


Northeast Michigan Community Mental Health Authority Board July 2022 Meetings



All meetings are held in the Board Training Room at 400 Johnson Street in Alpena, except those indicated with *, which are held in the Administrative Conference Room.



★ **Board/Strategic
Planning Meeting**
Thursday, July 14
3:00pm

★ **Recipient Rights
Committee Meeting***
Wednesday, July 20
3:00pm

**NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY BOARD
BOARD MEETING/ STRATEGIC PLANNING – PART III**

July 14, 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. Appointment of Evaluator**
- V. Acknowledgement of Conflict of Interest**
- VI. Information and/or Comments from the Public**
- VII. Approval of Minutes (Pages 1 – 5)**
- VIII. Consent Agenda (Page 6)**
 - 1. Contracts**
 - a. Partners in Prevention**
 - b. Acorn Health of Michigan**
 - c. ABA Pathways**
- IX. Educational Session – Strategic Plan Review (Slides 1 – 35)**
- X. Budget Amendment #2 (Pages 7 – 11)**
- XI. July Monitoring Reports**
 - 1. Budgeting 01-004 (Available at Meeting)**
 - 2. Asset Protection 01-007 (Pages 12 – 27)**
 - 3. Community Resources 01-010..... (Pages 28 – 29)**
- XII. Board Policies Review and Self-Evaluation**
 - 1. Community Resources 01-010.....[Review]..... (Page 30)**
 - 2. Public Hearing 02-010.....[Review & Self Evaluate].... (Pages 31 – 32)**
- XIII. Linkage Reports**
 - 1. Northern Michigan Regional Entity Update**
 - a. June 22, 2022 Meeting (Available at Meeting)**
 - 2. Board Committee Per Diem Discussion (Page 33)**
- XIV. Operations Report..... (Available at Meeting)**
- XV. Chair’s Report**
 - 1. Planning for Executive Director Evaluation (Page 34)**
- XVI. Director’s Report.....(Verbal)**
 - 1. Director’s Update(Verbal)**
 - 2. Employee Handbook (Available at Meeting)**
 - 3. QI Council Update..... (Pages 35 – 39)**
- XVII. Information and/or Comments from the Public**
- XVIII. Information and/or Comments for the Good of the Board**
- XIX. Next Meeting – Thursday, August 11 at 3:00 p.m.**
 - 1. Set August Agenda..... (Page 41)**
 - 2. Meeting Evaluation (All)**
- XX. Adjournment**

MISSION STATEMENT

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

**Northeast Michigan Community Mental Health Authority Board
Board/Advisory Council – Strategic Planning [Part II]/Board Meeting
June 9, 2022**

I. Call to Order

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

II. Roll Call and Determination of a Quorum

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

Advisory Council Members:
Anne Ryan, Rebecca Stockford, Eileen Tank

Absent: Board Members:
Pat Przeslawski (Excused)

Advisory Council Members:
Alan Fischer, Janet Freeman (Excused)

Staff & Guests: Lisa Anderson, Carolyn Bruning, Connie Cadarette, Mary Crittenden, Erin Fletcher, Diane Hayka, Larry Patterson, Nena Sork, Jen Whyte

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

Bonnie Cornelius was appointed as evaluator for this meeting.

VI. Information and/or Comments from the Public

There were no comments presented.

VII. Approval of Minutes

Moved by Gary Nowak, supported by Les Buza, to approve the minutes of the May 12, 2022 meeting as presented. Motion carried.

VIII. Consent Agenda

- 1. McLaren Hospitals**
- 2. Partners in Prevention Amendment**
- 3. Autism Contract Updates**
 - a. Acorn Health of Michigan**
 - b. Autism of America**

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

IX. June Monitoring Reports

1. Budgeting 01-004

Connie Cadarette reviewed the Statement of Revenue, Expenses and Change in Net Position for the month ending April 30, 2022. Connie stated the variance columns look different, as they now show

the percentage used in relation to the amount of the year elapsed. NeMCMHA has received more revenue than expected, putting the Agency at \$1,106,000 over the budgeted amount. Currently, the Agency is underspent \$1,457,495, which includes \$325,525 of General Funds. Connie stated the line item for Interest and Other Revenue is at 129% due to a rebate received, which will be corrected by a budget adjustment. With 58.33% of year elapsed, the Agency has used 55.27% of the budget operating revenue.

Nena Sork and Connie discussed how extra COVID funds and federal dollars have created the surplus of revenue. Nena stated General Funds typically pay spenddowns for those on Medicaid, but during COVID they have not had to be paid. Having the extra funds has allowed the Agency to make one-time expenses that won't impact the budget once revenues come back down.

Larry Patterson reviewed the negative variances on the Statement of Revenue, Expenses and Change in Net Position. All of the expenses Larry reported on will require a budget adjustment. Operating expenses are at 54.87% of the budgeted amount with 58.33% of the year elapsed.

2. Ends 04-001

The semi-annual report on the Ends the Board established for this fiscal year was reviewed. The "Services to Children" Sub-Ends have been impacted by staffing. Nena Sork stated these Sub-Ends were set when the children's department was fully staffed, and then they were down to one staff member. The department is now up to three staff members. Erin Fletcher stated some staff were lost due to the possible vaccine mandate when they obtained other employment, one staff member moved, and another went to an agency where they could get their student loans repaid. Nena reported that even with one staff member, home-based services are close to meeting their goals.

The Sub-Ends for "Services to Adults with Mental Illness and Persons with I/DD" have been affected by placement issues due to COVID, but they are close to meeting the Sub-End addressing developing additional supported independent services for two individuals currently living in licensed foster care.

Nena reviewed the "Services to Adults with Co-Occurring Disorders" Sub-Ends related to Behavioral Health Home, stating there is plenty of time left to complete them and they are picking up momentum.

The Sub-Ends for "Financial Outcomes" are doing great. Nena stated the Agency has never had this kind of financial situation before.

Nena updated the Board on the "Community Education" Sub-Ends. Nena stated the Agency is providing training for staff and the community by hosting in-person trainings at Alpena Community College (ACC), as well as providing virtual trainings. Eileen Tank asked if people were speaking with the schools to help end the stigma against mental health. Mary Crittenden spoke about safeTALK, which is a four-hour training that can help start conversations about mental health. All employees of the Alcona school district will be receiving this training in August before school begins. Mary stated The Sunset Project, a local nonprofit targeting 16 – 23 year olds, is creating a 55-minute program for students to discuss mental health. The Sunset Project hopes to pilot the program at ACC and then move to other schools, as well.

Moved by Gary Nowak, supported by Lynnette Grzeskowiak, to approve the June Monitoring Reports as presented. Motion carried.

X. Linkage Reports

1. Northern Michigan Regional Entity (NMRE)

a. May 25, 2022

Gary Nowak stated the NMRE is in good financial position and Catholic Human Services has received liquor tax dollars. Gary reported the state and Eric Kurtz are working to help Northern Lakes Community Mental Health.

2. Board Association

a. Spring Conference Update (June 7 & 8, 2022)

Bonnie Cornelius, Erin Fletcher, Roger Frye, Lynnette Grzeskowiak, Judy Jones, Eric Lawson, and Nena Sork attended the Spring Board Association Conference. Eric stated the conference was great and provided opportunities to talk to each other and provided many learning opportunities. Bonnie shared that she went to a presentation with firefighters and first responders, and she learned about their issues with suicide, drugs, and divorce. Bonnie stated they will be coming to Hubbard Lake to do a talk. Nena and Bonnie stated the keynote speaker was wonderful. Eric went to a talk on the history of the dysfunction between the CMHs and MDHHS. Eric stated there are a lot of new initiatives they are using to try to work better together. Lynnette stated the incarceration talk was a great learning opportunity about homelessness and re-incarceration. Nena thanked Board members for taking the time to attend the conference.

XI. Operations Report

Mary Crittenden reviewed the services provided by staff for the month ending May 31, 2022. I/DD served 56 individuals in employment and MI served 17 individuals with employment. Touchstone Clubhouse had 99 attendees. Peer Support served 34 individuals. Overall, 1,052 individuals were served in May.

Gary Nowak inquired about the status of Clubhouse. Nena Sork stated they made a lot of changes during COVID, including some renovations. Nena stated supervisors will incorporate visiting Clubhouse into orientation for new staff.

XII. Chair's Report

1. Strategic Plan Review

Eric Lawson provided the Board with a potential sample of the materials they will receive for the July meeting of Strategic Planning. Diane Hayka stated the materials are from last year's report and the Board will be looking at them to make changes at the next meeting. Eric and Diane suggested Board members review the provided materials, along with Eric Kurtz's environmental scan, and past monitoring reports to prepare for next month's discussion on Ends.

Eileen Tank discussed parents having resources available to them to discuss mental health issues, as something she would like the Board to focus on. Lynnette Grzeskowiak stated parents struggle with social media, as school issues come home via their children's phones. Eric Lawson and Eileen discussed resources and education groups parents could utilize. Mary Crittenden stated The Sunset Project is hoping to have parents of high school students go through their program first, and then have the kids go through it. Board members agreed to discuss this issue next month.

2. Executive Committee – Director's Contract

Eric Lawson stated the Executive Committee met concerning the Director's contract. The contract dates don't currently line up with the Director's evaluation at the end of the fiscal year, so they have decided to extend the current contract for three months, and after the Director's evaluation in August, the Board will enter a new three-year contract.

Moved by Lynnette Grzeskowiak, supported by Roger Frye, to approve the Director's Contract. Roll call: Ayes: Bob Adrian, Geyer Balog, Les Buza, Bonnie Cornelius, Roger Frye, Lynnette Grzeskowiak, Judy Jones, Terry Larson, Eric Lawson, Gary Nowak, Terry Small; Nays: None; Absent: Pat Przeslawski. Motion carried.

3. Policy Workshop Action

Eric Lawson stated the Board discussed raising their per diem to \$50 for a half day (four hours or less) and \$75 for a full day (over four hours). A meeting out of catchment area or a conference day will be a \$75 per diem. Bonnie Cornelius stated the per diem hasn't been changed in years and Eric stated the Board has taken care of employees, so it is appropriate for the Board to now consider their own compensation.

Moved by Gary Nowak, supported by Terry Small, to approve changes to Policy 02-009 Board Members Per Diems. Roll call: Ayes: Bob Adrian, Geyer Balog, Les Buza, Bonnie Cornelius, Roger Frye, Lynnette Grzeskowiak, Judy Jones, Terry Larson, Eric Lawson, Gary Nowak, Terry Small; Nays: None; Absent: Pat Przeslawski. Motion carried.

Eric Lawson shared that two CARF consultants attended the policy workshop to discuss changes and they suggested adding language to comply with CARF standards. Eric discussed the proposed changes to the policies, and stated the biggest additions were regarding the Executive Director's evaluation, clarifying the process that already occurs.

Moved by Gary Nowak, supported by Lynnette Grzeskowiak, to approve revisions to Policy 02-007 Annual Board Planning Cycle from the Policy Workshop. Motion carried.

XIII. Director's Report

1. Director's Update

Nena Sork provided Board members with an update of the various activities she participated in during the past month. Mary Crittenden attended the NMRE Operations Meeting for Nena during the week of May 16. For the week of May 23, Nena attended the NMRE Board meeting, a webinar on crisis services in the state, and a meeting on MI Kids Now. During the current week, Nena attended the Management Team meeting and she just returned from the CMHA Summer Conference.

Nena stated all three NeMCMHA offices were HRSA approved to be federal student loan forgiveness sites. Individuals with specific degrees identified by the federal government can work for the Agency and apply to have their federal student loans forgiven. The Agency doesn't do the approval, as staff would have a contract directly with the federal government to have up to \$50,000 in student loans paid off for a two-year service agreement. More funds are available for additional years of service. The Agency will have a new nurse practitioner in July or August, as well as a new psychiatrist in August, and they can both benefit if accepted. Nena stated she has lost staff over the years due to other agencies offering student loan forgiveness. It will be very beneficial for recruiting and retaining staff. Nena said people from all over the Agency worked together to quickly complete the application, and it was approved by HRSA in 26 days.

Nena said the Agency is providing lots of training for the community, which includes continuing education credits for staff and community members. Julie Hasse and Peggy Yachasz have been accepted to present at the Gentle Teaching International Conference, and another staff member may apply to be a presenter at a future CMHA conference.

Nena has her annual meetings with county commissioners coming up. She will be meeting with Alpena County on June 28, Alcona County on July 6, Montmorency County on July 14, and Presque Isle County on July 29. Nena has a meeting scheduled with Judge Alan Curtis June 10 and will be meeting with the new sheriff, Erik Smith on June 16. Nena and Erin Fletcher will be trying to meet with all the school superintendents this summer.

