

**NORTHEAST  
MICHIGAN  
COMMUNITY  
MENTAL HEALTH  
AUTHORITY**



*November 2022 Board Meeting  
Thursday, November 10 at 3:00 p.m.*

*Nomination Committee Meeting  
Thursday, November 10 at 2:30 p.m.*

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

**NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY BOARD  
BOARD MEETING**

**November 10, 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 – 6)
- VIII. Educational Session – Compliance Report**..... Jen Walburn
- IX. November Monitoring Reports**
  - 1. Treatment of Individuals Served 01-002 ..... (Pages 7 – 10)
  - 2. Ends 04-001 ..... (Available at Meeting)
- X. Board Policies Review**
  - 1. Treatment of Individuals Served 01-002 ..... (Pages 11 – 12)
  - 2. Staff Treatment 01-003.. ..... (Page 13)
  - 3. Ends 04-001.. ..... (Pages 14 – 15)
- XI. Linkage Reports**
  - 1. NMRE
    - a. October 26 Board Meeting .....(Verbal)
  - 2. CMHA
    - a. Fall Conference Report .....(Verbal)
- XII. Operations Report** ..... (Available at Meeting)
- XIII. Nomination Committee Report**.....(Verbal)
- XIV. Chair’s Report**
  - 1. Strategic Plan ..... (Available at Meeting)
- XV. Director’s Report** ..... (Verbal)
- XVI. Information and/or Comments from the Public**
- XVII. Information and/or Comments for the Good of the Organization**
- XVIII. Next Meeting – Thursday, December 8 at 3:00 p.m.**
  - 1. Set December Agenda .....(Page 16)
  - 2. Meeting Evaluation .....(Verbal)

**Adjournment**

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

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

**Northeast Michigan Community Mental Health Authority (NeMCMHA) Board  
Board Meeting  
October 13, 2022**

**I. Call to Order**

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

**II. Seating of Board Members**

Eric began by seating two new Board members from Montmorency County. Charlotte Helman introduced herself and stated she lives in Hillman with her husband and is employed as an RN wound specialist. Lloyd Peltier told the Board he moved to Hillman four years ago from Pontiac area. He took over the Montmorency County Commissioner seat vacated by Geyer Balog, as well as eleven board positions Geyer held. Lloyd is currently running unopposed for the Montmorency County Commissioner seat.

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

Present: Robert Adrian, Les Buza, Bonnie Cornelius, Lynnette Grzeskowiak, Charlotte Helman, Judy Jones, Terry Larson, Eric Lawson, Gary Nowak, Lloyd Peltier, Terry Small

Absent: Pat Przeslowski (Excused)

Staff & Guests: Lisa Anderson, Carolyn Bruning, Connie Cadarette, Erin Fletcher, Lynne Fredlund, Lexxis Klee, Brooke Paczkowski, Larry Patterson, Nena Sork

**IV. Pledge of Allegiance**

Attendees recited the Pledge of Allegiance as a group.

**V. Appointment of Evaluator**

Robert Adrian was appointed as evaluator for this meeting.

**VI. Acknowledgement of Conflict of Interest**

Robert Adrian has a conflict of interest related to the NEMROC consent agenda, which has already been pulled as a separate item for this purpose.

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

No information or comments were presented.

**VIII. Approval of Minutes**

***Moved by Gary Nowak, supported by Lynnette Grzeskowiak, to approve the minutes of the September 8, 2022 meeting as presented.*** Motion carried.

**IX. Educational Session – Behavioral Health Home (BHH)**

Lexxis Klee, RN, provided an educational session on Behavioral Health Home (BHH). The Vision of BHH is to be the safety net for those who may slip through the cracks between mental and physical health. Lexxis feels she finds many things that otherwise may have been missed. Lexxis stresses advocating for individuals and giving them the confidence to advocate for themselves. She stated individuals can be afraid to speak up, and she strives to help them improve their communication/coordination with primary care. She wants to make sure individuals are taking care of both their mental and physical health. The goals of BHH include improving management of care, improving care coordination, improving transitions, and helping to advocate for support. BHH is a holistic approach to healthcare which works to coordinate health, social, and recovery needs to improve overall health and wellness. The core services of BHH are providing comprehensive care management, coordinated care tailored to the individual's specific needs, health promotion and education, transitional care assistance, individual and family support (children can be enrolled in BHH), referrals to appropriate community and support services, access to a team of healthcare professionals, and assistance in healthcare decision making.

