

**NORTHEAST
MICHIGAN
COMMUNITY
MENTAL HEALTH
AUTHORITY**



*October 2022 Board Meeting
Thursday, October 13 at 3:00 p.m.*

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

NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY BOARD

BOARD MEETING

October 13, 2022 at 3:00 p.m.

A G E N D A – AMENDED

MISSION STATEMENT

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

- I. Call to Order**
- II. Seating of Board Member**
 - Charlotte Helman – Montmorency County
- III. Roll Call & Determination of a Quorum**
- IV. Pledge of Allegiance**
- V. Appointment of Evaluator**
- VI. Acknowledgement of Conflict of Interest**
- VII. Information and/or Comments from the Public**
- VIII. Approval of Minutes** (Pages 1 – 4)
- IX. Educational Session – Behavioral Health Home**..... Lexxis Klee
- X. Consent Agenda**.....(Pages 5 - 9)
 - A. Hospitals (Cedar Creek, Forest View, Harbor Oaks, Havenwyck, Healthsource of Saginaw, McLaren, MyMichigan Health, Pine Rest)
 - B. Crisis Residential (Hope Network – Saginaw Meadows, North Shores, Safehaus, Beacon – Sandhurst & Coster)
 - C. ABA Services (Autism of America, ACORN Health of Michigan, ABA Pathways)
 - D. Thunder Bay Transportation Authority
 - E. Catholic Human Services
 - F. Bay View Center
 - G. Protocall
 - H. Case Management of Michigan
 - I. Saginaw Psychological Services Inc.
 - J. Touchstone Services Inc., dba Light of Hope Clubhouse
- XI. NEMROC**(Page 10)
- XII. MDHHS FY23 Contract – EGrAMS** (Available at Meeting)
- XIII. FY23 Budget**..... (Special Mailing)
- XIV. October Monitoring Reports**
 - 1. Budgeting 01-004.....(Page 11)
 - 2. Compensation and Benefits 01-008(Pages 12 – 15)
- XV. Board Policies Review and Self Evaluation**
 - 1. Annual Board Planning Cycle 02-007..[Review & Self-Evaluation](Pages 16 – 17)
 - 2. Executive Director Job Description 03-003..[Review & Self-Evaluation](Page 18)
 - 3. Monitoring Executive Director Performance 03-004..[Review & Self-Evaluation](Pages 19 – 24)
- XVI. Linkage Reports**
 - 1. NMRE
 - a. September 28 Board Meeting.....(Verbal)
 - 2. CMHA
 - a. Fall Board Conference (10/24 & 10/25/2022) – Voting Delegates.....(Verbal)
 - 3. Advisory Council Update (10/10/2022 Meeting).....(Verbal)
- XVII. Operations Reports**(Pages 25 – 26)
- XVIII. Chair’s Report**
 - 1. Perpetual Calendar Adoption.....(Pages 27 – 28)
 - 2. Strategic Plan.....(Pages 29 – 33)
 - 3. Ends Policy 04-001.....(Pages 34 – 35)
 - 4. Appoint Nominating Committee.....(Pages 36 – 37)
 - 5. CMH PAC.....(Pages 38 – 39)
- XIX. Director’s Report** (Verbal)
- XX. Information and/or Comments from the Public**
- XXI. Information and/or Comments for the Good of the Board**
- XXII. Next Meeting – Thursday, November 10 at 3:00 p.m.**
 - 1. Set November Agenda.....(Page 40)
 - 2. Meeting Evaluation.....(Verbal)

Adjournment

**Northeast Michigan Community Mental Health Authority (NeMCMHA) Board
Public Budget Hearing / Board Meeting
September 8, 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, Lynnette Grzeskowiak, Judy Jones, Terry Larson, Eric Lawson, Gary Nowak, Pat Przeslawski, Terry Small

Absent: Robert Adrian, Geyer Balog, and Bonnie Cornelius

Staff & Guests: Lisa Anderson, Carolyn Bruning, Jill Busha, Connie Cadarette, Mary Crittenden, Erin Fletcher, Lynne Fredlund, Brooke Paczkowski, Larry Patterson, Nena Sork, Jen Whyte

III. Pledge of Allegiance

Attendees recited the Pledge of Allegiance as a group.

IV. Acknowledgement of Conflict of Interest

No conflicts were identified.

V. Appointment of Evaluator

Gary Nowak was appointed as evaluator for this meeting.

VI. Information and/or Comments from the Public

There were no comments presented.

VII. Approval of Minutes

A revision was suggested on page four, number XVII to change "Nena" to "NeMCMHA."

Moved by Les Buza, supported by Gary Nowak, to approve the minutes of the August 11, 2022 meeting with the suggested revision. Motion carried.

VIII. Consent Agenda

1. AT&T

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

IX. FY23 Budget Hearing

Connie Cadarette stated the presented budget is a continuation budget for FY23, as numbers have just been received from the NMRE. They are not currently expecting any changes in revenue. An updated budget will be presented next month. Larry Patterson stated the expense budget will match Connie's continuation budget for now. A continuation budget has been done the last couple of years as the funding information has been arriving later.

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

X. September Monitoring Report

1. Budget 01-004

Connie reported on the Statement of Revenue, Expenses and Change in Net Position through July 31, 2022. Year-to-date, Medicaid revenue is underspent by \$230,568.00 and Healthy Michigan is underspent \$664,844.00, both of which would be turned back to the NMRE. The General Fund, which is more restricted in its use, is underspent by \$609,219.00. The year-to-date total, as of July 31, 2022, to be sent back to the

NMRE would be \$895,412.00. The current Change in Net Position is \$412,324.00, which are local funds that would remain in the Agency's savings account. Most of the money came from the \$455,000.00 incentive payment from the NMRE. The incentive payment was much larger than usual, due to NeMCMHA's strong showing on performance indicators, which are measures tracked by the state.

Larry reported on expenses on the Statement of Revenue, Expenses and Change in Net Position. Line items with negative variances were reviewed and will be closely monitored. Dollars were allocated in the FY22 Budget Amendment #2 for those line items with negative variances, and they should smooth out over the next three months. The Agency is in a good position with 83.33% of the year elapsed and expenses at 78.86% of the budgeted amount.

Moved by Gary Nowak, supported by Terry Small, to approve the September Monitoring Report as presented. Motion carried.

XI. Board Policies Review and Self-Evaluation

1. General Executive Constraint 01-001

The Board reviewed the policy and Pat Przeslawski found it to be simple and acceptable.

2. Compensation and Benefits 01-008

The Board did not have any questions regarding this policy.

3. Board Committee Structure 02-006

The Board self-evaluated on this policy. Gary Nowak and Pat agreed the committees are doing well.

4. Executive Director Search Process 03-005

The Board reviewed this policy and self-evaluated. Pat stated she has seen a lot of progress since Nena Sork became the Executive Director, and thinks she does a great job, especially considering the issues the COVID-19 pandemic has thrown her way. Pat thinks any agency of the size and complexity of NeMCMHA has a large task ahead of them when looking to find an Executive Director.

XII. Linkage Reports

1. CMHAM

The annual dues assessment shows an increase of \$328.00 from FY22 to FY23.

Moved by Gary Nowak, supported by Pat Przeslawski, to approve the CMHAM dues as presented.

Roll call: Ayes: Les Buza, Lynnette Grzeskowiak, Judy Jones, Terry Larson, Eric Lawson, Gary Nowak, Pat Przeslawski, Terry Small; Nays: None; Absent: Robert Adrian, Geyer Balog, Bonnie Cornelius. Motion carried.

2. Northern Michigan Regional Entity (NMRE) – August 24, 2022 Meeting

Gary reported much time was spent discussing Northern Lakes CMHA. The NMRE Board passed their budget.

3. MACMHB – Fall Board Conference – October 24 & 25 – Grand Traverse Resort

Board members who plan on attending the Fall Board Conference should let Rebekah Duhaime know by September 16. Judy Jones, Terry Small, and, probably, Bonnie Cornelius will attend.

XIII. Chair's Report

1. Appointing Board Members

Eric Lawson stated a new Vice Chair will need to be appointed, preferably from Montmorency County to keep one Board member from each county on the Executive Committee. Eric reported that Geyer Balog will be resigning from the Board due to new employment, though an official resignation letter has not yet been received. Eric would like to appoint a temporary Vice Chair until Montmorency County appoints a new Board member. Terry Larson suggested Terry Small be appointed as temporary Vice Chair, which Les Buza supported. Terry Larson agreed to accept the temporary Vice Chair appointment.

Moved by Gary Nowak, supported by Lynnette Grzeskowiak, to unanimously approve Terry Small as the temporary NeMCMHA Board Vice Chair. Motion carried.

Eric next discussed appointing a new Board member to the NMRE Board, an appointment which the Board Chair can make alone. Eric stated most other Boards have their Chair on the NMRE Board, and he would be willing and able to take the appointment. Terry Larson stated he thinks it's appropriate for Eric to be on the NMRE Board, and that it should be a prerequisite for the Chair be on the NMRE Board. Eric Lawson officially appointed himself to the NMRE Board.

2. Executive Director's Contract

Eric met with Lisa Anderson and Nena to go over the Executive Director's Contract. Eric stated they thoroughly went through Nena's contract and any changes were highlighted in yellow for the Board on their handouts. Nena stated she is accepting of the contract with the current revisions. Lisa discussed revisions to the contract, which include the new term dates of 10/1/2022 – 9/30/2025. Eric stated the change on the fringe benefits was adding nine days for continuing education with a \$2,000 allowance for reimbursement. A revision was also made to the contract to extend the Board's time frame for renewing it from 30 days to 90 days.

The Management Team has worked to bring all staff salaries up to, or above, the averages on the community mental health salary survey from 2021. The Executive Director's new salary is slightly below average for a CMHSP with a comparable budget. Nena asked that the clause regarding continuing education be added to her contract, which defines the number of days and amount of dollars she can use for continuing education and/or professional development annually. Since she approves herself for continuing education, she wants the Board to contractually set the parameters she can operate within.

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

3. Setting Perpetual Calendar

Eric stated the proposed calendar is for policy review, self-evaluation, election of officers, etc. There were no suggested revisions, and the perpetual calendar will be formally adopted in October.

4. Board Self-Evaluation Report

Eric feels the results of the Board Self-Evaluation Summary, which include data from nine respondents, were quite strong. He stated there is room for improvement on both "Board members are involved and interested in the Board's work" and "Board members understand the Agency's mission and its programs." Gary stated it can take years to learn, due to the size of the Agency. Eric would also like to see an increase in "Board members participate in the organization in ways other than attending monthly meetings," which Eric said could mean participating in employee award picnics and other activities. Nena stated she will help address making the Board more familiar with the Agency's mission and programs.

XIV. Executive Director's Report

1. Executive Director's Update

Nena gave the Board a summary of her activities for the last month. Employee recognition was on August 16, and Eric Lawson stated there were a lot of employees recognized, with some being very long-term employees with 30 to 40 years of service. Nena reported that 242 staff attended the staff picnic/training on August 17. Two NeMCMHA staff members presented at the annual Gentle Teaching International Conference, which was held in Ann Arbor.

The Agency's virtual CARF survey happened during the week of August 22. Terry Small was interviewed for the Board, and Nena reported that he did a phenomenal job. Though the final recommendation hasn't yet been received, Nena believes the Agency will receive a three-year certification. Out of 2,088 standards, the Agency met 2,075, making it the best review NeMCMHA has ever had. Nena stated Lynne Fredlund, the CARF committee, Cheryl Kobernik, and Christine Walkons worked together to get the Agency ready for the survey. Gary made a motion to put on the record that the Board thanks and recognizes the staff for doing such a great job. Nena will include the Board's sentiments in her upcoming Friday email.