Nena stated the current amount being lapsed is \$1.4 million. Last year at this time, the Board agreed to staff retention/reinvestments payments. Larry Patterson and Connie Cadarette have run the numbers and the Agency would be able to do another retention payment of 3%. Nena discussed the recruitment efforts that are currently taking place, including sign-on bonuses, the HRSA approval, and social media drives. Nena stated staff are making less due to inflation rates going up. Connie discussed the differences between doing a percentage-based payment versus a flat rate. Connie stated in the past when they have done flat rates based on part or full-time, people complained more than when the payments were percentage-based, due to some part-time staff consistently working more than 40 hours a week. Nena likes that these payments to staff ultimately put more money back into the local economy of the communities served. The proposed retention payment would be included in the last June paycheck as a one-time special payment, not a salary increase.

Moved by Roger Frye, supported by Bonnie Cornelius, to approve a 3% staff retention payment for June. Roll call: Ayes: Bob Adrian, Geyer Balog, Les Buza, Bonnie Cornelius, Roger Frye, Lynnette Grzeskowiak, Judy Jones, Terry Larson, Eric Lawson, Gary Nowak, Terry Small; Nays: None; Absent: Pat Przeslawski. Motion carried.

Nena shared CARF will be coming to do their review in either July or August. Employee recognition will be on August 16 and the staff picnic will be held on August 17.

XIV. Information and/or Comments from the Public

There was no information and/or comments presented.

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

Rebecca Stockford liked attending the Day of Recovery. Rebecca went to Hobby Lobby after attending, and was in the store when the tornado hit it. Rebecca stated she hid in the bathroom. Barb Murphy and Eileen Tank did a presentation on peer support and everyone said it was great.

Eileen Tank stated Joseph Reid was a great speaker at the Day of Recovery, and he has a very helpful book, "Broken Like Me."

Les Buza brought up that the Advisory Council per diem has never been raised from the \$25 it was set at when it began. Les would like to see it go up to at least \$30. Terry Larson would like to have all committees raised to the same amount. This will be added to the next Board agenda for discussion.

XVI. Next Meeting

The next regularly scheduled meeting of the Northeast Michigan Community Mental Health Authority Board will be held Thursday, July 14, 2022 at 3:00 p.m.

1. Set July Agenda

The July agenda items were reviewed.

2. Meeting Evaluation

Bonnie Cornelius stated the meeting started right on time, and was one of the better meetings. Bonnie said it feels good when they can give more money to staff. Bonnie suggested Board members attend a conference if they have a chance.

XVII. Adjournment

Moved by Les Buza, supported by Lynnette Grzeskowiak to adjourn the meeting. Motion carried. This meeting adjourned at 4:32 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: July 1, 2022

1. Partners in Prevention

The Agency requires on-call workers to complete ASIST Training when it is offered in the community. Partners in Prevention will be hosting an ASIST Training August 15th and 16th at Lost Lake Woods. They have requested \$3,515 to help with costs to offer this training. We recommend approval.

2. Autism Contract Updates

a. Acorn Health of Michigan

Acorn Health of Michigan is expanding their service provision to include behavior identification supporting assessments. The assessment allows staff to determine functions of behavior to create behavior plans for ABA treatment. We recommend approval.

Service Code	Service	Rate
0362T	ABA Behavioral Follow-Up Assessment	\$30.00 per 15-minute unit (BCBA/QBHP) \$21.25 per 15-minute unit (BCaBA)

b. ABA Pathways

ABA Pathways is requesting the expansion of their current contract to include ABA Adaptive Treatment Social Skills Group to individuals under this agreement. We recommend approval.

Service Code	Service	Rate
97158	ABA Adaptive Treatment Social Skills Group	\$13.00 per 15-minute unit (BCBA/QBHP/BT)



*Educational Session
July 2022*

NeMCMHA Strategic Plan Proposal 2022 – 2023

MISSION STATEMENT

CURRENT:

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

PROPOSED:

- No changes.

VISION

CURRENT:

- Northeast Michigan Community Mental Health Authority will be the innovative leader in effective, sensitive mental health services.
- In so doing, services will be offered within a culture of gentleness and designed to enhance each person's potential to recover, and we will continue to be an advocate for the person while educating the community in the promotion of mental health.

PROPOSED:

- No changes.

3

CORE VALUES

CURRENT:

- A person-centered focus shall be at the heart of all activities.
- Honesty, respect and trust are values that shall be practiced by all.
- 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.

PROPOSED:

- No changes

4

FORCES IN THE ENVIRONMENT IMPACTING BEHAVIORAL HEALTH

PAYORS/PAYMENT REFORM

- Reimbursement based on health outcomes
- Affordable Care Act (ACA)
- Health System Insurance Plans
- Gearing toward integration (Sen. Shirkey proposal) and house bills introduced by Mary Whiteford

PERSONS SERVED

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

5

FORCES IN THE ENVIRONMENT IMPACTING BEHAVIORAL HEALTH

QUALITY IMPROVEMENT

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

REGULATORY CHANGES

- Home and community-based services rules
- Potential carve-in of specialty behavioral health
- 1115 waiver application

6

FORCES IN THE ENVIRONMENT IMPACTING BEHAVIORAL HEALTH

WORKFORCE

- Shortage of qualified staff in all types of disciplines (professional and 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/portal for individuals served

7

CURRENT GOAL:

- To reduce the risk of metabolic syndrome in both adults and children.

- KEEP
 REVISE
 DISCARD

- ✓ Nursing staff will collect BPs, weights and BMI on all new psychiatric evaluations and all children receiving medication clinic services.
 - ✓ The Agency will participate in the data analytics project to identify those individuals who are at risk for increased health concerns.
 - ✓ Clinical staff will work with the Medicaid Health Plans to coordinate care and treatment.
 - ✓ Participate in PIHPs QAPIPs [Quality Assessment Performance Improvement Projects].
 - QAPIP #1 – Follow up care for children prescribed ADHD medications
 - QAPIP #2 – Adults prescribed psychotropic medications for more than six months will be screened for diabetes
- *If proposed for revision, list revision(s) here:*

8

CURRENT GOAL:

- Promote a trauma-informed community through education, assessment and participation in community initiatives.

• If proposed for revision, list revision(s) here:

- KEEP
 REVISE
 DISCARD

9

CURRENT GOAL:

- Support and expand services to all children and young adults diagnosed with autism spectrum disorders.

• If proposed for revision, list revision(s) here:

- KEEP
 REVISE
 DISCARD

10

CURRENT GOAL:

- Coordinate community education and partnership in suicide prevention.

• If proposed for revision, list revision(s) here:

- KEEP
 REVISE
 DISCARD

11

CURRENT GOAL:

- 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.

• If proposed for revision, list revision(s) here:

- KEEP
 REVISE
 DISCARD

12

CURRENT GOAL:

- To collaborate with the veteran's administration assuring comprehensive behavioral health services are available.

• *If proposed for revision, list revision(s) here:*

- KEEP
 REVISE
 DISCARD

13

CURRENT GOAL:

- To further utilize the Health Information Exchange (HIE) with Great Lakes Health Connect and local organizations in order to share critical health care information.

• It should be noted, our current electronic health record system (PCE) is a conduit for this information, making this utilization much easier.

• *If proposed for revision, list revision(s) here:*

- KEEP
 REVISE
 DISCARD

14

CURRENT GOAL:

- To keep current in education and information technology (IT).

• If proposed for revision, list revision(s) here:

- KEEP
 REVISE
 DISCARD

15

NEW GOAL?

Are there any additional goals to add?

If proposed, list new goal(s) here:

16

BARRIERS / CHALLENGES:

- HOME AND COMMUNITY-BASED SERVICES – NeMCMHA will need to work with our providers to assure compliance with the rules for all.

- *PROPOSED:*

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

- *PROPOSED:*

17

BARRIERS / CHALLENGES CONT'D:

- 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 do not address the total needs of the individual in an HIE venue.

- *PROPOSED:*

18

BARRIERS / CHALLENGES CONT'D:

- 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.
- *PROPOSED:*
- JAIL SERVICES – Limited use by law enforcement impacts the number of pre- and post-booking jail diversions.
- *PROPOSED:*

19

BARRIERS / CHALLENGES CONT'D:

- RECRUITING AND RETENTION OF QULIFIED STAFF – Local competition for positions has made it difficult to recruit.
- *PROPOSED:*
- SERVICE POPULATION – If service delivery is modified to include the mild to moderate population, current staffing level is insufficient.
- *PROPOSED:*

20

BARRIERS / CHALLENGES CONT'D:

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

○ *PROPOSED:*

OPIOD EPIDEMIC – The increasing opioid epidemic has strained community resources.

○ *PROPOSED:*

21

BARRIERS / CHALLENGES CONT'D:

- INCREASING VIOLENCE IN OUR SOCIETY – The increasing violence in our society is requiring communities to come together to develop a comprehensive community action plan.

○ *PROPOSED:*

- ARE THERE MORE BARRIERS/CHALLENGES TO BE ADDED?

○ *PROPOSED:*

22

OPPORTUNITIES:

- ✓ Work collaboratively with 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.
- ✓ 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.

23

OPPORTUNITIES CONT'D:

- ✓ Work collaboratively with 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.

24

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.

25

OPTIONS TO BE CONSIDERED:

- Shared psychiatric staff with 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 serious mental illness and intellectual/developmental disabilities are receiving all necessary primary care and behavioral healthcare. Expand telemedicine services as it relates to pediatric and adult services.

26

OPTIONS TO BE CONSIDERED CONT'D:

- 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 service collaboratives.

27

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 eliminate duplication, lower costs, ensure quality care and achieve superior outcomes.
- The Ends Statements reflect methods of monitoring population groups and department specific goals.

28

ENDS

- All people in the region, through inclusion and the opportunity to live and work independently, will maximize their potential.
 - [This is the Board's Mega Statement developed during Policy Governance training.]

29

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.

30

SUB-ENDS: 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.

31

SUB-ENDS: 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 issue – will be enrolled in BHH.

B. 95% of individuals served enrolled in BHH will see their primary care provider annually.

C. 100% of individuals served enrolled in BHH will have a baseline A1C.

32

SUB-ENDS: 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 in advance 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.

33

SUB-ENDS: 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 annually.
 - 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.

34

CONCLUSION

- 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
2021-2022 Budget Amendment #2
Revenue Budget

Line #	Revenue Source	FY22 Budget Amendment #1	\$\$\$ Incr./ (Decr.)	FY22 Budget Amendment #2	Totals	% of Total Budget
1	Rent Income	\$ -	\$ -	\$ -	\$ -	0.00%
2	State Contracts		\$ -		324,039	0.85%
3	PASARR (Nursing Home Services)	324,039	\$ -	324,039		
4	Private Contracts		\$ -		42,216	0.11%
5	Blue Horizons Management Services	18,216	\$ -	18,216		
6	MI Child Collaborative Care Grant	24,000	\$ -	24,000		
7	Local Funding		\$ -		688,110	1.81%
8	Alcona County Allocation	35,223	\$ -	35,223		
9	Alpena County Allocation	150,216	\$ -	150,216		
10	Montmorency County Allocation	31,435	\$ -	31,435		
11	Presque Isle County Allocation	49,764	\$ -	49,764		
12	Rebates/Incentives/Other local revenue/Grants	261,994	\$ 159,478	421,472		
13	Interest Income	1,500	\$ -	1,500	1,500	0.00%
14	Medicaid	30,502,535	\$ 1,246,900	31,749,435	31,749,435	83.74%
15	General Funds from MDCH		\$ -		1,152,288	3.04%
16	Operational (Community) Funding	1,102,207	\$ -	1,102,207		
17	Carryforward from FY21 to FY22	50,081	\$ -	50,081		
18	Healthy Michigan Plan	2,219,481	\$ 61,816	2,281,297	2,281,297	6.02%
19	Third Party Insurance (incl. COFR)	417,400	\$ -	417,400	417,400	1.10%
20	Residential Clients - Room & Board	521,532	\$ -	521,532	521,532	1.38%
21	Contracted Residential Revenue - Blue Horizons	494,390	\$ -	494,390	494,390	1.30%
22	Behavior Health Home Revenue	30,500	\$ 64,021	94,521	94,521	0.25%
23	Other Revenue		\$ -		148,243	0.39%
24	Reimbursed Class Fees	5,500	\$ -	5,500		
25	Food Stamps	105,493	\$ -	105,493		
26	Representative Payee Fees	20,000	\$ -	20,000		
27	Record Copying Fees	7,250	\$ -	7,250		
28	Michigan Rehabilitation Services	-	\$ -	-		
29	Miscellaneous Other Income	-	\$ 10,000	10,000		
30	Total Revenues	\$ 36,372,756	\$ 1,542,215	\$ 37,914,971	\$ 37,914,971	100.00%

Northeast Michigan Community Mental Health Authority
2020-2021 Budget Amendment #2
 Expenditure Budget (by account)

