

*Northeast Michigan Community Mental Health Authority
Board Meetings - February 2022*



Happy Valentine's Day!



 Board Meeting,
Thursday, February
10 @ 3:00 p.m.

All meetings are held at the Board's Main Office Board Room located at 400 Johnson St in Alpena unless otherwise noted.

NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY BOARD
BOARD MEETING
February 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 (See pages 1-4)**
- VIII. Consent Agenda (See page 5)**
 - 1. Contracts**
 - a. Merit Internet Service Connection**
 - b. Fletcher Street Lease Extension**
- IX. Educational Session – CARF UpdateLynne Fredlund**
- X. February Monitoring Reports**
 - 1. Treatment of Individuals Served 01-002.... (See pages 6-10)**
 - 2. Staff Treatment 01-003 (See pages 11-12)**
- XI. Board Policies Review and Self Evaluation**
 - 1. Asset Protection 01-007 [Review Only] (See pages 13-14)**
 - 2. Board Committee Principles 02-005 [Review & Self-Evaluation] ... (See page 15)**
 - 3. Delegation to the Executive Director 03-002 [“ ”] (See pages 16-17)**
- XII. Linkage Reports**
 - 1. CMHAM**
 - 2. Northern Michigan Regional Entity**
 - a. January 26th Board Meeting Report (Verbal)**
 - 3. Advisory Council (Verbal)**
- XIII. Operations Report (Available at Meeting)**
- XIV. Chair's Report**
 - 1. Strategic Plan**
- XV. Director's Report**
 - 1. Director's Update (Verbal)**
 - 2. Endowment Fund Grant Awards (See page 18)**
- XVI. Information and/or Comments from the Public**
- XVII. Information and/or Comments for the Good of the Board**
- XVIII. Next Meeting – Thursday, March 10 at 3:00 p.m.**
 - 1. Set March Agenda (See page 19)**
 - 2. Meeting Evaluation All**
- XIX. 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 Meeting
January 13, 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: Les Buza, Bonnie Cornelius, Roger Frye, Lynnette Grzeskowiak, Judy Jones, Terry Larson, Eric Lawson, Gary Nowak, Terry Small

Absent: Robert Adrian (excused), Geyer Balog (excused), Pat Przeslawski (excused)

Staff & Guests: Lisa Anderson, Carolyn Bruning, Jill Buscia, Mary Crittenden, Rebekah, Duhaime, Erin Fletcher, Mariah Giese, Mary Myers, Larry Patterson, Nena Sork, Jen Whyte, Connie Cadarette via Uber

III. Pledge of Allegiance

Attendees recited the Pledge of Allegiance as a group.

IV. Appointment of Evaluator

Roger Frye was appointed as evaluator for this meeting.

The Board observed a moment of silence for Roger Boston, an advocate for recovery and mental health instrumental in the development of Bay View Center, and Richard Anderson, previous Board member.

V. Acknowledgement of Conflict of Interest

There was no conflict of interest declared.

VI. Information and/or Comments from the Public

Eric Lawson reported Board member, Roger Frye, presented Bay View Center with a check for \$462.99 just prior to this meeting as a result from the tootsie roll drive conducted by the Montmorency County Knights of Columbus. The proceeds of the drive were distributed to Special Olympics, Pied Piper Opportunity Center and Bay view Center.

VII. Approval of Minutes

Moved by Gary Nowak, supported by Terry Small, to approve the minutes of the December 9, 2021 meeting as presented. Motion carried.

VIII. Educational Session – Adult Case Management

Mariah Giese, Adult Case Management Supervisor, reports case management services provided to individuals 18-55 years old with serious mental illness and those with co-occurring disorders include assistance with developing a plan of service through person-centered planning, linking, coordinating and monitoring services and supports. The program connects individuals to community resources they may need such as housing, employment, NEMSCA and often work with court ordered individuals. Psychoeducation is provided to individuals receiving services. Case Managers will provide medication information so the individual can understand the need to take their medicine.

Case Management staff is diverse with a mixture of staff with a BSW and staff with a nursing degree. There is the medical side of treatment along with the social work side of treatment so the nursing skills are broadly utilized. Crisis services are also provided to the individual in case management services.

Case Management services can be provided to individuals in AFC settings. The case manager will assist in linking and coordinating and advocating for the individual. For those individuals in foster

care settings, the case manager will work with individuals to transition to potential independent living opportunities.

Case managers must think outside the box to get the individual the best service available for them. Five nurses to three social workers will be fully staffed next week. Typically, nursing staff will carry a caseload of 25-30 as they traditionally have individuals with more medical needs. Social workers in this program will have a caseload of 35-40. The nursing staff in this program will provide administration of injectable medication for individuals receiving services in case management.

Mariah noted case management staff provide at least two hours of face-to-face contacts with various individuals enrolled in the program each day. She noted with COVID staff were allowed to use telemedicine; however, those times are sometimes shorter. There are individuals seen more frequently and others can be successful with a visit biweekly.

IX. Consent Agenda

A. Blue Horizons Management Agreement

B. Assistance to Independence Home Care Services LLC

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

X. January Monitoring Report

1. Emergency Executive Succession 01-006

The monitoring report related to this policy provides the Board with options for two scenarios: 1) the temporary assumption of the Executive Director's responsibilities during a brief period of illness and 2) the assumption of the Executive Director's responsibilities in the event the position was suddenly vacated.

Moved by Lynnette Grzeskowiak, supported by Les Buza, to accept the January Monitoring Reports as presented. Motion carried.

XI. Board Policies Review & Self-Evaluation

1. Emergency Executive Succession 01-006

There were no revisions or comments provided related to this policy.

2. Executive Director Role 03-001

There were no revisions or recommendations for revisions. Eric Lawson requested input as to how the Board is operating as related to this policy. Terry Small indicated he believes Board members operate according to this policy.

XII. Linkage Reports

1. Community Mental Health Association of Michigan (CMHAM)

a. Winter Board Conference [Feb 8 & 9]

The Winter Conference is one this Board traditionally does not attend. The conference has been changed to a fully virtual conference due to the spike in COVID.

2. Northern Michigan Regional Entity (NMRE)

a. Board Meeting December 22 and November 24

The November minutes were included in the mailing. The December minutes were distributed during this meeting. Roger Frye reported there was a lot of discussion. Eric Lawson noted Bills 597 and 598 seem to continue to be a topic. Gary Nowak noted the NMRE just provided dollars to the Board Association to advocate on behalf of community mental health. Nena Sork reported there is a link on our Facebook page related to the impact of the bills as well.

XIII. Operations Report

Mary Crittenden reviewed the data from the December report. She reported there were 57 routine access services, 1 urgent, 101 crisis contacts and 49 prescreens. She noted there were 10 hospital admissions during the month. She informed Board members of staffing shortages in the children services program which will result in lower numbers over the next couple of months; however, the children are still receiving services through case management.