Moved by Gary Nowak, supported by Terry Small, to officially recognize and thank NeMCMHA staff for their hard work and great job on the survey. Motion carried.

The following week, August 29, Nena had meetings with MRS/ICTA and Presque Isle DHS. The meeting with DHS was to work on getting children who have a history of trauma into services. During the week of September 5, Nena attended the NMRE Finance Committee meeting and CMHA association meetings.

As the Agency reaches the end of the fiscal year, it is anticipated there will be revenue turned back to the NMRE, which itself has a fully funded internal savings. Due to the probable lapse of funds, the Management is requesting that the Board approve a retention payment between 1% - 3%, based on available funds at the end of the fiscal year.

Moved by Terry Larson, supported by Terry Small, to approve a staff retention payment of 1% - 3% based on funds. Roll call: Ayes: Les Buza, Lynnette Grzeskowiak, Judy Jones, Terry Larson, Eric Lawson, Gary Nowak, Pat Przeslawski, Terry Small; Nays: None; Absent: Robert Adrian, Geyer Balog, Bonnie Cornelius. Motion carried.

Nena reported that the City of Alpena approved the variance for the new, larger sign at the main office. Smaller new signs will also be going up in Rogers City and Hillman.

2. QI Council Update

Board members did not have any questions on the most recent QI Council minutes.

XV. Information and/or Comments from the Public

Gary stated Joe Stone will be leaving the area, and that he has been a great asset on the NMRE Board and as the former Board Chair for Au Sable Valley Community Mental Health.

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

Jill Busha from Bayview Center wanted to applaud the Agency for their hard work the last year. Jill stated she has seen how the Agency has been able to persevere and sustain themselves, even when tired. Pat Przeslawski noticed the new landscaping project has started. Nena stated there will be 57 new trees, bushes, and evergreens planted around the entire building.

XVII. Next Meeting

The next regularly scheduled meeting of the Northeast Michigan Community Mental Health Authority Board will be held Thursday, October 13, 2022 at 3:00 p.m.

1. Set October Agenda

The proposed October agenda items were reviewed.

2. Meeting Evaluation

Gary thought it was a good meeting, with the majority of the Board participating. Gary thinks the Board has come a long way from when it started.

XVIII. Adjournment

Moved by Les Buza, supported by Lynnette Grzeskowiak, to adjourn the meeting. Motion carried. This meeting adjourned at 4:03 p.m.

Bonnie Cornelius, Secretary

Eric Lawson, Chair

Rebekah Duhaime
Recorder

NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY

INTEROFFICE MEMORANDUM

TO: Board Members
FROM: Nena Sork
SUBJECT: Consent Agenda
DATE: October 4, 2022

A. Hospital Contracts

The NMRE negotiates the hospital rates and contracts for each of their member Boards; however, our Agency is responsible for the final execution of the contracts. Below is a table with the details of this year's negotiations:

Hospital Name	Location	FY22 Rate	FY23 Rate	Population Served
Cedar Creek	Saint Johns	\$975.00	\$1,024.00	Adult/Child/Adolescent (same cost for all)
Forest View	Grand Rapids	\$997.75	\$1,027.00	Adult/ Adolescent (same cost for all)
Harbor Oaks	Detroit	\$750.00 \$1,250.00	\$757.00 \$1,312.00	Adult Pediatric
Havenwyck	Auburn Hills	\$884.00	\$937.00	Adult / Adolescent (same cost for all)
Healthsource of Saginaw	Saginaw	\$925.00	\$1,000.00	Adult / Adolescent (same cost for all)
McLaren	Bay Region Flint Greater Lansing Lapeer Region Macomb Oakland Port Huron	\$978.50	\$978.50	Adult
Pine Rest	Grand Rapids	\$1,180.00 \$1,136.00	\$1,182.00 \$1,228.00	Adult Adolescent / Child

B. Crisis Residential

Crisis Residential	Code/Service	FY22 Rate	FY23 Rate	Population Served
Hope Network – Saginaw Meadows	H0018 Crisis Residential S9976 Room & Board	\$489.10 \$29.84	\$489.10 \$29.84	Adults
North Shores	H0018 Crisis Residential H0045 Respite	\$475.00 \$325.00	\$500.00 \$325.00	Adults
Safehaus	H0018 Crisis Residential	\$470.00	\$495.00	Adolescents

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Beacon – Sandhurst & Coster	H0018 Crisis Residential	\$596.74	\$619.64	Adolescents
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C. ABA Services

a. Autism of America

This is a continuation of a contract the Agency has with Autism of America. Autism of America currently provides services to approximately 50 children/young adults with a diagnosed autism spectrum disorder served by the Agency. The rates are as follows:

Service	Code	Cost/Unit/Encounter FY22	Cost/Unit/Encounter FY23
Determine Eligibility	H0031	\$420.24/encounter	\$420.24/encounter
ABA Behavior ID Assessment	97151	\$43.44/unit (no more than 8 units allowed)	\$43.44/unit (no more than 8 units allowed)
Family Guidance/ Training	97156	\$27.17/ 15-minute unit or \$108.60/hour	\$27.17/ 15-minute unit or \$108.60/hour
ABA Supervision & Monitoring	97155	\$27.17/ 15-minute unit or \$108.60/hour	\$27.17/ 15-minute unit or \$108.60/hour
Adaptive Behavior Treatment	97153	\$14.67/15-minute unit (BCBA) \$12.41/15-minute unit (tech staff)	\$15.26/15-minute unit (BCBA) \$14.00/15-minute unit (tech staff)
Psychological Assessment	96116	\$321.00/encounter	\$321.00/encounter
Psychological Assessment, Each Additional Hour	96121	\$100.00/hour	\$100.00/hour

b. ACORN Health of Michigan

Acorn Health of Michigan continues to provide ABA services to individuals. They have requested an increase to both 97153 and 97154. The request for increases to these codes is due to additional training being needed by their staff to serve individuals within a group setting.

Service	Code	Cost/Unit/Encounter FY22	Cost/Unit/Encounter FY23
Determine Eligibility	90791	\$153.00 per encounter (BCBA)	\$153.00 per encounter (BCBA)
Determine Eligibility	H0031	\$153.00 per encounter (BCaBA)	\$153.00 per encounter (BCaBA)
ABA Behavior ID Assessment	97151	\$27.00/15-minute unit or \$108.00 per hour (BCBA) \$19.12/15-minute unit or \$76.48 per hour (BCaBA)	\$27.00/15-minute unit or \$108.00 per hour (BCBA) \$19.12/15-minute unit or \$76.48 per hour (BCaBA)
Family Guidance/training	97156	\$27.00/15-minute unit or \$108.00 per hour (BCBA) \$19.12/15-minute unit or	\$27.00/15-minute unit or \$108.00 per hour (BCBA) \$19.12/15-minute unit or

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		\$76.48 per hour (BCaBA)	\$76.48 per hour (BCaBA)
ABA Supervision and Monitoring	97155	\$27.00/15-minute unit or \$108.00 per hour \$19.12/15-minute unit or \$76.48 per hour (BCaBA)	\$27.00/15-minute unit or \$108.00 per hour \$19.12/15-minute unit or \$76.48 per hour (BCaBA)
Adaptive Behavior Treatment	97153	\$15.56/15-minute unit or \$62.24 per hour (BCBA & BCaBA) \$13.50/15-minute unit or \$54.00 per hour (BT)	\$16.15/15-minute unit or \$64.59 per hour (BCBA & BCaBA) \$14.84/15-minute unit or \$59.36 per hour (BT)
Group Adaptive Behavior Treatment	97154	\$4.95 per 15-minute unit (BCaBA, BCBA) \$4.59 per 15-minute unit (BT)	\$5.54 per 15-minute unit (BCaBA, BCBA) \$10.59 per 15-minute unit (BT)
Group Adaptive Behavior Treatment	0373T	\$30.66 per 15-minute unit (BCBA) \$21.91 per 15-minute unit (BCaBA) \$28.16 per 15-minute unit (BT)	\$30.66 per 15-minute unit (BCBA) \$21.91 per 15-minute unit (BCaBA) \$28.16 per 15-minute unit (BT)
ABA Behavioral Follow-Up Assessment	0362T	\$30.00 per 15-minute unit (BCBA/QBHP) \$21.25 per 15-minute unit (BCaBA)	\$30.00 per 15-minute unit (BCBA/QBHP) \$21.25 per 15-minute unit (BCaBA)

c. ABA Pathways

ABA Pathways has provided ABA services for several years. They are requesting 97154 be added to their contract for this fiscal year to reimburse behavior technicians running social skills groups. Their fee schedule is provided below:

Service	Code	Cost/Unit/Encounter FY22	Cost/Unit/Encounter FY23
Determine Eligibility	90791	\$144.20 per encounter	\$158.62 per encounter
Behavior Identification Assessment	97151	\$ 36.05 per 15-minute unit or \$144.20 per hour	\$39.66 per 15-minute unit or \$158.62 per hour
ABA Treatment	97153	\$15.45 per 15-minute unit or \$61.80 per hour	\$17.66 per 15-minute unit or \$70.64 per hour
Supervision & Training	97155	\$ 36.05 per 15-minute unit or \$144.20 per hour	\$39.66 per 15-minute unit or \$158.62 per hour

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Family Guidance & Training	97156	\$ 36.05 per 15-minute unit or \$144.20 per hour	\$39.66 per 15-minute unit or \$158.62 per hour
Functional Analysis/ Follow up Assessment	0362T	\$ 36.05 per 15-minute unit or \$144.20 per hour	\$39.66 per 15-minute unit or \$158.62 per hour
ABA Adaptive Treatment Social Skills Group	97158	\$13.00 per 15-minute unit (BCBA/QBHP/ BT)	\$14.30 per 15-minute unit
ABA Adaptive Behavior Treatment Social Skills Group	97158 HO	\$13.00 per 15-minute unit (BCABA/QBHP)	\$14.30 per 15-minute unit
Group Adaptive Behavior Treatment	97154	\$8.00 per 15-minute unit	\$9.46 per 15-minute unit

D. Thunder Bay Transportation Authority

The Agency contracts for transportation services from Thunder Bay Transportation Authority (TBTA). The amount budgeted for FY21/22 was \$80,000. There is no change in the proposed contract at this time. This contract will be monitored closely and if an amendment is necessary, the amendment would be provided to the Board for approval. The run cost continues to include a fuel surcharge in addition to the base charge.

Run	Cost/Hour FY22	Cost/Hour FY23
Contracted Services	\$42.54	\$42.54
Bus Aide (if requested by NeMCMHA)	\$16.25	\$16.25

E. Catholic Human Services

This agreement is a continuation contract with Catholic Human Services to provide wraparound coordination and services for Children with Serious Emotional Disturbances. The total amount of the contract is \$108,330, which is the same as last year. It is anticipated that Catholic Human Services will provide 1,860 units for FY23. We recommend approval of this contract.

F. Bay View Center

The Agency contracts with Bay View Center to provide community members with a Drop-In Center. Last year, Bay View Center's contracted amount was \$134,635.25 For FY23 Bay View Center is asking for a total of \$174,289.90. This will be paid in monthly payments of \$14,524.16. This contract will be reviewed twice over the next six months to ensure funding is appropriate. We recommend approval of this contract.

G. Protocall

This agreement is a continuation contract with Protocall to provide after-hours crisis

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services. The monthly cost for 250 phone calls is \$5,961.77. Phone calls received above 250/month will be reimbursed at \$25.85 per call. We recommend approval.

H. Case Management of Michigan

Case Management of Michigan provides services to individuals that are not served by the local community mental health in the Grand Rapids area.