Line #	Expenditure Type	FY22 Budget Amendment #1	\$\$\$ Incr./(Decr.)	FY22 Budget Amendment #2	FY21 to FY21 Amendment #2 % Incr./(Decr.)
1	Salaries	\$ 16,083,782	\$ 175,680	\$ 16,259,462	1.1%
2	Social Security Tax	783,463	\$ (71,156)	712,307	-9.1%
3	Health Savings Accounts	37,000	\$ 547	37,547	1.5%
4	Health Insurance (self insured)	2,886,214	\$ (464,676)	2,421,538	-16.1%
5	Prescription Insurance (self insured)	705,724	\$ (315,289)	390,435	-44.7%
6	Dental Insurance (self insured)	127,462	\$ (11,182)	116,280	-8.8%
7	Vision Insurance (self insured)	48,482	\$ (5,783)	42,699	-11.9%
8	Life Insurance	33,452	\$ (3,965)	29,487	-11.9%
9	Long Term Disability Insurance	34,674	\$ (3,471)	31,203	-10.0%
10	Short Term Disability Insurance	176,870	\$ (26,412)	150,458	-14.9%
11	Pension	935,450	\$ (42,229)	893,221	-4.5%
12	Pension (Social Security Opt Out)	384,222	\$ 36,580	420,802	9.5%
13	Unemployment	8,000	\$ -	8,000	0.0%
14	Workers Compensation	234,273	\$ (61,242)	173,031	-26.1%
15	Office Supplies	30,468	\$ 530	30,998	1.7%
16	Postage	19,053	\$ 2,500	21,553	13.1%
17	Advertisement/Recruitment	100,391	\$ 33,960	134,351	33.8%
18	Public Relations/Community Education	24,312	\$ -	24,312	0.0%
19	Employee Relations/Wellness	90,213	\$ 35,000	125,213	38.8%
20	Computer Maintenance/Supplies	379,000	\$ -	379,000	0.0%
21	Activity/Program Supplies	46,138	\$ 4,229	50,367	9.2%
22	Medical Supplies & Services	98,731	\$ 5,812	104,543	5.9%
23	Household Supplies	64,369	\$ 1,120	65,489	1.7%
24	Clothing	-	\$ -	-	100.0%
25	Contracted Transportation	71,838	\$ 3,466	75,304	4.8%
29	Contracted Employees/Services	10,759,752	\$ 1,579,164	12,338,916	14.7%
	Stability Payments	-	\$ 101,825	101,825	100.0%
30	Telephone / Internet (Communications)	153,068	\$ 5,653	158,721	3.7%
31	Staff Meals & Lodging	30,504	\$ 2,905	33,409	9.5%
32	Staff Travel Mileage	194,046	\$ 13,962	208,008	7.2%
33	Vehicle Gasoline	111,779	\$ 14,262	126,041	12.8%
34	Client Travel Mileage	41,124	\$ 216	41,340	0.5%
35	Board Travel and Expenses	13,664	\$ -	13,664	0.0%
36	Staff Development-Conference Fees	35,328	\$ 15,171	50,499	42.9%
37	Staff Physicals/Immunizations	15,447	\$ 1,106	16,553	7.2%
38	Professional Fees (Audit, Legal, CARF)	73,159	\$ 20,850	94,009	28.5%
39	Professional Liability Insurance Drs.	21,934	\$ -	21,934	0.0%
40	Property/Staff Liability Insurance (net)	123,222	\$ -	123,222	0.0%
41	Heat	35,135	\$ 25,161	60,296	71.6%
42	Electricity	100,548	\$ 2,154	102,702	2.1%
43	Water/Sewage	28,588	\$ (53)	28,535	-0.2%
44	Sanitation	12,491	\$ 4,998	17,489	40.0%
47	Maintenance	118,153	\$ 70,708	188,861	59.8%
48	Vehicle Maintenance	40,000	\$ 25	40,025	0.1%
49	Rent-Homes and Office Buildings	220,856	\$ 16,472	237,328	7.5%
50	Rent-Equipment	6,004	\$ -	6,004	0.0%
51	Membership Dues	38,794	\$ -	38,794	0.0%
52	Food	157,682	\$ -	157,682	0.0%
54	Capital Equipment over \$200	202,348	\$ 422,440	624,788	208.8%
55	Consumable Equipment under \$200	16,385	\$ 2,025	18,410	12.4%
56	Computer Equipment over \$200	175,600	\$ 257,700	433,300	146.8%
57	Client Adaptive Equipment	24,000	\$ -	24,000	0.0%
58	Depreciation Expense Adjustment	98,413	\$ (324,075)	(225,662)	-329.3%
59	General Fund Expenditures	8,000	\$ 15,527	23,527	194.1%
60	Local Fund Expenditures (10% State Hospital)	113,151	\$ -	113,151	0.0%
61	Unidentified Budget Corrections (TBD)	-	\$ -	-	100.0%
62	Total Expenditures	\$ 36,372,756	\$ 1,542,215	\$ 37,914,971	4.2%

Northeast Michigan Community Mental Health Authority
2021-2022 Budget Amendment #2
 Expenditure Budget (by program)

Line #	Program	FY22 Budget Amendment #2	\$\$\$ Incr./ (Decr.)	FY21 Budget Amendment #2	FY22 to FY22 Amendment #1 % Incr./ (Decr.)
1	Board Administration	\$ 45,185	\$ -	\$ 45,185	0.0%
4	General Administration	930,134	\$ 29,979	960,113	3.2%
6	Managed Information Systems (MIS)	1,509,321	\$ 245,579	1,754,900	16.3%
7	Training	51,064	\$ 20,825	71,889	40.8%
8	Budget & Finance	1,206,311	\$ 107,315	1,313,625	8.9%
9	Direct Run Support Staff (old Clerical plus a few)	849,410	\$ 73,238	922,648	8.6%
10	Human Resources	547,316	\$ 65,705	613,021	12.0%
11	Facilities	341,367	\$ (4,536)	336,832	-1.3%
13	Alpena Facilities (Utilities, Rent, Depreciation)	186,056	\$ 15,283	201,339	8.2%
14	Alcona Facilities (Utilities, Rent, Depreciation)	8,225	\$ -	8,225	0.0%
15	Hillman Facilities (Utilities, Rent, Depreciation)	57,870	\$ 5,443	63,313	9.4%
16	Rogers City Facilities (Utilities, Rent, Depreciation)	46,639	\$ 4,630	51,269	9.9%
17	Fletcher Facilities (Utilities, Rent, Depreciation)	88,561	\$ 8,402	96,963	9.5%
18	Vehicle Fleet (Gasoline, Depreciation, Maintenance)	305,152	\$ 170,405	475,557	55.8%
20	Quality Improvement	240,450	\$ 11,568	252,018	4.8%
21	MI Outpatient	1,466,400	\$ (319,724)	1,146,676	-21.8%
22	Physician Services	1,969,596	\$ (166,258)	1,803,338	-8.4%
23	Customer Service	64,119	\$ (25,537)	38,582	-39.8%
24	Older Adult Services - PASARR	297,575	\$ (49,552)	248,023	-16.7%
28	Case Management all one Cost Center now	2,113,441	\$ (146,775)	1,966,666	-6.9%
29	Assertive Community Treatment (ACT)	363,721	\$ (39,639)	324,082	-10.9%
30	Children's Home Based and Comm. Services	805,675	\$ (287,664)	518,011	-35.7%
31	MI Child Collaborative Care Grant	62,036	\$ (22,614)	39,422	-36.5%
32	Children's Wraparound	108,330	\$ -	108,330	0.0%
33	Clinical Supervision	2,435,545	\$ 227,431	2,662,976	9.3%
34	SIS	29,265	\$ 26,103	55,368	89.2%
35	Physical, Occupational & Speech Therapy	100,662	\$ (13,596)	87,066	-13.5%
36	Provider Network (Self Det. Internal, Contracts)	454,440	\$ 6,874	461,314	1.5%
43	External Services	9,634,156	\$ 1,551,325	11,185,481	16.1%
44	Blue Horizons	494,435	\$ 71,655	566,090	14.5%
45	Behavior Health Home	111,051	\$ (31,203)	79,848	-28.1%
46	State Hospitalization (County 10% Share only)	113,151	\$ -	113,151	0.0%
49	Supported Employment	759,802	\$ (113,700)	646,102	-15.0%
52	SIP/Community Support	2,527,087	\$ (269,050)	2,258,037	-10.6%
53	Bay View Center	134,635	\$ 21,024	155,659	15.6%
54	Peer Directed Activities	31,012	\$ 1,101	32,113	3.6%
55	MI Peer Support Services	179,628	\$ (4,516)	175,112	-2.5%
56	DD SIP Monitoring	518,715	\$ (8,522)	510,193	-1.6%
57	Hospital Transportation	23,472	\$ 5,104	28,576	21.7%
58	Cambridge Residential DD	626,626	\$ 16,392	643,018	2.6%
59	Princeton Residential DD	571,393	\$ 80,201	651,594	14.0%
60	Walnut Residential DD	726,347	\$ (34,853)	691,494	-4.8%
61	Thunder Bay Heights Residential DD	726,691	\$ 4,376	731,067	0.6%
62	Pinepark Residential DD	552,882	\$ 37,474	590,356	6.8%
63	Brege Residential DD	663,336	\$ (22,800)	640,536	-3.4%
64	Harrisville Residential DD	611,255	\$ (6,540)	604,715	-1.1%
65	Millcreek Residential DD	683,216	\$ (30,706)	652,510	-4.5%
66	Infant Mental Health	-	\$ 5,539	5,539	100.0%
67	Skill Building	-	\$ 2,103	2,103	100.0%
68	Crisis Services	-	\$ 315,348	315,348	100.0%
69	Behavior Treatment	-	\$ 9,578	9,578	100.0%
70	Budget Corrections to be spread to programs		\$ -		100.0%
71	Total Expenditures	\$ 36,372,756	\$ 1,542,215	\$ 37,914,971	4.2%

Northeast Michigan Community Mental Health Authority

2021-2022 Budget Amendment #2

Capital Purchases

Line #	Program	Description	\$\$\$
Equipment, Furniture, Building Improvements			
	Staff Development	Training Items	6,548
	MIS	Misc Equipment	12,500
	Facilities	Vehicle - Sedan 1	24,000
	Facilities	Vehicle - Mini Vans 4	112,000
	Facilities	Vehicle - Minin Vans w/Ramps 1	38,000
	Cambridge	One Major Appliance	1,000
	Princeton	One Major Appliance	1,000
	Walnut	One Major Appliance	1,000
	Thunder Bay	One Major Appliance	1,000
	Pine Park	One Major Appliance	1,000
	Brege	One Major Appliance	1,000
	Various	Misc Equipment	3,300
NEW	MIS	Support from Waypoint on setup of VXRail/Vmware/Veem	20,000
NEW	MIS	Tables for computer, 102 conference room and Board Training Room	20,000
NEW	MIS	Time and Material for setup of network equipment	15,000
NEW	MIS	Sential One - endoint protection	100,000
NEW	MIS	KnowBe4-phishing systems	50,000
NEW	Alpena	Alpena Maintenance Remodel	60,000
NEW	Alpena	Alpena Maintenance Carpet	51,000
NEW	Alpena	Alpena Maintenance Sign	50,000
NEW	MIS	Printers	3,200
NEW	MIS	TV for Lab	2,800
NEW	Facilities	Increase in Auto purchases	28,000
Total Equipment, Furniture, Building Improvements			\$ 602,348
Computer Equipment			
	MIS	Access Points - 18	18,000
	MIS	Switches - 7	77,000
	MIS	Controllers - 3	45,000
	MIS	Firepower Controllers - 13	15,600
	MIS	Camera Systems - 3	12,000
	MIS	Controller	8,000
NEW	MIS	Load Balancer for fiber	8,000
NEW	MIS	Switch that connects to Merit	8,000
NEW	MIS	Update presnet VXL rail with more storage	4,000
NEW	MIS	Hillman VXR Replace Old servers	80,000
NEW	MIS	30 Laptops	35,000
NEW	MIS	Storage device for training laptops	2,500
NEW	MIS	6 IS Laptops	12,000
NEW	MIS	10 switches - replace all switches outside the server room	80,000
NEW	MIS	Camera systems for conference room for meeting RC, HO, FL, Adin FM	10,000
NEW	MIS	Network box replacemnt for Rogers City and SIP Tech areas	2,000
NEW	MIS	More Access Points and a management controller	8,000
NEW	MIS	Headsets	5,000
Total Computer Equipment			\$ 430,100

Vehicle Replacement Policy:

- Agency owned vehicles will be reviewed for replacement when:*
- a. they have reached a service life of five years and/or they have accumulated 120,000 miles,*
 - b. excessive wear or costs dictates that the vehicle be removed from service, or*
 - c. safety conditions require that they be removed from service.*

