Board received a handout on GT Independence at the meeting.

*Moved by Gary Nowak, supported by Terry Small, to approve the January Consent Agenda.* Roll call: Ayes: Robert Adrian, Les Buza, Bonnie Cornelius, Lynnette Grzeskowiak, Charlotte Helman, Judy Jones, Terry Larson, Eric Lawson, Gary Nowak, Lloyd Peltier, Terry Small; Nays: None; Absent: Pat Przeslawski. Motion carried.

**X. January Monitoring Reports**

**1. Budgeting 01-004**

Connie Cadarette stated the financial auditors are currently on-site, and the final FY22 financials won't be available until the end of February. She reported on revenues on the Statement of Revenue and Expense and Change in Net Position for the month ending November 30, 2022. The line item for Interest Income will need to be adjusted to reflect the increased amount. Medicaid is underspent \$271,158 and Healthy Michigan is underspent \$124,678, for a total underspent amount of \$395,836. Local match funds take time to build up, so the number will be negative for a while, which is normal for this time of year.

Larry Patterson reviewed line items with negative variances on the Statement of Revenue and Expense and Change in Net Position for the month ending November 30, 2022. The negative variances on the line items for Pension, Office Supplies & Postage, Maintenance, and Telephone & Connectivity are due to timing issues and they will clear up. The line item for Contracted Inpatient is over budget due to a high cost individual with an extended stay in a state hospital. If the individual stays at the rate for much longer the line item will require an adjustment. The Professional Fees line item is over budget due to still clearing an overage of \$19,000 from the previous month. Expense Fiduciary is required to be on the report, though this line item is for consumer funds and will always show as an overage. With 16.67% of the year elapsed, the Agency is at 15.3% of expenses used for the fiscal year.

**2. Emergency Executive Succession 01-006**

Board members reviewed the Emergency Executive Succession monitoring report, which offers an interpretation and scenarios for the Emergency Executive Succession Policy. If Nena Sork is out for any length of time, Mary Crittenden acts as her designee. The Board discussed compensation of the individual who covers for the Executive Director in the case of an extended absence. Board members suggested additional compensation be considered if the Executive Director is gone for a period of more than two weeks, and to make the change retroactive. The Board asked that draft revisions to the monitoring report be presented at the February Board meeting.

*Moved by Les Buza, supported by Lynnette Grzeskowiak, to approve the January Budgeting Monitoring Report.* Motion carried.

*Moved by Gary Nowak, supported by Terry Small, to table the discussion of the Emergency Executive Succession Monitoring Report until the February Board meeting.* Motion carried.

**XI. Board Policies Review**

**1. Emergency Executive Succession 01-006**

The Board thinks the policy is still efficient, but would like to see the above-mentioned updates to the procedure.

**2. Executive Director Role 03-001**

Terry Small and Bonnie Cornelius feel the policy is appropriate and the Board is following it.

## **XII. Operations Report**

Mary Crittenden reported on individuals served in the month of December 2022. There were 60 routine access screens, as well as one urgent access screen. There were 52 crisis contacts for the month, 66 prescreens were completed, and 15 individuals were admitted to private psychiatric hospitals. Overall, 1,035 individuals were served in December.

## **XIII. Chair's Report**

### **1. CMHA PAC**

Eric made another appeal for Board members to contribute to the CMHA PAC. Board members can write a check or complete their contribution online. Historically the Board has had 100% participation. Nena has offered to match Board member PAC contributions up to \$600. Eric thinks the CMHA PAC exhibits evenhanded and effective advocacy. Board members typically contribute a full per diem. Ways to donate to the PAC will be included in the February Board packet.

A handout was provided on the NMRE's November 2022 report on liquor tax funds available by county.

### **2. AFC Rate Concerns**

Nena provided the Board with context for the concerns voiced during the opening public comments. The assessment tool used to determine individual contract rates for AFC providers has been used since 2011. The last assessments were completed in 2019, as COVID-19 pandemic restrictions did not allow onsite assessments to be completed again until this year. Contract rates were frozen in 2020 so rates wouldn't decrease during the pandemic. If an individual deteriorated, a phone assessment was completed in order to raise the rate and compensate for the increased level of care required. During this time of frozen rates, rates were not decreased if the required level of care went down.

Medical necessity has to be proven to justify the individual contract rates. At the time of assessments restarting in 2023, some individuals have improved and their assessment scores have decreased, warranting a lower rate. Some individuals scores have also increased and rates have been raised. Instead of contract AFC providers seeing a gradual decrease over the last four years if an individual requires a lower level of care, a larger decrease is being seen at one time. The Agency has increased the contracted rates for AFC providers by 3% across the grid.

Some individual's contract rates may decrease 40%, but the decision was made to cap the decrease to 15% for the year. Nena believed that approximately twenty-one contracts will have increased rates and fifteen contracts will have decreased rates. Nena explained having rates based on medical necessity allows them to be increased at times when a higher level of care is required, such as when an individual has had surgery or is experiencing increased behavior issues. During the preceding years of the COVID-19 pandemic, the Agency did not have a contractual obligation to raise the frozen rates, but the Agency did so when individuals decompensated. The Agency also provided stability payments to contract AFC providers at a rate of \$1,000 per bed when there were extra funds to do so. Medical necessity has to be established for all contracted rates or the Agency could face Medicaid waste, fraud, and abuse charges.

Nena, Morgan Hale, Contract Manager, Mary Crittenden, Chief Operations Officer, Erin Fletcher, Director of Clinical and Supportive Services, and Connie Cadarette, Accounting Officer, are currently meeting with all contract AFC providers. This is a scheduled time when the provider can review the new contracted rates, appeal the rate, and have a discussion with managerial staff about the scoring on the assessment tool.

Eric would like additional information collected and presented to the Board. A special Board meeting will be held to discuss the concerns. Robert Adrian requested additional information on how the contracts are billed and coded. The full Board will hold a special Board Meeting on Thursday, January 26 at 3:00 p.m.

## **XIV. Executive Director's Report**

Nena reported on her activities for the last month. During the week of December 12, she continued working with the PCE CMHSP/PIHP User Group and met with Judge Alan Curtis and Alpena County Probate staff to

work on their process for court ordered mental health treatment. The following week she attended the NMRE OPS and NeMCMHA QI meetings. Management Team had to plan for a water shutoff (due to work being done on the old jail property) on December 27, and moved most operations to the Fletcher office for the day. During the week of January 2, Nena attended the CMHA meeting regarding MDHHS and Self-Determination, as well as a standard cost allocation meeting.

Nena reported the possible Alcona County rental property won't be available for a while, so she will continue to look for something else or look into the potential human services building project. She has started to brainstorm for the Agency's annual report, which is typically published in May. Nena would like the report to be finalized and published in April and she sought the Board's input on what they would like to be included. Sections to be included are the Agency's 5K in May, Eric and Nena's letter to the community, and a memorial for Roger Frye.

Staff did not receive a cost of living adjustment (COLA) at the beginning of the year, as Management Team wanted to wait until they knew what the financials would look like. Nena asked the Board for a 3% COLA for staff retroactive to October 1. The Board does not want to make a decision until the current discussions of AFC contract provider rates have been resolved. The COLA adjustment will be discussed at the February Board meeting.

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

Connie Srebnik, Presque Isle County, stated her home receives difficult individuals who require 24/7 care and the providers deserve a good contract to care for these individuals. She worries that if the rates go down too much, the individuals will have to be relocated downstate, which would be a waste as good providers are able to care for them here.

Danielle Lahaie, Presque Isle County, stated her AFC home has residents who have lived there since 1983. Danielle feels the purpose of the assessment wasn't made clear as it was being done. Home staff are accustomed to the residents' behaviors, and may rate them at a lower level than someone who isn't accustomed to them. Danielle requested the assessment be completed more like a Plan of Service meeting and that the assessments should be redone with more informed consent.

Gwen Wiacek reiterated that a new rate she received works out to \$3.83 an hour, and she doesn't think it possible to work within that rate.

