

**NORTHEAST
MICHIGAN
COMMUNITY
MENTAL HEALTH
AUTHORITY**



*NeMCMHA Board Meeting
Thursday, February 8 at 3:00 p.m.*

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

NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY BOARD
BOARD MEETING
February 8, 2024 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 – 3)
- VIII. **February Monitoring Reports**
 - 1. Budgeting 01-004(Pages 4 – 6)
 - 2. Treatment of Individuals Served 01-002(Pages 7 – 15)
 - 3. Staff Treatment 01-003 (Page 16)
- IX. **Board Policy Review and Self-Evaluation**
 - 1. Asset Protection 01-007 [Review](Pages 17 – 18)
 - 2. Board Committee Principles 02-005.... [Review & Self-Evaluation] (Page 19)
 - 3. Delegation to the Executive Director 03-002...[Review & Self-Evaluation] (Pages 20 – 21)
- X. **Linkage Reports**
 - 1. NMRE Board (Verbal)
 - 2. Advisory Council (Verbal)
- XI. **Operations Report**..... (Handout)
- XII. **Chair’s Report**
 - 1. Board Roster.....(Page 22)
 - 2. Recipient Rights Advisory Committee.....(Verbal)
- XIII. **Executive Director’s Report**
 - 1. Executive Director’s Update.....(Verbal)
 - 2. Greenhaven(Presentation)
- XIV. **Information and/or Comments from the Public**
- XV. **Information and/or Comments for the Good of the Organization**
- XVI. **Next Meeting – Thursday, March 14 at 3:00 p.m.**
 - 1. Proposed March Agenda Items..... (Page 23)
- XVII. **Meeting Evaluation**(Verbal)

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

Adjournment

**Northeast Michigan Community Mental Health Authority (NeMCMHA)
Board Meeting – January 11, 2024**

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 Member

Eric Lawson began by officially seating new Board member, Dana Labar, representing Presque Isle County.

III. Roll Call and Determination of a Quorum

Present: Bob Adrian, Lynnette Grzeskowiak, Charlotte Helman, Judy Jones, Dana Labar, Eric Lawson, Lloyd Peltier, Terry Small

Absent: Les Buza, Bonnie Cornelius (Excused), Gary Nowak (Excused), Patricia Przeslawski (Excused)

Staff & Guests: Carolyn Bruning, Connie Cadarette, Erin Fletcher, Lynne Fredlund, Ruth Hewett, Nicole Kaiser, Abbey Podbielski, Nena Sork, Jen Walburn

IV. Pledge of Allegiance

Attendees recited the Pledge of Allegiance as a group.

V. Appointment of Evaluator

Judy Jones was appointed as evaluator of the meeting.

VI. Acknowledgement of Conflict of Interest

No conflicts of interest were acknowledged.

VII. Information and/or Comments from the Public

There were no comments from the public.

VIII. Approval of Minutes

Revisions were made to item 12, sections 1 and 2.

Moved by Terry Small, supported by Lloyd Peltier, to approve the revised minutes of the December 14, 2023 Board meeting. Motion carried.

IX. January Monitoring Reports

1. Budgeting 01-004

Connie Cadarette reviewed the Statement of Revenue and Expense and Change in Net Position for the month ending November 30, 2023. She reminded Board members of the process required for accounting that makes the budgeting reports about two months behind. All accounting has to be tied in with reimbursement and Connie has to compute the cost per minute for all services. The Reimbursement Officer, Nancy Kearly, sends reports three weeks after the close of the month, so Connie can't match everything up with accounting until almost a month later.

Revenue is currently holding, even with Medicaid redeterminations. The change in net position is negative due to local funds not yet being received from the counties, and the NMRE funds don't come until summer. It's normal for these funds to be negative at this time of the year. Medicaid funds are underspent and Healthy MI is overspent for a total of \$214,717 underspent. General Funds are overspent, mostly due to individuals losing Medicaid. Their Medicaid should be reinstated and made retroactive. The Agency will have monthly meetings to review Medicaid redeterminations.

Connie also reported on expenses with negative variances. Contract Residential has a variance of 19%, which goes up and down every month, but there is a committee that keeps an eye on it. A lot of variances concern items that are prepaid, and then get sprinkled in the budget throughout the year, so they are mostly just timing issues. Nena explained the Agency receives Medicaid funds on a per member per month basis, whether or not they receive services from the Agency. All people in the four counties who are on Medicaid affect the overall funding for the Agency.

2. Emergency Executive Succession 01-006

Board members felt this policy was straightforward and that no revisions were necessary at this time.

Moved by Lloyd Peltier, supported by Judy Jones, to approve the January monitoring reports.
Motion carried.

X. Board Policy Review and Self-Evaluation

1. Emergency Executive Succession 01-006

The Board referred back to the two scenarios on the accompanying monitoring report to review the succession plan for the Executive Director.

2. Executive Director Role 03-001

The Board thinks this policy is good as is.

XI. Operations Report

Erin Fletcher reported on operations for December 2023. She drew attention to Employment Services, reporting that over 25% of individuals served with an SPMI diagnosis are actively employed. I/DD Employment Services served 44 individuals and MI Employment Services served 30 individuals. Erin clarified that the numbers split out for Outpatient Counseling show the separation for adults and children.