Pat Przeslawski arrived at 3:17 p.m.

Overall, there were 990 individuals receiving services during the month of December

XIV. Chair's Report

1. By-Law Review

The suggestions for revision made at the December meeting are incorporated into the document reviewed for this meeting. The revisions are on numbered pages 21 and 24.

Moved by Les Buza, supported by Gary Nowak, to approve revisions to the By-Laws as presented. Motion carried.

2. Authorization to VISA Card

Eric Lawson reported there is a need to remove Lee Ann Bushey from the Agency credit card and put Rebekah Duhaime on the card. The VISA card is used in making hotel reservations and conference registrations.

Moved by Gary Nowak, supported by Terry Small, to revise the cardholder names on the VISA card of the Agency as requested. Motion carried.

XV. Director's Report

1. Director Update

Nena Sork reported she had participated in various meetings with MDHHS. She and Mary Crittenden met with MidMichigan to collaborate services to address the increase in ER visits due to Covid. We noted we could conduct prescreens for those presenting for Behavioral Health issues at this office if that would lessen the demand and burden they are facing in the ER.

Nena Sork reported she participated in the Northern Michigan Opioid Response Consortium meeting.

In December, the Agency hosted a training in conjunction with the Christmas brunch for the staff with 100+ attending.

She attended the December NMRE Board meeting.

Management staff continues with recruitment and updating job descriptions. In addition, reappointment of some duties are shifted to address staff shortages.

Earbuds and flash drives were distributed to all school children in the four county area to help children with their chrome books. Thank you cards were received from children. Thank you cards were also received from Hope Shores Alliance for donations made by staff as part of the Christmas brunch/training and support of the Suicide Walk in Presque Isle County.

She reported a new Children's Supervisor has been hired and will begin February 14th; this was a difficult recruitment. Some of the difficulty in recruitment hinges on housing especially when the prospect comes with pets. She noted a psychologist was also recruited and one in-house individual recently passed the state exam and is now licensed as a psychologist.

Dr. Thibault, psychiatrist, finalized her contract and will graduate in June to begin working at the Agency in August. Dr. Thibault will have office hours in Montmorency County. Dr. Hoffman has

assumed the role of Medical Director for the Agency. Nena noted the Agency has also been successful in recruiting nursing staff.

Nena Sork reported revenues are down somewhat during the first two months of the fiscal year by approximately \$71,000 but, overall, the Agency is to the good. Nena Sork reported the recruitment success is due to getting our salaries to at least average of the market.

Nena Sork reported the Supreme Court voted down the OSHA mandate; however, the CMS order was upheld 5 – 4. This will apply to us as we receive Medicare and Medicaid dollars. Nena Sork noted the CMS mandate does not allow for weekly testing. The only medical exemption was if the individual had a severe reaction to the first injection. Nena Sork reported the mandate has been the most challenging task management has had to face.

Nena Sork reported Northern Lakes announced their new CEO and the Macomb CMH CEO, Dave Pankotai was awarded the position.

XVI. Information and/or Comments from the Public

There was no information presented.

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

Lynnette Grzeskowiak was wished a happy birthday. Terry Larson thanked staff for handling this difficult situation with the COVID challenges. Bonnie Cornelius believes all workers need to be thanked for their continued efforts and working during this pandemic. Nena Sork reported her Friday communication to staff includes messages from the Board.

Diane Hayka reported the mileage from the last meeting has met a snag and will be processed. Board members will most likely receive December and January mileage in the same check.

XVIII. Next Meeting

The next regularly scheduled meeting of Northeast Michigan Community Mental Health Authority Board will be held Thursday, February 10, 2022 at 3:00 p.m.

1. Set February Agenda

The February agenda items were reviewed.

XIX. Evaluation of Meeting

Roger Frye noted the educational session was well explained by Mariah. The meeting began on time. He thanked staff and noted he really appreciates all the efforts of staff.

XX. Adjournment

Moved by Pat Przeslawski, supported by Terry Small, to adjourn the meeting. Motion carried. This meeting adjourned at 3:52 p.m.

Bonnie Cornelius, Secretary

Eric Lawson, Chair

Diane Hayka
Recorder

INTEROFFICE MEMORANDUM

TO: Board Members
FROM: Nena Sork
SUBJECT: Consent Agenda
DATE: January 31, 2022

I. Contracts/Agreements

A. Merit Internet Service Connection

This is for a second Merit fiber communication line from the fiber network to the Main office. This will give us a second connection that will work as a fail over and/or load balance connection to the internet. The communication line will allow us to continue work if one of the two connections is down. Our present connection joins the Northeast Michigan Fiber Network Ring at the Alpena County building. The new fiber line will connect to different fiber line; it will connect to the NEMiFC ring at the ACC building. The one-time cost for installation is \$27,824.90 with a recurring cost of \$1,350.00. We recommend approval.

B. Fletcher Street Lease Extension

The current lease at our Fletcher Street office is set to expire February 28, 2022. Management has requested a one-year extension of the current lease and wish to revisit the lease next year. The Landlord has granted the extension through February 28, 2023 using the same agreement and terms of the current lease including the same rent amount. We recommend approval.



Recipient Rights Advisory Committee Minutes January 26, 2022

The meeting was called to order at 3:01 p.m. January 26, 2022, by Chair Patricia Przeslawski in the Fran Mattson Conference Room. This meeting was postponed a week due to inclement weather.

Present: Tom Fredlund, Judy Jones (in at 3:05), Barb Murphy, Pat Przeslawski, Renee Smart-Sheppler and Lorell Whitscell
Absent: None.
Staff: Ruth Hewett
Guests: None.

DRAFT MINUTES

I. **Old Business.** None.

II. **Approval of Minutes.** The minutes from 10-20-2021 were approved as written by consensus.

III. **New Business.**

REVIEW OF FUNDING: Connie Cadarette, Finance Officer, presented the preliminary budgeted funding for the rights office for this fiscal year. The total budgeted amount of \$182,272, included a \$30,340 increase from last year due to staff wage and benefit cost increases. Connie noted this budget is for 2 full-time staff, however, with the very recently added full-time rights advisor position, Connie liberally added \$60,000 to the budget for a total increase of \$90,340. Renee moved to receive the report, supported by Lorell. Carried.

QUARTERLY RIGHTS ACTIVITY REPORT: The report covered the first quarter of FY 22, 10/1/2021 – 12/31/2021. Complaints this quarter were lower than the same quarter the previous year but comparable with the last three quarters at 23. Of the 23 complaints, 21 were investigated, 1 was handled as an intervention, and 1 did not contain a Code-protected right. There were 12 substantiated with no pending investigations or remedial actions. Barb moved to review the report, supported by Tom, motion carried.

INTEREST TO CONTINUE COMMITTEE MEMBERSHIP: Committee members will be selected by the Board during the March, 2022 board meeting. All committee members voiced a desire to be re-appointed for another year.