CPT**	Service	Cost	Unit
T1017	Case Management	69	15 minutes
90834/90837	Individual Therapy	110	Encounter
90853	Group Therapy	50	Encounter
H0032	Treatment Planning (WO/IDT)	55	Encounter
H0032 BH H0031HO H0031 TG 96131*	Initial Assessment for Behavioral Health (Behavior Plan)	1133	Encounter
90791 AF	Psychiatric Eval	750	Encounter
992xx	Medication Review-Physician/NP	106	Encounter
96372	Medication Injection	38	Encounter
T1001	Health Assessment	255	Encounter
T1002	RN Services	32	15 minutes
H2000*	Comprehensive Multidisciplinary Evaluation	103	Encounter
T1017 (DD)	Support Coordination	69	15 minutes
H2000 TS H0032 (TS)*	Behavior Plan Monitoring	386	Encounter
H0031 ST	Sexual Behavior Risk Assessment	TBD	Encounter
H0031 BH H0031 TF*	Annual Behavior Plan	1133	Encounter
96101	Psychological Testing	750	Encounter

I. Saginaw Psychological Services, Inc.

Saginaw Psychological Services Inc. (SPSI) provides psychological services to individuals served and consultation services to our staff psychologists. Psychological testing ranges from \$70 - \$335; consultation \$140 per hour; \$100 per hour court testimony and \$0.56 per mile to cover mileage. We recommend approval.

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

This is a continuation contract with Touchstone Services to provide psychosocial rehabilitation services (Clubhouse). The total amount for a full-year contract is \$526,948. The monthly installments will be \$43,912.33. This is an increase from last year's budget of \$489,730. The Agency will conduct a semi-annual review to address costs incurred. Note: Touchstone has received their CARF International Accreditation. We recommend approval.

NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY

INTEROFFICE MEMORANDUM

TO: Board Members
FROM: Nena Sork
SUBJECT: NEMROC Contract
DATE: October 4, 2022

The Agency has had a contract with NEMROC for many years, and during those years one contract outlined the services provided by NEMROC. This year's contract will be divided into two contracts – one for supported employment and one for community living supports. By splitting the contract, the Agency will be able to approve invoices and monitor performance more efficiently as the Agency has one coordinator to oversee community living services and one coordinator to oversee supported employment services eliminating a bottleneck in the approval process.

Supported Employment Services (SE)

The FY23 contract amount to provide SE is budgeted at \$657,358.47. This is \$9,408.97 less than the FY22 allocation for SE. NEMROC anticipates providing 55,900 units of SE.

Community Living Supports (CLS)

The FY23 contract amount to provide CLS is budgeted for \$44,480. This is \$18,626.56 less than last year's allocation for CLS; however, the unit rate increased from \$9.96 per unit to \$11.12 per unit. NEMROC intends to increase focus on SE in the coming year.

These contracts will be reviewed semi-annually and an amendment will be completed, if needed.

We recommend approval.

Northeast Michigan Community Mental Health Authority
2022-2023 PH Budget
 Revenue Budget

Line #	Revenue Source	FY23 Continuation Budget	\$\$\$ Incr./((Decr.)	FY23 PH Budget
1	Rent Income	\$ -	\$ -	\$ -
2	State Contracts		\$ -	
3	PASARR (Nursing Home Services)	324,039	\$ (3,485)	320,554
4	Private Contracts		\$ -	
5	Blue Horizons Management Services	18,216	\$ (18,216)	-
6	MI Child Collaborative Care Grant	24,000	\$ (24,000)	-
7	Local Funding		\$ -	
8	Alcona County Allocation	35,223	\$ (1,172)	34,051
9	Alpena County Allocation	150,216	\$ 369	150,585
10	Montmorency County Allocation	31,435	\$ 7,089	38,524
11	Presque Isle County Allocation	49,764	\$ (6,286)	43,478
12	Rebates/Incentives/Other local revenue/Grants	421,472	\$ -	275,000
13	Interest Income	1,500	\$ (1,000)	500
14	Medicaid	31,749,435	\$ (430,457)	31,318,978
15	General Funds from MDCH		\$ -	
16	Operational (Community) Funding	1,102,207	\$ 45,470	1,147,677
17	Carryforward from FY22 to FY23	50,081	\$ 5,029	55,110
18	Healthy Michigan Plan	2,281,297	\$ 371,557	2,652,854
19	Third Party Insurance (incl. COFR)	417,400	\$ (60,678)	356,722
20	Residential Clients - Room & Board	521,532	\$ (20,140)	501,392
21	Contracted Residential Revenue - Blue Horizons	494,390	\$ (50,010)	444,380
22	Behavior Health Home Revenue	94,521	\$ (2,707)	91,814
23	Other Revenue		\$ -	
24	Reimbursed Class Fees	5,500	\$ 1,000	6,500
25	Food Stamps	105,493	\$ 23,107	128,600
26	Representative Payee Fees	20,000	\$ (2,548)	17,452
27	Record Copying Fees	7,250	\$ 250	7,500
28	Michigan Rehabilitation Services	-	\$ -	-
29	Miscellaneous Other Income	10,000	\$ -	-
30	Total Revenues	\$ 37,914,971	\$ (323,300)	\$ 37,591,671

Northeast Michigan Community Mental Health Authority
2022-2023 PH Budget
Expenditure Budget (by account)

Line #	Expenditure Type	FY23 Continuation Budget	\$\$\$ Incr./(Decr.)	FY23 PH Budget	% Incr./(Decr.)
1	Salaries	\$16,259,462	\$ (800,458)	\$15,459,004	-4.9%
2	Social Security Tax	712,307	\$ 5,362	717,669	0.8%
3	Health Savings Accounts	37,547	\$ 5,453	43,000	14.5%
4	Health Insurance (self insured)	2,421,538	\$ 232,058	2,653,596	9.6%
5	Prescription Insurance (self insured)	390,435	\$ 122,391	512,826	31.3%
6	Dental Insurance (self insured)	116,280	\$ 27,519	143,799	23.7%
7	Vision Insurance (self insured)	42,699	\$ (2,781)	39,918	-6.5%
8	Life Insurance	29,487	\$ 2,391	31,878	8.1%
9	Long Term Disability Insurance	31,203	\$ 4,942	36,145	15.8%
10	Short Term Disability Insurance	150,458	\$ 31,421	181,879	20.9%
11	Pension	893,221	\$ 14,141	907,362	1.6%
12	Pension (Social Security Opt Out)	420,802	\$ (22,414)	398,388	-5.3%
13	Unemployment	8,000	\$ (7,284)	716	-91.1%
14	Workers Compensation	173,031	\$ (6,427)	166,604	-3.7%
15	Office Supplies	30,998	\$ (2,543)	28,455	-8.2%
16	Postage	21,553	\$ 651	22,204	3.0%
17	Advertisement/Recruitment	134,351	\$ 17,525	151,876	13.0%
18	Public Relations/Community Education	24,312	\$ 4,785	29,097	19.7%
19	Employee Relations/Wellness	125,213	\$ (13,213)	112,000	-10.6%
20	Computer Maintenance/Supplies	379,000	\$ (189,479)	189,521	-50.0%
21	Activity/Program Supplies	50,367	\$ 10,424	60,791	20.7%
22	Medical Supplies & Services	104,543	\$ (32,828)	71,715	-31.4%
23	Household Supplies	65,489	\$ (2,882)	62,607	-4.4%
24	Interest Expense - Leases	-	\$ 6,917	6,917	0.0%
25	Contracted Transportation	75,304	\$ (39,551)	35,753	-52.5%
26	Contracted Inpatient	-	\$ 1,602,948	1,602,948	100.0%
27	Contracted Residential	-	\$ 5,294,265	5,294,265	100.0%
28	Contracted Employees/Services	12,338,916	\$(6,360,677)	5,978,239	-51.5%
29	Stability Payments	101,825	\$ (101,825)	-	-100.0%
30	Telephone / Internet (Communications)	158,721	\$ 41,904	200,625	26.4%
31	Staff Meals & Lodging	33,409	\$ (4,249)	29,160	-12.7%
32	Staff Travel Mileage	208,008	\$ (17,204)	190,804	-8.3%
33	Vehicle Gasoline	126,041	\$ 22,486	148,527	17.8%
34	Client Travel Mileage	41,340	\$ (12,290)	29,050	-29.7%
35	Board Travel and Expenses	13,664	\$ -	13,664	0.0%
36	Staff Development-Conference Fees	50,499	\$ 25,119	75,618	49.7%
37	Staff Physicals/Immunizations	16,553	\$ 1,668	18,221	10.1%
38	Professional Fees (Audit, Legal, CARF)	94,009	\$ (13,100)	80,909	-13.9%
39	Professional Liability Insurance Drs.	21,934	\$ (4,934)	17,000	-22.5%
40	Property/Staff Liability Insurance (net)	123,222	\$ (5,866)	117,356	-4.8%
41	Heat	60,296	\$ (9,290)	51,006	-15.4%
42	Electricity	102,702	\$ (7,064)	95,638	-6.9%
43	Water/Sewage	28,535	\$ (120)	28,415	-0.4%
44	Sanitation	17,489	\$ 602	18,091	3.4%
47	Maintenance	188,861	\$ (4,733)	184,128	-2.5%
48	Vehicle Maintenance	40,025	\$ 3,017	43,042	7.5%
49	Rent-Homes and Office Buildings	237,328	\$ (163,541)	73,787	-68.9%
50	Amoritization Expense - Leases (Rent)			149,242	
51	Rent-Equipment	6,004	\$ (4,089)	1,915	-68.1%
52	Membership Dues	38,794	\$ 11,633	50,427	30.0%
53	Food	157,682	\$ (5,621)	152,061	-3.6%
54	Capital Equipment over \$200	624,788	\$ (130,502)	494,286	-20.9%
55	Consumable Equipment under \$200	18,410	\$ (5,780)	12,630	-31.4%
56	Computer Equipment over \$200	433,300	\$ (357,300)	76,000	-82.5%
57	Client Adaptive Equipment	24,000	\$ (4,062)	19,938	-16.9%
58	Depreciation Expense Adjustment	(225,662)	\$ 396,711	171,049	-175.8%
59	General Fund Expenditures	23,527	\$ (18,617)	4,910	-79.1%
60	Local Fund Expenditures (10% State Hospital)	113,151	\$ (8,151)	105,000	-7.2%
61	Total Expenditures	\$37,914,971	\$ (323,300)	\$37,591,671	-0.9%

Northeast Michigan Community Mental Health Authority
2022-2023 PH Budget
Expenditure Budget (by program)