XII. Board Chair's Report

1. New Board Member Introduction

Eric welcomed Dana Labar to the Board. Dana reviewed his relevant history, stating he was previously the court family counselor for NeMCMHA for four years. He then went to work for CPS with DHHS. After five years there he became a grant writer at ACC. After retiring from ACC, he worked as a grant writer in Florida and Minnesota. He has a master's degree in counseling and he now works in Roger's City High School with TBCHS. He was a school board member for eight years and was also a city councilman. Eric feels he will be a tremendous asset to the Board.

XIII. Executive Director's Report

Nena provided a report of her activities for the last month. She attended the NMRE Finance Committee and board meetings. The week of December 18 the NMRE had a virtual site visit with MDHHS. Nena then met with Rehmann and the Engagement Committee to start putting actionable steps in place. The paraprofessionals ratified their union contract, and she is hoping both contracts will go into effect on February 1. Rehmann consultants were onsite completing staff interviews and assessing Agency policies and procedures. They will provide a report and feedback on ways to increase efficiency and best practices. Rehmann will also be coming back in January and February to complete more staff interviews. On January 19, the Rural and Frontier Caucus will be meeting with the head of the behavioral health department at MDHHS.

Nena notified the Blue Horizon Board President of the Agency's intent to terminate their contract for operations of the AFC home. The Blue Horizon Board has tried everything to continue their funding, but nothing has worked. They have decided to disband after the Agency terminates their operating agreement. The Blue Horizon charter and enabling agreement did not allow them to sell the home and purchase another. They were locked into keeping the current home or disbanding. Nena wants to celebrate their 50 years of providing independent living options for individuals. Guardians and Agency staff have been notified of the Agency's intent to continue providing AFC group home services to the individuals currently placed at Blue Horizon. Agency staff and six of the nine individuals will be moved to the new home when it is licensed. Nena sought the Board's approval to move forward with signing the lease and beginning necessary preparations for licensing. The lease would take effect on February 1.

Moved by Terry Small, supported by Lloyd Peltier, to approve the Agency signing the Greenhaven lease. Roll Call: Ayes: Bob Adrian, Lynnette Grzeskowiak, Charlotte Helman, Judy Jones, Dana Labar, Eric Lawson, Lloyd Peltier, Terry Small; Nays: None; Absent: Les Buza, Bonnie Cornelius, Gary Nowak, Patricia Przeslawski. Abstain: None. Motion carried.

Of the three individuals who will not be moving to the new home, two are moving into an apartment together and the third will likely be moved to a different group home operated by NeMCMHA that is better suited to meet their needs. Nena introduced Nicole Kaiser, Residential Manager, who is in charge of all nine group homes. Nicole is an Occupational Therapist and has wonderful relevant experience with the individuals the Agency serves.

Nena provided the Board with an update on the AFC type A home issue. Eric Kurtz, a representative from MDHHS, and Nena met, and she was told to move forward with CLS codes. They are going back to bundling services into one daily rate, which will work in the Agency's favor. The Department thanked the Agency for reporting the error and working to fix the issue. They are in the process of notifying all providers. Eric Kurtz thinks the process of the change will move slowly.

XIV. Information and/or Comments from the Public

Nothing was presented.

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

Lloyd reflected on his first year on the Board, stating it has been very interesting and the experience he has gained has been phenomenal. He thanked staff for sharing their reports and he appreciates everything he has learned from them as they are key in making the Agency work the way it does.

Charlotte reported the issue with Boardworks online seems to be resolved.

Nena was happy to report some supervisory positions have been filled and the Agency is below 70 open positions for the first time in a long time.

XVI. Next Meeting

The next meeting of the NeMCMHA Board is scheduled for Thursday, February 8 at 3:00 p.m.

1. February Agenda Items

The proposed February agenda items were reviewed.

XVII. Meeting Evaluation

Judy reported Board members came prepared and all had the opportunity to contribute. Everyone feels open to converse and the provided materials were sufficient. Dana is very well qualified and she welcomed him to the Board. Nena was informative and reported positive information.

XVIII. Adjournment

Moved by Lloyd Peltier, supported by Terry Small, to adjourn the meeting. Motion carried. This meeting adjourned at 3:50 p.m.

Bonnie Cornelius, Secretary

Rebekah Duhaime
Recorder

Eric Lawson, Chair

Northeast Michigan Community Mental Health Authority
Statement of Revenue and Expense and Change in Net Position (by line item)
For the Third Month Ending December 31, 2023
25% of year elapsed