Nena requested AFC providers send in their questions and concerns to be addressed by the Board and herself at the special Board meeting on January 26.

**XVI. Information and/or Comments for the Good of the Organization**

Bonnie reported she spoke with Diane Hayka, who is enjoying her retirement in Gulf Shores, Alabama.

**XVII. Next Meeting**

The next regularly scheduled meeting of the Northeast Michigan Community Mental Health Authority Board will be held Thursday, February 9, 2022 at 3:00 p.m.

A special Board meeting will be held on Thursday, January 26 at 3:00 p.m. to address the AFC contract rate concerns.

**1. Set February Agenda**

The proposed February agenda items were reviewed.

**2. Meeting Evaluation**

Charlotte Helman reported the meeting started on time and Board members definitely stepped away with new understanding from the CUAC educational sessions and that she was glad to see positive change come about after an employee exit interview. The majority of the Board participated in the meeting. Charlotte had her Board member orientation with Nena that afternoon and it was nice to have

an opportunity to revisit topics originally introduced when she previously worked in the mental health field.

**XVIII. Adjournment**

*Moved by Les Buza, supported by Lynnette Grzeskowiak, to adjourn the meeting.* Motion carried.

This meeting adjourned at 4:26 p.m.

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Bonnie Cornelius, Secretary

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Eric Lawson, Chair

Rebekah Duhaime  
Recorder

**Northeast Michigan Community Mental Health Authority (NeMCMHA) Board  
Special Board Meeting – AFC Contract Rates  
January 26, 2023**

**I. Call to Order**

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

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

Present: Robert Adrian (joined at 3:03 p.m.), Les Buza, Bonnie Cornelius, Lynnette Grzeskowiak, Charlotte Helman, Judy Jones, Terry Larson, Eric Lawson, Gary Nowak, Lloyd Peltier, Pat Przeslawski, Terry Small

Staff & Guests: Connie Cadarette, Mary Crittenden, Kristie Gallagher, Scott Gallagher, Morgan Hale, Donald G. Haske, Paula Haske, Danielle Lahaie, Janice Lemmon, Barb Murphy, Charlie Olsen, Larry Patterson, Ethan Saile, Jennifer Spomer, Nena Sork, Connie Srebnik, Erik Stone, Angela Tuck, Jen Walburn, Gwen Wiacek

**III. Acknowledgement of Conflict of Interest**

No conflicts of interest were reported.

**IV. Calculating Financial Compensation**

Eric requested that Board members review the Calculating Financial Compensation narrative Nena Sork provided for the Board as a handout.

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

**1. Board Policy on Public Comments**

Eric stated he would recognize Board members who want to ask questions to avoid cross questioning during the meeting. He reviewed the Board policy on public comments with attendees and asked that all commenters speak from the podium.

**2. Public Comments**

Gwen Wiacek, Presque Isle County, stated concerns began after the Direct Care Wage (DCW) meeting held by the Agency. She thought they would be receiving a 15% increase as well as a 3% COLA in place of getting the \$2.35 an hour. Then they were told contracts were going to be reevaluated, and the 18% increase didn't happen. Gwen felt she was not receiving all the DCW they were owed, and worried about where that money was going, though she did receive corrected checks. She was also concerned about not receiving holiday pay and having to pay for the individuals' Christmas gifts.

Danielle Lahaie, Presque Isle County, came as an advocate for her guys and her home. They have lived with them for a long time and are like family, and she doesn't want to have to close the home. With the decreases, she would be losing \$25,000 a year. She thinks the assessment needs to be more individualized and is concerned the budget is being looked at more than the people.

Angela Tuck, Presque Isle County, stated they have all lost money on this. She was told she'll get less money because they do a good job. The incident reports aren't happening because they are able to recognize behaviors and prevent them, though they still need the same amount of help and require the same amount of hours. She feels the evaluations aren't done properly and are being done without the home owners.

Connie Srebnik, Presque Isle County, stated they only get the extra DCW of \$2.35 an hour for hands-on time, and sometimes you may only get \$800 a month. They spent about \$3,000 a month on gowns, masks, PPE, and cleaners. She has owned the home for 17 years, and states they work 24 hours a day, not 16. She has one individual who is up every two hours at night. Now that people are getting older, they have more appointments. She's had to run someone back and forth to Alpena three times a week for post-surgery appointments. She was paid \$1.33 extra for this, and it happened for six months, which was only about \$200. She said these people are their family. They take them camping, they have bands, and they dance. During COVID, they would be there for three days with sick people while they themselves were sick.



Jennifer Spomer, Presque Isle County, said they have to pay workman's comp and liability insurance. She has one person who only lasted six months in other homes, but has been with her for three years. During COVID, a box of 50 disposable gowns was \$147.99 before taxes and shipping. They had to drive to Alpena for toilet paper and milk. They had to buy masks, shoe covers, and disposable dinnerware. Insurance is hard to get, especially locally, and she was dropped last year and had to come up with \$1,500 on the spot to provide insurance.

Don Haske, Presque Isle County, stated his wife has been doing this job for more than 30 years. The people are special and need help, and you can't throw them in a nursing home to be trained like cattle to come eat when the bell rings. He stated the specialized compensation assessment wasn't a problem with past directors, but since this group of females took over it's been a kick in the ass to everyone here. He felt the meeting about compensation was more about protecting the DCW than the contracts. He and his wife think the Board, providers, and the Agency should be involved in the system, and they have no idea the stress being caused to the homes.

## **VI. AFC Home Contract Rates**

Nena stated the same assessment tool and compensation grid have been used since 2011. They were created based on Medicaid guidelines, which try to capture the personal care levels. She froze AFC contract rates when COVID hit, but phone assessments were done as needed when an individual decompensated. Due to COVID, this year was the first time since Nena became the Executive Director that case managers have done in-person assessments on everyone. The DCW is not NeMCMHA's money, it comes from the state and is a pass-through payment system. There are attestations that have to be completed for it, and it is currently approved through September. NeMCMHA pays everyone for the hours of direct care that the providers claim on their attestations each month. The State has encouraged bundling payments that include the DCW. The average amount for the DCW was 15%, so all contracts received 15%. A 3% COLA increase was going to be done for everyone. The proposed total 18% increase would cover the \$2.35 DCW and the 3% COLA.

The assessments were completed, resulting in 32 contracts increasing, from 1 – 39%, and 11 contracts decreasing, from 6 – 42%. They decided to cap decreases at 15% for the year. Nena has met with many providers and they looked at the assessments, asking if the tool is reliable and if it is being used in a reliable way. She also wondered if the tool is capturing everything, if the grid is appropriate, and if she needs to do a market analysis of the payment system. Once all provider meetings are completed, she would like to form a workgroup to look at the tool. Nena stated the annual cost of care money doesn't come from NeMCMHA, it comes from social security for room and Board. Not all individuals served by NeMCMHA get a contracted rate, and some only receive the annual cost of care. Eric reminded the Board that they legally cannot bill for 24-hour care unless they have 24-hour awake staff. All but one of the Agency's group homes have 24-hour awake staff. There has to be a full shift of 8-hour work to do. The last AFC provider meeting is scheduled for Friday, February 3. Nena stated the Agency can retroactively pay back to October 1, if needed.

Eric stated the administrative process has not been completed, therefore the Board should not yet get involved. He read the Executive Director's Role Policy, which states the Board creates Ends and executive limitations, and they can tell Nena what she cannot do, not what she can do. It is not the Board's practice to give the Executive Director specific directions on how to do the job. Eric doesn't want to interfere with the administrative process, and wants to be cautious about steps taken toward that end.

The entirety of the assessed rate goes directly to the homes and there is no administrative fee. The contract rates are paid with Medicaid funds the Agency receives. There are many limitations on what Medicaid funds can be spent on, and medical necessity has to be proved for the contract rates. Nena stated the compensation grid can be changed, but they have to prove it isn't out of the norm for the area. The assessments are done once a year unless there is a significant decline.