Line #	Program	FY23 Continuation Budget	\$\$\$ Incr./((Decr.))	FY23 PH Budget	% Incr./((Decr.))
1	Board Administration	\$ 45,185	\$ 10,248	\$ 55,433	22.7%
4	General Administration	960,113	\$ (127,804)	832,309	-13.3%
6	Managed Information Systems (MIS)	1,754,900	\$ (470,993)	1,283,907	-26.8%
7	Training	71,889	\$ 15,368	87,257	21.4%
8	Budget & Finance	1,313,628	\$ (36,606)	1,277,022	-2.8%
9	Direct Run Support Staff (old Clerical plus a few)	922,648	\$ (48,011)	874,637	-5.2%
10	Human Resources	613,021	\$ 29,838	642,859	4.9%
11	Facilities	336,831	\$ (60,759)	276,072	-18.0%
13	Alpena Facilities (Utilities, Rent, Depreciation)	201,339	\$ 113,927	315,266	56.6%
14	Alcona Facilities (Utilities, Rent, Depreciation)	8,225	\$ (492)	7,733	-6.0%
15	Hillman Facilities (Utilities, Rent, Depreciation)	63,313	\$ (3,499)	59,814	-5.5%
16	Rogers City Facilities (Utilities, Rent, Depreciation)	51,269	\$ 275	51,544	0.5%
17	Fletcher Facilities (Utilities, Rent, Depreciation)	96,963	\$ (18,732)	78,231	-19.3%
18	Vehicle Fleet (Gasoline, Depreciation, Maintenance)	475,557	\$ 58,846	534,403	12.4%
20	Quality Improvement	252,018	\$ (7,063)	244,955	-2.8%
21	MI Outpatient	1,146,676	\$ (161,940)	984,736	-14.1%
22	Physician Services	1,803,338	\$ 402,590	2,205,928	22.3%
23	Customer Service	38,582	\$ (38,582)	-	-100.0%
24	Older Adult Services - PASARR	248,023	\$ (107,768)	140,255	-43.5%
28	Case Management all one Cost Center now	1,966,666	\$ 171,925	2,138,591	8.7%
29	Assertive Community Treatment (ACT)	324,082	\$ (9,301)	314,781	-2.9%
30	Children's Home Based and Comm. Services	518,011	\$ (179,395)	338,616	-34.6%
31	MI Child Collaborative Care Grant	39,422	\$ (39,422)	-	-100.0%
32	Children's Wraparound	108,330	\$ -	108,330	0.0%
33	Clinical Supervision	2,662,976	\$ (124,435)	2,538,541	-4.7%
34	SIS	55,368	\$ 24,516	79,884	44.3%
35	Physical, Occupational & Speech Therapy	87,066	\$ 759	87,825	0.9%
36	Provider Network (Self Det. Internal, Contracts)	461,314	\$ 538	461,852	0.1%
43	External Services	11,185,481	\$ 718,033	11,903,514	6.4%
44	Blue Horizons	566,090	\$ (121,710)	444,380	-21.5%
45	Behavior Health Home	79,848	\$ 65,055	144,903	81.5%
46	State Hospitalization (County 10% Share only)	113,151	\$ (8,151)	105,000	-7.2%
49	Supported Employment	646,102	\$ 41,506	687,608	6.4%
52	SIP/Community Support	2,258,037	\$ (331,137)	1,926,900	-14.7%
53	Bay View Center	155,659	\$ 18,631	174,290	12.0%
54	Peer Directed Activities	32,113	\$ 1,941	34,054	6.0%
55	MI Peer Support Services	175,112	\$ 4,097	179,209	2.3%
56	DD SIP Monitoring	510,193	\$ (53,866)	456,327	-10.6%
57	Hospital Transportation	28,576	\$ 1,889	30,465	6.6%
58	Cambridge Residential DD	643,018	\$ 4,163	647,181	0.6%
59	Princeton Residential DD	651,594	\$ 384	651,978	0.1%
60	Walnut Residential DD	691,494	\$ (28,973)	662,521	-4.2%
61	Thunder Bay Heights Residential DD	731,067	\$ 68,997	800,064	9.4%
62	Pinepark Residential DD	590,356	\$ (34,284)	556,072	-5.8%
63	Brege Residential DD	640,536	\$ (28,074)	612,462	-4.4%
64	Harrisville Residential DD	604,715	\$ (60,775)	543,940	-10.1%
65	Millcreek Residential DD	652,510	\$ (8,549)	643,961	-1.3%
66	Infant Mental Health	5,539	\$ 965	6,504	17.4%
67	Skill Building	2,103	\$ (125)	1,978	-5.9%
68	Crisis Services	315,348	\$ 7,651	322,999	2.4%
69	Behavior Treatment	9,576	\$ 25,004	34,580	261.1%
70	Total Expenditures	\$37,914,971	\$ (323,300)	\$37,591,671	-0.9%

Northeast Michigan Community Mental Health Authority
2022-2023 PH Budget
 Staffing - Full Time Equivalents (FTE's)

Line #	Program	FY23 Continuation Budget	FTE Incr./((Decr.))	FY23 PH Budget	% Incr./((Decr.))
1	Board Administration (now only Board Members)	0.90	-	0.90	0.0%
4	General Administration	8.65	(1.01)	7.64	-11.7%
5	Managed Information Systems (MIS)	6.00	-	6.00	0.0%
6	Training	0.37	(0.02)	0.35	-5.4%
7	Budget & Finance	11.00	0.50	11.50	4.5%
8	Direct Run Support Staff (old clerical plus some)	12.75	0.98	13.73	7.7%
9	Human Resources	5.00	0.07	5.07	1.4%
10	Facilities (old Housekeeping now in Facilities)	5.58	(0.55)	5.03	-9.9%
11	Quality Improvement	2.00	-	2.00	0.0%
12	MI Outpatient	12.80	(4.22)	8.58	-33.0%
13	Physician Services	11.00	1.04	12.04	9.5%
14	Customer Service	-	-	-	100.0%
15	Geriatric Services - PASARR	2.91	(1.67)	1.24	-57.4%
19	Case Management	26.00	(1.53)	24.47	
20	Assertive Community Treatment (ACT)	4.00	(0.86)	3.14	-21.5%
21	Home Based	10.06	(6.38)	3.68	-63.4%
22	MI Child Collaborative Care Grant	0.50	(0.50)	-	-100.0%
24	Clinical Supervisors	28.00	1.41	29.41	5.0%
25	Behavior Health Home	0.85	1.62	2.47	190.6%
28	Supported Employment	13.00	0.13	13.13	1.0%
29	Physical, Occupational & Speech Therapy	1.00	(0.02)	0.98	-2.0%
30	Peer Directed Activities	0.78	0.10	0.88	12.8%
31	MI Peer Support Services	3.69	(0.02)	3.67	-0.5%
32	SIP Monitoring	12.10	(3.62)	8.48	-29.9%
35	SIP/Community Support	48.85	(9.87)	38.98	-20.2%
36	SIS	1.00	0.07	1.07	7.0%
37	Provider Network (was Self Determination)	5.31	-	5.31	0.0%
38	Hospital Transportation	0.53	0.20	0.73	37.7%
39	Cambridge Residential DD	11.41	(0.24)	11.17	-2.1%
40	Princeton Residential DD	13.91	(3.71)	10.20	-26.7%
41	Walnut Residential DD	12.53	(1.58)	10.95	-12.6%
42	Thunder Bay Residential DD	12.64	(0.87)	11.77	-6.9%
43	Pinepark Residential DD	13.37	(2.95)	10.42	-22.1%
44	Brege Residential DD	12.65	(2.35)	10.30	-18.6%
45	Harrisville Residential DD	11.57	(2.59)	8.98	-22.4%
46	Millcreek Residential DD	11.61	(1.65)	9.96	-14.2%
47	Blue Horizons	9.93	(0.86)	9.07	-8.7%
48	Infant Mental Health	-	0.06	0.06	100.0%
49	Skill Building	-	0.03	0.03	100.0%
50	Crisis Services	-	1.34	1.34	100.0%
51	Behavior Treatment	-	0.34	0.34	100.0%
52	Total FTE's	344.25	(39.18)	305.07	-11.4%

Northeast Michigan Community Mental Health Authority

Statement of Revenue, Expenses and Change in Net Position

October 1, 2022 through August 31, 2022

Percent of Year is 91.67%

	Total Amended Budget	YTD Totals 8/31/22	Budget August YTD	Variance August YTD	Under/(Over) YTD Budget	Percent of Budget - YTD
Operating revenue						
Medicaid:						
1	Traditional Capitation	\$ 31,749,435	\$29,226,293.00	28,895,832.34	983,086.66	\$ 2,523,142 92.05%
2	Traditional Settlement	-	652,626.00			-652,626.00
3	Healthy Michigan Capitation	2,281,297.00	2,126,289.00	2,080,886.33	-641,680.33	155,008.00 93.21%
4	Healthy Michigan Settlement	-	(687,083.00)			687,083.00
5	State General Fund:					
6	Formula Fundings	1,152,288.00	1,060,437.00	1,056,264.04	-634,759.04	91,851.00 92.03%
7	Settlement		(638,932.00)			638,932.00
8	Client Fees	417,400.00	324,112.00	382,616.63	-58,504.63	93,288.00 77.65%
9	Grant revenue	324,039.00	210,743.00	297,035.75	-86,292.75	113,296.00 65.04%
10	Other earned contracts	631,127.00	548,252.00	567,862.95	-19,610.95	82,875.00 86.87%
11	County Appropriation	232,154.00	238,331.00	232,154.00	6,177.00	-6,177.00 102.66%
12	Interest and other revenue	500,206.30	517,820.00	494,852.14	22,967.86	-17,613.70 103.52%
13	Fiduciary Receipts	-	336,902.00	0.00	336,902.00	-336,902.00 0.00%
14	Group Home Revenues	627,025.00	596,623.00	574,772.88	21,850.12	30,402.00 95.15%
15	Total operating revenue	\$ 37,914,971	\$ 34,512,413	34,582,277.06	-69,864.06	\$ 3,402,558 91.03%
Operating expenses						
16	Salaries and wages	\$ 16,259,455	\$14,206,247.00	14,959,143.96	752,896.96	\$ 2,053,208 87.37%
17	Social security tax	712,304.80	605,255.00	664,805.81	59,550.81	107,049.80 84.97%
18	Self insured benefits	3,008,505.48	2,235,841.00	2,890,526.09	654,685.09	772,664.48 74.32%
19	Life and disability insurances	211,146.44	194,225.00	199,192.50	4,967.50	16,921.44 91.99%
20	Pension	1,314,023.04	1,183,507.00	1,205,462.63	21,955.63	130,516.04 90.07%
21	Unemployment & workers comp	181,032.08	149,664.00	176,152.88	26,488.88	31,368.08 82.67%
22	Office supplies & postage	52,370.88	35,508.00	47,667.30	12,159.30	16,862.88 67.80%
23	Staff recruiting & development	134,351.12	133,965.00	176,246.51	42,281.51	386.12 99.71%
24	Community relations/education	24,312.00	24,486.00	22,286.00	(2,200.00)	(174.00) 100.72%
25	Employee relations/wellness	125,213.00	117,817.00	108,945.25	(8,871.75)	7,396.00 94.09%
26	Program supplies	617,809.12	307,406.00	564,127.47	256,721.47	310,403.12 49.76%
27	Contract transportation	75,304.00	32,638.00	68,451.11	35,813.11	42,666.00 43.34%
28	Contract employees & services	6,910,487.00	6,324,440.61	5,728,924.96	(595,515.65)	586,046.39 91.52%
29	Contract inpatient services	1,430,446.00	1,337,574.85	1,211,627.46	(125,947.39)	92,871.15 93.51%
30	Contract residential services	3,997,982.00	4,533,836.54	4,106,925.96	(426,910.58)	(535,854.54) 113.40%
31	Telephone & connectivity	157,728.92	145,781.00	144,552.09	(1,228.91)	11,947.92 92.43%
32	Staff meals & lodging	100,460.88	67,300.00	30,140.75	(37,159.25)	33,160.88 66.99%
33	Mileage & gasoline	375,389.08	333,797.00	339,366.73	5,569.73	41,592.08 88.92%
34	Maintenance	228,886.08	229,033.00	198,023.26	(31,009.74)	(146.92) 100.06%
35	Building rent	131,070.00	118,550.00	121,170.42	2,620.42	12,520.00 90.45%
36	Board travel/education	13,664.00	9,106.00	12,525.37	3,419.37	4,558.00 66.64%
37	Professional fees	94,009.00	90,378.00	82,699.88	(7,678.12)	3,631.00 96.14%
38	Property & liability insurance	145,156.00	121,037.00	133,059.63	12,022.63	24,119.00 83.38%
39	Utilities	210,015.96	169,944.00	186,228.28	16,284.28	40,071.96 80.92%
40	Group home rent	112,443.00	96,886.00	99,077.88	2,191.88	15,557.00 86.16%
41	Group home food	157,682.00	145,622.00	144,541.87	(1,080.13)	12,060.00 92.35%
42	Capital equipment	311,047.96	190,346.00	245,610.41	55,264.41	120,701.96 61.20%
43	Client equipment	24,000.00	18,740.00	22,000.00	3,260.00	5,260.00 78.08%
44	Miscellaneous expense	178,442.00	134,180.00	160,983.89	26,803.89	44,262.00 75.20%
45	Stability Payments	101,825.00	85,825.00	76,368.75	(9,456.25)	16,000.00 0.00%
46	Fiduciary Expense	-	374,314.00		0.00	(374,314.00) 0.00%
47	Depreciation expense	518,408.96	392,116.00	455,380.51	63,264.51	126,292.96 75.64%
48	Total operating expenses	\$37,914,971.00	\$34,145,366.00	34,582,215.61	811,163.61	\$3,769,605.00 90.06%
49	Change in net position	-	\$ 367,047.00			\$ (367,047)
50	Medicaid Funds (Over)/Under Spent		(652,626.00)			
51	Healthy Michigan Funds (Over)/Under Spent		687,083.00			
52	Total Due to NMRE (Over)/Under Spent		\$ 34,457.00			
53	General Funds to Carry Forward to FY23		50,518.00			
54	General Funds Lapsing to MDHHS		588,414.00			
55	General Funds (Over)/Under Spent		\$ 638,932.00			

**NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY
MONITORING REPORT**

POLICY CATEGORY:	Executive Limitations
POLICY TITLE AND NUMBER:	Compensation and Benefits, 01-008
REPORT FREQUENCY & DUE DATE:	Annual, October 2022
POLICY STATEMENT:	

With respect to employment, compensation, and benefits to employees, consultants, contract workers, and volunteers, the Executive Director may not cause or allow jeopardy to fiscal integrity or public image.

Accordingly, they may not:

1. . . . change their own compensation and benefits.
 - **Interpretation:** The Board will set the Executive Director’s salary.
 - **Status:** The contract with the Executive Director, which addresses salary, expires September 30, 2025.

2. . . . promise or imply permanent or guaranteed employment.
 - **Interpretation:** Neither the Executive Director nor any other person will indicate to an employee or prospective employee that employment is guaranteed or permanent.
 - **Status:** Employment terms for various types of employees are defined elsewhere in personnel policies. None are “guaranteed” employment.

We establish a variety of employment relationships that can be used to provide services. Beyond the “standard” full- or part-time status used for 80 – 85% of our positions, contractual and casual status may be used for particular purposes. Typically, contractual employees include certain professional clinical staff (OTs, Speech Therapists, etc.); casual employees are those on a call-in status, largely in group homes as substitute workers for those employees on leave.

The Board’s professional clinical employees are organized with Office and Professional Employees International Union (OPEIU); many of the Board’s Paraprofessional staff (group home and most other direct care staff) are in a separate bargaining unit of that same union. Other employees (administration, psychiatrists, MI, Blue Horizons Residential, Supported Independence Program (SIP) Community Support Workers (CSW), maintenance and housekeeping) are not represented by unions.

3. . . . establish current compensation and benefits which:
 - A. Deviate materially from the geographic or professional market for the skills employed.
 - B. Create obligations over a longer term than revenues can be safely projected, in no event longer than one year with the exception of labor contracts and in all events subject to losses of revenue.
 - **Interpretation:** Subject to sufficiency of financial resources, staff compensation and benefits will be set following a review of data describing the geographic or professional market for the skills employed by our staff. To the extent possible, surveys of like agencies will be used. Labor contracts for represented employees will be negotiated with the intent to avoid material differences in overall compensation, understanding that salaries, wages, and specific benefits will differ from those of non-union staff as a result of the negotiation process.

**NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY
MONITORING REPORT**

- **Status:**

- Salary & Wages:

The Board’s salaries and wages are set according to either a salary schedule that applies to non-union staff or the terms of labor agreements with OPEIU, the union that represents a number of our staff. To help determine the market conditions of which to compare these rates, we use the Board Association’s survey of compensation packages used by Michigan’s CMH Boards; that survey was conducted this year and reflects fiscal year 2021 data. The table below illustrates the progress made over the last four years; the table compares the percent that these five classifications of staff lag their counterparts at other CMH boards.

<u>Classification</u>	<u>2017 Lag</u>	<u>2019 Lag</u>	<u>2021a Lag</u>	<u>2021b Lag</u>
Management Team	-6.6%	-5.0%	-8.4	+2.7%
Other Management/ Supervisors	-3.0%	-3.5%	-14.1	-6.7%
Professional Clinical	-0.5%	-3.0%	-6.4	+0.7%
Office Staff	-0.8%	-4.0%	+0.7	+4.6%
Paraprofessional	-23.6%	-12.2%	-9.3	-1.9%

Huge progress has been made in the Paraprofessional workgroup due to the Direct Care Wage Pass Through and our intentionally raising the salaries in this workgroup to keep pace with market salaries and aid in recruiting and retention. The Professional Clinical group has experienced program growth along with several staff retirements; replacement staff are new graduates starting at a lower entry wage. Since March 2020, the COVID-19 pandemic challenged recruitment efforts further. The biggest reason for the increased gaps is due to not providing a cost of living increase for the past several years.

- Fringe Benefits:

- ◆ Health Insurance

The organization provides these benefits for full-time (40 hours/week) employees covering medical, prescription, dental, and vision OR just medical coverage for those working an average of 30 hours per week. All of these plans are self-insured. Participating employees pay 28% of the premium for the Agency’s costliest benefit plan through payroll deduction. If employees agree to participate and meet certain aspects of the Agency’s Wellness program, the premium co-pay is reduced by 4%. Agency health plans include a plan that meets requirements of the Affordable Care Act.

- ◆ Leave

For many years now, the Board has had a leave policy that combines vacation and sick leave into one bank to be managed by the employee (full- and part-time). New employees are eligible for approximately 18 leave days if working 40 hours per week; according to the September 2021 Board Association Salary survey, other CMH Boards having similar “all-purpose” leave plans and offer an average of 26 leave days. Northeast employees with 25 years are allowed 33 days. We attempt to accommodate staff requests for use of leave and allow very flexible use of leave. In addition to regular leave, with the onset of the COVID-19 pandemic, a special leave bank was established to cover documented absences due to COVID-19.

**NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY
MONITORING REPORT**

◆ Other

Other fringe benefits provided for employees include:

- Deferred Compensation (voluntary retirement account)
- Flexible Medical—Sec. 125 (voluntary medical account)
- Short-term disability insurance
- Long-term disability insurance (full-time only)
- Life insurance (full-time only)
- Accidental death and dismemberment

4. . . . establish or change pension benefits so the pension provisions:

- A. Cause unfunded liabilities to occur or in any way commit the organization to benefits which incur unpredictable future costs.
- B. Provide less than some basic level of benefits to all full-time employees, though differential benefits to encourage longevity in key employees are not prohibited.
- C. Allow any employee to lose benefits already accrued from any foregoing plan.
- D. Treat the Executive Director differently from other comparable key employees.
- E. Are instituted without prior monitoring of these provisions.

- **Interpretation:** The organization will avoid defined-benefit plan structures in favor of defined contribution plans clearly stating and limiting employer liability. The organization's retirement savings plans, and related retirement benefits as established in policy or labor contracts, will be available to full-time employees meeting eligibility criteria as defined in policy or labor contracts. Changes in retirement savings plans (if any) will not result in loss of benefits to employees; this will not preclude the possibility of changing plan structures in ways offering at least an equivalent benefit. The Executive Director will participate in the same plan available to other management team employees.

- **Status**

The organization offers several plans depending on the employees' employee group status. Employer retirement savings contributions to the three groups' retirement accounts differ as shown below as a result of negotiations with the Union.

- Non-Union: 7.5%
- Professional Union: 7%
- Paraprofessional Union: 6%

According to the Board Association data, our contribution to employee pensions is at par with the average CMH Board.

Non-union employees no longer participate in Social Security; instead, the organization and the employee contribute a total of 11.9% of pay to a 401a retirement savings plan that is separate from the Agency's basic retirement savings plan. The Board's Union employees continue participation in the Social Security program and the Board's basic retirement savings program, as well.

Only the Board's full-time employees (40 hours/week) participate in the "basic" retirement savings program.

The balance of each of the Board's retirement account programs is shown below. Because each of these programs is a defined contribution plan (versus a defined benefit), there is no risk that the plans are underfunded.

**NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY
MONITORING REPORT**

<u>Plan</u>	<u>Balances as of June 30, 2022</u>
Pension, Non-union (Pre SS Opt-out)	\$ 511,768.48
Pension, Non-union (Post SS Opt-out)	\$ 7,513,364.08
Pension, Professional Union	\$ 2,339,186.68
Pension, Paraprofessional Union	\$ 1,893,259.16
Social Security Alternative, Non-union	\$ 12,524,369.75
Deferred Compensation, VOYA	\$ 4,373,720.62
Deferred Compensation, AXA Equitable	\$ 117,908.87
Deferred Compensation, Empower (formerly Mass Mutual)	\$ 272,859.13
Total, All Plans	\$ 29,546,436.77

Board Review/Comments

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

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

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

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

GOVERNANCE PROCESS

(Manual Section)

ANNUAL BOARD PLANNING CYCLE

(Subject)

Board Approval of Policy
Last Revision of Policy Approved:

August 8, 2002
June 9, 2022

●1 POLICY:

To accomplish its role with a governance style consistent with Board policies, the Board will follow an annual agenda, which (a) completes a re-exploration of Ends policies annually and (b) continually improves its performance through attention to Board education, enriched input and deliberation, as well as insistence upon measurement and achievement of Ends.

1. The cycle will conclude each year on the last day of September in order that administrative budgeting can be based on accomplishing a one-year segment of the most recent Board long-range vision.
 - By September preceding the new cycle, the Board will develop its agenda for the ensuing one-year period.
2. Education, input and deliberation will receive paramount attention in structuring the series of meetings and other Board activities during the year.
 - To the extent feasible, the Board will identify those areas of education and input needed to increase the level of wisdom and forethought it can give to subsequent choices.
3. The sequence of the process for the Board planning year ending September 30 is as follows:
 - May: The planning process begins with a brief review of progress to-date toward the current year Ends. The session will include an environmental scan and exploration of the primary factors affecting public mental health services. The goal of the session will be to identify areas upon which the Board wishes to focus its planning efforts over the next several months.
 - June through August: During these months, the planning areas identified above are refined with the active assistance of staff.

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

- September: The Board’s plan (including ends) for the coming year is adopted. This plan will also include the Board’s desires for educational presentations for the year.
 - November: Review of past year ends achievement. Celebration.
4. Executive Director monitoring will be included on the agenda if monitoring reports show policy violations, or if policy criteria are to be debated.
- July: The Board prepares for the Executive Director’s Evaluation by reviewing any of the monitoring reports provided in the last year.
 - August: The Board finalizes the evaluation of the Executive Director and prepares to extend a contract renewal.
5. Executive Director remuneration will be decided after a review of monitoring reports received in the last year by September. The compensation philosophy of the Board is to attract and retain leadership talent, yet respond to market trends, reflecting the value of the functional demands of executive work and reward performance results.
- Compensation will take into consideration market comparable data [i.e., Board Association Salary Survey, comparable functional positions information, etc.] and the total compensation and benefit plan will be defined.
 - Review of the compensation and benefit plan will be completed by the full Board.
 - The Executive Director’s contract will include information regarding terms of compensation, approval dates, disclosure of any conflict of interest, etc.
 - If warranted, the Executive Committee will meet prior to contract renewal to discuss base pay and benefit plans, expiration date of contract, incorporating overall performance and development. Names, if any, of the independent, unrelated Board members assigned to a review committee will be documented.