Criteria for enrollment in BHH includes an SMI/SED diagnosis, residing within the NeMCMHA catchment area, having Medicaid/Healthy MI/Healthy Child for insurance, and not being enrolled in Opioid Health Home. The referral process is done through the EHR system, Majestic. Lexxis ensures appropriate diagnoses and insurance prior to meeting with the referred individual. Official enrollment happens through the NMRE. The BHH team meets every Tuesday and to go over updates on each enrolled individual. Lexxis gave

examples of how BHH has benefited individuals. Lexxis reported that individuals state they appreciate the outreach attempts (which are at least monthly), and they like being able to have an advocate in their appointments with them. Though some individuals who approach the Agency don't meet criteria for receiving NeMCMHA services, they may meet BHH criteria and can be enrolled without receiving services from a CMH. This can be a pathway for those in the mild/moderate category to get mental health assistance.

**X. Consent Agenda**

**A. Hospitals**

Cedar Creek	Healthsource of Saginaw
Forest View	McLaren
Harbor Oaks	MyMichigan Health
Havenwyck	Pine Rest

**B. Crisis Residential**

Beacon – Sandhurst & Coster	North Shores
Hope Network – Saginaw Meadows	Safehaus

**C. ABA Services**

Autism of America	ABA Pathways
ACORN Health of Michigan	

**D. Thunder Bay Transportation Authority**

**E. Catholic Human Services**

**F. Bay View Center**

**G. Protocall**

**H. Case Management of Michigan**

**I. Saginaw Psychological Services Inc.**

**J. Touchstone Services Inc., dba Light of Hope Clubhouse**

Board members received a handout with information on the MyMichigan Health contract for FY23.

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

**XI. NEMROC**

The NEMROC contract is for Supported Employment Services and Community Living Supports.

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

**XII. MDHHS FY23 Contract – EGrAMS**

Nena Sork explained that NeMCMHA receives its capitated funds from MDHHS. The General Funds amount has increased slightly. MDHHS contracts that come through EGrAMS have tight turnaround times, and in many cases have signing deadlines prior to the next Board meeting. The Agency has a policy in place which allows the Executive Director to sign contracts in EGrAMS prior to Board approval, with notification to the Board Chair. These contracts are always regarding revenue, not expenses.

*Moved by Lynnette Grzeskowiak, supported by Bonnie Cornelius, to approve the Executive Director's signing of the MDHHS FY23 Contract on EGrAMS.* Motion carried.

**XIII. FY23 Budget**

Connie Cadarette reviewed the proposed FY23 Budget. The accounting and finance departments worked hard to have numbers finished by October 6, which allowed Board members to be sent the proposed FY23 Budget for review prior to the Board meeting. Connie discussed revenues with the Board, though numbers received

at this point in the year are not final. The State has to give 90 days' notice for Medicaid redeterminations. Connie stated they were conservative when budgeting revenues, as they won't know the actual amount until January, which Nena explained is when the State finalizes their budget. Budgeted revenues decreased by \$323,300 dollars, with a total budget of \$37,591,671.

Larry Patterson stated they were also conservative with the FY23 Expense Budget. The large decrease in the budget for salaries is due to putting some positions on hold. Health Insurance increased by \$232,058. Larry said the \$189,479 decrease in Computer Equipment and Supplies is due to using additional funds in FY22 to set the Agency up for the future. A decrease of \$32,828 in Medical Supplies is due to purchasing less PPE than during the height of the COVID-19 pandemic. The Contracted Transportation line item was decreased by \$39,551 due to decreased usage. Line items for Contracted Inpatient, Residential, and Employees/Services look like they have a \$6,360,677 decrease, but it's not a true decrease as the line items were just broken out. The line item for Stability Payments (\$101,825) was removed, Staff Travel Mileage was decreased by \$17,204, and Vehicle Gasoline was increased by \$22,486. Capital Equipment Over \$200 was decreased by \$130,502, as most items were purchased during FY22.