Northeast Michigan Community Mental Health Authority
2021-2022 Budget Amendment #2
Staffing - Full Time Equivalents (FTE's)

Line #	Program	FY22 Budget Amendment #1	FTE Incr./(Decr.)	FY22 Budget Amendment #2	% Incr./(Decr.)
1	Board Administration (now only Board Members)	0.90	-	0.90	0.0%
4	General Administration	7.65	1.00	8.65	13.1%
5	Managed Information Systems (MIS)	6.00	-	6.00	0.0%
6	Training	0.37	-	0.37	0.0%
7	Budget & Finance	11.00	-	11.00	0.0%
8	Direct Run Support Staff (old clerical plus some)	12.75	-	12.75	0.0%
9	Human Resources	4.00	1.00	5.00	25.0%
10	Facilities (old Housekeeping now in Facilities)	5.58	-	5.58	0.0%
11	Quality Improvement	2.00	-	2.00	0.0%
12	MI Outpatient	12.80	-	12.80	0.0%
13	Physician Services	11.00	-	11.00	0.0%
14	Customer Service	1.00	(1.00)	-	-100.0%
15	Geriatric Services - PASARR	2.91	-	2.91	0.0%
19	Case Management	26.00	-	26.00	
20	Assertive Community Treatment (ACT)	4.00	-	4.00	0.0%
21	Home Based	10.06	-	10.06	0.0%
22	MI Child Collaborative Care Grant	0.50	-	0.50	0.0%
24	Clinical Supervisors	27.00	1.00	28.00	3.7%
25	Behavior Health Home	0.85	-	0.85	0.0%
28	Supported Employment	13.00	-	13.00	0.0%
29	Physical, Occupational & Speech Therapy	1.00	-	1.00	0.0%
30	Peer Directed Activities	0.78	-	0.78	0.0%
31	MI Peer Support Services	3.69	-	3.69	0.0%
32	SIP Monitoring	12.10	-	12.10	0.0%
35	SIP/Community Support	48.85	-	48.85	0.0%
36	SIS	0.50	0.50	1.00	100.0%
37	Provider Network (was Self Determination)	5.31	-	5.31	0.0%
38	Hospital Transportation	0.53	-	0.53	0.0%
39	Cambridge Residential DD	11.41	-	11.41	0.0%
40	Princeton Residential DD	13.91	-	13.91	0.0%
41	Walnut Residential DD	12.53	-	12.53	0.0%
42	Thunder Bay Residential DD	12.64	-	12.64	0.0%
43	Pinemark Residential DD	13.37	-	13.37	0.0%
44	Brege Residential DD	12.65	-	12.65	0.0%
45	Harrisville Residential DD	11.57	-	11.57	0.0%
46	Millcreek Residential DD	11.61	-	11.61	0.0%
47	Total FTE's	331.82	2.50	334.32	0.8%

Northeast Michigan Community Mental Health Authority

Statement of Revenue, Expenses and Change in Net Position

October 1, 2022 through May 31, 2022

Percent of Year is 66.67%

	Total Amended Budget	YTD Totals 5/31/2022	Under/(Over) Budget	Percent of Budget - YTD
Operating revenue				
Medicaid:				
1 Traditional Capitation	\$30,502,535	\$21,022,513	\$9,480,022	68.92%
2 Traditional Settlement	0	(604,483)	604,483	
3 Healthy Michigan Capitation	2,219,481	1,530,392	689,089	68.95%
4 Healthy Michigan Settlement	0	(570,444)	570,444	
State General Fund:				
6 Formula Fundings	1,152,288	784,883	367,405	68.12%
7 Settlement		(328,676)	328,676	
8 Client Fees	417,400	209,898	207,502	50.29%
9 Grant revenue	324,039	190,352	133,687	58.74%
10 Other earned contracts	567,106	371,097	196,009	65.44%
11 County Appropriation	528,632	223,325	305,307	42.25%
12 Interest and other revenue	34,250	49,226	(14,976)	143.73%
13 Fiduciary Receipts	0	245,754	(245,754)	0.00%
14 Group Home Revenues	627,025	360,159	266,866	57.44%
15 Total operating revenue	\$36,372,756.00	\$23,483,996.00	\$12,888,760.00	64.56%
Operating expenses				
16 Salaries and wages	\$16,083,782	\$9,569,530	\$6,514,252	59.50%
17 Social security tax	783,463	403,366	380,097	51.49%
18 Self insured benefits	3,804,882	1,608,802	2,196,080	42.28%
19 Life and disability insurances	244,996	139,988	105,008	57.14%
20 Pension	1,319,672	795,262	524,410	60.26%
21 Unemployment & workers comp.	242,273	108,495	133,778	44.78%
22 Office supplies & postage	49,341	27,987	21,354	56.72%
23 Staff recruiting & development	100,391	90,566	9,825	90.21%
24 Community relations/education	24,312	9,036	15,276	37.17%
25 Employee relations/wellness	90,213	63,939	26,274	70.88%
26 Program supplies	604,423	199,002	405,421	32.92%
27 Contract transportation	71,838	24,140	47,698	33.60%
28 Contract employees & services	5,331,324	4,216,962	1,114,362	79.10%
29 Contract inpatient services	1,430,446	1,032,646	397,800	72.19%
30 Contract residential services	3,997,982	3,380,507	617,475	84.56%
31 Telephone & connectivity	152,076	77,067	75,009	50.68%
32 Staff meals & lodging	81,279	45,253	36,026	55.68%
33 Mileage & gasoline	346,949	223,675	123,274	64.47%
34 Maintenance	158,153	174,300	(16,147)	110.21%
35 Building rent	125,617	85,476	40,141	68.04%
36 Board travel/education	13,664	3,788	9,876	27.72%
37 Professional fees	73,159	73,503	(344)	100.47%
38 Property & liability insurance	145,156	86,146	59,010	59.35%
39 Utilities	177,754	128,626	49,128	72.36%
40 Group home rent	101,623	73,786	27,837	72.61%
41 Group home food	157,682	30,124	127,558	19.10%
42 Capital equipment	73,948	91,605	(17,657)	123.88%
43 Client equipment	24,000	12,787	11,213	53.28%
44 Miscellaneous expense	162,915	91,476	71,439	56.15%
45 Stability Payments	0	15,000	(15,000)	0.00%
46 Fiduciary Expense	0	269,229	(269,229)	0.00%
47 Depreciation expense	399,443	276,395	123,048	69.20%
48 Total operating expenses	36,372,756	23,428,463	12,944,293	64.41%
49 Change in net position	\$0.00	\$55,533	(55,533.00)	
50 Medicaid Funds (Over)/Under Spent		\$604,483		
51 Healthy Michigan Funds (Over)/Under Spent		\$570,444		
52 Total Due to NMRE (Over)/Under Spent		\$1,174,927		
53 General Funds to Carry Forward to FY23		\$36,740		
54 General Funds Lapsing to MDHHS		\$291,936		
55 General Funds (Over)/Under Spent		\$328,676		

Northeast Michigan Community Mental Health Authority
Monitoring Report

POLICY CATEGORY: Executive Limitations
POLICY TITLE AND NUMBER: Asset Protection, 01-007
REPORT FREQUENCY & DUE DATE: Annual, July 2022

POLICY STATEMENT:

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.
 - **Interpretation**
A broad program of insurance or self-insurance is to be in place providing protection against these potential losses. Coverage is to be at replacement value. The level of liability coverage is to be “above average.”
 - **Status**
Northeast has been a member of Michigan Municipal Risk Management Authority (MMRMA) since 1982. The program provides coverage at or above the prescribed levels. Please see Attachment A - “Coverage Overview.” Presently, personal and real property owned by the Board is insured at replacement value; however, vehicles are covered at actual cash value.
2. Allow unbonded personnel access to material amounts of funds.
 - **Interpretation**
Any employee with access to agency funds is to be covered by fidelity bond.
 - **Status**
MMRMA provides blanket employee fidelity bond for all employees at the level of \$1,000,000. See attached “Coverage Overview (Attachment A, Page 3, Line 16).”
3. Unnecessarily expose the organization, its board or staff to claims of liability. The Executive Director’s annual report shall include a risk analysis summary.
 - **Interpretation**
The organization is to be managed and services are to be provided in ways that reduce exposure to liability.
 - **Status**
The agency’s Risk Management Plan is attached; it includes notes evaluating our status relative to each of the six major areas of risk covered by the plan.

Northeast Michigan Community Mental Health Authority Monitoring Report

4. Make any purchase wherein normally prudent protection has not been given against conflict of interest. Make any purchase of over \$250 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.
 - **Interpretation**

Management is to assure that purchasing decisions are made following a consistently applied procedure that meets these restrictions. The procedure should not be so onerous that savings that might accrue from it are lost to bureaucratic oversight.
 - **Status**

The organization uses a policy that places much responsibility for purchasing at the staff level we hold responsible for budget performance—supervisors. When a proposed purchase exceeds the noted levels, additional approvals are required.
5. Fail to protect intellectual property, information and files from loss or significant damage.
 - **Interpretation**

The organization will protect work products (primarily clinical records, management and financial records) from fire or other potential causes of loss.
 - **Status**

The organization uses an electronic medical record (EMR). Case records are maintained in electronic format with controlled access. This matter has received considerable attention since the advent of HIPAA. Only designated personnel have access to maintenance of electronic records. Key to success is staff training and compliance with these procedures. Our policies 3810 and 5200 (“Confidentiality—Disclosure & Security of Information” and “Consumer Records”) detail these procedures. Staff are trained at time of hire and periodically thereafter. These clinical records are backed up and stored off-site. Information stored on agency computer systems is backed up nightly. The same high standard of security and privacy is being upheld with the EMR system as it was with the past paper chart system.
6. Receive, process or disburse funds under controls which are insufficient to meet the board-appointed auditor's standards.
 - **Interpretation**

Agency policies regarding internal controls and separation of duties will be followed; these policies will take into account the Auditor's advice.
 - **Status**

Policies 4300, 4310, 4315, 4330 (among others) document these controls which are followed by employees. There has never been a significant loss of agency funds with the exception of very minor and infrequent shortages of petty cash accounts.

Northeast Michigan Community Mental Health Authority Monitoring Report

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.
 - **Interpretation**
Operating funds are to be managed only according to the organization's cash management policy.
 - **Status**
All cash reserves are maintained according to our cash management policies. Since all cash is invested in either CD's or our interest-earning checking account as needed, there is a risk of loss due to maximum insurable FDIC rules. Four local banks are used to spread the FDIC risk.
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.
 - **Interpretation**
The mission of the organization, as established by the Board, must guide service provision and the interface with the community.
 - **Status**
Over the past several years, we have worked hard to sharpen the focus of the organization to address the mandates of the mental health code and, due to general fund shortages, limit service to the "must serve" populations (versus "may serve"). Recognizing and observing this limitation has been somewhat painful—for individuals receiving services, Board members, staff and community partners. We continue to excel in supporting people with the most severe disabilities in the community and in doing so the staff are very resourceful. We will have to continue to identify appropriate referral sources for people who do not meet our eligibility criteria. Since October 1, 2014 we have been responsible for Access Services locally. That has permitted us to make immediate referrals for individuals who are not eligible for our services.
9. Subject facilities and equipment to improper wear and tear or insufficient maintenance.
 - **Interpretation**
The physical assets of the organization will not be abused and will be regularly maintained both for safety reasons and to extend their useful lives as much as possible.
 - **Status**
The organization's policies require regular inspection and maintenance of all facilities and significant equipment.

The organization uses a fleet of 62 vehicles. Fleet vehicles generally have a service life of 120,000 miles and/or five to six years of service. The Agency is committed to providing quality transportation in the four-county area.

Northeast Michigan Community Mental Health Authority
Monitoring Report

Board Review/Comments

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

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

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

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

**MICHIGAN MUNICIPAL RISK MANAGEMENT AUTHORITY
COVERAGE OVERVIEW**

Member: Northeast Michigan C.M.H.S. **Proposal No:** M0001074
Date of Original Membership: July 29, 1982
Overview Dates: July 1, 2022 To July 01, 2023
Member Representative: Connie Cadarette **Telephone #:** (989) 358-7704
Regional Risk Manager: Michigan Municipal Risk Management Authority **Telephone #:** (734) 513-0300

A. Introduction

The Michigan Municipal Risk Management Authority (hereinafter “MMRMA”) is created by authority granted by the laws of the State of Michigan to provide risk financing and risk management services to eligible Michigan local governments. MMRMA is a separate legal and administrative entity as permitted by Michigan laws. **Northeast Michigan C.M.H.S.** (hereinafter “Member”) is eligible to be a Member of MMRMA. **Northeast Michigan C.M.H.S.** agrees to be a Member of MMRMA and to avail itself of the benefits of membership.

Northeast Michigan C.M.H.S. is aware of and agrees that it will be bound by all of the provisions of the Joint Powers Agreement, Coverage Documents, MMRMA rules, regulations, and administrative procedures.