●2 **APPLICATION:**

The Northeast Michigan Community Mental Health Authority Board

●3 **DEFINITIONS:**

●4 **REFERENCES:**

●5 **FORMS AND EXHIBITS:**

BOARD STAFF RELATIONSHIP

(Manual Section)

EXECUTIVE DIRECTOR JOB DESCRIPTION

(Subject)

Board Approval of Policy
Last Revision of Policy Approved:

August 8, 2002
October 10, 2019

●1 POLICY:

As the Board's single official link to the operating organization, the Executive Director's performance will be considered to be synonymous with organizational performance as a total.

Consequently, the Executive Director's job contributions can be stated as performance in the following areas:

1. Organizational accomplishment of the provisions of Board policies on *Ends*.
2. Organization operation within the boundaries of prudence and ethics established in Board policies on *Executive Limitations*.

●2 APPLICATION:

The Northeast Michigan Community Mental Health Authority Board

●3 DEFINITIONS:

●4 REFERENCES:

●5 FORMS AND EXHIBITS:

BOARD STAFF RELATIONSHIP

(Manual Section)

MONITORING EXECUTIVE DIRECTOR PERFORMANCE

(Subject)

Board Approval of Policy
Last Revision of Policy Approved:

August 8, 2002
October 10, 2019

●1 POLICY:

Monitoring executive performance is synonymous with monitoring organizational performance against Board policies on *Ends* and on *Executive Limitations*. Any evaluation of the Executive Director's performance, formal or informal, may be derived only from this monitoring data.

1. The purpose of monitoring is to determine the degree to which Board policies are being fulfilled. Information that does not do this will not be considered to be monitoring. Monitoring will be as automatic as possible, using a minimum of Board time so that meetings can be used to create the future rather than to review the past.
2. A given policy may be monitored in one or more of three ways:
 - A. Internal report: Disclosure of compliance information to the Board from the chief executive.
 - B. External report: Discovery of compliance information by a disinterested, external auditor, inspector or judge who is selected by and reports directly to the Board. Such reports must assess executive performance only against policies of the Board, not those of the external party unless the Board has previously indicated that party's opinion to be the standard.
 - C. Direct Board inspection: Discovery of compliance information by a Board member, a committee or the Board as a whole. This is a Board inspection of documents, activities or circumstances directed by the Board which allows a "prudent person" test of policy compliance.
3. Upon the choice of the Board, any policy can be monitored by any method at any time. For regular monitoring, however, each *Ends* and *Executive Limitations* policy will be classified by the Board according to frequency and method.
 - A. See Board Monitoring Schedule for frequency and method.
4. By each September, the Board will have a formal evaluation of the Executive Director. This evaluation will not only consider monitoring data as defined here, but as it has appeared over the intervening year. In every case, the standard for compliance shall be any reasonable Executive Director interpretation of the Board policy being monitored. The Board is final arbiter of reasonableness, but will always judge with a "reasonable

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

person” test rather than with interpretations favored by Board members or by the Board as a whole.

●2 **APPLICATION:**

The Northeast Michigan Community Mental Health Authority Board

●3 **DEFINITIONS:**

●4 **REFERENCES:**

●5 **FORMS AND EXHIBITS:**

Exhibit 1 – Monitoring Schedule

**NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY
MONITORING SCHEDULE**

Exhibit 1

Policy	Reports	Internal/External/Direct	Frequency	Month
Budgeting 01-004	Budget (Executive Director Report)/Monthly Budget Reports	Internal	At least Quarterly	January – December** (NOTE: This is reported monthly if available)
Emergency Executive Succession 01-006	Executive Director Report	Internal	Annual	January
Emergency Executive Succession 01-006	Board Evaluation	Internal -Board Review of Policy	Annual	January
Executive Director Role 03-001	Board-Evaluation Self-Evaluation	Internal – Board Review of Policy	Annual	January
Treatment of Consumers 01-002	Recipient Complaint Log	Internal	Quarterly	Feb., May, Aug., Nov.
Staff Treatment 01-003	Turnover Report/Exit	Internal	Semi-Annual	February/August
Budgeting 01-004	Budget (Executive Director Report)/Monthly Budget Reports	Internal	At least Quarterly	February – January** (NOTE: This is reported monthly if available)
Financial Condition 01-005	Executive Director Report/Quarterly Financial Statements	Internal	Quarterly	Feb., May, Aug., Nov.
Asset Protection 01-007	Board Evaluation	Internal. Board Review of Policy	Annual	February
Budgeting 01-004	CPA Audit	External	Annual	February
Financial Condition 01-005	CPA Audit	External	Annual	February
Asset Protection 01-007	CPA Audit	External	Annual	February
Delegation to the Executive Director 03-002	Board Evaluation Self-Evaluation	Internal – Board Review of Policy	Annual	February
Board Committee Principles 02-005	Board Evaluation Self-Evaluation	Internal – Board Review of Policy	Annual	February
Treatment of Consumers 01-002	Executive Director Report Consumer Satisfaction Survey	Internal Internal	Annual Annual	March
Staff Treatment 01-003	Employee Survey Policy Review	Direct Internal – Board Review of Policy	Annual	March
Budgeting 01-004	Budget (Executive Director Report)/Monthly Budget Reports	Internal	At least Quarterly	March-February** (NOTE: This is reported monthly if available)
Budgeting 01-004	Board Evaluation	Internal – Board Review of Policy	Annual	March

**NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY
MONITORING SCHEDULE**

Exhibit 1

Policy	Reports	Internal/External/Direct	Frequency	Month
Code of Conduct 02-008	Board Evaluation Self-Evaluation	Internal – Board Review of Policy	Annual	March
Board Member Recognition 02-011	Executive Director Report	Internal (Board Member Recognition Awards)	Annual	March
Budgeting 01-004	Budget (Executive Director Report)/Monthly Budget Reports	Internal	At least Quarterly	April - March** (NOTE: This is reported monthly if available)
Financial Condition 01-005	Board Evaluation	Internal – Board Review of Policy	Annual	April
Communication & Counsel 01-009	Executive Director Report	Internal	Annual	April
Communication & Counsel to Board 01-009	Board Evaluation	Internal – Board Review of Policy	Annual	April
Governing Style 02-002	Board Evaluation Self-Evaluation	Internal – Board Review of Policy	Annual	April
Cost of Governance 02-013	Board Evaluation Self-Evaluation	Internal – Board Review of Policy Update Policy with Budget Amounts	Annual Annual	April April
Treatment of Consumers 01-002	Recipient Complaint Log	Internal	Quarterly	May, Aug., Nov., Feb.
Budgeting 01-004	Budget (Executive Director Report)/Monthly Budget Reports	Internal (2 months May/Jun)	At least Quarterly	May - April** (NOTE: This is reported monthly if available)
Financial Condition 01-005	Executive Director Report/Quarterly Financial	Internal	Quarterly	May, Aug., Nov., Feb.
Board Job Description 02-003	Self-Evaluation & Policy Review Survey to Owners Employee Survey	Internal – Board Review of Policy	Annual	May
Board Core Values 02-014	Self-Evaluation & Policy Review	Internal – Board Review of Policy	Annual	May
Disclosure of Ownership 02-016	Self-Evaluation & Policy Review	Internal – Board Review of Policy	Annual	May
Planning Session	Planning Session	Internal/External	Annual	June
Ends 04-001	Executive Director Report	Internal	Semi-Annual	June

**NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY
MONITORING SCHEDULE**

Exhibit 1

Policy	Reports	Internal/External/Direct	Frequency	Month
Staff Treatment 01-003	Executive Director Report	Internal (Staff Recognition)	Annual	July/August**
Budgeting 01-004	Budget (Executive Director Report)/Monthly Budget Reports	Internal	At least Quarterly	July - June** (NOTE: This is reported monthly if available)
Asset Protection 01-007	Insurance Reports	External/Internal	Annual	July
Community Resources 01-010	Board Evaluation	Internal – Board Review of Policy	Annual	July
Community Resources 01-010	Executive Director Report	Collaboration Report	Annual	July
Public Hearing 02-010	Self-Evaluation & Policy Review	Internal – Board Review of Policy	Annual	July
Treatment of Consumers 01-002	Recipient Complaint Log	Internal	Quarterly	Aug., Nov., Feb., May
Staff Treatment 01-003	Turnover Report/Exit Interview	Internal	Semi-Annual	August/February
Budgeting 01-004	Budget (Executive Director Report)/Monthly Budget Reports	Internal	At least Quarterly	August - July** (NOTE: This is reported monthly if available)
Financial Condition 01-005	Executive Director Report/Quarterly Financial Statements	Internal	Quarterly	Aug., Nov., Feb., May
Chairperson's Role 02-004	Self-Evaluation & Policy Review Board Survey	Internal – Board Review of Policy	Annual	August
Board Members Per Diem 02-009	Self-Evaluation & Policy Review	Internal – Board Review of Policy	Annual	August
Board Self-Evaluation 02-012	Self-Evaluation & Policy Review	Internal – Board Review of Policy	Annual	August
Disclosure of Ownership 02-016	Self-Evaluation & Policy Review	Internal – Board Review of Policy	Annual	August
General Executive Constraint 01-001	Board Evaluation of Executive Director Policy Review	Internal Internal – Board Review of Policy	Annual Annual	September September
Budgeting 01-004	Budget (Executive Director Report)/Monthly Budget Reports	Internal	At least Quarterly	September - August** (NOTE: This is reported monthly if available)
Compensation & Benefits 01-008	Policy Review	Internal – Board Review of Policy	Annual	September

**NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY
MONITORING SCHEDULE**

Exhibit 1

Policy	Reports	Internal/External/Direct	Frequency	Month
Board Committee Structure 02-006	Self-Evaluation & Policy Review	Internal – Board Review of Policy	Annual	September
Executive Director Search Process 03-005	Self-Evaluation & Policy Review	Internal – Board Review of Policy	Annual	September
Budgeting 01-004	Budget (Executive Director Report)/Monthly Budget Reports	Internal	At least Quarterly	October - September** (NOTE: This is reported monthly if available)
Annual Board Planning Cycle 02-007	Self-Evaluation & Policy Review	Internal – Board Review of Policy	Annual	October
Executive Director Job Description 03-003	Self-Evaluation & Policy Review	Internal – Board Review of Policy	Annual	October
Monitoring Executive Director Performance 03-004	Self-Evaluation & Policy Review	Internal – Board Review of Policy	Annual	October
Treatment of Consumers 01-002	Recipient Complaint Log Policy Review	Internal Internal – Board Review of Policy	Quarterly Annual	Nov./Feb./May/Aug.
Budgeting 01-004	Budget (Executive Director Report)/Monthly Budget Reports	Internal	At least Quarterly	November - October** (NOTE: This is reported monthly if available)
Financial Condition 01-005	Executive Director Report/Quarterly Financial Statements	Internal	Quarterly	Nov., Feb., May, Aug.
Ends 04-001	Executive Director Report	Internal	Semi-Annual	November/May
Budgeting 01-004	Budget (Executive Director Report)/Monthly Budget Reports	Internal	At least Quarterly	December – Nov.** (NOTE: This is reported monthly if available)
Grants or Contracts 01-011	Executive Director Report Board Evaluation	Internal Internal – Board Review of Policy	Annual	December
Board Member Recognition 02-011	Self-Evaluation & Policy Review	Internal – Board Review of Policy	Annual	December
Board Member Orientation 02-015	Self-Evaluation & Policy Review	Internal – Board Review of Policy	Annual	December
By-Laws	Self-Evaluation & Review	Internal – Board Review of Bylaws	Annual	December
Compensation & Benefits 01-008	Association Salary Survey Pension Report Executive Director Report	External/Internal External/Internal Internal	Annual	Within 60 days of receipt of Salary Survey
Ends 04-001	Policy Review	Internal – Board Review of Policy	Annual	Conducted when Strategic Plan is adopted