CMHSP ANNUAL MONITORING REPORT: This report is required to the MDHHS Office of Recipient Rights by 1-30-2022 and covers the previous FY year (10-1-2020 through 9-30-2021). This report covers seven areas: 1) Rights office staff and/or director changes, 2) Rights related policies created or revised during the year, 3) Process for provision of rights in the absence of the rights officer, 4) Process for addressing the responsibilities of the agency director in her absence, 5) Complaints against the director, 6) Cases of retaliation or harassment, and 7) Appeals.

IV. **Educational Session:**

POLICY REVISION REVIEW: Due to eight (8) rights related policies revised this past year, the educational session included a review of those changes. Policies included the following: Recipient Rights System, Training/qualifications/Responsibilities of Recipient Rights Staff, Communication, Confidentiality, Photographing, Fingerprinting, Audio-Recording, and Use of One-Way Glass, Resident Rights to Access, Personal Property and Informed Consent.

RRAC Minutes

V. Other Business.

The next meeting will be April 20, 2022 at 3 p.m. in the Administrative Conference Room.

VI. Adjournment.

The meeting adjourned at 3:35 pm.

Ruth Hewett, Recorder

Patricia Przeslawski, Chairperson

QUARTERLY RECIPIENT RIGHTS ACTIVITY REPORT

Time Period: October, November & December 2021:

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

B. Aggregate Summary of Complaints

CATEGORY	Received	Investigation	Intervention	Substantiated
Abuse I	0	0		0
Abuse II	2	2		0*
Abuse III	2	2		2
Sexual Abuse	0	0		0
Neglect I	0	0		0**
Neglect II	0	0		0
Neglect III	5	5		4***
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	4	3	1	2
Treatment Environment	1	1	0	0
Freedom of Movement	0	0	0	0
Financial Rights	0	0	0	0
Personal Property	0	0	0	0****
Suitable Services	8	8	0	4
Treatment Planning	0	0	0	0
Photos/Fingerprints/Audio etc	0	0	0	0
Forensic Issues	0	0	0	0
Total	22	21	1	12

Pending from last quarter:

*Abuse II was substantiated

**Neglect I was changed to Neglect III and was substantiated

***Neglect III was not substantiated

****Personal Property was substantiated

c. Remediation of substantiated rights violations.

Category/Specific Allegation	Specific Provider	Specific Remedial Action
Pending from prev qtr:		
Abuse II	Lighthouse	Written Rep & Training
Neglect III	Premier Care	Moved consumer/employee Left before action taken
Personal Property	NEMCMH	Verbal Reprimand & `Other
Abuse II	NEMCMH	Suspension
Neglect III	NEMCMH	Suspension
Confidentiality	NEMCMH	Documented Counseling
Confidentiality	NEMCMH	Documented Counseling
Suit Serv-Dign/Resp	NEMCMH	Verb Rep / Left bef action
Actions this qtr:		
Abuse III	Beacon	Terminated
Abuse III	Srebnik AFC	Training
Neglect III	NEMCMH	2-Verb Rep/1-left bef action
Neglect III	NEMCMH	Documented Counseling
Neglect III	NEMCMH	Written Reprimand
Neglect III	Cornerstone/Hernandz	Written Reprimand
Confidentiality	NEMCMH	Documented Counseling
Confidentiality	NEMCMH	Termination
Suit Serv-Dign/Resp	NEMCMH	Left before action taken
Suit Serv-Dign/Resp	NEMCMH	Left before action taken
Suit Serv-Dign/Resp	Self Determination	Terminated
Suit Serv-Dign/Resp	NEMCMH	Written Reprimand

D. Summary of Incident Reports: October, November & December 2021

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

E. Prevention Activity	Quarter	YTD
Hours Used in Training Provided	21.00	21.00
Hours Used in Training Received	4.00	4.00
Hours Used in Site Visits	2.50	2.50

F. Monitoring Activity	Quarter	YTD
Incident Report Received	430	430

G. Source of All Complaints:	Quarter	YTD
Recipient:	03	03
Staff:	19	19
ORR:	-0-	-0-
Gdn/Family:	-0-	-0-
Anonymous:	01	01
Comm/Gen Pub:	-0-	-0-
Total	23	23

Ruth M. Hewett, Recipient Rights Officer

1/24/2022
Date

INTEROFFICE MEMORANDUM

TO: BOARD MEMBERS
FROM: NENA SORK
SUBJECT: TURNOVER REPORT
DATE: JANUARY 31, 2022
CC:

Attached is the Turnover Report required by Policy 01-003, Staff Treatment. This report addresses the period January 1, 2021 through December 31, 2021. The report reflects employment activity for the Board's regular employees; substitute and casual employees have not been included as their employment is, by nature, somewhat sporadic and turnover-prone. In the "Turnover by Department" section, we have included internal transfers in the attached report; i.e., a part-time employee accepting a full-time position in a different home would be considered turnover. At the bottom of the report, we have included a statistic showing turnover "Agency-wide," which reflects turnover of employees actually leaving the agency.

Turnover for 2020, including "in-house" turnover, was 37% (this was 37% in the prior year); when limited to only those employees that actually left the agency, the rate is 33% (this was 30% in the prior year). *For the one-year period January 2020 through December 2020, the US Bureau of Labor Statistics reports a "separation rate" of 45% for employees in the classification of "Healthcare and Social Assistance." For those employees who actually left the agency, the table below shows the circumstances under which those employees left during 2021. Also shown is some detail about the reasons for the terminations.

<u>Reason for Leaving</u>		<u># of Separations</u>
Retirement		11
Health/Disability		4
Death		0
Position Eliminated/Contracted		0
Bumped		0
Resigned		71
Termination		11
Attendance	4	
Performance	6	
Rights-related	1	
TOTAL		<u>97</u>

*2021 numbers are not yet released

Attachment

Turnover by Department

Division/Department Name	# at 1/1/2021	Employees Hired/Trnsfr'd	Employees Separated/Trnsfr'd	# at 12/31/2021	Total Turnover
Administration/Support Services	42	7	4	44	10%
MI/IDD Program Management	5	2		7	0%
Psychiatry & Nursing Support	10	2	3	9	30%
OAS Services	13	4	5	12	38%
MI CRS Services	3	3	2	4	67%
MI Access	3	1		4	0%
MI Adult Casemanagement	10	1	2	9	20%
MI Adult A.C.T.	5	1	1	5	20%
Home Based Child	11	4	9	6	82%
MI Peer Support Services	3			3	0%
MI/IDD Employment Services	14	5	3	16	21%
Self Determination	5		1	4	20%
DD Casemanagement	8	2	1	9	13%
DD Clinical Support	3		1	2	33%
DD SIP Residential	41	15	26	30	63%
DD Community Support	18	3	3	18	17%
Blue Horizons	10	1	4	9	40%
Brege	10	7	5	12	50%
Cambridge	11	3	2	12	18%
Harrisville	10	3	4	9	40%
Mill Creek	9	9	8	10	89%
Pine Park	10	3	5	9	50%
Princeton	11	7	9	9	82%
Thunder Bay Heights	11	1	2	10	18%
Walnut	<u>11</u>	3	6	<u>8</u>	55%
Totals	287	87	106	270	37%