This Coverage Proposal summarizes certain obligations of MMRMA and the Member. Except for specific coverage limits, attached addenda, and the Member’s Self Insured Retention (SIR) and deductibles contained in this Coverage Proposal, the provisions of the Joint Powers Agreement, Coverage Documents, reinsurance agreements, MMRMA rules, regulations, and administrative procedures shall prevail in any dispute. The Member agrees that any dispute between the Member and MMRMA will be resolved in the manner stated in the Joint Powers Agreement and MMRMA rules.

B. Member Obligations – Deductibles and Self Insured Retentions

Northeast Michigan C.M.H.S. is responsible to pay all costs, including damages, indemnification, and allocated loss adjustment expenses for each occurrence that is within the Member’s Self Insured Retention (hereinafter the “SIR”). **Northeast Michigan C.M.H.S.’s** SIR and deductibles are as follows:

Table I
Member Deductibles and Self Insured Retention

COVERAGE	DEDUCTIBLE	SELF INSURED RETENTION
Liability	N/A	\$75,000 Per Occurrence
Vehicle Physical Damage	\$1,000 Per Vehicle	\$15,000 Per Vehicle \$30,000 Per Occurrence
Fire/EMS Replacement Cost	N/A	N/A
Property and Crime	\$1,000 Per Occurrence	N/A
Sewage System Overflow	N/A	N/A

The member must satisfy all deductibles before any payments are made from the Member's SIR or by MMRMA.

Member's Motor Vehicle Physical Damage deductible applies, unless the amount of the loss exceeds the deductible. If the amount of loss exceeds the deductible, the loss including deductible amount, will be paid by MMRMA, subject to the Member's SIR.

The **Northeast Michigan C.M.H.S.** is afforded all coverages provided by MMRMA, except as listed below:

1. Sewage System Overflow
2. Specialized Emergency Response Recovery Coverage
- 3.
- 4.

All costs including damages and allocated loss adjustment expenses are on an occurrence basis and must be paid first from the Member's SIR. The Member's SIR and deductibles must be satisfied fully before MMRMA will be responsible for any payments. The most MMRMA will pay is the difference between the Member's SIR and the Limits of Coverage stated in the Coverage Overview.

Northeast Michigan C.M.H.S. agrees to maintain the Required Minimum Balance as defined in the Member Financial Responsibilities section of the MMRMA Governance Manual. The Member agrees to abide by all MMRMA rules, regulations, and administrative procedures pertaining to the Member's SIR.

C. MMRMA Obligations – Payments and Limits of Coverage

After the Member's SIR and deductibles have been satisfied, MMRMA will be responsible for paying all remaining costs, including damages, indemnification, and allocated loss adjustment expenses to the Limits of Coverage stated in Table II. The Limits of Coverage include the Member's SIR payments.

The most MMRMA will pay, under any circumstances, which includes payments from the Member's SIR, per occurrence, is shown in the Limits of Coverage column in Table II. The Limits of Coverage includes allocated loss adjustment expenses.

TABLE II
Limits of Coverage

Liability and Motor Vehicle Physical Damage	Limits of Coverage Per Occurrence		Annual Aggregate	
	Member	All Members	Member	All Members
1. Liability	15,000,000	N/A	N/A	N/A
2. Judicial Tenure	N/A	N/A	N/A	N/A
3. Sewage Systems Overflows	0	N/A	0	N/A
4. Volunteer Medical Payments	25,000	N/A	N/A	N/A
5. First Aid	2,000	N/A	N/A	N/A
6. Vehicle Physical Damage	1,500,000	N/A	N/A	N/A
7. Uninsured/Underinsured Motorist Coverage (per person)	100,000	N/A	N/A	N/A
Uninsured/Underinsured Motorist Coverage (per occurrence)	250,000	N/A	N/A	N/A
8. Michigan No-Fault	Per Statute	N/A	N/A	N/A
9. Terrorism	5,000,000	N/A	N/A	5,000,000

Property and Crime	Limits of Coverage Per Occurrence		Annual Aggregate	
	Member	All Members	Member	All Members
1. Buildings and Personal Property	9,366,961	350,000,000	N/A	N/A
2. Personal Property in Transit	2,000,000	N/A	N/A	N/A
3. Unreported Property	5,000,000	N/A	N/A	N/A
4. Member's Newly Acquired or Constructed Property	10,000,000	N/A	N/A	N/A
5. Fine Arts	2,000,000	N/A	N/A	N/A
6. Debris Removal (25% of insured direct loss plus)	25,000	N/A	N/A	N/A
7. Money and Securities	1,000,000	N/A	N/A	N/A
8. Accounts Receivable	2,000,000	N/A	N/A	N/A
9. Fire Protection Vehicles, Emergency Vehicles, and Mobile Equipment (Per Unit)	5,000,000	10,000,000	N/A	N/A
10. Fire and Emergency Vehicle Rental (12 week limit)	2,000 per week	N/A	N/A	N/A
11. Structures Other Than a Building	15,000,000	N/A	N/A	N/A
12. Dam/Dam Structures/Lake Level Controls	0	N/A	N/A	N/A
13. Transformers	0	N/A	N/A	N/A
14. Storm or Sanitary Sewer Back-Up	1,000,000	N/A	N/A	N/A
15. Marine Property	1,000,000	N/A	N/A	N/A
16. Other Covered Property	10,000	N/A	N/A	N/A
17. Income and Extra Expense	5,000,000	N/A	N/A	N/A
18. Blanket Employee Fidelity	1,000,000	N/A	N/A	N/A
19. Faithful Performance	Per Statute	N/A	N/A	N/A
20. Earthquake	5,000,000	N/A	5,000,000	100,000,000
21. Flood	5,000,000	N/A	5,000,000	100,000,000
22. Terrorism	50,000,000	50,000,000	N/A	N/A

TABLE III

Network and Information Security Liability, Media Injury Liability, Network Security Loss, Breach Mitigation Expense, PCI Assessments, Social Engineering Loss, Reward Coverage, Telecommunications Fraud Reimbursement.			
	Limits of Coverage Per Occurrence/Claim	Deductible Per Occurrence/Claim	Retroactive Date
	\$2,000,000		
Coverage A Network and Information Security Liability: Regulatory Fines:	Each Claim Included in limit above Each Claim Included in limit above	\$25,000 Each Claim	7/1/2013
Coverage B Media Injury Liability	Each Claim Included in limit above	\$25,000 Each Claim	7/1/2013
Coverage C Network Security Loss Network Security Business Interruption Loss:	Each Unauthorized Access Included in limit above Each Business Interruption Loss Included in limit above	\$25,000 Each Unauthorized Access Retention Period of 72 hours of Business Interruption Loss	Occurrence
Coverage D Breach Mitigation Expense:	Each Unintentional Data Compromise Included in limit above	\$25,000 Each Unintentional Data Compromise	Occurrence
Coverage E PCI Assessments:	Each Payment Card Breach \$1,000,000 Occ/\$1,000,000 Agg. Included in limit above	\$25,000 Each Payment Card Breach	Occurrence
Coverage F Social Engineering Loss:	Each Social Engineering Incident \$100,000 Occ./\$100,000 Agg. Included in limit above	\$25,000 Each Social Engineering Incident	Occurrence
Coverage G Reward Coverage	Maximum of 50% of the Covered Claim of Loss; up to \$25,000 Included in Limit above	Not Applicable	Occurrence
Coverage H Telecommunications Fraud Reimbursement	\$25,000 Included in limit above	Not Applicable	Occurrence

Annual Aggregate Limit of Liability

Member Aggregate	All Members Aggregate
\$2,000,000	\$17,500,000

The total liability of MMRMA shall not exceed \$2,000,000 per Member Aggregate Limit of Liability for coverages A, B, C, D, E, F, G, and H, in any Coverage Period.

The total liability of MMRMA and MCCRMA shall not exceed \$17,500,000 for All Members Combined Aggregate Limit of Liability for coverages A, B, C, D, E, F, G, and H, in any Coverage Period.

It is the intent of MMRMA that the coverage afforded under the Subjects of Coverage be mutually exclusive. If however, it is determined that more than one Subject of Coverage applies to one coverage event ensuing from a common nexus of fact, circumstance, situation, event, transaction, or cause, then the largest of the applicable Deductibles for the Subjects of Coverage will apply.

TABLE IV
Specialized Emergency Response Expense Recovery Coverage
Limits of Coverage

Specialized Emergency Response Expense Recovery	Limits of Coverage per Occurrence		Annual Aggregate	
	Member	All Members	Member	All Members
	N/A	N/A	N/A	N/A

TABLE V
Specialized Emergency Response Recovery Coverage
Deductibles

Specialized Emergency Response Expense Recovery	Deductible per Occurrence
	Member
	N/A

NeMCMHA Risk Management Plan FY2022

Northeast Michigan Community Mental Health Authority (NeMCMHA) is a member of a five Board PIHP called the Northern Michigan Regional Entity (NMRE). NeMCMHA provides services to individuals served living in the Alcona, Alpena, Montmorency and Presque Isle Counties. NeMCMHA is subject to surveys and audits from the State of Michigan, CARF, and the NMRE.

Northeast Michigan CMH Mission Statement:

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

Risk Reduction Efforts

NeMCMHA is committed to reducing risk in all areas of service. Identifying severity of risk, acknowledging potential associated loss, and implementing actions to reduce risk is paramount. In order to provide the services promised in our Mission Statement, NeMCMHA expends time, finances and mindful effort to prevent, reduce, and monitor risk areas. Focus of efforts are listed below. This is not an all-inclusive list of risk reduction efforts at NeMCMHA but it illustrates the coordinated set of activities designed to reduce severity of loss.

Financial Risk:

1. Annually a budget is developed for the upcoming year. This is completed every August prior to the beginning of a new fiscal year. Various supervisors of programs, the Finance Officer and Accounting Officer complete this budget. The budget is shared and approved by the Board of Directors.
2. Supervisors receive monthly statements showing actual operational results as compared to their approved budgets. All operational results are reviewed monthly by finance staff and the Management Team.
3. As changes in the budget are needed, amendments are completed and reported to the Board of Directors for approval.
4. Annually a CPA Audit is completed. A representative of the CPA firm reports the results of this audit to the Board of Directors.
5. Monthly budget reporting to the Board.
6. Compliance hotline to report potential risks areas. Compliance forms are available on site and electronically available for reporting compliance violations.
7. Staff and contractors are provided training in compliance and attest to this training and whether or not they are aware of any violations as it relates to fraud, abuse and neglect of funding.

Environmental Safety Risk:

1. An external authority completes safety site reviews on every site. These reviews and recommendations of these reviews are addressed as identified.
2. NeMCMHA has a Safety Committee to review various areas of risk. This committee focuses on the reduction of staff injury risk. The Safety Committee looks at staff safety with

regard to vehicle safety and physical environment. The Committee reviews all accident reports submitted by staff. Once reviewed, areas of potential risks to other staff are identified and recommendations for improvement are submitted.

3. Safety Committee is responsible for ensuring the Environment of Care Manual and Emergency Flip Charts are up to date. These flip charts allow staff easy access to what to do in the event of emergency. Emergency Flip Charts are located at all sites.
4. Safety Committee completes bi-annual inspections of NeMCMHA sites.
5. The Safety Committee is a Standing Committee to the Quality Improvement (QI) Council and all areas of improvement are filtered to and from the QI Council.
6. Emergency drills are conducted at all work sites on all shifts.
7. NeMCMHA has an assigned infection control nurse. This includes areas related to safety in environment as it relates to COVID-19 Pandemic.

Technology Risk:

1. NeMCMHA has a network usage policy 3600, which is designed to protect individuals served, employees, contract partners and the Agency from illegal or damaging actions by individuals, either knowingly or unknowingly.
2. NeMCMHA has installed a spam filter/virus protection server for all incoming email and has an internet firewall protection server for browsing the internet.
3. NeMCMHA uses an encryption email server for confidential emails to outside emails.
4. Telemedicine Policy has been updated to include full telehealth and training of staff and individuals served on safe usage, infection control and other training topics.

Insurance and Liability Risk:

1. Internal claims verification and documentation reviews.
2. Quarterly the NMRE's Regulatory Compliance Director reviews claims of the previous quarter to ensure staff adhere to required documentation standards and individual plans of service are followed.
3. Adequate Insurance Coverage – NeMCMHA is a member of Michigan Municipal Risk Management Authority (MMRMA), which provides broad coverage for the organization and staff.
4. Annual internal and external reviews completed on insurance needs for NeMCMHA.
5. Independent contractors are required to have the appropriate insurances to complete the services requested.