	Program	Consumers served August 2022 (8/1/22 - 8/31/22)	Consumers served in the Past Year (9/1/21 - 8/31/22)	Running Monthly Average(year) (9/1/21 - 8/31/22)
1	Access	64	657	55
	Routine	1	4	0
	Emergent	0	5	1
	Urgent	37	631	53
	Crisis	55	771	61
	Prescreens			
2	Doctors' Services	521	1412	423
3	Case Management			
	Older Adult (OAS)	125	308	109
	MI Adult	113	384	131
	MI ACT	27	60	27
	Home Based Children	23	51	24
	MI Children's Services	51	113	59
	IDD	170	431	177
4	Outpatient Counseling	111(25/86)	254	108
5	Hospital Prescreens	55	771	60
6	Private Hospital Admissions	21	219	17
7	State Hospital Admissions			0
8	Employment Services			
	IDD	54	84	49
	MI	19	53	18
	Touchstone Clubhouse	97	108	94
9	Peer Support	45	74	39
10	Community Living Support Services			
	IDD	108	158	91
	MI	70	111	57
11	CMH Operated Residential Services			
	IDD Only	55	62	56
12	Other Contracted Resid. Services			
	IDD	37	39	35
	MI	32	42	34
13	Total Unduplicated Served	1108	2258	1019

County	Unduplicated Consumers Served Since September 2021
Alcona	242
Alpena	1348
Montmorency	275
Presque Isle	332
Other	48
No County Listed	13

	Program	Consumers served September 2022 (9/1/22 - 9/30/22)	Consumers served in the Past Year (10/1/21 - 9/30/22)	Running Monthly Average(year) (10/1/21 - 9/30/22)
1	Access	50	644	54
	Routine	1	5	0
	Emergent	0	4	0
	Urgent	36	603	51
	Crisis	86	789	61
	Prescreens			
2	Doctors' Services	452	1425	425
3	Case Management			
	Older Adult (OAS)	114	317	111
	MI Adult	122	387	128
	MI ACT	28	61	27
	Home Based Children	25	48	23
	MI Children's Services	52	115	56
	IDD	172	399	178
4	Outpatient Counseling	127(24/103)	252	92
5	Hospital Prescreens	86	789	61
6	Private Hospital Admissions	29	228	18
7	State Hospital Admissions	0	3	0
8	Employment Services			
	IDD	52	84	49
	MI	17	55	18
	Touchstone Clubhouse	95	111	95
9	Peer Support	46	76	40
10	Community Living Support Services			
	IDD	96	156	92
	MI	71	115	58
11	CMH Operated Residential Services			
	IDD Only	59	67	56
12	Other Contracted Resid. Services			
	IDD	37	39	35
	MI	32	37	34
13	Total Unduplicated Served	1025	2268	1020

County	Unduplicated Consumers Served Since October 2021
Alcona	240
Alpena	1353
Montmorency	276
Presque Isle	336
Other	54
No County Listed	9

**NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH
BOARD ANNUAL CALENDAR (10-01-22)**

Date	Item	Action
January	Emergency Exec. Succession 01-006	Policy Review
	Executive Director Role 03-001	Policy Review & Board Self-Evaluation
	Emergency Exec. Succession 01-006 (Exec. Director Report)	Review Monitoring Report
	Budgeting 01-004 (Monthly Finance/Variance Report)	Review Monitoring Report
	Educational Session	Presentation
February	Ownership Linkage - Public Hearing – Program Input	Activity
	Delegation to the Executive Director 03-002	Policy Review & Board Self-Evaluation
	Asset Protection 01-007	Policy Review
	Board Committee Principles 02-005	Policy Review & Board Self-Evaluation
	Treatment of Individuals Served 01-002 (Recipient Rights Log)	Review Monitoring Report
	Staff Treatment 01-003 (Turnover Report/Exit)	Review Monitoring Report
	Budgeting 01-004 (Monthly Finance/Variance Report)	Review Monitoring Report
	Financial Condition 01-005 (CPA Audit)	Review Monitoring Report
	Asset Protection 01-007 (CPA Audit)	Review Monitoring Report
	Educational Session	Presentation
Nominations Committee meets to develop Slate of Officers	Activity	
March	Budgeting 01-004	Policy Review
	Code of Conduct 02-008	Policy Review & Board Self-Evaluation
	Treatment of Individuals Served 01-002 (Satisfaction Surveys)	Review Monitoring Report
	Staff Treatment 01-003 (Employee Survey)	Review Monitoring Report
	Budgeting 01-004 (Monthly Finance/Variance Report)	Review Monitoring Report
	Educational Session	Presentation
April	Board Member Recognition	Activity
	Financial Condition 01-005	Policy Review
	Governing Style 02-002	Policy Review & Board Self-Evaluation
	Cost of Governance 02-013	Policy Review & Board Self-Evaluation
	Communication & Counsel 01-009	Policy Review
	Budgeting 01-004 (Monthly Finance/Variance Report)	Review Monitoring Report
	Communication & Council 01-009	Review Monitoring Report
May	Educational Session	Presentation
	Election of Officers	Activity
	Orientation of New Members	Activity
	Board Job Description 02-003	Policy Review & Board Self-Evaluation
	Board Core Values 02-014	Policy Review & Board Self-Evaluation
	Disclosure of Ownership 02-016	Policy Review & Board Self-Evaluation
	Treatment of Individuals Served 01-002 (Recipient Rights Log)	Review Monitoring Report
	Budgeting 01-004 (2 months) (Monthly Finance Report)	Review Monitoring Report
Financial Condition 01-005 (Quarterly Balance Sheet)	Review Monitoring Report	
June	Ownership Input	Activity
	Begin Strategic Planning w/Environmental Scan	Presentation
	Continue Strategic Planning w/Ends Focus	Activity
July	Ends 04-001	Review Monitoring Report
	Ends Discussion 04-001	Discuss
	Community Resources 01-010	Policy Review
	Public Hearing 02-010	Policy Review & Board Self-Evaluation
	Budgeting 01-004 (Monthly Finance/Variance Report)	Review Monitoring Report
	Asset Protection 01-007 (Insurance Reports)	Review Monitoring Report
	Community Resources 01-010 (Collaboration Report)	Review Monitoring Report
Finalize Planning Session with Ends Setting	Presentation	
Prepare for Executive Director Evaluation	Activity	

**NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH
BOARD ANNUAL CALENDAR (10-01-22)**

Date	Item	Action
August	Chairperson's Role 02-004	Policy Review & Board Self-Evaluation
	Board Member Per Diem 02-009	Policy Review & Board Self-Evaluation
	Board Self-Evaluation 02-012	Policy Review & Board Self-Evaluation
	Disclosure of Ownership 02-016	Policy Review & Board Self-Evaluation
	Treatment of Individuals Served 01-002 (Recipient Complaint Log)	Review Monitoring Report
	Staff Treatment 01-003 (Turnover Report/Exit)	Review Monitoring Report
	Budgeting 01-004 (Monthly Finance/Variance Report)	Review Monitoring Report
	Financial Condition 01-005 (Quarterly Balance Sheet)	Review Monitoring Report
	Educational Session	Presentation
	Executive Director Evaluation Process	Activity
Begin Self-Evaluation	Activity	
	Ownership Linkage – Legislative Event, if warranted	Activity
September	General Executive Constraint 01-001	Policy Review
	Compensation & Benefits 01-008	Policy Review
	Executive Director Search Process 03-005	Policy Review & Board Self-Evaluation
	Board Committee Structure 02-006	Policy Review & Board Self-Evaluation
	Budgeting 01-004 (Monthly Finance/Variance Report)	Review Monitoring Report
	Annual Planning Cycle (Set Perpetual Calendar)	Activity
	Ownership Linkage schedule (Set Ownership Linkage Schedule)	Activity
	Finalize Self-Evaluation	Activity
	Educational Session	Presentation
Continuation Budget Approval	Activity	
October	Annual Board Planning Cycle 02-007	Policy Review & Board Self-Evaluation
	Executive Job Description 03-003	Policy Review & Board Self-Evaluation
	Monitoring Executive Director 03-004	Policy Review & Board Self-Evaluation
	Budgeting 01-004 (Monthly Finance/Variance Report)	Review Monitoring Report
	Finalize Annual Calendar	Activity
	Educational Session	Presentation
Ownership Linkage – Public Hearing Budget	Activity	
November	Staff Treatment 01-003	Policy Review
	Treatment of Individuals Served 01-002	Policy Review
	Treatment of Individuals Served 01-002 (Recipient Complaint Log)	Review Monitoring Report
	Budgeting 01-004 (Monthly Finance/Variance Report)	Review Monitoring Report
	Financial Condition 01-005 (Quarterly Balance Sheet)	Review Monitoring Report
	Ends 04-001	Review Monitoring Report
	Educational Session – Annual Compliance Report	Presentation
Nominations Committee meets to address recommendations to counties	Activity	
December	Grants or Contracts 01-011	Policy Review
	Board Member Recognition 02-011	Policy Review & Board Self-Evaluation
	Board Member Orientation 02-015	Policy Review & Board Self-Evaluation
	Budgeting 01-004 (Monthly Finance/Variance Report)	Review Monitoring Report
	Grants or Contracts 01-011	Review Monitoring Report
	Bylaw Changes	Bylaw Review
Educational Session	Presentation	
Other	Compensation & Benefits 01-008 (Salary/Benefit Comparison Report) (within 60 days of receipt of Salary Survey from Board Assoc.)	Review Monitoring Report
	Ends 04-001 (conducted when Strategic Plan is adopted)	Policy Review

Northeast Michigan Community Mental Health Authority

STRATEGIC PLAN 2022-2023



Mission:

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

Vision:

Northeast Michigan Community Mental Health Authority will be the innovative leader in effective, sensitive mental and behavioral health services.

In so doing, services will be offered within a culture of gentleness and designed to enhance each person's potential to recover. We will continue to be an advocate for the person while educating the community in the promotion of mental and behavioral health.

Core Values:

- A Person-Centered focus shall be at the heart of all activities.
- Honesty, respect and trust are values that shall be practiced by all.
- We will be supportive and encouraging to bring out the best in one another.
- Recognition of progress and movement toward a continuously improving environment is a responsibility for all.
- We prefer decision-by-consensus as a decision-making model and will honor all consensus decisions.