Agency-Wide Turnover

<u>Division/Department Name</u>	<u># at</u> <u>1/1/2021</u>	<u>Number</u> <u>Hires</u>	<u>Total</u> <u>Employees</u> <u>Separated</u>	<u># at</u> <u>12/31/2021</u>	<u>Total</u> <u>Turnover</u> <u>Rate</u>
All Employees	<u>287</u>	<u>78</u>	<u>95</u>	<u>270</u>	33%

EXECUTIVE LIMITATIONS

(Manual Section)

ASSET PROTECTION

(Subject)

Board Approval of Policy
Last Revision of Policy Approved

August 8, 2002
February 13, 2020

●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.

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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:

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 13, 2020

●1 **POLICY:**

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

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

●2 **APPLICATION:**

The Northeast Michigan Community Mental Health Authority Board

●3 **DEFINITIONS:**

●4 **REFERENCES:**

●5 **FORMS AND EXHIBITS:**

February 7, 2022

MEMORANDUM



TO: Board Chairpersons
Executive Directors
Association Delegates
Board of Directors

FROM: Joseph Stone, President

RE: **Nomination and Election of Association Officers – 2022/2023**
Must respond by Friday, April 1, 2022

We are beginning our annual process of nominating and electing Association officers for 2022/2023. The process involves the following:

1. Each region must appoint a representative to the Nominating Committee. These nominations were completed at the Fall regional meetings. The Nominating Committee members are listed on page 2.
2. Boards are asked to nominate candidates for office by sending their nominations to their regional chairperson and the Association office by ***April 1, 2021***. Discussions for the nomination process will begin at the February Regional Meetings being held February 22, 23, and 24, 2022.
3. If the regional chairperson receives a large number of nominations, the chair may want to convene a regional meeting via Zoom or in person to recommend a roster of candidates to be nominated from their region. The nominations should be forwarded to the Association office by April 1, 2021. Each Region should nominate ONE INDIVIDUAL per office on the provided blank roster.
4. The complete slate will be sent to all boards prior to the By-laws deadline.
5. ***Elections will be held after the Association Annual Summer Meeting in June.*** Please note that once two officers have been elected from the same region, no further candidates from that region will be eligible for election.

This memo will serve as official notification and invitation from the Association to every board to submit candidates for office to their regional chairperson and the Association office. ***You are encouraged to submit nominees as soon as possible.***

- < Officers to be elected will be president, first vice president, second vice president, secretary and treasurer.
- < Our By-Laws mandate that the president and first vice president must be a board member.
- < The By-Laws also state that not more than two officers shall be from the same Association region.
- < Members are prohibited from serving more than 2 consecutive terms in any office.
- < Boards are requested to send nominations for Association officers to:
CMHA, 426 S. Walnut Street, Lansing, MI 48933 OR email to mfrancis@cmham.org

Community Mental Health Association of Michigan

2022-2023 Elections

ROSTER

2022-2023 NOMINATING COMMITTEE:

Chairperson: Ed Woods (LifeWays)
 Central: Sharon Beals (Tuscola)
 Metro: VACANT
 Northern: Nena Sork (Northeast)
 Southeast: Kay Randolph-Back (CEI)
 U.P.: Jim Moore (Hiawatha)
 Western: Todd Koopmans (Newaygo)

2022-2023 ROSTER OF NOMINEES					
	President	1st VP	2nd VP	Treasurer	Secretary
Current Officers	Joseph Stone AuSable Valley <i>(Northern)</i>	Carl Rice, Jr. LifeWays <i>(Southeast)</i>	Craig Reiter Hiawatha <i>(UP)</i>	Randy Kamps Northern Lakes <i>(Northern)</i>	Cathy Kellerman Newaygo <i>(Western)</i>
Eligible for re-election	NO	YES	YES	YES	NO
Central					
Metro					
Northern					
Southeast					
U.P.					
Western					

Please Note:

- < Officers to be elected will be president, first vice president, second vice president, secretary and treasurer.
- < Our By-Laws mandate that the president and first vice president must be board members.
- < The By-Laws also state that not more than two officers shall be from the same Association region.

02/07/2022

ARTICLE VI OFFICERS

(A) Officers:

Officers of this Association shall be a President who shall be a CMHSP or PIHP board member, a First Vice-President who shall also be a CMHSP or PIHP board member, a Second Vice-President, a Treasurer, a Secretary and the immediate Past President, all of whom must be CMHSP or PIHP board members or Executive Directors of CMHSPs or PIHPs. Not more than two (2) officers shall be from the same Association region as designated in Article V (B) and (C).

(B) President:

The President shall preside at all meetings but may, at the President's discretion, arrange for presiding officers at any meetings. The President shall appoint the co-chairpersons of all Standing Committees and be a member thereof. The President may appoint ad hoc committees as needed. The President shall notify the membership of the committee appointments upon completion thereof. The President shall be Chairperson of the Personnel Committee. The President shall be chairperson of the Board of Directors and Steering Committee. The President shall perform such duties as are usually incumbent upon the office of President, or as may be authorized by resolution of the membership.

(C) Vice-Presidents:

1. In the absence of the President, the First Vice-President shall perform the duties of the President. Other duties of the Vice-Presidents will be at the discretion of the President
2. In the absence of the President and the First Vice-President, the Second Vice-President shall perform the duties of the President.

(D) Treasurer:

The Treasurer, in partnership with the Budget and Finance Committee, the Board of Directors, and the CEO shall assure that:

- all funds are received and disbursed or otherwise accounted for, that an accurate accounting of all financial transactions is maintained, and;
- an audit report of the association's financial operations is conducted and presented to the Board of Directors on an annual basis;
- that an annual budget is developed for review by the Budget and Finance Committee, the Board of Directors, and the Member Assembly
- that a periodic financial report is submitted for review by the Budget and Finance Committee and the Board of Directors.

The Treasurer shall serve as chairperson of the Budget and Finance Committee.

(E) Secretary:

The Secretary shall assure that minutes of the official proceedings are kept and shall be responsible for records and files of the Association and the Board of Directors. The Secretary shall assure that notices of all meetings will be sent to the membership of the Association and the Board of Directors. The Secretary shall perform such duties as are usually incumbent upon the office of Secretary or as may be prescribed by the President, the Board of Directors or the membership.

(F) Immediate Past President:

After completing their role as President, they will become Past President and maintain that role until the President fulfills their position. They will maintain a CMHA officers position with all rights and privileges therein.