Eric asked the Board if they think Nena and staff can continue to work at this problem. Pat Przeslawski stated she is pleased with Nena's performance in all aspects and areas. Bonnie stated they haven't yet had

enough time to complete the needed steps. Nena will speak to other CMH directors and Eric Kurtz from the NMRE, and will present the information to the Board.

Janice Lemmon, Office of the Public Guardian in Presque Isle County, stated she stands to lose 15 clients from Presque Isle County who would have to move out of the catchment area. She attended a meeting with an AFC provider and Agency staff, and to her it's obvious the assessment isn't capturing the required needs. Charlotte Helman feels Nena and staff should be allowed to complete the process. Nena said the state doesn't provide an assessment tool; each agency has to create something to show medical necessity. Eric looked for a consensus from the Board on letting the Executive Director complete the administrative process for the AFC contracts, and none were opposed.

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

Don Haske, Presque Isle County, stated that after listening he wanted to reiterate that individuals in the homes have 24-hour care, no matter what. They go above and beyond for their people and he doesn't want that to be taken away.

Judge Erik Stone, Presque Isle County Probate, stated they have an Office of Public Guardian which currently serves 40 people. They are hearing from the homes that 15 people are going to have to be relocated. They would have to evict them because they can't afford to care for them. Judge Stone wanted to know what is different now, as these 15 people have been able to be served in the community for years.

Connie Srebnik, Presque Isle County, stated nobody has complained on the assessment before because the rates have never gone down. She felt it was sneaky. They had a meeting about the DCW being added, but when they got their checks, they didn't think they had received the DCW at all.

Angela Tuck, Presque Isle County, wondered if they are still receiving the same billing rate from 2011 when the assessment was created. Her revenue has been less the last couple years than it was in 2013. She also thinks the evaluations aren't working. She has someone who is worse off medically, but the assessment says they're so much better that the rate was reduced.

Jennifer Spomer, Presque Isle County, stated they don't get a breakdown of what they are getting paid. They have to pay so much to onboard new staff, and then people leave and they're out the money. They have three shifts and are up 24 hours a day. Nena stated if they don't sign their contracts, they will let the auditors know they are still in negotiations, and their rates will be frozen.

**VIII. Next Meeting**

The next regularly scheduled meeting of the Northeast Michigan Community Mental Health Authority Board will be held Thursday, February 9, 2022 at 3:00 p.m.

**IX. Adjournment**

*Moved by Gary Nowak, supported by Terry Small, to adjourn the meeting.* Motion carried. This meeting adjourned at 4:50 p.m.

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Bonnie Cornelius, Secretary

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Eric Lawson, Chair

Rebekah Duhaime  
Recorder

**Northeast Michigan Community Mental Health Authority**  
**Statement of Revenue and Expense and Change in Net Position (by line item)**  
**For the Third Month Ending December 31, 2022**  
**25% of year elapsed**

	Actual December Year to Date	Budget December Year to Date	Variance December Year to Date	Budget FY23	% of Budget Earned or Used
<b>Revenue</b>					
1 State Grants	39,343.29	80,138.52	\$ (40,795)	320,554.08	12.3%
2 Grants from Local Units	64,202.50	66,659.43	(2,457)	266,637.66	24.1%
3 NMRE Incentive Revenue	0.00	68,750.01	(68,750)	275,000.04	0.0%
4 Interest Income	1,150.58	125.01	1,026	500.04	230.1%
5 Medicaid Revenue	7,930,459.60	7,830,994.53	99,465	31,323,977.94	25.3%
6 General Fund Revenue	115,224.00	300,696.75	(185,473)	1,202,787.00	9.6%
7 Healthy Michigan Revenue	411,010.00	663,213.51	(252,204)	2,652,854.04	15.5%
8 Contract Revenue Blue Horizons	89,067.10	111,095.01	(22,028)	444,380.04	20.0%
9 3rd Party Revenue	135,723.31	89,180.52	46,543	356,722.08	38.0%
10 Behavior Health Home Revenue	45,056.65	22,953.51	22,103	91,814.04	49.1%
11 Food Stamp Revenue	27,328.04	32,150.04	(4,822)	128,600.16	21.3%
12 SSI/SSA Revenue	128,279.57	125,347.98	2,932	501,391.92	25.6%
13 Revenue Fiduciary	84,581.04	0.00	84,581	0.00	0.0%
14 Other Revenue	11,739.89	7,863.24	3,877	31,452.96	37.3%
15 <b>Total Revenue</b>	<b>9,083,166</b>	<b>9,399,168</b>	<b>(316,002)</b>	<b>37,596,672</b>	<b>24.2%</b>
<b>Expense</b>					
16 Salaries	3,866,218.56	3,835,860.66	(30,358)	15,343,442.54	25.2%
17 Social Security Tax	166,183.66	179,101.59	12,918	716,406.36	23.2%
18 Self Insured Benefits	606,648.43	848,284.83	241,636	3,393,139.32	17.9%
19 Life and Disability Insurances	55,730.27	62,475.54	6,745	249,902.16	22.3%
20 Pension	329,754.88	323,475.51	(6,279)	1,293,902.04	25.5%
21 Unemployment & Workers Comp.	41,173.26	41,763.27	590	167,053.08	24.6%
22 Office Supplies & Postage	13,824.30	12,664.89	(1,159)	50,659.56	27.3%
23 Staff Recruiting & Development	45,188.46	61,428.60	16,240	245,714.40	18.4%
24 Community Relations/Education	2,661.67	7,274.25	4,613	29,097.00	9.1%
25 Employee Relations/Wellness	25,757.31	27,999.99	2,243	111,999.96	23.0%
26 Program Supplies	103,280.95	99,315.90	(3,965)	397,263.60	26.0%
27 Contract Inpatient	495,999.00	400,737.00	(95,262)	1,602,948.00	30.9%
28 Contract Transportation	5,931.94	8,938.23	3,006	35,752.92	16.6%
29 Contract Residential	1,241,370.65	1,350,719.25	109,349	5,402,877.00	23.0%
30 Contract Employees & Services	1,465,202.91	1,494,559.68	29,357	5,978,238.72	24.5%
31 Telephone & Connectivity	67,855.90	50,156.25	(17,700)	200,625.00	33.8%
32 Staff Meals & Lodging	4,374.25	7,290.03	2,916	29,160.12	15.0%
33 Mileage and Gasoline	86,725.11	92,095.26	5,370	368,381.04	23.5%
34 Board Travel/Education	3,304.95	3,416.01	111	13,664.04	24.2%
35 Professional Fees	24,763.24	20,227.29	(4,536)	80,909.16	30.6%
36 Property & Liability Insurance	32,434.05	33,589.02	1,155	134,356.08	24.1%
37 Utilities	45,714.12	48,287.52	2,573	193,150.08	23.7%
38 Maintenance	50,767.17	56,792.52	6,025	227,170.08	22.3%
39 Interest Expense Leased Assets	4,019.97	4,331.43	311	17,325.72	23.2%
40 Rent	3,547.83	4,450.50	903	17,802.00	19.9%
41 Food	35,394.04	38,015.25	2,621	152,061.00	23.3%
42 Capital Equipment	5,251.45	34,571.82	29,320	138,287.30	3.8%
43 Client Equipment	2,029.44	4,984.50	2,955	19,938.00	10.2%
44 Miscellaneous Expense	54,923.19	41,334.30	(13,589)	165,337.16	33.2%
45 Expense Fiduciary	95,742.39	(95,742)	(95,742)	0.00	0.0%
46 Depreciation & Amortization Expense	173,795.79	205,027.14	31,231	820,108.56	21.2%
47 <b>Total Expense</b>	<b>9,155,569</b>	<b>9,399,168</b>	<b>243,599</b>	<b>37,596,672</b>	<b>24.4%</b>
48 <b>Change in Net Position</b>	<b>\$ (72,404)</b>	<b>\$ 0</b>	<b>\$ (72,404)</b>	<b>\$ -</b>	<b>-0.2%</b>
48 Contract settlement items included above:					
49 Medicaid Funds (Over) / Under Spent	\$ (129,912)				
50 Healthy Michigan Funds (Over) / Under Spent	209,661				
51 <b>Total NMRE (Over) / Under Spent</b>	<b>\$ 79,749</b>				
52 General Funds to Carry Forward to FY23	\$ 17,790				
53 General Funds Lapsing to MDHHS	167,682				
54 <b>General Funds (Over) / Under Spent</b>	<b>\$ 185,472</b>				



## Recipient Rights Advisory Committee Minutes January 25, 2023

The meeting was called to order at 3:00 p.m. January 25, 2023, by Chair Pat Przeslawski in the Administrative Conference Room.