	Actual December Year to Date	Budget December Year to Date	Variance December Year to Date	Budget FY24	% of Budget Earned or Used
Revenue					
1 State Grants	41,668.87	55,047.99	\$ (13,379)	220,192.00	18.9%
2 Grants from Local Units	66,659.50	66,659.49	0	266,638.00	25.0%
3 NMRE Incentive Revenue	0.00	75,000.00	(75,000)	300,000.00	0.0%
4 Interest Income	1,781.44	1,250.01	531	5,000.00	35.6%
5 Medicaid Revenue	7,910,159.03	7,819,902.24	90,257	31,279,609.00	25.3%
6 General Fund Revenue	446,686.00	300,696.75	145,989	1,202,787.00	37.1%
7 Healthy Michigan Revenue	441,600.19	627,053.97	(185,454)	2,508,216.00	17.6%
8 Contract Revenue Blue Horizons	115,918.26	117,454.26	(1,536)	469,817.00	24.7%
9 3rd Party Revenue	141,281.26	131,527.74	9,754	526,111.00	26.9%
10 Behavior Health Home Revenue	62,823.63	49,074.99	13,749	196,300.00	32.0%
11 Food Stamp Revenue	19,906.09	26,039.76	(6,134)	104,159.00	19.1%
12 SSI/SSA Revenue	136,792.62	144,879.75	(8,087)	579,519.00	23.6%
13 Revenue Fiduciary	78,120.50	0.00	78,121	0.00	0.0%
14 Other Revenue	11,508.37	13,113.24	(1,605)	52,453.00	21.9%
15 Total Revenue	9,474,906	9,427,700	47,206	37,710,801	25.1%
Expense					
16 Salaries	3,866,845.77	3,841,797.75	(25,048)	15,367,191.00	25.2%
17 Social Security Tax	158,013.42	170,023.74	12,010	680,095.00	23.2%
18 Self Insured Benefits	544,231.05	667,087.77	122,857	2,668,351.00	20.4%
19 Life and Disability Insurances	63,705.14	62,649.90	(1,055)	250,600.00	25.4%
20 Pension	343,311.52	322,703.97	(20,608)	1,290,816.00	26.6%
21 Unemployment & Workers Comp.	38,142.59	29,777.79	(8,365)	119,111.00	32.0%
22 Office Supplies & Postage	10,939.09	12,102.21	1,163	48,409.00	22.6%
23 Staff Recruiting & Development	55,980.05	46,120.32	(9,860)	184,481.00	30.3%
24 Community Relations/Education	12,441.86	14,279.73	1,838	57,119.00	21.8%
25 Employee Relations/Wellness	34,333.83	47,700.00	13,366	190,800.00	18.0%
26 Program Supplies	145,919.93	133,954.95	(11,965)	535,820.00	27.2%
27 Contract Inpatient	413,446.00	476,830.26	63,384	1,907,321.00	21.7%
28 Contract Transportation	3,305.67	11,206.74	7,901	44,827.00	7.4%
29 Contract Residential	1,388,193.89	1,193,712.99	(194,481)	4,774,852.00	29.1%
30 Local Match Drawdown NMRE	24,642.00	24,642.00	-	98,568.00	25.0%
31 Contract Employees & Services	1,723,353.48	1,731,629.22	8,276	6,926,517.00	24.9%
32 Telephone & Connectivity	60,277.91	76,948.98	16,671	307,796.00	19.6%
33 Staff Meals & Lodging	6,005.14	6,023.31	18	24,093.00	24.9%
34 Mileage and Gasoline	105,176.92	94,083.39	(11,094)	376,334.00	27.9%
35 Board Travel/Education	2,256.80	3,416.01	1,159	13,664.00	16.5%
36 Professional Fees	8,831.51	18,939.48	10,108	75,758.00	11.7%
37 Property & Liability Insurance	35,727.32	22,029.75	(13,698)	88,119.00	40.5%
38 Utilities	48,050.91	47,464.26	(587)	189,857.00	25.3%
39 Maintenance	16,928.92	62,387.46	45,459	249,550.00	6.8%
40 Interest Expense Leased Assets	5,481.58	4,894.98	(587)	19,580.00	28.0%
41 Rent	3,509.95	4,333.26	823	17,333.00	20.3%
42 Food	32,965.82	41,111.28	8,145	164,445.00	20.0%
43 Capital Equipment	4,659.35	6,411.09	1,752	25,644.00	18.2%
44 Client Equipment	7,950.91	3,031.26	(4,920)	12,125.00	65.6%
45 Fiduciary Expense	97,195.36	0.00	0.00	0.00	
46 Miscellaneous Expense	35,923.11	31,736.25	(4,187)	126,945.00	28.3%
47 Depreciation & Amortization Expense	214,350.12	215,669.97	1,320	862,680.00	24.8%
48 MI Loan Repayment Program	0.00	3,000.00		12,000.00	
49 Total Expense	9,512,097	9,427,700	9,799	37,710,801	25.2%
50 Change in Net Position	\$ (37,191)	\$ 0	\$ (37,191)	\$ -	-0.1%
51 Contract settlement items included above:					
52 Medicaid Funds (Over) / Under Spent	\$ 279,469				
53 Healthy Michigan Funds (Over) / Under Spent	30,296				
54 Total NMRE (Over) / Under Spent	\$ 309,765				
55 General Funds to Carry Forward to FY24	\$ -				
56 General Funds Lapsing to MDHHS	(145,990)				
57 General Funds (Over) / Under Spent	\$ (145,990)				

FY24 GF Carryforward from FY23

60,139

Field Examination by MDHHS

We have recently had field examinations by the MDHHS of our financial statement and compliance examination audit work papers of community mental health audits. There were no findings or required follow-up as a result of these MDHHS on-site examinations.