(G) Election and Term of Office:

Officers shall be elected by a vote of the official delegates present and representing Member CMHSPs/PIHPs/"at large" Provider Representatives as defined by Article III (D) at the annual meeting of the Member Assembly designated for the election of officers and shall take office at the adjournment of the electoral conference, unless the election of the officer(s) is at a meeting resulting from the death or removal of an officer, constituting the need for a special election. In those instances, that officer shall assume office at the adjournment of that meeting. Officers shall serve one term or until their successors have been elected. A vacancy occurring in any office shall be filled by a majority vote of the Board of Directors. The candidate so elected shall serve the unexpired balance of the term. Officers may serve no more than two consecutive terms in the same office.

For all offices except President, a Board Member or Director (CMHSP or PIHP) can serve no more than four (4) consecutive terms as an Association officer, as elected by the membership, (excluding any time served when appointed to fill a vacancy by the Board of Directors and years served as immediate Past President).

For election to the office of President, a Board Member must serve in at least one other officer position but not more than 6 consecutive terms as an officer, including the position of President.

In addition, officers of the Association are prohibited from simultaneously serving as a co-chairperson of any Standing Committee.

Terms for Officers shall be defined as two (2) years.

(H) Election of Officers:

1. Nominations:

The President shall appoint the chair of the Nominating Committee. Each region shall designate one member to serve on the Committee. The Committee shall solicit from each CMHSP and PIHP suggestions for nominations for the officer positions beginning at least three months before the election. Nominations for office from individual CMHSPs and PIHPs shall be sent to the regional chairperson and to the Association office. All regions will consider nominations made by CMHSPs and PIHPs in their regions and recommend a roster of candidates to be nominated. Each region may nominate a candidate for each of the officer positions to be elected. The region shall send their roster of candidates to the Nominating Committee for submission to the membership. Persons may also be nominated for office by individual CMHSPs and PIHPs. If the individual has not been selected as part of the regional roster, they shall be reported to the membership.

2. Notice:

The Nominating Committee shall mail a slate listing all nominees together with biographical data to all members at least forty-five (45) days prior to the annual meeting of the Member Assembly designated for the election of Association officers and the slate shall be presented to the membership at that meeting.

3. Election:

Officers shall be elected in the following order: President, First Vice-President, Second Vice-President, Treasurer, Secretary. There shall be no absentee or proxy voting.

(I) Removal from Office:

An elected officer may be removed from his or her position for misfeasance or nonfeasance when a two-thirds (2/3) vote of a meeting of the Member Assembly indicates that it would be in the best interests of the Association to do so. The Board of Directors by majority vote may remove any elected officer who has accumulated three (3) unexcused absences at regular or special Board of Directors meetings, or meetings incumbent upon his or her official duties within the elected officer's term of office.

(J) In the event that a candidate for an Association officer position is the only candidate for the position and that person resigns from the Association Board of Directors after the nominations period for officer positions is closed but before the election of officers is held, the incumbent, holding the position at the time, retains that position for the next year until the next regularly scheduled election of officers. This process shall be followed regardless of election, term, or other conditions outlined in other section of the Association's by-laws.

From: [Monique Francis](#)
To: [Monique Francis](#)
Cc: [Robert Sheehan](#); [Alan Bolter](#)
Subject: Regional Meetings to be held virtually on February 22, 23, and 24 - Find out when YOUR Region is scheduled!
Date: Monday, February 7, 2022 10:42:43 AM
Attachments: [image002.png](#)
[Nominating 1st mailing with Roster.pdf](#)
[By-Laws \(final\).pdf](#)
Importance: High

To: CMH and PIHP CEOs and Administrative Assistants, Regional Chairs and Regional Secretaries
From: Monique Francis, CMHA Committee Clerk
Re: Regional Meeting information for February 22, 23, and 24

Good Morning!

I will be coordinating Regional Meetings for the 6 regions of the CMHA – Central, Metro, Northern, Southeast, UP, and Western. These meetings will be to:

1. begin the nomination process for the election of CMHA Officers at the Annual Summer conference in June 2022,
2. make any award nominations that are needed, and
3. fill vacancies for any Board of Directors or standing committees your region may have.

These meetings will be held via Zoom.

It is imperative that we hold these meetings to gather input and hold regional discussions for the purpose of nominating those individuals who are interested in running for office within the Association!

These meetings, traditionally held on the second day of “in-person” conferences, are referred to as “Regional Breakfast Meetings”. They are where regional business is conducted. Appropriate attendees for these meetings would be PIHP and CEO Directors and their Board Members.

I will be sending all materials out for these meetings to you – the Directors – and request that you forward them along to your Board Members who would like to participate. The initial election information is being included with this email, but there WILL BE MORE INFORMATION coming! I will be hosting and joining each of these meetings to help with filling the vacancies, maneuvering through the nomination process for Association Officer Elections, and for any questions the group may have.

At this time, you simply need to reach out to your Board members to see who is interested in participating in these meetings and get the notice out to put these on your calendars. Share the election information with them, and let them know that more information on Award Nominations will be coming, along with an agenda specific to your region.

****NOTE that these meetings will NOT be to replace or re-appoint any positions for the**

CMHA Board of Directors or Standing Committees as this is done once yearly at the Summer Conference. If anyone has questions about this process, please feel free to reach out to me! I'd be happy to help clarify!

*Meetings will be scheduled from **10am to 11am** or **1pm to 2pm** on February 22, 23, and 24, 2022.*

See below for YOUR Regional Meeting Time Slot

Tuesday, February 22, 2022

10am to 11am: Metro Region

1pm to 2pm: UP Region

Wednesday, February 23, 2022

10am to 11am: Central Region

1pm to 2pm: Northern Region

Thursday, February 24, 2022

10am to 11am: Southeast Region

1pm to 2pm: Western Region

REGIONS ARE GROUPED AS FOLLOWS:

CENTRAL:

Regional Chair – Susan Svetcos

Regional Secretary – Susan McNett

Bay-Arenac, CMH for Central Michigan, Gratiot, Huron, Lapeer, St. Clair, Saginaw, Sanilac, Tuscola, and Region 10 PIHP

METRO:

Regional Chair – Jonathan Landsman

Regional Secretary – Selena Schmidt

Detroit Wayne, Macomb, and Oakland

NORTHERN:

Regional Chair – VACANT

Regional Secretary – Sr. Augusta Stratz

AuSable Valley, Centra Wellness, North Country, Northeast, Northern Lakes, and Northern Michigan Regional Entity (NMRE)

SOUTHEAST:

Regional Chair – Dan Russell

Regional Secretary – Greg Adams

CEI, Genesee, LifeWays, Lenawee, Livingston, Monroe, Shiawassee, Washtenaw, Mid-State Health Network (MSHN), and Community Mental Health Partnership of Southeast Michigan (CMHPSM)

UP:

Regional Chair – Pat Rozich

Regional Secretary – Bill Davie

Copper Country, Gogebic, Hiawatha, Northpointe, Pathways, and NorthCare Network

WESTERN:

Regional Chair – Cathy Kellerman

Regional Secretary – Todd Koopmans

Allegan, Barry, Berrien, The Right Door (Ionia), Kalamazoo, Montcalm, HealthWest (Muskegon), network180, Newaygo, Ottawa, Pines, St. Joseph, Summit Pointe, Van Buren, West Michigan, Woodlands, Lakeshore Regional Entity (LRE), and Southwest Michigan Behavioral Health (SWMBH)

Please feel free to reach out to me if you have any questions!~

Thank you for your attention to this matter.