**Present:** Judy Jones, Barb Murphy, Pat Przeslawski and Lorell Whitscell  
**Absent:** Tom Fredlund, Excused and Renee Smart-Shepler, Excused  
**Staff:** Ruth Hewett  
**Guests:** Eric Lawson

**DRAFT MINUTES**

I. **Old Business.** None.

II. **Approval of Minutes.** The minutes from 10-19-2022 were approved as written by consensus.

III. **New Business.**

REVIEW OF FUNDING: Connie Cadarette, Finance Director, presented the funding for the rights office for FY23. There was a 27.8% increase over the previous year due to the addition of a second rights advisor as well as staff wage and benefit cost increases.

QUARTERLY RIGHTS ACTIVITY REPORT: The committee reviewed the report which covered the first quarter of FY 23, 10/1/2022 – 12/31/2022. The complaints for this quarter were higher than previous quarters at 40. Of the 40 complaints, 36 were investigated, 2 were handled as interventions, and 2 contained no Code protected right. Of the 38 investigations and interventions, there were 25 substantiations. The substantiation rate was 66%, which was much higher than the typical 50%. There were 6 remedial actions pending at the time of the report.

ANNUAL REPORT: The annual rights report is a culmination of the quarterly rights activity reports. For the year ending 9-30-2022, there were a total of 117 complaints with 106 handled as investigations, 5 as interventions, 5 involved no right, and 6 were outside the jurisdiction of the rights office. There were 64 substantiations and remedial action was taken for each. There were no recommendations to the Board from the committee. Lorell moved to approve the report, supported by Judy, motion carried.

QUORUM INFORMATION: It was noted there was a 50% quorum at the last meeting. It was discussed at the Board meeting following the last meeting that the quorum is 50% plus 1. Upon research, the Agency's QI Plan for committees are 50%; however, the Board By-Laws are 50% plus 1. Since the Rights Committee is appointed by the Board, it falls under the Board By-Laws. Therefore, going forward, 50% plus 1 will be used to determine a quorum. For 6 members, 4 will be needed to qualify as a quorum.

MEMBER INTEREST: The Board makes committee appointments at the March meeting and all committee members present expressed a desire to serve another year. Tom and Renee will be surveyed as to their intent.

IV. **Educational Session:** Per Judy's request from the last meeting, a comparison of Northeast's rights complaints with other cmhs in the state was presented. The data from the CMH system as well as the LPHU system was taken from the State's Annual Rights Report for FY21 from the Michigan.gov website.

**RRAC Minutes**  
**01-25-2023**

**V. Other Business.**

None.

**VI. Adjournment.**

Barb moved to adjourn Judy supported. The meeting adjourned at 4:06 p.m. The next meeting will be April 26, 2023 in the Administrative Conference Room at 3 p.m.

Ruth Hewett, Recorder

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Patricia Przeslawski, Chairperson

**Complaint Data for: Northeast Michigan**

Rights Office Director: **Ruth M. Hewett**



Reporting Period: **FY22**

**CMH**  # of Consumers Served  
**CMH**  # of Consumers Served  
**CMH** (unduplicated count)

**LPH**  Number of Admissions  
**LPH**  Hours/40

Rights Office FTEs

Hours/40

**Section I: Complaint Data Summary**

**Part A: Agency Totals**

Complaints	117
Allegations	106
Interventions	5
Interventions Substantiated	5
Investigations	101
Investigations Substantiated	59

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**Part B: Detailed Summary**

Code	Category	Received	Investigations	Investigations Substantiated
7221	Abuse class I	0	0	0
72221	Abuse class II - nonaccidental act	0	0	0
72222	Abuse class II - unreasonable force	3	3	1
72223	Abuse class II - emotional harm	0	0	0
72224	Abuse class II - treating as incompetent	0	0	0
72225	Abuse class II - exploitation	1	1	0
7223	Abuse - class III	16	16	11
7224	Abuse class I - sexual abuse	1	1	0

Code	Category	Received	Investigations	Investigations Substantiated
72251	Neglect class I	0	0	0
72252	Neglect class I - failure to report	0	0	0
72261	Neglect class II	0	0	0
72262	Neglect class II - failure to report	0	0	0
72271	Neglect class III	19	19	12
72272	Neglect class III - failure to report	0	0	0

Code	Category	Received	Interventions	Interventions Substantiated	Investigations	Investigations Substantiated
7550	Right Protection System	2	0	0	2	2
7555	Retaliation/harassment	1			1	0

Code	Category	Received	Interventions	Interventions Substantiated	Investigations	Investigations Substantiated
7040	Civil rights: discrimination, accessibility, accommodation, etc	0	0	0	0	0
7044	Religious practice	0	0	0	0	0
7045	Voting	0	0	0	0	0

Code	Category	Received	Interventions	Interventions Substantiated	Investigations	Investigations Substantiated
7081	Mental Health Services Suited to Condition (includes chapter 4 violations)	17	0	0	17	8
7082	Safe, Sanitary Humane Treatment Environment	4	0	0	4	2
7083	Least restrictive setting					
7084	Dignity and Respect	22	0	0	22	13

Code	Category	Received	Interventions	Interventions Substantiated	Investigations	Investigations Substantiated
7100	Physical and Mental Exams	0	0	0	0	0
7110	Family Rights	0	0	0	0	0
7120	Individual Written Plan of Service (Person-Centered Process)	0	0	0	0	0
7130	Choice of Physician/Mental Health Professional	0	0	0	0	0
7140	Notice of Clinical Status/Progress	0	0	0	0	0
7150	Services of a Mental Health Professional (External to the Agency/Hospital)	0	0	0	0	0
7160	Surgery	0	0	0	0	0
7170	Electroconvulsive Therapy	0	0	0	0	0
7180	Psychotropic drugs (AR 7158)	0	0	0	0	0
7190	Medication Side Effects	0	0	0	0	0

Code	Category	Received	Interventions	Interventions Substantiated	Investigations	Investigations Substantiated
7240	Fingerprints, Photographs, Audiorecordings, and Use of One-Way Glass	1	0	0	1	1
7249	Video Surveillance	0	0	0	0	0

Code	Category	Received	Interventions	Interventions Substantiated	Investigations	Investigations Substantiated
7480	Communications-Visits	0	0	0	0	0
7481	Communications-Telephone	0	0	0	0	0
7263	Communications-Mail	0	0	0	0	0

Code	Category	Received	Interventions	Interventions Substantiated	Investigations	Investigations Substantiated
7281	Property-Possession and use	3	0	0	3	2
7286	Personal Property – Limitations	0	0	0	0	0

Code	Category	Received	Interventions	Interventions Substantiated	Investigations	Investigations Substantiated
7300	Safeguarding Money (For Use in State Hospitals Only)	0	0	0	0	0
7360	Labor and Compensation	0	0	0	0	0

Code	Category	Received	Interventions	Interventions Substantiated	Investigations	Investigations Substantiated
7440	Freedon of Movement	0	0	0	0	0
7400	Restraint	0	0	0	0	0
7420	Seclusion	0	0	0	0	0