Connie reported the Governmental Accounting Standards Board (GASB) instated new laws. In FY22 this included adding Fiduciary Funds to the financial statements. These funds are not part of the Agency's budget, but GASB wants to see the numbers reported. This year, GASB has changed the way rents are reported. If rent is paid to a landlord on a three-year lease, the amount must be reported as an asset, which means the Agency's leases will be capitalized. The previous line item for Rent – Homes and Office Buildings is now called Amortization Expense – Leases (Rent). A line item for Interest Expense – Leases was also created. Rent will now be called an Amortized Lease.

Larry reiterated that though the staffing budget for Full Time Equivalents (FTEs) looks like it has decreased, the positions are just on hold. The number of FTEs is not a whole number due to staff working in multiple cost centers, and their salaries being allocated by department, which leads to the total number of FTEs being 344.25. In the past, every open position would be budgeted for, but Nena stated they are now doing an operational budget, which typically budgets for 80% staffing. To be conservative, the Agency budgeted for 90% staffing for the year.

***Moved by Terry Larson, supported by Judy Jones, to approve the FY23 Budget as presented.*** Roll call: Ayes: Robert Adrian, Les Buza, Bonnie Cornelius, Lynnette Grzeskowiak, Charlotte Helman, Judy Jones, Terry Larson, Eric Lawson, Gary Nowak, Lloyd Peltier, Terry Small; Nays: None; Absent: Pat Przeslawski. Motion carried.

Connie asked the Board to approve the utilization of the FY23 Budget for reporting moving forward. This would allow the accounting and reimbursement departments to start reporting on October 1 with the new system in place, rather than using the previously approved FY23 Continuation Budget.

***Moved by Terry Larson, supported by Les Buza, to approve using the new FY23 Budget for financial reporting.*** Motion carried.

#### **XIV. October Monitoring Reports**

##### **1. Budget 01-004**

Connie reported on revenues on the Statement of Revenue, Expenses and Change in Net Position through August 31, 2022. A lot of larger project spending went through, but as the NMRE is fully funded, any funds paid back would be leaving the area. The current amount due back to the NMRE is \$34,457.

Larry reported on expenses through August 31, 2022. Most line items with negative variances are due to timing issues, and should smooth out in the next month. Contract Employees and Services has a negative variance of \$595, 515.65, but is still under budget for the year. Contract Inpatient Services also shows a negative variance of \$125,947.39, while also still being below the budgeted amount for the year. Contract

Residential Services is over budget by \$426,910.58, which will require an adjustment. With 91.67% of the year elapsed, expenses are at 90.06% of the budgeted amount.

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

Eric reviewed the purpose of monitoring reports with the new Board members, stating the Board uses these reports to monitor the performance of the Executive Director, which is a direct indicator of how the Agency is operating as a whole. Nena drew the Board's attention to the graph showing the change in staff salaries and wages. The target numbers come from the CMHA salary survey. The Management Team's goal was to raise all salaries to at least the average, which has now been accomplished.

*Moved by Bonnie Cornelius, supported by Robert Adrian, to approve the October Monitoring Reports as presented.* Motion carried.

## **XV. Board Policies Review and Self-Evaluation**

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

Eric stated the Board reviews their policies to ensure they are accurate and that the Board is abiding by them. No revisions to this policy were suggested.

### **2. Executive Director Job Description 03-003**

No revisions to this policy were suggested.

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

No revisions to this policy were suggested.