Downtown I-496 to close for months in both directions – This may affect your route when coming to the CMHA Office. (click link below for information)

<https://lansingcitypulse.com/stories/downtown-i-496-to-close-in-both-directions-for-six-months,19536>

Please be aware that I will be working from home Mondays, Wednesdays and Thursdays, and working in the CMHA Office on Tuesdays and Fridays. This schedule is subject to change according to meetings that may be held in the office. I am returning emails regularly, and can be reached on my cell phone on days that I am working remotely. My cell number is listed below in my signature.



Monique Francis

**Monique Francis, Board of Directors & Committee Clerk
Conference Exhibit Coordinator**

Community Mental Health Association of Michigan

426 South Walnut Street, Lansing MI 48933

Direct Line: (517) 237-3145 Fax: (517) 374-1053

Cell: (517) 648-9258

cmham.org

"I'm trying to be totally awesome today,

But I'm exhausted from being totally awesome yesterday!"

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**NORTHERN MICHIGAN REGIONAL ENTITY
BOARD OF DIRECTORS MEETING
10:00AM – JANUARY 26, 2022
GAYLORD BOARDROOM**

ATTENDEES:	Roger Frye, Ed Ginop, Randy Kamps, Terry Larson, Christian Marcus, Gary Nowak, Jay O'Farrell, Justin Reed, Richard Schmidt, Karla Sherman, Don Smeltzer, Joe Stone, Don Tanner
VIRTUAL ATTENDEES:	Gary Klacking (West Branch), Mary Marois (Destin, FL)
NMRE/CMHSP STAFF:	Joanie Blamer, Eugene Branigan, Christine Gebhard, Chip Johnston, Eric Kurtz, Tema Pefok, Diane Pelts, Sara Sircely, Nena Sork, Deanna Yockey, Carol Balousek, Lisa Hartley
PUBLIC:	Chip Cieslinski, Dave Freedman, Jim Harrington

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 all Board Members were in attendance for the meeting on this date, either in person 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 Annual Compliance Training added to the Agenda.

MOTION BY JOE STONE TO APPROVE THE NORTHERN MICHIGAN REGIONAL ENTITY BOARD OF DIRECTORS MEETING AGENDA FOR JANUARY 26, 2022 AS AMENDED; SUPPORT BY KARLA SHERMAN. MOTION CARRIED.

APPROVAL OF PAST MINUTES

Let the record show that the December minutes of the NMRE Governing Board were included in the materials for the meeting on this date.

MOTION BY ROGER FRYE TO APPROVE THE MINUTES OF THE DECEMBER 22, 2021 MEETING OF THE NORTHERN MICHIGAN REGIONAL ENTITY BOARD OF DIRECTORS; SUPPORT BY GARY NOWAK. MOTION CARRIED.

CORRESPONDENCE

- 1) The minutes from the January 6, 2022 PIHP CEO meeting.
- 2) The minutes from the January 10, 2022 Directors Forum meeting.
- 3) CMS staff vaccination requirements infographic.
- 4) Michigan Psychiatric Care Improvement Project (MPCIP) December 2021 Update.

- 5) Michigan Integration Efforts January 2022 Update.
- 6) Memorandum from Audra Parsons at MDHHS dated January 11, 2022 regarding the Managed Care Program Annual Report (MCPAR).
- 7) Memorandum from Jeffery Wierich at MDHHS dated January 7, 2022 regarding the Temporary Waiver of Child Mental Health Provider Qualifications.
- 8) The Health Safety Net Coalition's Recommended Investments and Requests.
- 9) Letter to Bob Sheehan (CMHAM) from Jeffery Wierich (MDHHS) dated January 5, 2022 regarding the halt in participation in Standard Cost Allocation workgroups.
- 10) Photographs of Michigan's Medicaid Health Plan offices versus Community Mental Health Services Providers titled "A Picture Is Worth a Thousand Words."
- 11) Draft minutes of the January 12, 2022 NMRE Regional Finance Committee meeting.

Mr. Kurtz drew attention to visual comparison represented in the photographs titled "A Picture Is Worth a Thousand Words."

ANNOUNCEMENTS

Let the record show that there were no announcements during the meeting on this date.

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 December Board Meeting.

CEOs Report

The NMRE CEO Monthly Report for January 2022 was included in the materials for the meeting on this date. Mr. Kurtz noted that he and NMRE Managing Director of Substance Use Disorder Services, Sara Sircely, presented on the Opioid Health Home to the Northern Lakes CMHA Board on January 20th. Mr. Kamps thanked Mr. Kurtz and Ms. Sircely for the well-organized presentation.

Financial Report

November 2021

- Traditional Medicaid showed \$33,635,159 in revenue, and \$28,596,944 in expenses, resulting in a net surplus of \$5,038,215. Medicaid ISF was reported as \$9,298,750 based on the interim FSR. Medicaid Savings was reported as \$11,296,664.
- Healthy Michigan Plan showed \$5,294,270 in revenue, and \$3,738,856 in expenses, resulting in a net surplus of \$1,555,414. HMP ISF was reported as \$7,059,746 based on the interim FSR. HMP savings was reported as \$5,061,832.
- Net Position* showed net surplus Medicaid and HMP of \$6,593,629. Medicaid carry forward was reported as \$16,358,496. The total Medicaid and HMP Current Year Surplus was reported as \$21,510,645. Medicaid and HMP combined ISF was reported as \$16,358,496; the total Medicaid and HMP net surplus, including carry forward and ISF was reported as \$37,869,141.
- Health Home showed \$186,406 in revenue, and \$151,675 in expenses, resulting in a net surplus of \$34,731.
- SUD showed all funding source revenue of \$3,835,348, and \$2,915,418 in expenses, resulting in a net surplus of \$919,930. Total PA2 funds were reported as \$5,949,601.

The direct care wage surplus was reported as \$1.4M.

