

• •
• •
• •
• •

**NORTHEAST
MICHIGAN
COMMUNITY
MENTAL HEALTH
AUTHORITY**



JULY BOARD MEETING

THURSDAY, JULY 11, 2024



3:00 PM

400 JOHNSON STREET
ALPENA, MICHIGAN 49707



NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY BOARD

BOARD MEETING – STRATEGIC PLANNING PART III – AGENDA

Thursday, July 11, 2024 at 3:00 p.m.

- I. Call to Order**
- II. Roll call & Determination of a Quorum**
- III. Pledge of Allegiance**
- IV. Appointment of Evaluator**
- V. Acknowledgement of Conflict of Interest**
- VI. Information and/or Comments from the Public**
- VII. Approval of Minutes(Pages 1 – 4)**
- VIII. July Monitoring Reports**
 - 1. Budgeting 01-004 (Page 5)
 - 2. Asset Protection 01-007(Pages 6 – 13)
- IX. Board Policy Review and Self-Evaluation**
 - 1. Community Resources 01-010 (Page 14)
 - 2. Public Hearings 02-010(Pages 15 – 16)
- X. Linkage Reports**
 - 1. NMRE Board Meeting – June 26 (Verbal)
- XI. Operations Report (Handout)**
- XII. Board Chair’s Report**
 - 1. Preparing for Executive Director Evaluation (Page 17)
 - 2. Strategic Plan Review and Revisions(Pages 18 – 22)
- XIII. Executive Director’s Report (Verbal)**
- XIV. Information and/or Comments from the Public**
- XV. Information and/or Comments for the Good of the Organization**
- XVI. Next NeMCMHA Board Meeting – Thursday, August 8 at 3:00 p.m.**
 - 1. Proposed August Agenda Items..... (Page 23)
- XVII. Meeting Evaluation (Verbal)**
- XVIII. Adjournment**

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

**Northeast Michigan Community Mental Health Authority Board
Board/Advisory Council Meeting – June 13, 2024**

I. Call to Order

Vice Chair Lloyd Peltier called the meeting to order in the Board Room at 3:00 p.m.

II. Roll Call and Determination of a Quorum

Present (Board): Les Buza, Bonnie Cornelius, Lynnette Grzeskowiak, Charlotte Helman, Judy Jones, Dana Labar, Kara Bauer LeMonds (3:07 p.m.), Gary Nowak, Lloyd Peltier, Terry Small

Present (Advisory Council): Kathleen Destromp, Anne Ryan, Rebecca Stockford

Absent (Board): Bob Adrian, Eric Lawson (excused)

Absent (Advisory Council): Janet Freeman (excused), Angela Lane, Heather Miller

Staff & Guests: Carolyn Bruning, Mary Crittenden, Vicky DeRoven, Erin Fletcher, Nena Sork, Brenda Stanton, Jen Walburn

III. Pledge of Allegiance

Attendees recited the Pledge of Allegiance as a group.

IV. Appointment of Evaluator

Bonnie Cornelius was appointed as evaluator of the meeting.

V. Acknowledgement of Conflict of Interest

No conflicts of interest were acknowledged.

VI. Information and/or Comments from the Public

There were no comments from the public.

VII. Approval of Minutes

Moved by Gary Nowak, supported by Terry Small, to approve the minutes of the May 9, 2024, Board meeting, as presented. Motion carried.

VIII. Conflict-Free Access and Planning (CFAP) Resolution

Lloyd pointed Board members to the informational flyer on CFAP from the CMHA. Nena reported these changes would have to come directly from the Governor to MDHHS. She asked that Board members who are inclined to support the CMHA position on this issue reach out to the Governor's office to show opposition. The CMHA PAC is not well funded enough to provide the necessary advocacy to individuals at this time, and these changes would be harmful to the public mental health system.

Moved by Gary Nowak, supported by Les Buza, to draft and file a resolution in opposition to CFAP. Motion carried.

Kara Bauer LeMonds entered at 3:07.

IX. June Monitoring Reports

1. Budgeting 01-004

Brenda Stanton reviewed the Statement of Expense and Change in Net Position as of April 30, 2024, with 58.33% of the year elapsed. Line items with negative variances will be reviewed at the end of June for necessary budget adjustments in July. The Agency received \$330,756.66 in incentive revenue, which is more

than budgeted for. General Funds are currently overspent by \$312,531. The overage would be covered by local funds or a transfer from another board. Staff are working to get individuals back on Medicaid and have services retroactively covered. Brenda reviewed expenses with a variance higher than 63%, indicating which may require a budget adjustment. Medicaid funds are currently underspent by \$679,979 and Healthy Michigan funds are overspent by \$52,748, for a total underspent amount of \$627,231. The Agency has 39 days of unrestricted cash.

2. Ends 04-001

Nena reviewed the Sub-Ends for Services for Children. Correcting the percentage of home-based services being provided in a home or community setting, which is actually at 72%. The Sub-End for two individuals moving from a dependent setting to an independent setting has been met. Nena thinks this Sub-End could be extended to include a goal timeframe for the individuals to be living independently. The employment teams are well on their way to meeting their goals. A successful closure for IPS employment means the individual is working independently and no longer requires a job coach to work alongside them. The Sub-Ends for co-occurring disorders are either met or there is only one individual as an outlier.

Moved by Kara Bauer LeMonds, supported by Lynnette Grzeskowiak, to approve the June Monitoring Reports. Motion carried.