## **XVI. Linkage Reports**

### **1. NMRE – September 28 Board Meeting**

Eric and Gary Nowak stated the NMRE Board received a great presentation on BHH. Bob Sheehan provided them with a letter describing organizational issues within MDHHS. Nena stated the Whiteford and Shirkey bills to privatize the mental health system have lost momentum. There were only six counties in the state that did not pass a resolution against the privatization bills. The mental health crisis in the state is mostly in the mild/moderate population, who typically have private insurance and cannot be seen by the CMH system. A rural exemption is being sought.

### **2. CMHA**

The Annual CMHA Fall Conference will be held on October 24 and 25. Bonnie Cornelius and Judy Jones will be attending and will be the Board's voting delegates on Sunday. Terry Small is no longer able to attend, but Lloyd or Gary may be able to attend in his place.

### **3. Advisory Council – October 10 Meeting**

Les Buza stated Peggy Yachasz gave an educational session on Gentle Teaching, which he really enjoyed, and they also received a tour of building updates, including the exercise room and shower.

## **XVII. Operations Reports**

Erin Fletcher provided the Board with a review of the August and September Operations Reports. In August, Doctors' Services served 521 individuals, which is higher than the monthly average of 423, due to having a new nurse practitioner and psychiatrist. Outpatient Counseling served 111 individuals, there were 55 hospital prescreens, and the total number of individuals served for the month of August was 1,108. For the month of September, Doctors' services served 452 individuals, Access provided 50 routine screens, and CMH operated group homes served 59 individuals. NeMCMHA served 1,025 individuals in the month of September.

## **XVIII. Chair's Report**

### **1. Annual Calendar Adoption**

There were no additional revisions suggested for the NeMCMHA Board Annual Calendar.

*Moved by Terry Small, supported by Gary Nowak, to approve adopting the NeMCMHA Board Annual Calendar as presented.* Motion carried.

## **2. Strategic Plan**

This Strategic Plan was revised according to the work the Board has done over the last few months. The provided Strategic Plan includes all revisions and additions discussed to this point.

*Moved by Gary Nowak, supported by Terry Small, to approve the Strategic Plan.* Motion carried.

## **3. Ends Policy**

The Ends policy shows the revisions that were made to Strategic Plan in strike and underline format. Nena stated that one study from MDHHS showed a savings of approximately \$363 of Medicaid expenses for each individual enrolled in BHH. The region's 21 counties just hit the \$1 million funding mark for BHH. BHH funding goes to local match and the Agency can use those funds for any needs in the community.

*Moved by Les Buza, supported by Lynnette Grzeskowiak, to approve the revised Ends Policy.* Motion carried.

## **4. Appoint Nominating Committee**

Bonnie, Lynnette, and Gary's terms expire March 31, 2023. The Board typically has one member from each county on the Nominating Committee. Terry Small from Alcona, Charlotte Helman from Montmorency, Terry Larson from Alcona, and Lynnette Grzeskowiak from Alpena will make up the committee, and will meet at 2:30 p.m. prior to the Board meeting on November 10.

## **5. CMH PAC**

Information on how to contribute to the CMH PAC was provided for Board members in their packets.

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

### **1. Executive Director's Update**

Nena gave the Board an overview of her activities from the last month. During the week of September 12, she was involved in contract discussions and attended the NMRE finance meeting. The following week, Management Team held a panel for staff to discuss the staff survey, and Nena also attended the Operations Committee and the MDHHS Workforce Flexibilities Meeting. The same week, Nena attended the Annual Pension Trustee Meeting and the BHH Summit at Treetops. For the week of September 19, she attended the AFC provider meeting, the Directors' Forum in Lansing, the Presque Isle County Suicide Prevention Walk, and the group home Fall Festival. The Fall Festival was one of the first opportunities for individuals to get together since the pandemic. There was a soup contest, judged by the maintenance department, live music, line dancing, and a campfire. On October 3, Nena met with APS Superintendent, David Rabbideau, and she plans to meet with each county's school superintendent. Nena also worked to finalize the FY23 Budget, and attended a meeting with the NMRE and Farrah Hanley from MDHHS.