Fee Proposal and Assumptions

Our fees for services are based principally upon the time required to complete the assignment. Because of our long-standing relationships with our clients, we have reason to believe that our services have met our clients' expectations and that our fees are fair and reasonable.

Fees: We submit our all-inclusive fee proposal to audit the financial statement of Northeast Michigan Community Mental Health Authority for three fiscal years, as follows:

	<u>2024</u>	<u>2025</u>	<u>2026</u>
Northeast Michigan Community Mental Health Authority			
Financial Audit	\$ 14,750	\$ 15,250	\$ 15,700
CMH Compliance Examination	5,500	5,665	5,835

Fees for additional services will be billed out at our standard rates below.

	<u>Hourly Rate</u>		<u>Partner</u>	<u>Manager</u>	<u>Staff</u>	<u>Admin</u>
Partner	\$ 195	Planning and Pre-Audit	6	12	16	4
Audit manager	130	Audit Field work	14	32	60	0
Audit Staff	79-84	Post-Field work	4	28	16	4
Clerical	74	Reporting	6	10	10	2

We will also meet with the full board at a regular board meeting to explain the items noted above.

We are prepared to assist the Northeast Michigan Community Mental Health Authority with any special projects it may want us to provide. We would undertake a special project or provide other management advisory services only with the approval of the Authority officials. Fees for these additional services are usually billed at our standard billing rates, which are dependent upon the level of expertise necessary to accomplish the task. Copy, reproduction, telephone, and travel expenses are included in our fee proposal. Other unusual out-of-pocket expenses will be billed to the Authority at our cost. Depending on the circumstances, we may bill for the implementation of new accounting standards, auditing additional funds, etc. Generally, we do not bill for routine calls that are less than 15 minutes, which are related to the Authority's accounting/auditing matters.

Pricing

These “not-to-exceed” annual fees include all direct and indirect cost, including all out-of-pocket expense.

	For Fiscal Year Ending September 30th,		
	2024	2025	2026
<i>Northeast Michigan Community Mental Health Authority</i>			
Financial Audit	\$ 15,750	\$ 16,500	\$ 17,250
Compliance Audit	9,500	10,000	10,500
Total	\$ 25,250	\$ 26,500	\$ 27,750

Note regarding single audit fees:

A single audit fee will be provided when NeMCMHA determines that a single audit is required. This fee will be determined based on the type and number of federal programs that need to be tested. Based on a review of the FY2022 audit reports, NeMCMHA does not currently require a single audit and therefore a fee has not been provided.

Hourly Rates for Additional Professional / Consulting Services

The rates listed below are the rates effective January 1, 2024. Rates are subject to change annually.

- Derek Miller - \$350/hr.
- Christina Schaub - \$350/hr.
- William Hirschman - \$350/hr.
- Sara De Jong - \$200/hr.
- Trevor Kapp - \$200/hr.
- Chris Lowe - \$175/hr.

Assigned Partners and audit staff are available during the year to discuss incidental issues related to the audit at no additional charge. If the materials are not incidental or are not related to the audit, we will communicate this to you before incurring any additional time/cost.



Recipient Rights Advisory Committee Minutes January 24, 2024

The meeting was called to order at 3:00 p.m. January 24, 2023, by Chair Pat Przeslawski in the Administrative Conference Room.

Present: Tom Fredlund, Judy Jones, Barb Murphy, Pat Przeslawski, Renee Smart-Shepler & Lorell Whitscell
Absent: None
Staff: Ruth Hewett
Guests: None

DRAFT MINUTES

I. Old Business. None.

II. Approval of Minutes. The minutes from 10-25-2023 were approved as written by consensus.

III. New Business.

ANNUAL REVIEW OF FUNDING FOR THE RIGHTS OFFICE: Connie Cadarette, Finance Director, was unable to attend but submitted the FY24 Preliminary Recipient Rights Budget. There was a 5.3% increase over the last year of \$12,421. This increase is due to staff wage and benefit cost increases. The total rights budget totaled \$245,405. Renee moved to review the report, Barb supported.

QUARTERLY RIGHTS ACTIVITY REPORT: The committee reviewed the report which covered the first quarter of FY 24, 10/1/2023 – 12/31/2023. There were 33 complaints with 28 investigated, 1 intervention, and 4 no code protected right. Of the 29 investigations/interventions, there were 18 substantiations. There were no pending investigations or remedial actions. Renee moved to review the report, Lorell supported.

COMMITTEE MEMBERSHIP: The Board appoints the members of this committee during the March Board meeting. All members of the committee were surveyed and expressed a desire to serve another year. Pat stated her membership on the Board expires in March and if she is not reappointed to the Board, she would like to continue on the committee as a community member.

IV. Educational Session: Lynne Fredlund, Quality Improvement Coordinator, presented the Recipient Rights Complaints Annual Review. She explained CARF standard 1.K.4. requires an analysis be conducted annually of all formal rights complaints. Areas to be reviewed annually include whether formal complaints are received, trends, areas needing performance improvement, actions to address the improvements needed, implementation of the actions, and whether the actions taken accomplished the intended results. Of particular interest was the comparison of numbers from FY 2021 through FY 2023.