Mr. Kamps commented that the region should be creating spending plans for surplus funds to avoid a lapse to the State. Mr. Kurtz responded that “FY22 Budget Stabilization” is a current standing Operations Committee meeting Agenda item for discussion. Ms. Gebhard noted that she would like to hire additional staff, but recruitment efforts have been fruitless. Ms. Sherman acknowledged the need to have competitive wages/salaries and benefits. Mr. Marcus expressed frustration with the lack of communication from MDHHS and not knowing what’s in the mid-year supplemental budget adjustment. Mr. Russell stressed the need for affordable housing in Grand Traverse County. Mr. Kamps emphasized the need to enhance the status of the behavioral health industry in terms of its value to society. Mr. Russell added that outreach to educational systems is needed.

Mr. Marcus referred to the January 10th Directors Forum Meeting minutes announcing the movement of five BHDDA positions to the newly formed Health and Aging Services Administration (HASA); he asked whether this would affect our system in a positive way regarding administrative demands. Mr. Kurtz responded that moving the BHDDA staff over to Medicaid will not likely help with the administrative demands; overregulating paperwork/billing requirements, etc. were cited as deterrents to working in behavioral health. Mr. Kamps requested a list of “stupid rules” to which the PIHPs/CMHSPs are being held so that he can present it to his legislators.

Mr. Stone asked how the FY22 revenue/expenses compare to the budget. Ms. Yockey responded that, at two months into the fiscal year, revenue is \$400K above Q1 FY21. Mr. Stone asked whether something can be done now (rather than the end of the year) to get spending plans in place. Ms. Gebhard responded that the Operations Committee is working on implementing crisis residential units within the NMRE Region; bids have been issued to remodel a home in Gaylord to meet this need.

MOTION BY ROGER FRYE TO APPROVE THE NORTHERN MICHIGAN REGIONAL ENTITY MONTHLY FINANCIAL REPORT FOR NOVEMBER 2021; SUPPORT BY GARY NOWAK. MOTION CARRIED.

Operations Committee

The minutes from January 18, 2022 were included in the materials for the meeting on this date.

Mr. Kurtz explained that the 1915(i) waiver will authorize the provision of Home & Community Based Services to Medicaid beneficiaries with a serious emotional disturbance, serious mental illness and/or intellectual/developmental disability; the potential impact to Region 2 was provided as approx. 2800 individuals.

Mr. Kamps asked what can be done to increase enrollment in the Behavioral Health Home; Northern Lakes CMHS currently has 75 individuals enrolled (18,000 potential eligible enrollees have been identified regionwide.) Mr. Johnston referred to the “Health Safety Net Coalition Requests” included in the meeting packet under “Correspondence;” he noted no funding was requested to expand the Behavioral Health Home. In contrast, millions in additional funding were requested for the Certified Community Behavioral Health Centers (CCBHC). According to a report on expenditures from CMHAM, CCBHC is overspent \$3.8M as of December 31, 2021. The BHH is a model that works in rural areas and is creating local dollars.

NMRE SUD Oversight Board Report

Let the record show that the next meeting of the NMRE Substance Use Disorder Oversight Board is scheduled for March 7, 2022 at 10:00AM in the Gaylord Conference Room.

NEW BUSINESS

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

OLD BUSINESS

BHH TCM vs. CSM

TCM and BHH Guidance from Lindsay Naeyaert dated January 19, 2022 was included in the materials for the meeting on this date. It was concluded that TCM and BHH do have service overlap but are not wholly duplicative; meaning, BHH and TCM can be billed in the same month. Specific services were identified that cannot be billed to both TCM and BHH in the same calendar month.

The NMRE will likely need to more closely monitor Individual Plans of Services to ensure that there is no overlap of services being provided by the BHH.

Senate Bills/Northern Michigan Counties Association (NMCA) Meeting

An email from Alan Bolter (CMHAM) dated January 14, 2022 announcing Sen. Shirkey’s expected attendance at the NMCA meeting on February 7th was included in the materials for the meeting on this date. The recipient rights components included in SB 598 were discussed.

PRESENTATION

NMRE Chief Compliance and Quality Officer, Tema Pefok, was in attendance to provide updates to the Board on the NMRE’s Quality Assessment and Performance Improvement Program (QAPIP) and Compliance Workplan and provide the Board’s Annual Compliance Training.

FY21 Quality Assessment and Performance Improvement Program (QAPIP) Review and FY22 Workplan

Ms. Pefok provided a summary overview of the NMRE’s FY21 QAPIP and the Goals and Objectives in the FY22 Workplan.

FY22 QAPIP Workplan Goals	Objectives
<p>1. The NMRE will conduct Performance Improvement Projects (PIPs) that will include ongoing measurements and intervention, demonstrable and sustained improvement in significant aspects of clinical and non-clinical services that are expected to have positive impact on health outcomes and member satisfaction.</p>	<p>1. The NMRE Data Analyst will continue to collect ADHD data and share with the CMHSPs to conduct analysis and follow-up with individuals that meet criteria. This data will be discussed quarterly with the Compliance and Quality Oversight Committee (QOC) to identify areas for improvement.</p> <p>2. The Compliance and Quality Team will work with HSAG and MDHHS to identify a new PIP starting FY22.</p>
<p>2. The NMRE Compliance and Quality Team will work with IT and QOC to develop a standardized method to collect data on risk events and sentinel events.</p>	<p>1. The NMRE Compliance and Quality Team will draft a form that will be used to collect risk event data from the CMHSPs.</p> <p>2. The NMRE Compliance and Quality Team will share the Risk Event Reporting form with the CMHSPs and continue to educate them on how to complete the form and the importance of this activity.</p>

	<ol style="list-style-type: none"> 3. The NMRE Compliance and Quality Team will review the reporting process and requirements of the vent data with the Providers to avoid under reporting. 4. Through the annual site review process, the Compliance and Quality Team will check to assure that interventions are improving patient safety. This will be done by reviewing the data submitted, which will include the number of events. 5. The analysis of Sentinel Events, Critical Incidents, and Risk Events will include a review of data per event type per 1,000 members to complete a comparative analysis and trend these data over time.
<ol style="list-style-type: none"> 3. The NMRE will continue to conduct quantitative and qualitative assessments of member experiences with services. These assessments will be representative of the persons served and the services and supports offered. 	<ol style="list-style-type: none"> 1. The NMRE will revise survey questions to assure the right questions are asked and that the questions are returning meaningful data. 2. The NMRE will work with Providers to identify ways to implement surveys in a way that will not cause survey fatigue amongst participants. 3. The NMRE will take specific actions on individual cases of the survey results, as appropriate. 4. Survey results will be shared with the QOC to discuss and identify possible solutions to resolve areas of dissatisfaction on an ongoing basis.
<ol style="list-style-type: none"> 4. The NMRE will measure its performance using standardized indicators based on the systemic, ongoing collection and analysis of valid and reliable data. 	<ol style="list-style-type: none"> 1. The NMRE QOC will monitor comparative provider performance of quarterly MMBPIS measures within 30 days of the quarterly report from MDHHS. 2. The NMRE will share performance data with the CMHSPs for their review. These data will be discussed quarterly by the QOC. 3. The NMRE QOC will continue to monitor the impact of removing exceptions for Performance Indicators Tables 2 and 3.
<ol style="list-style-type: none"> 5. The Compliance and Quality Team will continue to monitor its Provider Network at least annually. 	<ol style="list-style-type: none"> 1. The NMRE will coordinate and conduct site reviews annually for all contracted services providers. 2. The NMRE will monitor and follow-up with Corrective Action Plans (CAPs) to assure that they are being implemented as stated by Providers. 3. The NMRE QOC will receive regular updates from the providers on the progress of the site review CAPs. 4. The NMRE will perform quarterly audits to verify Medicaid and Health Michigan Plan