Nena reported that staff received a 1% retention payment in their October 6 paycheck. The parking lot will be redone in October, landscaping is mostly completed, the new sign will be put in soon, and the computer lab renovation is finished.

Nena has a goal to get a permanent office in Alcona County and have prescribers and clinical staff available there. She met with Terry Small, who is a realtor, and they looked at all available properties in Harrisville and Lincoln and also looked at an opportunity to build space as part of a human services office complex. Having an additional office space available will be especially important if the rural exemption is granted, as it would allow for outpatient therapy and psychiatry. Necessary square footage and the projected cost will be provided to the Board. Gary stated he would like Nena to move forward with the Alcona County project.

## **XX. Information and/or Comments from the Public**

There were no additional comments.

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

Eric and Board members wished Les a happy birthday.

**XXII. Next Meeting**

The next regularly scheduled meeting of the Northeast Michigan Community Mental Health Authority Board will be held Thursday, November 10, 2022 at 3:00 p.m. Board meetings are always held in the Board Room at the 400 Johnson Street office in Alpena, unless otherwise noted.

**1. Set November Agenda**

The proposed November agenda items were reviewed.

**2. Meeting Evaluation**

Bob stated the meeting started on time, there was a good educational session, and great budget preparation and explanation from Connie and Larry. Board participation was good and there was a nice flow to the meeting, which was well-run and organized.

**XXIII. Adjournment**

*Moved by Les Buza, supported by Lynnette Grzeskowiak, to adjourn the meeting.* Motion carried.  
This meeting adjourned at 4:43 p.m.

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Bonnie Cornelius, Secretary

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Eric Lawson, Chair

Rebekah Duhaime  
Recorder





## Recipient Rights Advisory Committee Minutes October 19, 2022

The meeting was called to order at 3:04 p.m. October 19, 2022, by Acting Chair Lorell Whitscell in the Administrative Conference Room.

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

DRAFT MINUTES

I. **Old Business.** None.

II. **Approval of Minutes.** The minutes from 7-27-2022 were approved as written by consensus.

III. **New Business.**

QUARTERLY RIGHTS ACTIVITY REPORT: The report covered the fourth quarter of FY 22, 7/1/2022 – 9/30/2022. The complaints this past quarter were comparable to the previous quarter and slightly lower than the quarter before. Of the 30 complaints, 27 were investigated, 1 was outside the jurisdiction of the rights office and 2 contained no Code protected right. There was 1 investigation pending. Of the 27 investigations, there were 13 substantiations. The substantiation rate was 48%, which is typical. There were 4 remedial actions pending at the time of the report. Renee moved to review the report, supported by Tom, motion carried.

ANNUAL REPORT: Due to the changes being made to the annual report template, MDHHS-ORR is extending the deadline to January 30, 2023. Therefore, the report will be presented at the January meeting. In preparation, the committee noted they had no recommendations to the Board.

IV. **Educational Session:** None held this meeting. Per Judy's request from the last meeting, a comparison of Northeast's rights complaints with other cmhs in the state will be presented at the January meeting.

V. **Other Business.**

The committee decided to change the meeting dates for the 2023 year to the 4<sup>th</sup> Wednesday of the months of January, April, July, and October (1-25, 4-26, 7-26, and 10-25). Time and location to remain the same at 3 p.m. in the Administrative Conference Room.

VI. **Adjournment.**

The meeting adjourned at 3:28 pm.

**QUARTERLY RECIPIENT RIGHTS ACTIVITY REPORT**

**Time Period: July, August & September 2022:**

I. COMPLAINT DATA SUMMARY		<u>FY 21-22</u>					<u>FY 20-21</u>		
A. Totals	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>		1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>
Complaints Received:	23	34	30	30		33	23	26	25
Investigated:	21	30	23	27 (1 pdg)		26	19	23	22
Interventions:	01	01	03	-0-		01	-0-	-0-	-0-
Substantiated:	12	24	14	13		22	08	06	16
Outside Jurisdiction:	-0-	01	04	01		02	-0-	-0-	01
No Code Protected Right:	01	02	-0-	02		04	04	03	02