V. Other Business.

The state rights office assessment has been scheduled for August 6 – 8, 2024.

VI. Adjournment.

Renee moved to adjourn, Judy supported. The meeting adjourned at 3:45 p.m. The next meeting will be April 24, 2024 in the Administrative Conference Room at 3 p.m.

FY24 Preliminary Recipient Rights Budget

Staff Wages/benefits	\$	238,566.00
Office/program supplies		409.00
Meals/lodging		1,100.00
Travel		2,850.00
Training		2,350.00
Membership Dues		130.00
Total Budget	\$	245,405.00

FY23 budget \$ 232,984.00

\$\$\$ Increase/(Decrease) See Note \$ 12,421.00

% Increase/(Decrease) 5.3%

FY 23 budget \$232,984.00

\$\$ Increase \$12,421.00

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

Prepared by: Connie Cadarette, Finance Director

Prepared on: 11-14-2023

QUARTERLY RECIPIENT RIGHTS ACTIVITY REPORT

Time Period: October, November & December 2023:

I. COMPLAINT DATA SUMMARY	<u>FY 23-24</u>				<u>FY 22-23</u>			
A. Totals	1 st	2 nd	3 rd	4 th	1 st	2 nd	3 rd	4 th
Complaints Received:	33				40	37	26	35
Investigated:	28				36	32	25	31
Interventions:	01				02	01	01	-0-
Substantiated:	18				25	23	21	18
Outside Jurisdiction:	-0-				-0-	02	-0-	01
No Code Protected Right:	04				02	02	-0-	03

B. Aggregate Summary of Complaints

CATEGORY	Received	Investigation	Intervention	Substantiated
Abuse I	0	0		0
Abuse II	2	2		0
Abuse III	4	4		4
Sexual Abuse	1	1		0
Neglect I	0	0		0
Neglect II	1	1		1
Neglect III	1	1		1
Rights Protection System	0	0	0	0
Admiss/Dischrg-2 ND 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	7	6	1	5
Treatment Environment	1	1	0	1
Freedom of Movement	0	0	0	0
Financial Rights	0	0	0	0
Personal Property	1	1	0	1
Suitable Services	11	11	0	5
Treatment Planning	0	0	0	0
Photos/Fingerprints/Audio etc	0	0	0	0
Forensic Issues	0	0	0	0
Total	29	28	1	18

c. Remediation of substantiated rights violations.

Category/Specific Allegation	Specific Provider	Specific Remedial Action
Pending from last qtr:		
Confidentiality	NEMCMH	Documented Counseling
Suitable Services	Eden Prairie-Welch I	Written Reprimand
Actions from this quarter:		
Abuse, Class III	NEMCMH	Written Reprimand
Abuse, Class III	Premier Care	Suspension & Training
Abuse, Class III	NEMCMH	Termination
Abuse, Class III	NEMCMH	Termination
Neglect, Class II	NEMCMH	Suspension
Neglect, Class III	Beacon-Ossineke	Written Reprimand
Confidentiality	NEMCMH	Documented Counseling
Confidentiality	NEMCMH	Documented Counseling
Confidentiality	NEMCMH	Documented Counseling
Confidentiality	NEMCMH	Documented Counseling
Confidentiality	NEMCMH	Verbal Reprimand
Treatment Environment	NEMCMH	Documented Counseling
Personal Property & Funds	NEMCMH	Training
Suitable Services	NEMROC	Left before finalized, but substantiated
Suitable Services/Dign & Resp	NEMCMH	Left before finalized, but substantiated
Suitable Services/Dign & Resp	NEMCMH	Verbal Reprimand
Suitable Services/Dign & Resp	NEMCMH	Documented Counseling
Suitable Services/Dign & Resp	NEMROC	Verbal Reprimand

d. Summary of Incident Reports. (1st Qtr '23)

Category Type	1 st Qtr		2 nd Qtr		3 rd Qtr		4 th Qtr	
	'24	'23	'24	'23	'24	'23	'24	'23
01.0 Absent without leave (AWOL)	06	01		-0-		01		04
02.0 Accident – No injury	04	07		09		08		04
02.1 Accident – With injury	28	14		19		31		26
03.0 Aggressive Acts – No injury	34	41		35		24		32
03.1 Aggressive Acts – w/ injury	11	13		05		08		14
03.3 Aggressive Acts – Property Destruc	01	-0-		02		02		06
04.0 Death	04	07		04		08		07
05.0 Fall – No injury	09	11		14		08		09
06.0 Medical Problem	116	95		81		101		116
07.0 Medication Delay	03	18		09		08		03
07.1 Medication Error	17	24		33		27		23
07.2 Medication Other	81	99		103		98		102
07.3 Medication Refusal	30	37		64		58		14
08.0 Non-Serious Injury – Unknwn cause	24	14		06		12		16
09.0 Other	66	69		73		86		85
10.0 Self Injurious Acts – No injury	04	04		04		01		06
10.1 Self Injurious Acts – w/injury	09	07		07		21		17
Challenging Behavior	41	27		13		19		52
Fall – with injury	12	16		16		16		21
Arrests	03	05		09		07		08
Total	503	509		506		544		565