Code	Category	Received	Interventions	Interventions Substantiated	Investigations	Investigations Substantiated
7460	Complete Record	0	0	0	0	0
7480	Disclosure of Confidential Information	15	5	5	10	7
7481	Withhold of Confidential Information (Includes Denying Recipient Access to Records)	1	0	0	1	0
7490	Correction of Record	0	0	0	0	0
7500	Privileged communication	0	0	0	0	0

<b>TOTALS</b>		<b>106</b>	<b>5</b>	<b>5</b>	<b>101</b>	<b>59</b>
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Code	Category	Received
0000	No right involved	5

Code	Category	Received
0001	Outside provider jurisdiction	6

**Annual Appeals Data for:****Northeast Michigan****APPEALS INFORMATION (if agency has local appeals committee)**

<b>Appeals Type</b>	<b># of Appeals</b>
Number of Appeal Requests Received	0
Number of Appeals Accepted	0
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



Section II: Intervention and Investigation remediation data for:

Northeast Michigan

Category (from Complaint Data)	Specific Provider Type	Specific Remedial Action	Specific Remedial Action	SED	SED-W	DD-CWP	HSW
Abuse class II - unreasonable force	Residential DD	Training		0	0	0	0
Abuse - class III	Residential MI & DD	Employment Termination		0	0	0	0
Abuse - class III	Residential MI & DD	Suspension		0	0	0	1
Abuse - class III	Residential DD	Suspension		0	0	0	1
Abuse - class III	Residential DD	Suspension		0	0	0	1
Abuse - class III	Other	Employee left the agency, but substantiated		0	0	0	0
Abuse - class III	Residential DD	Written Reprimand		0	0	0	0
Abuse - class III	Residential DD	Employee left the agency, but substantiated		0	0	0	0
Abuse - class III	Residential MI & DD	Suspension		0	0	0	1
Abuse - class III	Residential DD	Written Reprimand		0	0	0	0
Abuse - class III	Residential DD	Written Reprimand		0	0	0	1
Abuse - class III	Residential MI	Suspension		0	0	0	0
Neglect class III	Residential DD	Written Counseling	Employee left the agency, but substantiated	0	0	0	1
Neglect class III	Residential DD	Verbal Counseling		0	0	0	5
Neglect class III	Residential MI & DD	Written Reprimand		0	0	0	0
Neglect class III	Residential DD	Written Reprimand		0	0	0	5
Neglect class III	Residential MI & DD	Written Reprimand	Written Counseling	0	0	0	1
Neglect class III	Residential DD	Written Counseling		0	0	0	1
Neglect class III	Residential MI & DD	Written Counseling		0	0	0	0
Neglect class III	Residential DD	Written Reprimand	Written Reprimand	0	0	0	1
Neglect class III	Residential DD	Written Reprimand		0	0	0	1
Neglect class III	Residential MI & DD	Written Reprimand		0	0	0	1
Neglect class III	Residential DD	Written Reprimand		0	0	0	4
Neglect class III	Residential MI & DD	Employee left the agency, but substantiated		0	0	0	0
Right Protection System	Residential MI & DD	Training		0	0	0	1
Right Protection System	Residential MI & DD	Other		0	0	0	0
Mental Health Services Suited to Condition (includes chapter 4 violations)	Residential MI & DD	Employee left the agency, but substantiated		0	0	0	1
Mental Health Services Suited to Condition (includes chapter 4 violations)	Residential DD	Verbal Counseling		0	0	0	1
Mental Health Services Suited to Condition (includes chapter 4 violations)	Residential MI & DD	Written Counseling	Training	0	0	0	0
Mental Health Services Suited to Condition (includes chapter 4 violations)	Residential DD	Verbal Counseling	Verbal Counseling	0	0	0	1
Mental Health Services Suited to Condition (includes chapter 4 violations)	SIP	Verbal Counseling		0	0	0	1
Mental Health Services Suited to Condition (includes chapter 4 violations)	SIP	Verbal Counseling		0	0	0	1
Mental Health Services Suited to Condition (includes chapter 4 violations)	SIP	Verbal Counseling		0	0	0	1
Mental Health Services Suited to Condition (includes chapter 4 violations)	Residential MI & DD	Employee left the agency, but substantiated		0	0	0	0
Safe, Sanitary, Humane Treatment	Residential DD	Written Reprimand		0	0	0	6
Safe, Sanitary, Humane Treatment	Residential MI & DD	Environmental Repair/Enhancement		0	0	0	1
Dignity and Respect	Residential DD	Employee left the agency, but substantiated		0	0	0	1
Dignity and Respect	Residential DD	Employee left the agency, but substantiated		0	0	0	1
Dignity and Respect	Other	Employment Termination		0	0	0	0
Dignity and Respect	Residential DD	Written Reprimand		0	0	0	0
Dignity and Respect	Residential DD	Suspension		0	0	0	1
Dignity and Respect	Residential MI & DD	Employment Termination		0	0	0	0
Dignity and Respect	Residential MI & DD	Employee left the agency, but substantiated		0	0	0	1
Dignity and Respect	Residential MI & DD	Training		0	0	0	1
Dignity and Respect	Residential DD	Suspension		0	0	0	1
Dignity and Respect	SIP	Written Reprimand		0	0	0	1
Dignity and Respect	Residential DD	Written Reprimand		0	0	0	1
Dignity and Respect	Other	Other		0	0	0	0

REMEDATION TOTALS	
Verbal Counseling	15
Written Counseling	7
Verbal Reprimand	0
Written Reprimand	17
Suspension	8
Demotion	0
Staff Transfer	0
Training	4
Employment Termination	5
Employee left the agency, but substantiated	10
Contract Action	0
Policy Revision/Development	0
Environmental Repair/Enhancement	1
Plan of Service Revision	0
Recipient Transfer to Another Provider/Site	0
Other	4
Pending	0
None	0
POPULATION TOTALS	
SED	0
SED-W	0
DD-CWP	0
HSW	60
PROVIDER TOTALS	
Out Patient	2
Residential MI	1
Residential DD	27
Residential MI & DD	17
Inpatient	0
Day Program MI	0
Day Program DD	0
Workshop (prevocational)	0
Supported Employment	1
ACT	0
Case Management	2
Psychosocial Rehabilitation	0
Partial Hospitalization	0
SIP	6
Crisis Center	0
Children's Foster Care	0
Clubhouse/Drop-in Center	0
Respite Homes	0
Other	8



Northeast Michigan

**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	Elizabeth Kowalski	RC22-08	Update of Changes to Childrens Beh.	I - Operations	1.50
Elizabeth Kowalski	Elizabeth Kowalski	RC22-27	MI Beh Health Medication Service	IV - Augmented Training	1.50
Robert Keyes	Elizabeth Kowalski	RC22-GS11	Updates from MDHHS	I - Operations	0.50
	Elizabeth Kowalski	RC22-12	Accurate Body Language	IV - Augmented Training	1.50
	Elizabeth Kowalski	RC22-06	What to Say, Do, Intervw w/trauma	I - Operations	1.50
	Elizabeth Kowalski	RC22-03	Disrpt Impact Implicit Bias	IV - Augmented Training	1.50
	Elizabeth Kowalski	RC22-02	Voting is Advocacy	IV - Augmented Training	1.50
	Elizabeth Kowalski	RC22-GS1	Healing Neen	IV - Augmented Training	1.50
	Elizabeth Kowalski	RC22-PC	The Art of Elicitation	I - Operations	6.00
	Elizabeth Kowalski	RC22-13	CMH Roundtable	I - Operations	1.50
	Robert Keyes	RC22-PC	The Art of Elicitation	I - Operations	6.00
	Robert Keyes	RC22-12	Accurate Body Language	IV - Augmented Training	1.50
	Robert Keyes	RC22-08	Update on Changes to Childrens Beh.	I - Operations	1.50
	Robert Keyes	RC22-06	What to Say, Do, Intervw w/trauma	I - Operations	1.50
	Robert Keyes	RC22-03	Disrpt Impact Implicit Bias	IV - Augmented Training	1.50
	Robert Keyes	RC22-GS1	Healing Neen	IV - Augmented Training	1.50
	Robert Keyes	RC22-13	CMH Roundtable	I - Operations	1.50
	Robert Keyes	RC22-GS11	Updates from MDHHS	I - Operations	0.50
	Robert Keyes	RC22-02	Voting is Advocacy	IV - Augmented Training	1.50
	Ruth Hewett	RC22-08	Update on Changes to Childrens Beh.	I - Operations	1.50
	Ruth Hewett	RC22-27	MI Beh Health Medication Service	IV - Augmented Training	1.50
	Ruth Hewett	RCA22-35	RROAM-Panel Disc BTP FAQs	I - Operations	2.00
	Ruth Hewett	RCA22-21	RROAM-Round Table	I - Operations	5.50
	Ruth Hewett	ORR22CMHQM	CMH Director's Qrtly Mtg	I - Operations	1.75
	Ruth Hewett	ORR22CMHQC	CMH Director's Qrtly Mtg	I - Operations	1.50
	Ruth Hewett	RCA22-08	RROAM-Public Policy Update	I - Operations	1.00
	Ruth Hewett	RC22-GS1	Healing Neen	IV - Augmented Training	1.50
	Ruth Hewett	ORR22CMHQM	CMH Director's Qrtly Mtg	I - Operations	1.00
	Ruth Hewett	RC22-13	CMH Roundtable	I - Operations	1.50
	Ruth Hewett	RC22-11	Police at the Door-What do I do?	I - Operations	1.50