B. Aggregate Summary of Complaints

CATEGORY	Received	Investigation	Intervention	Substantiated
Abuse I	0	0		0
Abuse II	1	1		0
Abuse III	7	7		3 + 1 pdg
Sexual Abuse	0	0		0
Neglect I	0	0		0
Neglect II	0	0		0
Neglect III	3	3		1
Rights Protection System	2	2	0	1
Admiss/Dischrg-2 <sup>ND</sup> Opinion	0	0	0	0
Civil Rights	0	0	0	0
Family Rights	0	0	0	0
Communication & Visits	0	0	0	0
Confidentiality/Disclosure	5	5	0	5
Treatment Environment	0	0	0	0
Freedom of Movement	0	0	0	0
Financial Rights	0	0	0	0
Personal Property	1	1	0	1
Suitable Services	8	8	0	*2
Treatment Planning	0	0	0	0
Photos/Fingerprints/Audio etc	0	0	0	0
Forensic Issues	0	0	0	0
<b>Total</b>	<b>27</b>	<b>27</b>	<b>0</b>	<b>13 + 1 pdg</b>

\*The Dignity & Respect pending from last quarter was not substantiated.

c. Remediation of substantiated rights violations.

Category/Specific Allegation	Specific Provider	Specific Remedial Action
Pending from last qtr:		
Abuse III	NEMCMH	Termination
Abuse III	NEMCMH	Written Reprimand
Abuse III	NEMCMH	Written Reprimand
Abuse III	Royal Willows	Pending
Neglect III	Turning Leaf	Staff left before completion
RR Protection System	Angie's AFC	Other
Confidentiality	NEMCMH	Documented Counseling
Confidentiality	NEMCMH	Pending
Confidentiality	NEMCMH	Verbal Reprimand
Confidentiality	NEMCMH	Documented Counseling
Confidentiality	NEMCMH	Pending
Personal Property/fund	NEMCMH	Staff left before completion
Suit Serv-Dign/Respt	NEMCMH	Written Rep / Termination
Suitable Services	Beacon-Ossineke	Pending

d. Summary of Incident Reports.

Category Type	1 <sup>st</sup> Qtr		2 <sup>nd</sup> Qtr		3 <sup>rd</sup> Qtr		4 <sup>th</sup> Qtr	
	'22	'21	'22	'21	'22	'21	'22	'21
01.0 Absent without leave (AWOL)	01	04	02	01	01	02	04	04
02.0 Accident – No injury	07	03	01	05	07	07	03	06
02.1 Accident – With injury	11	20	21	18	22	16	28	18
03.0 Aggressive Acts – No injury	32	16	40	51	44	39	39	55
03.1 Aggressive Acts – w/ injury	04	04	04	05	06	04	07	12
03.3 Aggressive Acts – Property Destruc	06	01	02	09	01	03	01	06
04.0 Death	04	01	09	05	07	08	02	05
05.0 Fall – No injury	27	07	26	10	13	12	15	16
06.0 Medical Problem	119	103	89	120	120	135	110	119
07.0 Medication Delay	-0-	04	05	05	05	02	05	08
07.1 Medication Error	19	29	20	23	24	19	20	28
07.2 Medication Other	54	52	35	46	59	49	96	61
07.3 Medication Refusal	10	99	16	22	23	04	54	31
08.0 Non-Serious Injury – Unknwn cause	10	08	02	08	08	08	07	09
09.0 Other	76	68	72	102	92	78	113	109
10.0 Self Injurious Acts – No injury	01	04	01	02	02	07	04	02
10.1 Self Injurious Acts – w/injury	05	09	04	06	10	04	06	06
Challenging Behavior	28	17	31	50	39	15	37	36
Fall – with injury	15	07	22	22	14	12	19	17
Arrests	01	04	02	02	02	06	06	09
Total	430	460	404	512	499	430	576	557