E.	Prevention Activity	Quarter	YTD
	Hours Used in Training Provided	26.75	26.75
	Hours Used in Training Received	.75	.75
	Hours Used in Site Visits	70.50	70.50
F.	Monitoring Activity	Quarter	YTD
	Incident Report Received	503	503
G.	Source of All Complaints:	Quarter	YTD
	Recipient:	06	06
	Staff:	12	12
	ORR:	06	06
	Gdn/Family:	04	04
	Anonymous:	02	02
	Comm/Gen Pub:	<u>03</u>	<u>03</u>
	Total	33	33

Ruth M. Hewett, Recipient Rights Officer

01/22/2024
Date

FY2023 Northeast Michigan Community Mental Health Authority (NeMCMHA)

Recipient Rights Complaints Annual Review

Purpose/Summary Statement

In FY 23, there were 2409 unduplicated count of people served through NeMCMHA and contracted agencies. Annually, NeMCMHA reviews all formal complaints received. People receiving services through NeMCMHA are informed of their rights prior to service provision and annually. Internal and external providers are made aware of the right of persons served to file a complaint and forms are housed on site for easy access by persons served. Initially and annually, internal and contracted staff are provided training in recipient rights. The purpose of the annual analysis of all formal complaints is to provide NeMCMHA with information that may facilitate positive change in service provision at NeMCMHA.

This review will cover:

- The process of reviewing formal complaints.
- Definitions of what a complaint is and what type of review may be completed along with possible actions taken to address violations.
- Types and number of complaints received, including a brief summary of overall complaints.
- Identify any trends.
- Identify needed areas of improvement/potential causes.
- Identify actions that were taken to address improvement areas.
- Whether or not those actions were implemented.
- Whether or not actions taken were successful or need revisiting.

Process

NeMCMHA Recipient Rights Office reviews all formal complaints. Some complaints received do not contain a code-protected right or are outside the jurisdiction of the Rights Office. Complaints that do not meet criteria for a code protected right or are outside the jurisdiction of the Rights Office are referred to the appropriate NeMCMHA or external service provider. Once logged, the complaint is reviewed and an investigation or an intervention is completed. An intervention may be reopened as an investigation if the complainant requests such. Once the Recipient Rights Office completes their investigation or intervention review, the supervisor, in conjunction with Human Resources, is responsible for following agency protocol for remedial action, which may include disciplinary action. The Agency utilizes progressive steps of discipline as it relates to response to substantiated rights violations.

The Annual Complaints Review is reviewed by the QI Council, provided to the Northern Michigan Regional Entity as a summary, and other stakeholder as identified. Annually, the Board of Directors are provided summary data of complaint information and interventions/investigation results. These reports are also provided to the Michigan Department of Health and Human Services (MDHHS) as part of NeMCMHA contract compliance with that funding source.

Definitions

Complaint: Any type of notification to the Recipient Rights staff where there is a belief an individual served by the Agency may have had their rights violated. This can take the form of a telephone call (identified caller or anonymous), verbal report, written report (Recipient Rights Complaint form or other types of documentation), or an Incident Report.

Investigation: means a detailed inquiry into and systematic examination of an allegation raised in a rights complaint.

Intervention: means to act on behalf of an individual served to resolve a complaint alleging a violation of a right guaranteed by this act, when the facts are clear and the remedy, if applicable, is clear, easily obtainable and is not disciplinary in nature.

Substantiation: means the complaint filed, after the Recipient Rights Office reviewed the evidence, was determined to be true, based on a preponderance of evidence standard.

Progressive Steps

For purposes of this report, Progressive Steps include various levels of disciplinary action on the part of the supervisor/contracted agency, when a staff or contract staff has a substantiated violation of a recipient right. Progressive Steps can be documented counseling, verbal warning, written warning, disciplinary suspension, and dismissal.

Summary Data

During Fiscal Year 2023, 138 complaints were submitted for review. Of those complaints, 7 contained no code protected right, 3 were outside the jurisdiction of the Rights Office, and 128 met criteria to be labeled as a formal complaint. Of the 128, 4 were handled as interventions, and 124 were investigated. 88 investigations/Interventions were substantiated. This equates to 69% of the complaints received. This is higher than last fiscal year when the percentage of substantiated complaints was 60%.