Individuals Served Risk:

1. NeMCMHA has policies in place, which safeguard individuals' served funds.
2. NeMCMHA has a sentinel event policy, including protocols to follow in the event an individual served by the Agency has been involved in an unexpected occurrence involving death or serious physical or psychological injury, or the risk thereof. These events are reported to the state, reviewed, analyzed and recommendations are identified and implemented.
3. Incident Reports are completed on individuals served involved in any unusual incident.
4. Death reports are completed on all deaths of an individual served by CMH when manner of death is indeterminate. The Recipient Rights Officer reviews every death report that is presented.

5. A CMH psychiatrist completes death reviews post mortem when death is by drug overdose.
6. Behavior Support Committee (BSC) meets monthly to approve/review proposed and current behavior plans.

Record Review:

1. Record reviews are completed to ensure monitoring of the quality, the appropriateness, and the utilization of the services provided. This is accomplished through a systemic review of the records of the individual served at least quarterly.
2. Quarterly, the Regional Entity's Regulatory Compliance Coordinator, during the claims review, monitors the documentation to ensure compliance with the standards.

Potential Risk:

- Risk Management Committee, when presented with a potential risks area, will analyze and present recommendations for risk reduction in that area.

Risk Analysis and Update:

Risk Area	Potential Severity of Risk	Update FY 2021	Goals for FY 2022
Financial Risk Areas	Low – actions in place to reduce loss exposure in this area.	Budgets for FY 21 were completed in a timely fashion; Annual Audit revealed no findings and was reviewed by leadership and the Board of Directors. All other areas listed continue to occur.	Continue actions listed to reduce risk under Finance. Monitor actions listed under Finance to ensure they occur. Respond to all areas of identified loss exposures, needs, and recommendations.
Environmental Risk Areas	Low to Moderate – actions in place to reduce risk in this area, but COVID -19 Pandemic continues to pose higher risk as it relates to physical safety of staff and individuals served. This includes reduction in staffing due to COVID -19 Pandemic and turnover.	External audit did not occur last fiscal year due to COVID – 19 restrictions. External Audit has occurred for FY 22. This was completed February 17, 2022. No areas of improvement identified. Drills occurred at each of the sites on the various shifts. Infection Control nurse continued for FY 21 and currently in FY	Response to recommendations provided by external auditor. Continue external and internal site inspections as per risk planning. Continue drills on each shift for each site for fire drills, bomb threats, utility failures, medical emergencies, violent or

		<p>22 to present staff with necessary information to reduce risk as it relates to infection control, this includes information related to COVID. All staff completed annual staff training as it relates to environmental risks and infection control.</p>	<p>other threatening situations.</p> <p>Continue infection control providing educational information as it relates to all areas of infection control</p> <p>Continue training for staff on environmental safety and infection control at annual staff training.</p>
Technology Risk Areas	Low - actions and policy in place to reduce loss exposure in this area.	<p>Annual training on technology and protected health information completed by all staff during annual staff training. Disaster Recovery Test completed by EHR Provider December 25, 2022. No issues identified with drill. Technology upgraded as needed and as per Technology Plan.</p>	<p>Continue to update training as needed and provide training annually on policies.</p> <p>Continue annual testing of EHR, request information on overall analysis of test.</p> <p>Continue to update technology per the Technology Plan.</p>
Insurance and Liability Risk Areas	Low - actions and policy in place to reduce loss exposure in this area.	<p>External review of insurance needs completed by MMRMA. Internal review of insurance needs completed. This is done annually. Contractors present insurance policies prior to credentialing and insurance copies are housed in the contract folder. No lapse in insurance coverage identified in last year. Insurance mandates identified in all contracts.</p>	<p>Continue internal and external reviews as needs can change over time in this area.</p> <p>Continue credentialing practices that include the mandate of carrying insurance for contracted entities.</p> <p>Continue to provide language in contracts that address insurance needs.</p>

Individual Served Risk Areas	Low – Moderate risk - actions and policy in place to reduce loss exposure in this area. Risk can be determined as moderate potentially, as there are uncontrollable areas for those living independently as well as the human error potential.	1928 incident reports were received, reviewed, and recommendations provided by the Rights Department at NeMCMHA. Staff injuries and falls discussed through safety committee, all areas of improvement addressed. Risk Review presented 143 critical/risk events for review to see if risk reduction opportunities could be found. See Risk Analysis for further detail. 92 complaints reviewed and responded to by the Recipient Rights Office, see Recipient Rights Complaint Analysis for further detail. Behavior Support Committee continues to meet monthly to provide all those served by them with a quarterly review of behavior plan implementation.	Continue to review incident reports through Rights Department and report to QI and Board of Directors. Continue to review complaints and analyze for improvements. Safety Committee to continue to review injuries and falls for improvement purposes. Risk Review to continue to review presented critical and risk events to determine improvement opportunities to reduce risk. Rights Office to continue to review and investigate/intervene with complaints submitted. Behavior Support Committee to continue to review behavior plans and ensure plans are followed to reduce risks as well as remove plan when progress indicates this can happen.
Record Risk Areas	Low - actions and policy in place to reduce loss exposure in this area.	Internal reviews continue to be monitored by the Utilization Management Committee. Areas of improvement that are identified are addressed. External Medicaid Encounter Verification Audits continue to reduce loss exposure.	Continue internal and external reviews, share information with appropriate personnel and other stakeholders.

Identified Potential Risk Areas	Low - actions and policy in place to reduce loss exposure in this area.	No potential risk identified for review for 2021.	Continue to request potential risk areas from Supervisors and Staff. Suggestion Boxes continue to be available for individuals served to provide input on risk.
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Improvement Opportunities/Quality Improvement:

Results, identified improvement needs, actions to address deficit areas, and monitoring effectiveness of those actions are reviewed and filtered through a variety of committees/staff. (Examples: Risk Management Committee, QI Council, Safety Committee, Management Team, and other committees/workgroups/staff as appropriate, etc.)

Disclaimer: During the past two years, due to COVID – 19, NeMCMHA has reduced risks as it relates to addressing the pandemic. A Pandemic Plan has been developed. There have been environmental changes, staff occasionally working from home, policy revisions, practice revisions etc., to reduce the spread of COVID – 19. NeMCMHA is committed to continue to perform the essential services for which NeMCMHA is responsible.

NeMCMHA through their ongoing processes, outside audits, surveys and self-assessments continues to demonstrate its commitment to protect its human, financial, and goodwill assets and resources through the practice of effective risk management. The Board, management and staff of NeMCMHA are committed to safeguarding the safety of consumers, staff, and anyone who has contact with the organization.

NeMCMHA continues to strive to improve its risk management program. Every year, new and innovative ways of reducing risk are identified and added to the list of efforts.

Annually the Risk Management Committee will review the Risk Management Plan.

Northeast Michigan Community Mental Health Authority
Monitoring Report

POLICY CATEGORY: Executive Limitations
POLICY TITLE AND NUMBER: Community Resources, 01-010
REPORT FREQUENCY & DUE DATE: Annual: July 2022
POLICY STATEMENT:

With respect to the attainment of Northeast Michigan Community Mental Health Authority, the Executive Director may not fail to take advantage of collaboration, partnerships and innovative relationships with agencies and other community resources.

- **Interpretation**

The agency will develop and maintain collaborative and productive relationships within the community; we will be actively represented on Community Collaboratives (CCs). Further, agency staff will actively participate on appropriate community coordination/planning groups. Wherever possible, “wrap-around” approaches to serve families and children with complex needs should be pursued.

- **Status**

There are four CCs in the four-county area, one representing each county. We have staff regularly attending the Montmorency County Community Collaborative, Alcona County Community Collaborative, Alpena HSCC [including its Executive Committee] and the Presque Isle HSCC. In addition, we have staff actively representing the agency on the ESD Transition Planning Council, CAN (Child Abuse & Neglect) Teams, EPSDT (Early & Periodic Screening, Diagnostic and Treatment), Children’s Closet, Child Death Review Team, Wraparound Community Teams, Great Start Collaborative and Catholic Human Services. Northeast staff are members of the Substance Use Coalition. We are members of Alpena County Prevention Council, Alpena Suicide Prevention Task Force, Critical Incident Stress Management and debriefing team, and several staff are members of the CISM Team of Northeast Michigan, responding to community critical incidents. We have collaborated with District Health No. 4 and the Alpena County Community Emergency Response Departments to be included in the Community Emergency Response Plan. In addition, we hold a seat as Board member on the Northern Michigan Opioid Response Consortium (NMORC) and their Prevention Committee. We are a member of the newly formed AMA Collaborative on Student Concerns workgroup.

We participate in several community partnerships, in addition to contracting with Partners in Prevention to provide education to the community, including the schools on the effects of trauma, suicide prevention and Adult and Youth Mental Health First Aid. During the First and Second Quarter of FY 22, training in Youth Mental Health First Aid was scheduled as a blended course with two hours of online pre-work, followed by a 4 ½ hour in-person class.

NeMCMHA, Partners in Prevention and other community partners are providing community-wide suicide awareness/prevention training during FY22. The most recent safeTALK presentation was held on January 24, 2022 at the Alpena Public Safety Building. Partners in Prevention will be providing suicide intervention training Applied Suicide Intervention Skills Training (ASIST) is a two-day workshop open to 16+ to provide skills to help save a life. In August, NeMCMHA will provide the ASIST training to all middle and high school staff in Alcona County.

NeMCMHA is in discussions to partner with a new nonprofit organization, The Sunset Project. This organization will be working on suicide prevention targeting youth ages 16 to 23.

Northeast Michigan Community Mental Health Authority
Monitoring Report

NeMCMHA has entered into agreements with Alpena Community College to provide trainings that offer continuing education credits for social work professionals. These trainings are also offered to the community at large and everyone is welcome to sign up to attend. Trainings will be on a variety of topics and their primary goal will be to reduce stigma, educate others on how to get mental health services, as well as recognizing tools for positive mental health practices.

NeMCMHA has acquired additional Carter Kits and will be distributing them to area schools, emergency departments, public libraries, court houses, and other community partners. A brief training is done on the distribution date and a more formal training is available, if requested.

Board Review/Comment

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

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

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

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

EXECUTIVE LIMITATIONS

(Manual Section)

COMMUNITY RESOURCES

(Subject)

Board Approval of Policy
Last Revision of Policy Approved:

August 8, 2002
July 11, 2019

●1 **POLICY:**

With respect to the attainment of Northeast Michigan Community Mental Health Authority “Ends,” the Executive Director may not fail to take advantage of collaboration, partnerships and innovative relationships with agencies and other community resources.

●2 **APPLICATION:**

The Northeast Michigan Community Mental Health Authority Board

●3 **DEFINITIONS:**

●4 **REFERENCES:**

●5 **FORMS AND EXHIBITS:**

GOVERNANCE PROCESS

(Manual Section)

PUBLIC HEARINGS

(Subject)

Board Approval of Policy
Last Revision of Policy Approved

August 8, 2002
July 8, 2021

●1 **POLICY:**

The Authority shall conduct public hearings of its response to the Michigan Department of Health and Human Services Annual Submission (a.k.a. – PPGs) prior to its submission, and for its adoption of its annual budget at or before the beginning of the fiscal year.

The Annual Submission public hearing may be conducted by the Executive Director or designee at a time and date necessary to accommodate a timely submission of required documents; Board members will be invited to participate in the hearing as well as members of the public.

The public hearing regarding the adoption of the budget shall be conducted by the Chair of the Authority at a meeting of the Board of the Authority.

The hearings shall adhere to these guidelines:

Annual Submission (PPGs) Hearing:

This hearing will be scheduled to be conducted as soon as possible after the release of the guidelines by the Department of Health and Human Services. The purpose of the hearing will be to explain to the public the requirements of those guidelines and the likely effect on local mental health programs; further, to receive public input from members of the public about ways to meet the intent of the guidelines and to offer opportunities for the public to suggest other priorities, as well.

Annual Budget Hearing:

This hearing will be conducted during either the September or October meetings of the Board of the Authority. The purpose of the meeting will be to adopt in public session a budget for the fiscal year that incorporates and supports the Ends adopted by the Board and reflects program adjustments that may have been included in the response the Department's Program Policy Guidelines.

Required Notice for Public Hearings:

Ten days advance notice of public hearings shall be required. The notice shall be placed in all area newspapers and shall include information about the purpose of

the hearing and the form of input members of the public may offer. Depending upon the type of hearing, specific invitations may be sent to interested parties such as county commissions, mental health service providers, the medical societies, boards of education, mental health advocacy organizations, etc.

Format of Hearings:

Hearings shall be conducted in such fashion as to assure that members of the public receive adequate information about the matter to be acted upon, and have sufficient opportunity to offer suggestions and alternative points of view.

The Hearing shall be documented, noting the names of participants, their affiliations, if any, and a summary of the input offered.