E. Prevention Activity	Quarter	YTD
Hours Used in Training Provided	21.00	94.50
Hours Used in Training Received	52.00	63.00
Hours Used in Site Visits	54.50	70.75
F. Monitoring Activity	Quarter	YTD
Incident Report Received	576	1,909
G. Source of All Complaints:	Quarter	YTD
Recipient:	09	24
Staff:	11	58
ORR:	07	29
Gdn/Family:	-0-	02
Anonymous:	03	04
Comm/Gen Pub:	-0-	<u>-0-</u>
Total	30	117

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Ruth M. Hewett, Recipient Rights Officer

10/19/2022  
Date

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

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EXECUTIVE LIMITATIONS  
(Manual Section)

**TREATMENT OF INDIVIDUALS SERVED**  
(Subject)

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

August 8, 2002  
November 14, 2019

**•1 POLICY:**

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

Accordingly, she or he may not:

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

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

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

●2 **APPLICATION:**

The Northeast Michigan Community Mental Health Authority Board

●3 **DEFINITIONS:**

●4 **REFERENCES:**

●5 **FORMS AND EXHIBITS:**

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

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EXECUTIVE LIMITATIONS

(Manual Section)

**STAFF TREATMENT**

(Subject)

Board Approval of Policy

Last Revision of Policy Approved by Board:

August 8, 2002

November 14, 2019

**●1 POLICY:**

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

Accordingly, she or he may not:

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

**●2 APPLICATION:**

The Northeast Michigan Community Mental Health Authority Board

**●3 DEFINITIONS:**

**●4 REFERENCES:**

**●5 FORMS AND EXHIBITS:**

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

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ENDS

(Manual Section)

**BOARD ENDS STATEMENT**

(Subject)

Board Approval of Policy  
Revision to Board Policy

August 8, 2002  
October 13, 2022

●1 **POLICY:**

Ends

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

Sub-Ends

**Services to Children**

1. Children with serious emotional disturbances served by Northeast will realize significant improvement in their conditions.
  - A. Increase the number of children receiving home-based services; reducing the number of children receiving targeted case management services.
  - B. 90% of home-based services will be provided in a home or community setting.

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

2. Individuals needing independent living supports will live in the least restrictive environment.
  - A. Strive to develop one additional contract residential provider within our catchment area to increase capacity for persons requiring residential placement.
  - B. Development of additional supported independent services for two individuals currently living in licensed Foster Care.

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

3. Adults with co-occurring disorders will realize significant improvement in their condition.
  - A. 30% of eligible Behavioral Health Home (BHH) individuals served with two or more of the following chronic conditions – Asthma/COPD, High Blood Pressure, Diabetes, Morbid Obesity, Cardiac issues will be enrolled in 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 base-line A1C.



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

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**Financial Outcomes**

4. The Board's Agency-wide expenses shall not exceed Agency-wide revenue at the end of the fiscal year (except as noted in 5.B, below).
5. The Board's major revenue sources (Medicaid and Non-Medicaid) shall be within the following targets at year-end:
  - A. Medicaid Revenue: Expenses shall not exceed 100% of revenue unless approved by the Board and the PIHP.
  - B. Non-Medicaid Revenue: Any over-expenditure of non-Medicaid revenue will be covered by funds from the Authority's fund balance with the prior approval of the board.

**Community Education**

6. The Board will provide community education. This will include the following:
  - A. Disseminate mental health information to the community by hosting events, providing trainings, utilizing available technology, and publishing 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.

**●2 APPLICATION:**

The Northeast Michigan Community Mental Health Authority Board

**●3 DEFINITIONS:**

**●4 REFERENCES:**

**●5 FORMS AND EXHIBITS:**

## DECEMBER AGENDA ITEMS

### **Policy Review**

Grants or Contracts 01-011

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

Board Member Recognition 02-011

Board Member Orientation 02-015

### **Monitoring Reports**

01-004 Budgeting

01-005 Financial Condition

01-011 Grants or Contracts

### **Review**

Bylaws

### **Activity**

### **Ownership Linkage**

### **Educational Session**