CATEGORY TOTALS	
I - Operations	40.75
II - Legal Foundations	1.50
III - Leadership	0.00
IV - Augmented Training	21.00
Non-CEU	0.00

THESE NUMBERS WILL AUTO-FILL





**Northeast Michigan**

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

Progress on Outcomes established by the office for FY 22. 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 23 goal section below.

	<b>Outcomes</b>	<b>Status</b>
1	Continue with scanning projects of documents, resource materials, committee minutes and information.	Ongoing
2	Work with IT in developing information for the recipient rights link on the Agency's website.	Ongoing
3		
4		
5		

<b>Outcomes established by the office for NEXT FY</b>	
1	RRO to provide extensive/advanced rights training with the two rights advisors.
2	Continue to improve digital data collection.
3	
4	
5	

**Northeast Michigan**

**SECTION IV: RECOMMENDATIONS TO THE GOVERNING BOARD**

The ORR & Advisory Committee recommends the following:

1	No recommendations at this time.
2	
3	
4	
5	

**QUARTERLY RECIPIENT RIGHTS ACTIVITY REPORT**

**Time Period: October, November & December 2022:**

I. COMPLAINT DATA SUMMARY		<u>FY 22-23</u>					<u>FY 21-22</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:	40				23	34	30	30		
Investigated:	36				21	30	23	27		
Interventions:	02				01	01	03	-0-		
Substantiated:	25				12	24	14	14		
Outside Jurisdiction:	-0-				-0-	01	04	01		
No Code Protected Right:	02				01	02	-0-	02		

B. Aggregate Summary of Complaints

CATEGORY	Received	Investigation	Intervention	Substantiated
Abuse I	0	0		0
Abuse II	5	5		2
Abuse III	1	1		*1
Sexual Abuse	0	0		0
Neglect I	0	0		0
Neglect II	0	0		0
Neglect III	2	2		2
Rights Protection System	2	2	0	2
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	1	1	0	1
Confidentiality/Disclosure	8	6	2	5
Treatment Environment	0	0	0	0
Freedom of Movement	0	0	0	0
Financial Rights	0	0	0	0
Personal Property	2	2	0	1
Suitable Services	16	16	0	10
Treatment Planning	0	0	0	0
Photos/Fingerprints/Audio etc	1	1	0	1
Forensic Issues	0	0	0	0
<b>Total</b>	<b>38</b>	<b>36</b>	<b>2</b>	<b>25</b>

\*The Abuse III pending from last quarter was substantiated.



c. Remediation of substantiated rights violations.

<b>Category/Specific Allegation</b>	<b>Specific Provider</b>	<b>Specific Remedial Action</b>
Pending from last qtrr:		
Abuse III	Golden Beach Manor	Suspension
Abuse III	Royal Willows	Suspension
Confidentiality	NEMCMH	Suspension
Confidentiality	NEMCMH	Documented Counseling
Suitable Services	Beacon-Ossineke	Quit before invest finished
Actions from this quarter:		
Abuse II	NEMCMH	Terminated
Abuse II	NEMCMH	Quit before invest finished
Abuse III	NEMCMH	Quit before invest finished
Neglect III	NEMCMH	Terminated
Neglect III	NEMCMH	Verbal Reprimand
Rights Protection System	Golden Beach Manor	Pending
Rights Protection System	NEMCMH	Pending
Communication & Visits	Hope Network	Verbal Reprimand
Confidentiality	NEMCMH	Written Reprimand
Confidentiality	NEMCMH	Verbal Reprimand
Confidentiality	NEMCMH	Documented Counseling
Confidentiality	NEMCMH	Documented Counseling
Confidentiality	NEMCMH	Pending
Personal Property & Funds	NEMCMH	Quit before invest finished
Suitable Services	NEMCMH	Written Reprimand
Suitable Services	NEMCMH	Pending
Suitable Services	NEMCMH	Pending
Dignity & Respect	NEMCMH	Terminated
Dignity & Respect	NEMCMH	Quit before invest finished
Dignity & Respect	NEMCMH	Written Reprimand
Dignity & Respect	NEMCMH	Written Reprimand
Dignity & Respect	NEMCMH	Terminated
Dignity & Respect	NEMCMH	Verbal Reprimand
Dignity & Respect	NEMCMH	Verbal Reprimand
Photos/Fingerprints/Audio etc	Golden Beach Manor	Pending

d. Summary of Incident Reports.

Category Type	1 <sup>st</sup> Qtr		2 <sup>nd</sup> Qtr		3 <sup>rd</sup> Qtr		4 <sup>th</sup> Qtr	
	'23	'22	'23	'22	'23	'22	'	'22
01.0 Absent without leave (AWOL)	01	01		02		01		04
02.0 Accident – No injury	07	07		01		07		03
02.1 Accident – With injury	14	11		21		22		28
03.0 Aggressive Acts – No injury	41	32		40		44		39
03.1 Aggressive Acts – w/ injury	13	04		04		06		07
03.3 Aggressive Acts – Property Destruc	-0-	06		02		01		01
04.0 Death	07	04		09		07		02
05.0 Fall – No injury	11	27		26		13		15
06.0 Medical Problem	95	119		89		120		110
07.0 Medication Delay	18	-0-		05		05		05
07.1 Medication Error	24	19		20		24		20
07.2 Medication Other	99	54		35		59		96
07.3 Medication Refusal	37	10		16		23		54
08.0 Non-Serious Injury – Unknwn cause	14	10		02		08		07
09.0 Other	69	76		72		92		113
10.0 Self Injurious Acts – No injury	04	01		01		02		04
10.1 Self Injurious Acts – w/injury	07	05		04		10		06
Challenging Behavior	27	28		31		39		37
Fall – with injury	16	15		22		14		19
Arrests	05	01		02		02		06
Total	509	430		404		499		576

E.	Prevention Activity	Quarter	YTD
	Hours Used in Training Provided	17.00	17.00
	Hours Used in Training Received	52.00	52.00
	Hours Used in Site Visits	280.00	280.00
F.	Monitoring Activity	Quarter	YTD
	Incident Report Received	509	509
G.	Source of All Complaints:	Quarter	YTD
	Recipient:	08	08
	Staff:	22	22
	ORR:	07	07
	Gdn/Family:	01	01
	Anonymous:	-0-	-0-
	Comm/Gen Pub:	<u>02</u>	<u>02</u>
	Total	40	40

Ruth M. Hewett, Recipient Rights Officer

01/24/2023  
Date

## FY23 Preliminary Recipient Rights Budget

Staff Wages/benefits	\$	226,145.00
Office/program supplies		409.00
Meals/lodging		1,100.00
Travel		2,850.00
Training		2,350.00
Membership Dues		130.00
<b>Total Budget</b>	<b>\$</b>	<b>232,984.00</b>

FY22 budget	\$	182,272.00
\$\$\$ Increase/(Decrease) See Note	\$	50,712.00
% Increase/(Decrease)		27.8%

FY 22 budget	\$182,272.00
\$\$ Increase	\$50,712.00

Note: This increase is due to staff wage and benefit cost increases.