Type/Summary Data

Type of event	Number of complaints	Notes/Improvement Opportunity
Abuse - includes Class I, II and III	17	6 were substantiated resulting in disciplinary action. This is a lower number of complaints as well as substantiations.
Neglect – includes Class I, II and III	32	30 were substantiated/Remedial action taken. (Progressive steps of discipline utilized)
Rights Protection System	3	3 were substantiated (Progressive steps utilized).
Civil Rights	0	Consistent with FY22
Family Rights	0	Consistent with FY22
Communication and Visits	1	This is one more than last year. This one case dealing with telephone & mail was substantiated.
Confidentiality/disclosure/withholding information/denying access to record	22	Of the 22 – 4 were treated as Interventions, 3 interventions were substantiated. 18 of the 22 were investigated. 15 investigations were substantiated. Progressive Steps utilized. There were 27% more complaints filed in FY23 than in FY22. As with last year, none dealing with confidentiality rose to the level that required HIPAA reporting and none were intentional.
(Treatment Environment) - Safe & Sanitary Humane Services /Least Restrictive Setting	5	3 were substantiated
Freedom of Movement	0	Consistent with last year.
Personal Property-Possession and Use & Limitations	4	3 substantiated – resulting in remediation.
Mental Health Services Suited to Condition include: 2nd	19	12 were substantiated (Progressive Steps

opinion (denial of service); Informed Consent; Information on Family Planning; & Treatment by Spiritual Means (Dignity and Respect is also under this category but is listed on its own line item)		utilized)
Dignity and Respect	24	14 substantiated/Progressive Steps utilized. Consistent with last FY.
Treatment Planning	0	This is consistent with last year.
Photographs/fingerprinting/audio/one-way glass/Video Surveillance.	1	1 substantiated. This is consistent with last year.
Total	128	88 substantiated investigations/interventions.

Comparison to previous years:

In FY 2021, there were 92 complaints received, one was treated as an intervention and the rest were investigated. Of those 54% were substantiated. In total there were 21% less complaints received in FY 2021 over FY 2020. During FY 2021, a total of 2307 unduplicated count of individuals were served. Less complaints were received, less complaints were substantiated, and more people were in services. Numbers of various types of complaints were less than in FY 2020. Note: In FY 2021 there was an increase in Neglect Class III substantiated complaints, this was due to the staff filling out the mandated screening form to detect illness, marking yes under one of the categories and going into work. This was automatically flagged as a neglect complaint. A process improvement was implemented and this is no longer an issue. There was indication the restrictions placed on visits, outings, employment etc. on the NeMCMHA run group homes, played a role in the numbers listed in FY 2021 as a majority of complaints stemmed from the group home/AFC system. This is due to various reasons but noteworthy for FY 2020, and FY 2021 was the shutdown of many establishments as well as the stay at home order through the Governor’s Office. This and staffing levels may have had something to do with the number of complaints listed and the belief that had those not been in play, complaints may have been less than seen in the summary.

In FY 2022, there were 117 complaints received by the NeMCMHA Office of Recipient Rights. Six were outside the jurisdiction of the rights office and five contained no code protected right. Of the remaining 106, five were treated as interventions and 101 were treated as investigations. In total, 64 interventions/investigations were substantiated by the Recipient Rights Office. This number represents 60% of the complaints being substantiated. During FY 2022, a total of 2270 unduplicated count of individuals were served by NeMCMHA. The number of substantiated complaints increased 6% over FY2021.

In FY 2023, there were 128 complaints investigated or treated as interventions and of those, 88 were substantiated. This is 9% higher than last year. All substantiated complaints were addressed. Those dealing with contractors resulted mainly in training efforts, but some did result in the contract provider enforcing progressive steps on staff. Those dealing with CMH staff resulted in the use of progressive steps. As with last year, in some cases, the staff left employment prior to remedial action being taken.

There was an increase in confidentiality breaches but none met the level of intention or volume to record as a HIPAA breach. This may include wrong address on a letter sent, information inadvertently scanned in the wrong record, or an email sent to an internal employee who did not need to receive it.

Trends Identified

- The majority of complaints continue to come from internal group homes and contracted adult foster care home settings.

- There was an increase in neglect complaints and confidentiality complaints. There seemed to be a theme of circumstances surrounding the allegations and a majority of the complaints involved a few internal group homes.
- There continues to be many people served needing a high level of support. This high level of support may bring with it a higher potential for complaints.

Improvement Opportunities Identified

NeMCMHA is unable to enforce progressive steps for contractors. It is noted that some contractors have utilized progressive steps with their staff after a substantiation was identified. This was part of the contractors plan to address the substantiation.

If staffing levels play any role in complaints received, increased staffing may reduce complaints.

Actions to Address Improvement Areas

In response to contractors involved in complaints, training efforts in areas of deficit have occurred.

For staff who received progressive steps in response to a substantiated complaint, training in the area occurred.

Actions Implemented

It will be monitored if training of contractors has improved areas identified in complaints.

Recruiter in place. Efforts are ongoing to increase staff.

Results of Actions Taken (did they meet the intended results)

For responses to substantiated complaints, it does appear that actions taken have met their intended results.

Plan for the Future

The Rights Office will continue to monitor, train, advise, review and address formal complaints on behalf of the persons served by NeMCMHA.