Forces in the Environment Impacting Behavioral Health

Payers/Payment Reform

- Reimbursement based on health outcomes
- ACA
- Health system insurance plans
- Gearing Toward Integration (Sen. Shirkey proposal) and House Bills 4925-29 Introduced by Mary Whiteford

Persons Served

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

Quality Improvement

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

Regulatory Changes

- Home and Community-Based Services Rules
- Potential carve-in of specialty behavioral health
- 1115 waiver application

Workforce

- *Shortage of qualified staff* of all types of disciplines (professional as well as direct care)
- Aging workforce
- Competing with the private sector (lower pay)
- Challenging work environment
- Evidence-Based Practices
- Training of staff to address current environment

Technology

- Electronic Health Record (EHR)
- Data Analytics
- Increase Mobile Capabilities
- Self-Management Tools/Consumer Portal

Goals:

1. To reduce the risk of metabolic syndrome in both adults and children.
 - a. Nursing staff will collect blood pressures (BPs), weights and body mass index (BMI) on all new psychiatric evaluations and all children receiving medication clinic services.
 - b. The Agency will participate in the data analytics project to identify those individuals who are at risk for increased health concerns.
 - c. Clinical staff will work with the Medicaid Health Plans to coordinate care and treatment.
 - d. Participate in PIHPs QAPIs [Quality Assessment Performance Improvement Projects].
 - i. QAPIP #1 – Follow up care for children prescribed ADHD medications.
 - ii. QAPIP #2 – Adults prescribed psychotropic medications for more than six (6) months will be screened for diabetes.
2. Promote a trauma-informed community through education, assessment and participation in community initiatives.
3. Support services to all children and young adults diagnosed with Autism Spectrum Disorders.
4. Coordinate community education and partnerships in suicide prevention.
5. To increase Substance Use Disorder (SUD) services and training within the Agency, while partnering with local SUD providers to educate and reduce substance use in the community.
6. To collaborate with the Veteran's Administration assuring comprehensive behavioral health services are available.
7. To further utilize the Health Information Exchange (HIE) with Great Lakes Health Connect and local organizations in order to share critical health care information. The Agency's current electronic record system (PCE) is a conduit for this information, which will continue to promote easy utilization.
8. To keep current in education and information technology (IT).

Barriers/Challenges:

Home and Community-Based Services – NeMCMHA will need to work with our providers to assure compliance with the rules for all.

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

Integrated Healthcare – The Health Information Exchange (HIE) is not progressing as rapidly as previously anticipated. Data provided is not sufficient to address real time queries on health information

of the populations served. Current restrictions of Personal Health Information (PHI) specific to Substance Use Disorders/treatment does not address the total needs of the individual in an HIE venue.

Funding – The contractual obligations to the Michigan Department of Health and Human Services (MDHHS) while staying within the Per Member Per Month (PMPM) formula provided by the PIHP.

Jail Services – Limited use by law enforcement impacts the number of pre- and post-booking jail diversions.

Recruiting and Retention of Qualified Staff – Local competition for positions has made it difficult to recruit.

Service Population – If service delivery is modified to include the mild to moderate population, current staffing level is insufficient.

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

Opioid Epidemic – The increasing opioid epidemic has strained community resources.

Increasing Violence in our Society – The increasing violence in our society is requiring communities to come together to develop a comprehensive community action plan.

Staffing – The lack of a feeder system to create qualified individuals to work in this field of healthcare.

Opportunities:

Work collaboratively with the community partners in the region to promote integrated services, develop shared services and improve consumer accessibility, health outcomes and efficiencies.

Introduce new Evidence-Based Practices (EBPs) and training in the delivery of services.

Using the new training certification the Agency received, the Agency can provide training opportunities for staff as well as community partners with CEUs awarded for the training.

The infrastructure of NeMCMHA is relatively strong, with excellent facilities, dedicated staff, continued IT investment and a balanced budget.

Provide education to the community at large and support and promote local advocacy efforts.

Work collaboratively with the community partners in the region to address challenges related to the increasing opioid epidemic and increase in violence and anger dyscontrol.

Take advantage of training opportunities provided by MDHHS.

Options:

The Agency must continue to strengthen its relationships with other partners of the market and reinforce its niche in intensive services for people with serious mental illness, serious emotional disturbance and intellectual/developmental disabilities, including those whose disabilities co-occur with substance use. The Agency must strategize to become a valued partner and be indispensable in the pursuit of quality, accessible health care at a lower cost. Options to be considered:

- Shared psychiatric consultation with staff at other clinics
- Easy and consistent flow of individuals and information between behavioral health and primary care providers
- Growth of health care awareness and services in CMH services through enhanced training in health coaching and the use of data analytics
- Work closely to assure people with a serious mental illness or intellectual/developmental disability are receiving all necessary primary and behavioral healthcare. Expand telemedicine services as it relates to pediatric and adult services.

- Provide community members and staff with training as it relates to Mental Health First Aid for youth and adults, suicide prevention, increasing violence in our society, co-occurring disorders and the effects of trauma on individuals.
- Continue to be a member of Human Services Collaboratives.

Plan:

Community Partners will be essential for NeMCMHA as we continue to be successful in the provision of integrated, comprehensive physical and behavioral health services. Northeast will continue to work collaboratively with the major primary health care providers and the Medicaid Health Plans (MHPs) to ensure the requirements to meet the health care reform challenges are met. Joint ventures will be established with community partners to provide seamless systems of care that eliminates duplication, lower costs, ensure quality care and achieve superior outcomes.

The Ends Statements reflect methods of monitoring population groups and department specific goals.

Ends:

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

Sub-Ends:

Services to Children

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

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

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

Services to Adults with Co-Occurring Disorders

3. Adults with co-occurring disorders will realize significant improvement in their condition.
 - a. 30% of eligible Behavioral Health Home (BHH) individuals served with two or more of the following chronic conditions – Asthma/COPD, High Blood Pressure, Diabetes, Morbid Obesity, Cardiac issues will be enrolled in BHH.
 - b. 95% of individuals served enrolled in BHH will see their primary care provider annually.
 - c. 100% of individuals served enrolled in BHH will have a base-line A1C.

Financial Outcomes

4. The Board's Agency-wide expenses shall not exceed Agency-wide revenue at the end of the fiscal year (except as noted in 5.b. below).
5. The Board's major revenue sources (Medicaid and Non-Medicaid) shall be within the following targets at year-end:

- a. Medicaid Revenue: Expenses shall not exceed 100% of revenue unless approved by the Board and the PIHP.
- b. Non-Medicaid Revenue: Any over-expenditure of non-Medicaid revenue will be covered by funds from the Authority's fund balance with the prior approval of the board.

Community Education

6. The Board will provide community education. This will include the following:
 - a. Disseminate mental health information to the community by hosting events, providing trainings, utilizing available technology, and publishing at least one Report to the Community annually.
 - b. Develop and coordinate community education in Mental Health First Aid for adults and youth, trauma and the effects of trauma on individuals and families, suicide prevention, co-occurring disorders, and the increasing violence in our society.
 - c. Support community advocacy.

The Ends will be monitored by the Board at least semi-annually.

The Strategic Plan will be reviewed by the Board at least annually.

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

ENDS

(Manual Section)

BOARD ENDS STATEMENT

(Subject)

Board Approval of Policy
Revision to Board Policy

August 8, 2002
October 13, 2022

●1 **POLICY:**

Ends

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

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 - C. Support community advocacy.

●2 APPLICATION:

The Northeast Michigan Community Mental Health Authority Board

●3 DEFINITIONS:

●4 REFERENCES:

●5 FORMS AND EXHIBITS:

Section 3. Terms; Vacancies; Removal of Member

The term of office of a board member shall be three (3) years from April 1 of the year of appointment. Vacancies shall be filled for unexpired terms in the same manner as original appointments. Board members are encouraged to attend all board meetings. If a Board member misses two consecutive meetings without advance notice to the Board Chairperson or his or her designee, a letter from the Board Chairperson will be sent to the board member inquiring about the member's intent to fulfill his or her term of office. If no response is received within 30 days, a second letter will be sent with a copy to the Chairperson of the appointing County Commission. If no response is received within 30 days, a letter will be sent to the Chairperson of the appointing County Commission requesting the removal of the board member according to the requirements of the Mental Health Code, § 224, which states in part: A board member may be removed from office by the appointing board of commissioners for neglect of official duty or misconduct in office.

ARTICLE V - OFFICERS

Section 1. Officers; Election; Term of Office

The officers of this Board shall consist of a Chair, Vice-Chair, and Secretary who shall perform the duties usually pertaining to such offices or as provided by the Board. All officers shall be elected for a term of one year and shall hold office until the next regular election; such election to be held at the April meeting of each year.

The annual election of Board Members to Board Offices shall be conducted in the following manner:

- By the October Meeting prior to the April election, the Chair will recommend to the Board, subject to the approval of the Board, a "Board Officers Nominating Committee", a Special Committee of the Board which shall exist for the sole purpose of nominating candidates to fill the positions of the Board's Offices; that Committee shall consist of at least four and no more than six Board Members, preferably one from each county and excluding the Chair.

The Nominating Committee shall also review the terms of all Board members to identify the need for consumer or consumer representative appointments. The committee shall attempt to recruit or identify candidates for membership who meet the requirements of Section 222 (1) of the Mental Health Code. These recommendations shall be communicated to the county Boards of Commissioners as necessary by the Board's Chair.

- By the March Meeting, that Committee shall report its recommendations to the Board for its members' consideration prior to the April election meeting.

Northeast Michigan Community Mental Health Authority

400 Johnson Street

Alpena, MI 49707

County Representing	Name/Address	E-mail Address	Home Phone	Term Expiration
Alcona <i>Secretary</i>	Bonnie Cornelius 306 Hubbard Lake Road Hubbard Lake MI 49747		(989) 464-3587	3-31-2023
Alcona <i>Temporary Vice Chair</i>	Terry Small (John) 2066 Wilson Road Curran MI 48728		(989) 590-0364	3-31-2024
Alpena	Robert Adrian 227 Dawson St Alpena MI 49707		(989) 255-0208	3-31-2025
Alpena	Lynnette Grzeskowiak 6120 Blackberry Lane Alpena MI 49707		(701) 240-4802	3-31-2023
Alpena	Judith Jones 7397 US-23 South Ossineke MI 49766		(989) 471-5142	3-31-2025
Alpena <i>Chair</i>	Eric Lawson PO Box 73 Ossineke MI 49766		(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		(989) 464-7018	3-31-2025
Montmorency				
Presque Isle	Lester Buza PO Box 106 Rogers City MI 49779		(989) 734-7383	3-31-2025
Presque Isle	Terry A. Larson 376 E. Orchard Street Rogers City MI 49779		(989) 734-4453	3-31-2025
Presque Isle <i>Past Chair</i>	Gary Nowak PO Box 168 Rogers City MI 49779		(989) 734-3404	3-31-2023

CMH PAC

Scan the QR code below to donate now!



CMH PAC is being asked to contribute to an unprecedented number of campaigns at a non-stop rate. The bottom line is WE MUST BUILD OUR PAC FUND UP to maintain an active presence in Lansing and continue to support those legislators who are willing to work with us and stand up against Senator Shirkey and the health plans.



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CMH PAC

What is CMH PAC?

CMH PAC is a Political Action Committee. PACs give money to candidates running for elective office. By making a donation to the CMH PAC, you are ensuring that issues important to mental health are not left out of the dialog in Lansing.

Why Support CMH PAC?

In the Michigan Legislature there are:

- More new legislators due to term limits.
- Fewer legislators with in-depth knowledge about behavioral health issues.
- More legislative proposals that directly and indirectly impact Michigan's publicly funded mental health system.
- More aggressive interest groups competing for limited resources.
- Very few legislative champions for persons with mental health, developmental/intellectual disabilities and substance use disorders.

CMH PAC helps overcome some of these obstacles by raising awareness for issues that are important to behavioral health care. The CMH PAC supports legislators/candidates who support and advocate on behalf of Michigan's publicly funded mental health system.

Donate NOW!

Make checks payable to CMH PAC

Send to: CMH PAC, 507 S. Grand Ave., Lansing, MI 48933

(No corporate checks, please!)

Or, donate online using our secure checkout.

(Personal credit cards only, please!)

NOVEMBER AGENDA ITEMS

Policy Review

Staff Treatment 01-003
Treatment of Individuals Served 01-002
Ends 04-001

Policy Review & Self-Evaluation

No policies for Self-Evaluation this month

Monitoring Reports

01-002 Treatment of Individuals Served – Recipient Rights Quarterly Report
01-004 Budgeting
01-005 Financial Condition
04-001 Ends

Review

Activity

Nominating Committee meets

Ownership Linkage

Educational Session

TBD