Prepared by: Connie Cadarette, Finance Director  
Prepared on: 10-27-2022

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**INTEROFFICE MEMORANDUM**

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**TO:** BOARD MEMBERS  
**FROM:** NENA SORK  
**SUBJECT:** TURNOVER REPORT  
**DATE:** JANUARY 31, 2023

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Attached is the Turnover Report required by Policy 01-003, Staff Treatment. This report addresses the period January 1, 2022 through December 31, 2022. The report reflects employment activity for the Board's regular employees; substitute and casual employees have not been included as their employment is, by nature, somewhat sporadic and turnover-prone. In the Turnover by Department section, we have included internal transfers in the attached report; i.e., a part-time employee accepting a full-time position in a different home would be considered turnover. At the bottom of the report, we have included a statistic showing turnover Agency-wide, which reflects turnover of employees actually leaving the Agency.

Turnover for 2022, including in-house turnover, was 37% (this was 37% in the prior year); when limited to only those employees that actually left the Agency, the rate is 32% (this was 33% in the prior year). \*For the one-year period of January 2021 through December 2021, the US Bureau of Labor Statistics reports a separation rate of 40% for employees in the classification of Healthcare and Social Assistance. For those employees who actually left the Agency in 2022, the table below shows the circumstances under which those employees left. Also shown is some detail about the reasons for the terminations.

<u>Reason for Leaving</u>		<u># of Separations</u>
Retirement		18
Health/Disability		1
Death		0
Position Eliminated/Contracted		0
Bumped		0
Resigned		53
Termination		15
Attendance	4	
Performance	7	
Rights-related	<u>4</u>	
TOTAL		<u>87</u>

\*2022 numbers are not yet released

Turnover by Department					
Division/Department Name	# at 1/1/2022	Employees Hired/Trnsfr'd	Employees Separated/Trnsfr'd	# at 12/31/2022	Total Turnover
Administration/Support Services	44	5	5	44	11%
MI/IDD Program Management	7	2	4	5	57%
Psychiatry & Nursing Support	10	7	2	15	20%
OAS Services & CLS Staff	12	7	3	16	25%
MI CRS Services	4	2	1	5	25%
MI Access	4		2	2	50%
MI Adult Casemanagement	9	1	2	8	22%
MI Adult A.C.T.	5	1	1	5	20%
Home Based Child	6	4	3	7	50%
MI Peer Support Services	3	1		4	0%
MI/IDD Employment Services	16	7	6	17	38%
Self Determination	5		3	2	60%
DD Casemanagement	9	2	3	8	33%
DD Clinical Support	2	1	1	2	50%
DD SIP Residential	30	22	20	32	67%
DD Community Support	18	2	1	19	6%
Blue Horizons	7	6	3	10	43%
Brege	12		1	11	8%
Cambridge	12	4	5	11	42%
Harrisville	9	6	5	10	56%
Mill Creek	10	4	5	9	50%
Pine Park	9	5	4	10	44%
Princeton	9	12	10	11	111%
Thunder Bay Heights	10	6	6	10	60%
Walnut	8	6	5	9	63%
<b>Totals</b>	270	113	101	282	37%

Agency-Wide Turnover					
Division/Department Name	# at 1/1/2022	Number Hires	Total Employees Separated	# at 12/31/2022	Total Turnover Rate
All Employees	270	99	87	282	32%

EXECUTIVE LIMITATIONS

(Manual Section)

**ASSET PROTECTION**

(Subject)

Board Approval of Policy  
Last Revision of Policy Approved

August 8, 2002  
February 9, 2023

●1 **POLICY:**

The Executive Director may not allow assets to be unprotected, inadequately maintained, nor unnecessarily risked.

Accordingly, he or she may not:

1. Fail to insure against theft and casualty losses at:
  - Actual cash value, less any reasonable deductible for vehicles;
  - Replacement value, less any reasonable deductible for personal and real property; and,
  - Against liability losses to Board members, staff, or the organization itself in an amount greater than the average for comparable organizations.
2. Allow unbonded personnel access to material amounts of funds.
3. Unnecessarily expose the organization, its Board or staff to claims of liability. The Executive Director's annual monitoring report shall include a risk analysis summary.
4. Make any purchase wherein normally prudent protection has not been given against conflict of interest. Make any purchase of over \$500 without having obtained comparative prices and quality. Make any purchase over \$5,000 without a stringent method of assuring the balance of long term quality and cost; further, such purchases over \$5,000, not included in the Board's capital equipment budget, shall require Board approval. Orders shall not be split to avoid these criteria.
5. Fail to protect intellectual property, information, and files from loss or significant damage.
6. Receive, process, or disburse funds under controls which are insufficient to meet the Board-appointed auditor's standards.

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

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7. Invest or hold operating capital in insecure instruments, including uninsured checking accounts and bonds of less than AA rating, or in non-interest bearing accounts except where necessary to facilitate ease in operational transactions.
8. Endanger the organization's public image or credibility, particularly in ways that would hinder its accomplishment of mission, including changing the name of the organization or substantially altering its identity in the community.
9. Subject facilities and equipment to improper wear and tear or insufficient maintenance.

●2 **APPLICATION:**

The Northeast Michigan Community Mental Health Authority Board

●3 **DEFINITIONS:**

●4 **REFERENCES:**

●5 **FORMS AND EXHIBITS:**

GOVERNANCE PROCESS

(Manual Section)

**BOARD COMMITTEE PRINCIPLES**

(Subject)

Board Approval of Policy  
Last Revision to Policy Approved:

August 8, 2002  
February 13, 2020

●1 **POLICY:**

Board committees, when used, will be assigned so as to reinforce the wholeness of the Board's job and so as never to interfere with delegation from Board to Executive Director. Committees will be used sparingly and ordinarily in an *ad hoc* capacity.

1. Board committees are to help the Board do its job, not to help or advise staff. Committees ordinarily will assist the Board by preparing policy alternatives and implications for Board deliberation. In keeping with the Board's broader focus, Board committees will normally not have direct dealings with current staff operations.
2. Board committees may not speak or act for the Board except when formally given such authority for specific and time-limited purposes. Expectations and authority will be carefully stated in order not to conflict with authority delegated to the Executive Director.
3. Board committees cannot exercise authority over staff. Because the Executive Director works for the full Board, he or she will not be required to obtain approval of a Board committee before an executive action.
4. Board committees are to avoid over-identification with organizational parts rather than the whole. Therefore, a Board committee which has helped the Board create policy on some topic will not be used to monitor organizational performance on that same subject.
5. This policy applies only to committees which are formed by Board action, whether or not the committees include non-board members. It does not apply to committees formed under the authority of the Executive Director.

●2 **APPLICATION:**

The Northeast Michigan Community Mental Health Authority Board

●3 **DEFINITIONS:**

●4 **REFERENCES:**

●5 **FORMS AND EXHIBITS:**



BOARD STAFF RELATIONSHIP

(Manual Section)

**DELEGATION TO THE EXECUTIVE DIRECTOR**

(Subject)

Board Approval of Policy  
Board Approval of Policy Revision:

August 8, 2002  
February 13, 2020

●1 **POLICY:**

All Board authority delegated to staff is delegated through the Executive Director, so that all authority and accountability of staff—as far as the Board is concerned—is considered to be the authority and accountability of the Executive Director.