Completed by:

Ruth Hewett, Recipient Rights Officer, NeMCMHA

Date: December 14, 2023

Lynne M. Fredlund, Quality Improvement Coordinator, NeMCMHA

Date: December 14, 2023

Turnover by Department

<u>Division/Department Name</u>	<u># at 1/1/2023</u>	<u>Employees Hired/Trnsfr'd</u>	<u>Employees Separated/Trnsfr'd</u>	<u># at 12/31/2023</u>	<u>Total Turnover</u>
Administration/Support Services	46	7	4	49	9%
MI/IDD Program Management	5	2	1	6	20%
Psychiatry & Nursing Support	15	3	4	13	27%
OAS & OBRA Services	8	7	3	12	38%
MI CRS Services	5	2	3	3	60%
MI Access	2	1	1	2	50%
MI Adult Casemanagement	8	5	7	6	88%
MI Adult A.C.T.	5	1	3	3	60%
Home Based Child	6	4	3	6	50%
MI CLS & Peer Support Services	13	8	3	18	23%
MI/IDD Employment Services	17	5	4	18	24%
Self Determination	2	3	1	4	50%
DD Casemanagement	8	2	1	9	13%
DD Clinical Support	2			2	0%
DD SIP Residential	32	16	13	35	41%
DD Community Support	19	2	2	19	11%
Blue Horizons	10			10	0%
Brege	11	2	3	10	27%
Cambridge	11	5	5	11	45%
Harrisville	10	7	6	11	60%
Mill Creek	9	8	7	10	78%
Pine Park	10	4	2	11	20%
Princeton	11	9	10	9	91%
Thunder Bay Heights	10	6	4	12	40%
Walnut	9	9	8	10	89%
Totals	284	118	98	299	35%

Agency-Wide Turnover

<u>Division/Department Name</u>	<u># at 1/1/2023</u>	<u>Number Hires</u>	<u>Total Employees Separated</u>	<u># at 12/31/2023</u>	<u>Total Turnover Rate</u>
	All Employees	284	109	94	299

EXECUTIVE LIMITATIONS

(Manual Section)

ASSET PROTECTION

(Subject)

Board Approval of Policy
Last Revision of Policy Approved

August 8, 2002
February 9, 2023

●1 **POLICY:**

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

Accordingly, he or she may not:

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

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

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

●2 **APPLICATION:**

The Northeast Michigan Community Mental Health Authority Board

●3 **DEFINITIONS:**

●4 **REFERENCES:**

●5 **FORMS AND EXHIBITS:**

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GOVERNANCE PROCESS

(Manual Section)

BOARD COMMITTEE PRINCIPLES

(Subject)

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

August 8, 2002
February 13, 2020

●1 **POLICY:**

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

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

●2 **APPLICATION:**

The Northeast Michigan Community Mental Health Authority Board

●3 **DEFINITIONS:**

●4 **REFERENCES:**

●5 **FORMS AND EXHIBITS:**

BOARD STAFF RELATIONSHIP

(Manual Section)

DELEGATION TO THE EXECUTIVE DIRECTOR

(Subject)

Board Approval of **Policy**
Board Approval of Policy Revision:

August 8, 2002
February 9, 2023

•1 POLICY:

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

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

•2 APPLICATION:

The Northeast Michigan Community Mental Health Authority Board

•3 DEFINITIONS:

•4 REFERENCES:

•5 FORMS AND EXHIBITS:

Northeast Michigan Community Mental Health Authority Board

400 Johnson Street

Alpena, MI 49707

County Representing	Name/Address	E-mail Address	Home Phone	Term Expiration
Alcona	Bonnie Cornelius <i>Secretary</i> 306 Hubbard Lake Road Hubbard Lake, MI 49747	circlecequus@yahoo.com	(989) 464-3587	3-31-2026
Alcona	Terry (John) Small 2066 N. Wilson Road Curran, MI 48728	jtsmall@allband.org	(989) 590-0364	3-31-2024
Alpena	Robert Adrian 227 Dawson St Alpena, MI 49707	sunbaked78@gmail.com	(989) 255-0208	3-31-2025
Alpena	Lynnette Grzeskowiak 6120 Blackberry Lane Alpena, MI 49707	lgrzeskowiak@alpenaagency.com	(701) 240-4802	3-31-2026
Alpena	Judith Jones 7397 US-23 South Ossineke, MI 49766	ijjones@chartermi.net	(989) 471-5142	3-31-2025
Alpena	Eric Lawson <i>Chair</i> PO Box 73 Ossineke, MI 49766	lawsone2001@gmail.com	(989) 255-3762	3-31-2024
Alpena	Patricia Przeslawski 567 Northwood Drive Alpena, MI 49707		(989) 354-4438	3-31-2024
Montmorency	Charlotte Helman 20991 Co. Rd. 628 Hillman, MI 49746	cpalek_7991@hotmail.com	(989) 464-7018	3-31-2025
Montmorency	Lloyd Peltier <i>Vice Chair</i> 17829 N. County Rd. 459 Hillman, MI 49746	antiqueammo@yahoo.com	(989) 464-0765	3-31-2025
Presque Isle	Lester Buza PO Box 106 Rogers City, MI 49779		(989) 734-7383	3-31-2025
Presque Isle	Dana Labar 143 E. Ontario St. Rogers City, MI 49779	danajohnlabar@gmail.com	(989) 884-3754	3-31-2025
Presque Isle	Gary Nowak <i>Past Chair</i> PO Box 168 Rogers City, MI 49779	janowak1@gmail.com	(989) 734-3404	3-31-2026

January 2024

MARCH AGENDA ITEMS

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NMRE

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