●2 APPLICATION:

The Northeast Michigan Community Mental Health Authority Board

●3 DEFINITIONS:

Annual Submission (PPGs): Guidelines released annually by the Michigan Department of Health and Human Services in which the Department introduces new directions it intends the public mental health system to move and gathers information from community mental health services programs regarding their level of readiness for such transitions. This annual submission also includes the annual needs assessment required by the Mental Health Code as well as statistical information about services offered and provided.

Fiscal Year: October 1 through September 30

●4 REFERENCES:

●5 FORMS AND EXHIBITS:

**NORTHERN MICHIGAN REGIONAL ENTITY
BOARD OF DIRECTORS MEETING
10:00AM – JUNE 22, 2022
GAYLORD BOARDROOM**

ATTENDEES:	Roger Frye, Ed Ginop, Gary Klacking, Christian Marcus, Mary Marois, Gary Nowak, Jay O’Farrell, Justin Reed, Richard Schmidt, Karla Sherman, Joe Stone, Don Tanner
VIRTUAL ATTENDEES:	Angie Griffis (Roscommon), Terry Larson (Rogers City)
ABSENT:	Don Smeltzer
NMRE/CMHSP STAFF:	Brian Babbitt, Joanie Blamer, Christine Gebhard, Mari Hesselink, Chip Johnston, Eric Kurtz, Diane Pelts, Sara Sircely, Nena Sork, Deanna Yockey, Carol Balousek
PUBLIC:	Chip Cieslinski, Sue Winter

CALL TO ORDER

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

ROLL CALL

Let the record show that Don Smeltzer was absent from the meeting on this date; all other NMRE Board Members were in attendance either in Gaylord or virtually.

PLEDGE OF ALLEGIANCE

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

ACKNOWLEDGEMENT OF CONFLICT OF INTEREST

Let the record show that no Conflicts of Interest to any of the meeting Agenda items were declared.

APPROVAL OF AGENDA

Let the record show that no changes to the meeting Agenda were requested.

MOTION BY GARY NOWAK TO APPROVE THE NORTHERN MICHIGAN REGIONAL ENTITY BOARD OF DIRECTORS MEETING AGENDA FOR JUNE 22, 2022; SUPPORT BY MARY MAROIS. MOTION CARRIED.

APPROVAL OF PAST MINUTES

Let the record show that the April minutes of the NMRE Governing Board were included in the materials for the meeting on this date. Two errors were noted which were corrected.

MOTION BY JOE STONE TO APPROVE THE MINUTES OF THE MAY 25, 2022 MEETING OF THE NORTHERN MICHIGAN REGIONAL ENTITY BOARD OF DIRECTORS AS AMENDED; SUPPORT BY KARLA SHERMAN. MOTION CARRIED.

CORRESPONDENCE

- 1) The minutes from the June 2, 2022 PIHP CEO meeting.
- 2) Email correspondence from CMHAM dated June 15th regarding the passage of Senate Bill 714 and its ties to Senate Bills 597 and 598.
- 3) The Michigan Psychiatric Care Improvement Project June 2022 Update.
- 4) CMHAM CEO report dated June 2022.
- 5) CMHAM Overview presentation dated June 2022.
- 6) Michigan Integration Efforts: Service Delivery Transformation June 2022 Update.
- 7) The State of Michigan Office of the Attorney General's presentation on Opioid Settlements.
- 8) The draft minutes from the June 8th NMRE Regional Finance Committee meeting.

ANNOUNCEMENTS

Let the record show that the Board welcomed new member, Angie Griffis, attending her first meeting virtually.

PUBLIC COMMENTS

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

REPORTS

Executive Committee Report

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

CEOs Report

The NMRE CEO Monthly Report for June 2022 was included in the materials for the meeting on this date. Mr. Kurtz drew attention to his presentation to the Northern Lakes Board on Contract Compliance.

Financial Report April 2022

- Net Position showed net surplus Medicaid and HMP of \$11,237,846. Medicaid carry forward was reported as \$16,358,117. The total Medicaid and HMP Current Year Surplus was reported as \$27,595,963. Medicaid and HMP combined ISF was reported as \$16,358,117; the total Medicaid and HMP net surplus, including carry forward and ISF was reported as \$43,954,080.
- Traditional Medicaid showed \$116,688,180 in revenue, and \$104,588,806 in expenses, resulting in a net surplus of \$12,099,374. Medicaid ISF was reported as \$9,298,368 based on the unaudited FSR. Medicaid Savings was reported as \$11,296,867.
- Healthy Michigan Plan showed \$18,544,308 in revenue, and \$15,245,225 in expenses, resulting in a net surplus of \$3,299,083. HMP ISF was reported as \$7,059,749 based on the unaudited FSR. HMP savings was reported as \$5,061,250.
- Health Home showed \$856,272 in revenue, and \$654,027 in expenses, resulting in a net surplus of \$202,245.
- SUD showed all funding source revenue of \$14,223,951, and \$11,886,588 in expenses, resulting in a net surplus of \$2,337,363. Total PA2 funds were reported as \$5,241,696.

The direct care wage surplus was estimated at \$4,160,611.

MOTION BY GARY NOWAK TO APPROVE THE NORTHERN MICHIGAN REGIONAL ENTITY MONTHLY FINANCIAL REPORT FOR APRIL 2022; SUPPORT BY ROGER FRYE. MOTION CARRIED.

Operations Committee Report

The draft minutes from June 21, 2022 were distributed to the Board on this date. The Mid-Year Status report showed a potential \$14M - -\$17M lapse for FY22; the region will enter FY23 with a fully funded ISF and fully funded carry forward. For FY23, the NMRE will create a separate line item to distribute Medicaid savings to the CMHSPs as benefit stabilization funds. Mr. Kurtz will be drafting correspondence to the State to request other financing models, which could include changing the risk corridor and/or allowing some Medicaid savings to be retained as local funds in order to serve expanded populations.

NMRE SUD Oversight Board Report

The next meeting of the NMRE Substance Use Disorder (SUD) Oversight Board is scheduled for 10:00AM on July 11, 2022.

NEW BUSINESS

Let the record show that there was no "New Business" on the Agenda for the meeting on this date.

OLD BUSINESS

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

A call with Alan Bolter took place on June 17th with 300 participants. Funding for certain projects has been tiebarred to the passage of 597 & 598. It is rumored that Sen. Shirkey and Rep. Whiteford have discussed developing a single proposal. Mr. Stone asked whether there has been any indication of what the Governor may do if either option passes both houses; Mr. Kurtz responded that there has not, but MDHHS doesn't seem on the surface to be supportive of either model. Mr. Reed noted that the average Michigander doesn't understand the complexities involved with, and consequences of, overhauling the current system; he suggested that an educational public service announcement be developed. Mr. Tanner emphasized the need to keep pushing for a rural exemption.

Grand Traverse County and Northern Lakes CMHA

A meeting is scheduled for June 27th with all six County Administrators and County Commission Chairs in the Northern Lakes service area; Mr. Kurtz will be in attendance. Good discussions are occurring. Grand Traverse County Administrator, Nate Alger, has expressed that he sees two lanes: 1) dissolve Northern Lakes, and 2) open/modify the Enabling Agreement; he is assessing both options. Mr. Reed stressed the importance of looking to the future to assess how individuals will be best served. Mr. Reed recommended an article on UpNorthLive by Emily Reed dated June 21st regarding the need for mental health services in area jails.

PRESENTATION

Member Satisfaction Survey Report

NMRE Customer Services Specialist, Mari Hesselink, presented the results of the FY22 Mental Health Services Member Satisfaction Survey. Clients receiving Outpatient, Case Management, Medical, Assertive Community Treatment (ACT), Peer Support, and Psychosocial Rehabilitation (Clubhouse) services were surveyed in April 2022; the NMRE collected a total of 620 responses.

- 99.02% of respondents answered either "Strongly Agree" or "Agree" to the statement, "Staff treats me with dignity and respect."

- 97.20% of respondents answered either “Strongly Agree” or “Agree” to the statement, “Appointment times are convenient for me.”
- 97.18% of respondents answered either “Strongly Agree” or “Agree” to the statement, “I feel comfortable asking questions about my services.”
- 98.34% of respondents answered either “Strongly Agree” or “Agree” to the statement, “Staff explained information about my services in a way I can understand.”

Areas of improvement were identified as:

- 11% of respondents reported not knowing who to call if they needed help when the CMH was not open.
- 20% of respondents reported not knowing how to file an appeal.
- 11% of respondents reported not being spoken to about smoking, alcohol, or drug use.
- 13% of respondents reported not being spoken to about the side effects of their medication.
- 13% of respondents reported being unaware that they signed a Release of Information for coordination of care purposes.

Mr. Marcus suggested conducting a survey about the issues raised in the Senate and House Bills (timely access to services, etc.) Ms. Blamer suggested asking individuals what the outcome was if services were requested but (medical necessity) criteria was not met.

COMMENTS

Board

Mr. Reed explained that he may be unable to continue to serve on the CMHAM Member Services Committee as meeting times conflict with those of the Northern Lakes Board. Ms. Blamer offered to arrange for Mr. Reed to the CMHAM meetings virtually prior to Northern Lakes Board meetings.

Mr. Marcus recognized that today’s meeting is Christine Gebhard’s last as she is retiring effective July 1st. Brian Babbit has been named the new CEO of North Country CMHA.

Mr. Tanner referenced a public radio story about the Rafferty Family from Benzonia who’s son RJ was lost to SUD at the age of 32.

Mr. Reed reminded the group that parking for the Cherry Festival (July 2nd – July 9th) will be available at Northern Lakes CMHA parking lot; proceeds will benefit the Traverse House.

Mr. Reed shared that he will be participating in the CMHAM Clubhouse Conference July 17th – 20th in Kalamazoo as part of a workshop on Transitional Employment.

Staff/CMHSP CEOs

Ms. Gebhard suggested conducting a regional survey around access to services. She suggested using benefit stabilization funds to put access telephone numbers on billboards.

Ms. Gebhard thanked everyone for the collegial working relationship over the past few years. She said it has been a privilege to work in the human services field and called it “very gratifying.”

Mr. Johnston referred to the email from CMHAM dated June 13th to the leaders of the CMHSPs participating in the State’s Certified Community Behavioral Health Clinic (CCBHC) pilot that was referenced in the June 21st Operations Committee minutes. He voiced strong objection to the

CCBHC becoming a State Plan Amendment. Mr. Johnston called the CCBHC “unnecessary and onerous.”

MOTION BY GARY NOWAK TO CHARGE THE NORTHERN MICHIGAN REGIONAL ENTITY CHIEF EXECUTIVE OFFICER WITH COMPOSING A LETTER ON BEHALF OF THE REGION OPPOSING THE CERTIFIED COMMUNITY HEALTH CLINIC (CCBHC) DEMONSTRATION PROJECT BECOMING A PERMANENT STATE PLAN SERVICE; SUPPORT BY MARY MAROIS. ROLL CALL VOTE.

“Yea” Votes: R. Frye, E. Ginop, G. Klacking, M. Marois, G. Nowak, J. O’Farrell, J. Reed, R. Schmidt, K. Sherman, J. Stone, D. Tanner

“Nay” Votes: Nil

MOTION CARRIED.

Mr. Johnston thanked Ms. Gebhard for her advocacy efforts around Section 298 and HB 5165.

Ms. Pelts also thanked Ms. Gebhard for her years of work on behalf of individuals served.

It was noted that the IRS mileage reimbursement rate is increasing to \$0.625 per mile effective July 1st.

MEETING DATES

The next meeting of the NMRE Board of Directors was scheduled for 10:00AM on July 27, 2022.

ADJOURN

Let the record show that Mr. Tanner adjourned the meeting at 11:09AM.

NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY

INTEROFFICE MEMORANDUM

TO: Board Members
FROM: Rebekah Duhaime
SUBJECT: Board Committees' Per Diems
DATE: June 29, 2022

Per discussion at our last meeting, the Board would like to discuss increasing the per diems for Board committees. There are two Board committees to be discussed.

Members of the Advisory Council currently receive a \$25 per diem plus mileage, if requested.

The Recipient Rights Committee is made up of staff, Board, and community members. Staff members attend meetings on normal work time. Board members will be receiving a half day per diem of \$50 (meetings are typically less than an hour) as well as mileage. The three volunteer community members who attend Recipient Rights Committee meetings do not receive a per diem.