1. The Board will direct the Executive Director to achieve specified results, for specified recipients, at a specified worth through the establishment of *Ends* policies. The Board will limit the latitude the Executive Director may exercise in practices, methods, conduct, and other “means” to the Ends through establishment of *Executive Limitations* policies.
2. As long as the Executive Director uses *any reasonable interpretation* of the Board’s *Ends* and *Executive Limitations* policies, the Executive Director is authorized to establish all further policies, make all decisions, take all actions, establish all practices, and develop all activities.
3. The Board may change its *Ends* and *Executive Limitations* policies, thereby shifting the boundary between Board and Executive Director domains. By so doing, the Board changes the latitude of choice given to the Executive Director. But so long as any particular delegation is in place, the Board and its members will respect and support the Executive Director’s choices. This does not prevent the Board from obtaining information in the delegated areas.
4. Only decisions of the Board acting as a body are binding upon the Executive Director.
  - A. Decisions or instructions of individual Board members, officers, or committees are not binding on the Executive Director except in rare instances when the Board has specifically authorized such exercise of authority.
  - B. In the case of Board members or committees requesting information or assistance without Board authorization, the Executive Director can refuse such requests that require—in the Executive Director’s judgment—a material amount of staff time or funds or is disruptive.

●2 **APPLICATION:**

The Northeast Michigan Community Mental Health Authority Board

●3 **DEFINITIONS:**

●4 **REFERENCES:**

●5 **FORMS AND EXHIBITS:**

	Program	Consumers served January 2022 (1/1/23 - 1/31/23)	Consumers served in the Past Year (2/1/22 - 1/31/23)	Running Monthly Average(year) (2/1/22 - 1/31/23)
1	Access Routine	79	66	55
	Emergent	0	5	0
	Urgent	1	4	0
	Crisis	42	526	45
	Prescreens	59	805	63
2	Doctors' Services	599	1485	456
3	Case Management			
	Older Adult (OAS)	125	321	116
	MI Adult	104	383	126
	MI ACT	28	62	28
	Home Based Children	26	55	23
	MI Children's Services	75	161	57
	IDD	149	402	174
4	Outpatient Counseling	112(15/97)	263	107
5	Hospital Prescreens	59	805	63
6	Private Hospital Admissions	12	240	19
7	State Hospital Admissions	0	1	0
8	Employment Services			
	IDD	64	96	54
	MI	25	59	19
	Touchstone Clubhouse	90	111	95
9	Peer Support	44	78	44
10	Community Living Support Services			
	IDD	86	149	94
	MI	68	118	61
11	CMH Operated Residential Services			
	IDD Only	55	68	56
12	Other Contracted Resid. Services			
	IDD	35	39	36
	MI	32	42	33
13	Total Unduplicated Served	1142	2326	1043

County	Unduplicated Consumers Served Since February 2022
Alcona	244
Alpena	1379
Montmorency	286
Presque Isle	348
Other	61
No County Listed	8



January 31, 2023

To: CMH Board Members/Executive Directors (CMH & PIHP)/Management Staff (CMH & PIHP)/Provider Alliance Members

From: PAC Committee

Re: 2023 Annual PAC Campaign

This memorandum is being sent to all CMH boards, PIHPs and Provider Alliance members to announce and solicit participation in this year's CMH-PAC campaign. The CMH-PAC is a political action committee that helps support representatives and senators in leadership positions and those who champion the funding, legislation, and policy initiatives that help support and improve the provision of community-based mental health and substance use disorder services.

Your donations to the CMH PAC help support candidates who are supportive of our efforts at CMHA. The money that is raised for the CMH PAC helps raise awareness of our issues. While we are not able to match dollar for dollar the contributions of the larger interest groups your efforts go a long way and give CMHA a "seat at the table".

**Last November's election certainly changed the landscape in Lansing for the foreseeable future** – Democrats narrowly winning total control and a constitutional amendment changing term limits (allowing House members to stay for 12 years vs 6 years). **The demand for PAC dollars has never been higher, we receive fundraising requests almost daily.**

As you know, Sen. Shirkey is gone and SBs 597 & 598 failed to pass in lame duck, but the threat of privatization still remains. We have to remain vigilant and ready to fight potential threats, on flip side, we must be ready to push our own priorities through the new Legislature. We fully anticipate behavioral health being a part of the legislative dialog in the near future, it is critical we maintain an active presence – **WE MUST BUILD OUR PAC FUND to a new level** and support those key leaders who are willing to work with us.

In order to compete and stay relevant in Lansing we must increase our PAC contributions. For the past 8+ years we have raised roughly \$4000 – \$5000 a year. To put it in perspective the maximum contribution allowed by a PAC to a Michigan state senator during their 4-year term is \$21,000 and the max for a House member in a 2-year term is \$10,500.

As you know in 2021, we launched our new online capabilities, which makes it easier than ever to contribute to the CMH PAC. **We can now take credit card payments online by accessing the link below or scan the QR code on the back to use our secure online checkout function.**

<https://cmham.org/public-policy/cmh-pac/>

## 2023 CMH PAC CAMPAIGN Details and Timeline

As always, our PAC goal is to have as many boards and members participate as possible. Typically, in past years we only had about 1/3 of our membership participate in the PAC campaign – **our goal is 100% member participation, we MUST increase our contributions.**

### **\*\*NEW PAC FUNDRAISING GOAL\*\***

**Our new annual fundraising goal is \$25,000 / year!** We believe we can reach that goal if all of our membership participates – **we need 50 organizations (CMHs, PIHPs, and Provider Alliance members) to each contribute \$500.** If you are a CMH and all of your board members donated 1 meeting per diem and the CEO contributed the same amount the \$500 goal would be reached.

In past years as an incentive to increase participation we have been able to provide Tiger game suite tickets (12 tickets) donated by Muchmore Harrington Smalley and Associates that went into a drawing of all the eligible members – we will send out the date and time once it becomes available.

**NEW – In order to qualify for the Tiger ticket drawing members must meet the new \$500 goal contributions, which can come from the board members and/or staff.**

The campaign is being announced early with the hope that more boards will have time to discuss its merits locally and increase the participation rate. The PAC Committee requests that CMH directors and board chairpersons announce and discuss the campaign over the next three months at their regular monthly meetings.

Again, we will have the details on the Tiger game later this year if it becomes available. In order to qualify for the special drawing members should expect to forward their campaign and donations to CMHA by late June / early July.

**Again, you can pay online at the link below or scan the QR code to use our secure online checkout function or make checks payable to: CMH PAC ~ 426. S. Walnut St. ~ Lansing, MI 48933 (no corporate checks, please).**

<https://cmham.org/public-policy/cmh-pac/>

If you have any questions regarding this year's campaign, please contact Robert Sheehan or Alan Bolter at CMHAM. Thank you for your participation.



**To:** NeMCMHA Board  
**From:** Margie Hale-Manley  
**Date:** 2/2/2023



**Subject:** Endowment Fund Grant Awards

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In continuing to provide notification to the Board for usage of the spendable dollars available in the Endowment Fund created through The Community Foundation of Northeast Michigan, this memo serves as an update of the grant awards since 8-1-22.

As you may recall, a committee was established to review applications for grants and approve awards while maintaining funding to assure future needs can be met. The funds awarded are not covered by other resources.

1. \$250.00 – Bicycle for transportation to promote independence
2. \$245.95 – Micro enterprise supplies to expand business
3. \$250.00 – Micro enterprise supplies to expand business

## MARCH AGENDA ITEMS

### **Policy Review**

Budgeting 01-004

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

Governance Commitment 02-001

Code of Conduct 02-008

### **Monitoring Reports**

Budgeting 01-004

Financial Condition 01-005 (CPA Audit Report)

Asset Protection 01-007 (CPA Audit Report)

### **Activity**

Audit Report

Board Member Recognition

### **Ownership Linkage**

NMRE

### **Educational Session**

Audit Reports