	claims/encounters submitted by Providers. This will include verifying data elements from individual claims/encounters to ensure proper codes are used.
6. The NMRE will update and improve its Provider Directory and work with Providers in the region to update their Directories accordingly.	<ol style="list-style-type: none"> 1. The NMRE will gather information from its Providers about physical accommodations such as ramps, restrooms, electronic doors, exam rooms, etc. specific to each location. 2. The NMRE will create a more user-friendly interface; rather than a spreadsheet platform, the NMRE will include drop-down options, more visible links to CMHSP pages, and maps with travel distances.
7. The NMRE will update and improve its Network Adequacy Plan to include time/distance standards within the region.	<ol style="list-style-type: none"> 1. The NMRE will create a report that will allow users to determine mileage from a geographic location to a Provider site using Network Adequacy Standards for each individual mental health and SUD services provider. 2. Once the NMRE's Network Adequacy Plan is in place, it will be made accessible to the public through its website.
8. The NMRE Compliance and Quality Team will conduct quarterly reviews and analysis of data from the CMHSPs where intrusive or restrictive techniques have been approved for use with members and where physical management or 911 calls to law enforcement have been used in an emergency behavioral crisis.	<ol style="list-style-type: none"> 1. The NMRE will monitor that only techniques permitted by the Technical Requirements for Behavior Treatment Plans that have been approved during person-centered planning by the member and his/her guardian may be used through the annual site review process. 2. The NMRE QOC will oversee the operations of the behavioral health treatment operations by reviewing data and trends. 3. The NMRE QOC will quarterly review/discuss behavior treatment data; this includes trend analyses received from individual CMHSPs.
9. The NMRE will continue to improve the process to provide quarterly updates to the Governing Body regarding QAPIP activities.	<ol style="list-style-type: none"> 1. QAPIP activities will be reviewed and evaluated by the NMRE QOC quarterly. 2. The QAPIP quarterly evaluation report will be shared with the NMRE Governing Board.

MOTION BY GARY NOWAK TO APPROVE THE NORTHERN MICHIGAN REGIONAL ENTITY FISCAL YEAR 2021 QUALITY ASSESSMENT AND PERFORMANCE IMPROVEMENT PROGRAM SUMMARY AND THE FISCAL YEAR 2022 QUALITY ASSESSMENT AND PERFORMANCE IMPROVEMENT PROGRAM WORKPLAN; SUPPORT BY KARLA SHERMAN. MOTION CARRIED.

Review of FY21 Compliance Summary and FY22 Compliance Workplan

Ms. Pefok provided a summary overview of the NMRE's FY21 Compliance Program and the Goals and Objectives in the FY22 Workplan.

Board Annual Compliance Training for FY22

Ms. Pefok provided that Board with its Annual Compliance Training for 2022. The training objectives were stated as:

- Understand the purpose of the Compliance Program
- Describe key elements of the Compliance Program
- Understand safeguards around confidential information
- Understanding the role of Board Members with respect to identifying and reporting compliance issues/concerns.

COMMENTS

Board

- Mr. Stone reminded Board Members to watch the Governor's State of the State address later on this date.
- Mr. Stone noted that a recent CMHAM Zoom meeting was hacked; attendees will now be required to wait in the virtual lobby before being admitted to meetings.
- Mr. Frye voiced support for Canadian truckers opposing a cross-border vaccine mandate.

Staff/CMHSP CEOs

Ms. Gebhard announces that she will be retiring from her position as CEO of North Country CMHA effective July 1, 2022.

MEETING DATES

The next meeting of the NMRE Board of Directors was scheduled for 10:00AM on February 23, 2022.

ADJOURN

Let the record show that Mr. Tanner adjourned the meeting at 12:04PM.

	Program	Consumers served January 2022 (1/1/22 - 1/31/22)	Consumers served in the Past Year (2/1/21 - 1/31/22)	Running Monthly Average(year) (2/1/21 - 1/31/22)
1	Access / Crisis / Prescreens	53 - Routine 0 - Emergent 0 - Urgent 39 - Crisis 50 - Prescreens	669 - Routine 5 - Emergent 7 - Urgent 682 - Crisis 705 - Prescreens	56 - Routine 0 - Emergent 0 - Urgent 56 - Crisis 58 -Prescreens
2	Doctors' Services	422	1420	408
3	Case Management			
	Older Adult (OAS)	115	279	102
	MI Adult	113	385	131
	MI ACT	24	67	27
	Home Based Children	20	72	47
	MI Children's Services	48	32	119
	IDD	174	422	169
4	Outpatient Counseling	105(22/83)	326	141
5	Hospital Prescreens	50	705	58
6	Private Hospital Admissions	14	228	19
7	State Hospital Admissions	0	5	0
8	Employment Services			
	IDD	46	84	46
	MI	20	57	18
	Touchstone Clubhouse	92	104	84
9	Peer Support	34	60	40
10	Community Living Support Services			
	IDD	82	158	78
	MI	54	102	59
11	CMH Operated Residential Services			
	IDD Only	56	62	57
12	Other Contracted Resid. Services			
	IDD	33	39	32
	MI	35	46	36
13	Total Unduplicated Served	977	2353	1041

County	Unduplicated Consumers Served Since February 2021
Alcona	252
Alpena	1447
Montmorency	263
Presque Isle	305
Other	66
No County Listed	20

Northeast Michigan Community Mental Health Authority

To: Board Members

From: Margie Hale-Manley

Date: January 28, 2022

Subject: Endowment Fund Grant Awards

In continuing to provide notification to the Board for usage of the spendable dollars available in the Endowment Fund created through The Community foundation of Northeast Michigan, this memo serves as an update of the grant awards since 8-1-21.

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

1. \$250 –New bed to promote good rest for independent living and employment

MARCH AGENDA ITEMS

Policy Review

Budgeting 01-004

Policy Review & Self-Evaluation

Governance Commitment 02-001

Code of Conduct 02-008

Monitoring Reports

Treatment of Consumers 01-002 (Satisfaction Surveys)

Staff Treatment 01-003 (Employee Surveys)

Budgeting 01-004 (Finance Report)

Asset Protection 01-007 (included with audit report)

Activity

Board Member Recognition

Ownership Linkage

Educational Session

Audit Reports – Financial and Compliance