	Program	Consumers served June 2021 (6/1/22 - 6/30/22)	Consumers served in the Past Year (7/1/21 - 6/30/22)	Running Monthly Average(year) (7/1/21 - 6/30/22)
1	Access / Crisis / Prescreens	40 - Routine 0- Emergent 0 - Urgent 43 - Crisis 46 - Prescreens	627 - Routine 3 - Emergent 5 - Urgent 645 - Crisis 737 - Prescreens	52 - Routine 0 - Emergent 1 - Urgent 53 - Crisis 60 -Prescreens
2	Doctors' Services	420	1390	408
3	Case Management			
	Older Adult (OAS)	118	281	104
	MI Adult	116	376	135
	MI ACT	26	62	27
	Home Based Children	21	47	29
	MI Children's Services	53	99	71
	IDD	188	424	175
4	Outpatient Counseling	96(23/73)	246	116
5	Hospital Prescreens	46	737	59
6	Private Hospital Admissions	13	207	17
7	State Hospital Admissions	0	3	0
8	Employment Services			
	IDD	49	87	47
	MI	19	49	18
	Touchstone Clubhouse	97	110	92
9	Peer Support	49	73	38
10	Community Living Support Services			
	IDD	100	147	86
	MI	66	108	56
11	CMH Operated Residential Services			
	IDD Only	54	63	57
12	Other Contracted Resid. Services			
	IDD	38	39	34
	MI	35	41	35
13	Total Unduplicated Served	989	2254	1014

County	Unduplicated Consumers Served Since July 2021
Alcona	247
Alpena	1359
Montmorency	271
Presque Isle	314
Other	50
No County Listed	13

NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY

INTEROFFICE MEMORANDUM

TO: Board Members
FROM: Rebekah Duhaime
SUBJECT: Director's Evaluation
DATE: June 29, 2022

At our meeting next month, we will complete the Director's evaluation. According to Policy 03-004 – Monitoring Executive Performance, this is based upon Ends and Monitoring Reports provided to the Board over the course of the year. These monitoring reports were distributed to you in your monthly Board packets.

If you would like copies of any of the monitoring reports prior to the August Board meeting, please contact me or feel free to drop by the office to review this material.

NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY

INTEROFFICE MEMORANDUM

TO: Board Members
FROM: Nena Sork
SUBJECT: Employee Handbook
DATE: July 8, 2022

The Agency currently has over 130 policies employees should be familiar with. Without a guide to help navigate these policies, employees can easily become frustrated or misinformed when seeking out information. The Agency is pursuing the production of an employee handbook to increase employee understanding of these policies.

The Agency is looking to partner with a human resources consulting firm to guide our human resource team and other managers in the production of this document. Though unable to find a local consulting company to provide this service, research and due diligence have brought the Agency together with Cooper People Group.

Cooper People Group is a small human resources firm located in the Grand Rapids area. They can provide a dedicated team of professionals to create an employee handbook for the Agency, with an anticipated cost of \$4,000.



Lynne Fredlund
QI Council Minutes *6/24*

For Meeting on 04/25/22

1:00 PM-3:00 PM

Via Teams

Meeting called by: Jennifer Whyte
Type of meeting: Bi-Monthly
Facilitator: Jennifer Whyte
Note taker: Pennie Hoeft, Clerical Services
Timekeeper:

Attendees: Lynne Fredlund, Lisa Orozco, Genny Domke, Joe Garant, Angela Stawowy, Jennifer Whyte

Absent: Nena Sork, Rich Greer

QI Coordinator: Lynne Fredlund

Assistant: Pennie Hoeft

Agenda Topics

The meeting was called to order by in Jennifer Whyte at 1:02pm.

Review of Minutes

Discussion: Review and by consensus, the minutes of the February meeting were approved.

Action items:

Person responsible: Pennie Hoeft Clerical Services Support Staff

Deadline: ASAP

Committees requesting Additional Time

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

Management Team

Discussion: Minutes from 01-10-22, 02-07-22 and 03-07-22 were included in the 04-25-2022 QI packet.

Jennifer Whyte reported in Nena Sork's absence that the Management Team is working on many tasks including the following: finances, this year's staff picnic, training in the same manner as last year, another Take Back event, community outreach (building relationships with other businesses and organizations, as well as the schools). There is discussion about establishing a 5k in the future as well. Please refer to the minutes for more detailed information.

Action Items: Report Monthly

Person Responsible: Nena Sork

Deadline:

Advisory Council

Discussion: No minutes were available at this time. No report given.

Action Items: Report Bi-Monthly

Person Responsible: Nena Sork

Deadline:

CARF Committee

Discussion: A verbal report was given by Lynne Fredlund. The CARF committee last met on April 20th. The Committee reviewed the Cultural Competency Plan. This was also reviewed by the CUAC team. The Cultural Competency Plan will be reviewed next by the Clinical Leadership team. The Technology Plan was reviewed as well. There were a few updates necessary. When those updates are completed, the Technology Plan will be reviewed accordingly as well. The Accessibility Plan was reviewed and some information was added. The Accessibility Plan will be reconstructed or revised how it is written to identify the barriers versus the response to the barriers. Information has been uploaded to NEM-FS to conform to CARF standards. That particular file is geared toward Leadership and where to locate standards evidence if necessary.

Action Items:

Person Responsible: Lynne Fredlund

Deadline:

Clinical Leadership Team

Discussion: Minutes from the 02-09-22 and 02-23-22 meetings were included in the 04-25-22 QI Packet. Lisa Orozco reported that children's credits were discussed at the April 13th meeting. Genny Domke is tracking those and reminding those that need credits to assist them in getting the allotted credits completed. There are many upcoming trainings. The Take Back event is this weekend. We have coordinated with Catholic Human Services on site to assist in dispersing approximately 50 boxes of Narcan. Police, Fire Department and Senior Citizens Center will all be involved in this event as well. There will be a blood drive on May 4th. All staff members are encouraged to donate. The Supervision Form has been circulating to get edited and updated to include more CARF language. That should be finalized by the end of the month. We have discussed offering an online LOCUS training to possibly alleviate the need for more trainers. We currently only have two trainers available. Genny Domke reported later in the meeting that there is a LOCUS training taking place this Friday, April 29th and there are only 2 people signed up. She asked the committee to spread the word to get more staff in this training. Lisa Orozco requested the link for this training.

There is also ongoing discussion and work-in-progress on further DBT training.

Action Items: Report Monthly

Person Responsible: Lisa Orozco

Deadline:

Customer Satisfaction Committee

Discussion: Angela Stawowy reported that the Customer Satisfaction last met in 02-16-22. The results from 2021 survey were finalized and were updated on the board in the hallway. Copies will be disbursed in the near future for others to review.

No suggestions in the suggestion box.

Action Items: Report Bi-Monthly

Person Responsible: Angie Stawowy

Deadline:

Resource Standards and Development Committee

Discussion: Minutes from 03-03-22 meeting was included in the 04-25-22 QI Packet. Genny Domke reported R.S. & D. is still doing theme days, Friday Trivia, Picture Board, Random Act of Kindness, Easter Egg Hunt, Pet Photo Contest. collecting purses for Hope Shores Alliance, Earth Day, Autism Day and much more. They are also working on getting the recycling to the main office. They are working on getting the All-Staff training combined to have all the classes this spring instead of splitting it into twice a year.

Action Items: Monthly

Person Responsible: Genny Domke

Deadline:

Risk Management Committee

Discussion: Lynne Fredlund reported that Risk Management met briefly. They reviewed the Quarterly Rights Review and Behavior Support Team minutes. Blair Devlin is a new member of this committee. Lynne stated that she will have updated minutes and more to report at the next QI meeting.

Action Items: Report Bi-Monthly

Person Responsible: Lynne Fredlund

Deadline:

Safety Committee

Discussion: The 03-24-22 meeting minutes were included in the 04-25-22 QI Packet. The Safety and Emergency Preparedness manual is near completion and was implemented as it was approved by the Management Team. It is located on the agency intranet "Tree" and there will be an All-Staff training to familiarize staff with the contents and where to find this information. Due to ongoing updates of safety procedures, this manual will need to be continually monitored and updated. Please refer to the minutes for more detailed information.

Action Items:

Person Responsible: Rich Greer

Deadline:

Utilization Management

Discussion: The 02-03-22 and 03-03-22 meeting minutes were included in the 04-25-22 QI packet. UM will present for the All-Staff meeting in May. Changes have been made to the interpretation of the clinical case review data to capture other trends. There was an additional HABS Support Waiver review created to cover what was not in compliance with the Michigan Department of Health and Human Services (MDHHS) review. We are making progress on LOCUS to decrease overrides. We are down to 17% which is an improvement. There is new staff and additional training is needed to continue this improvement. Corrective action has been written up and UM will also pull a case each quarter to review this as well.

Action Items: Report Monthly

Person Responsible: Jennifer Whyte

Deadline:

Quality Oversight Committee (QOC) – NMRE

Discussion: A verbal report was given by Lynne Fredlund. The committee reviewed the current MDHHS reviews. The necessary documentation was completed and submitted to the state. No response to this submission has been received at this time. A team reviewed the mini-ISCAT which shows performance indicators and how we interpret and validate all our data. A report was completed and submitted by Dennis by the April 22nd due date. The PIHP reviewed credentialing, training, chart documentation, program monitoring and delegated functioning monitoring. We will have the report from this review at a later date. The MiCAL program (Michigan Crisis and Access Line) was discussed. This is from the State of Michigan/MDHHS and houses Access information as well as other type of programs available in the state. Anyone can contact the Access line through MiCAL. There is a new performance improvement project that is under review dealing with the 7-day follow-up from the hospitals. This indicator captures data from those with or without Medicaid, so it captures those who would not be receiving services from NeMCMHA. This may pose a problem for the PIHP Boards to improve on those we are not responsible for. More information to come on this.

Action Items: Report Bi-Monthly

Person Responsible: Lynne Fredlund

Deadline:

QI Member Concerns

Discussion: Joe Garant reports nothing to report at this time.

Action Items:

Person(s) Responsible: All members

Deadline:

Project Team/Workgroup Update/Old Business

1. **Select Vice Chair:** Angela Stawowy volunteered to be the QI committee's new Vice Chair. Welcome aboard! We appreciate you!
2. **PIHP Audit (Update):** PIHP audit reported by Lynne. Received recommendations on Friday. They allowed us 10 days to come up with a response or a rebuttal. They reviewed 12 charts, we provided information we could find on their recommendations. Some could not be found and we will receive a plan of correction on those. They gave us training tools for staff. These were reviewed and updated with missing information. Those were completed accordingly and the numbers passed on to the auditors. They had credentialing and training recommendations for everyone. All the necessary checks are done on all staff but we don't do it the way they were looking for, so we provided them with information in hopes they will reconsider how we do credentialing here. They provided us with Program monitoring and Delegated functions monitoring sheets with recommendations. We provided them with further information. All rebuttals are in and we should receive fewer recommendation than what we had originally received.
3. **ACE Team (Update):** – Lynne Fredlund and Genny Domke reported that training on LGBTQ is scheduled for May 12th and 19th Sarah Hamilton will be the presenter. Many staff and community members have registered for this training. Motivational interviewing is coming June 2nd and 3rd. ACE received three-year certification to provide trainings! (One of only two or three CMH's with this ability.) Implicit Bias training is coming July 20th and 21st.

4. **CARF (Update):** Lynne Fredlund reported that they are doing a lot of preparation for the upcoming survey and will provide a full update next meeting.

5. **Performance Indicators Report (fiscal year 2021)**

Lynne discussed the report. It is noted that a request for a process improvement team be convened if not already in place to review Indicator 2 & 3.

**See link. [FY 2021 Annual PI Report.pdf](#)

Department/Program Process Improvements/New Business

1. Lynne reported the following process improvements under way or completed: from Mary Crittenden: the billing process was simplified for non-emergent transportation; the program plan has been completed; developed an Employee Plan of Correction template to go along with an evaluation (currently under review with Management Team); Crisis Pre-Screen Training is under development with Renee Curry as head of that project; MI-IPS program (Supportive Employment) created new follow-along forms and those are available in Majestic; the Steering Committee (Monitors the IPS) was reinstated and met earlier today; completed new billing processes for those open with MRS
2. Clinical Leadership Team – Lynne reported that the Enhanced Pharmacy process has been updated, as well as the revision of the Coordination of Care Policy. This has been distributed to staff.
3. Self-Determination – Lynne reported that they have updated their forms and procedures to go along with their new technical requirements. They have also implemented a new training tracking form that will be shared between the Fiscal Intermediary and Self-Determination.
4. The providers have developed a new Morbidity and Mortality Team.

Adjournment

Discussion: Next Meeting is scheduled for June 20, 2022, at 10:15 a.m. in the Board Training Room.

Action Items: By consensus, this meeting adjourned at 1:58 p.m.

AUGUST AGENDA ITEMS

Policy Review

Policy Review & Self-Evaluation

Chairperson's Role 02-004

Board Member Per Diem 02-009

Board Self-Evaluation 02-012

Monitoring Reports

Treatment of Consumers 01-002 (Recipient Rights Complaint Log)

Staff Treatment 01-003 (Turnover Report/Exit)

Budgeting 01-004 (Finance Report)

Financial Condition 01-005 (Quarterly Balance Sheet)

Activity

Executive Director's Evaluation

Strategic Planning Discussion/Ends

Begin Self-Evaluation

Old Business

Ownership Linkage

Educational Session