X. Linkage Reports

1. NMRE Board Meeting – May 22

Gary reported the largest topic they covered was CFAP. They also reviewed the Rehmann assessment of Northern Lakes.

2. CMHA Summer Conference

Nena, Lloyd, Bonnie Cornelius, Judy Jones, and Dana Labar attended the conference this week. All agreed that everyone should try to attend a conference because there is so much to learn. Dana thought it was apparent that Nena is a highly regarded individual throughout the CMHA. He said an overall important message was about staff taking care of themselves. They spend so much time taking care of others and they need to remember to take time for themselves.

3. NMRE Day of Education

Rebecca Stockford, Kathleen Destromp, and Lloyd attended the event. Rebecca enjoyed speaking and Kathleen hopes to tell her story at the October Day of Education. Lloyd found the many testimonies very moving.

XI. Operations Report

Mary Crittenden reported on operations for the month of May. Access had 57 routine requests for services, 36 crisis contacts, and 58 hospital preadmission screens. There were 14 private hospital admissions – four children and ten adults. NeMCMHA operated residential services served 49 individuals living in group homes. Overall, 1,055 individuals were served by the Agency in May.

XII. Board Chair's Report

1. Strategic Plan Review

Nena said the goal for home-based seeing children in a home or community setting is so the workers can support the whole family, not just the child while they are at school. Nena thinks 72% of services being provided in a home or community setting can be improved upon. The children's services department has been severely short-staffed for years after losing many staff to the schools, but they now have a great leader to support them. The goals for co-occurring disorders are doing very well, with only one person missing their baseline A1C. BHH has almost doubled their enrollment numbers from last year. The Sub-End for two individuals moving from a dependent setting to an independent setting could be extended to include a goal

timeframe for the individuals to be living independently. The Sub-Ends for financial outcomes and community education are doing well. Mary thinks the goal of 95% of home-based services happening in a home or community setting may be too high for current staffing, and 90% may be more attainable. The Board discussed the pros and cons of making it a goal to reach 100% perfection. It could be something to strive for, but it may be bad for morale to never be able to achieve it. The Board and Advisory Council would like input on Ends from staff.

Moved by Gary Nowak, supported by Les Buza, to table the discussion of Ends until July when staff input can be brought it. Motion carried.

XIII. **Executive Director's Report**

Nena reported the Agency's second annual Mental Health Movement Run/Walk was a great success, with 207 attendees from 17 counties across Michigan. Mary reported many community partners were present and had the opportunity to share their services with the community. Lloyd attended the event, and even pushed himself to complete the 5K, instead of the 2K he signed up for, in support of the individuals he heard speak at the Day of Education. To finish up Mental Health Awareness Month, the Agency held a blood drive at the Aplex to partner physical and mental health.

Board members received a handout from Nena on three contract proposals from Rehmann. The first would be for Rehmann to manage HR and recruitment for the Agency. Rehmann proposed either a three-year or five-year contract, with the addition of four months to take the Agency to the end of the fiscal year. The contract would include three staff members, a Chief Human resource Officer, a Human Resource Director, and a recruiter. Nena reviewed the scope of work and the cost of the contracts, while also providing a cost comparison of current Agency HR expenses.

The second contract is for the Agency's annual employee engagement survey. The cost is very similar to last year's, and utilizing the same survey will allow management to see what has improved and what still needs attention. The third contract is for an assessment of the IS/IT department. The current IS Director, Dennis Bannon, will be retiring in January, and Nena would like Rehmann to assess the department and see where changes need to be made for planning for the future and what needs to be done for succession planning.

Board members discussed the benefits of a three-year contract for HR versus a five-year contract, and the contract can always be extended. Kara said the three-year model has worked well in her experience.

Moved by Terry Small, supported by Gary Nowak, to enter a three-year and four-month contract with Rehmann for the management of Human Resources and recruitment. Roll Call: Ayes: Les Buza, Bonnie Cornelius, Lynnette Grzeskowiak, Charlotte Helman, Judy Jones, Dana Labar, Kara Bauer LeMonds, Gary Nowak, Lloyd Peltier, Terry Small; Nays: None; Absent: Bob Adrian, Eric Lawson. Abstain: None. Motion carried.

Moved by Gary Nowak, supported by Terry Small, to enter a contract with Rehmann for the 2024 staff engagement survey. Roll Call: Ayes: Les Buza, Bonnie Cornelius, Lynnette Grzeskowiak, Charlotte Helman, Judy Jones, Dana Labar, Kara Bauer LeMonds, Gary Nowak, Lloyd Peltier, Terry Small; Nays: None; Absent: Bob Adrian, Eric Lawson. Abstain: None. Motion carried.

Moved by Lynnette Grzeskowiak, supported by Kara Bauer LeMonds, to enter a contract with Rehmann to perform an IS/IT assessment. Roll Call: Ayes: Les Buza, Bonnie Cornelius, Lynnette Grzeskowiak, Charlotte

Helman, Judy Jones, Dana Labar, Kara Bauer LeMonds, Gary Nowak, Lloyd Peltier, Terry Small; Nays: None; Absent: Bob Adrian, Eric Lawson. Abstain: None. Motion carried.

Nena appreciates the Board’s support and thinks these contracts will help move the Agency in the right direction. Terry asked for a meet and greet with Rehmann at the next Board meeting.

XIV. Information and/or Comments from the Public

None were presented.

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

None were presented.

XVI. Next Meeting

The next meeting of the NeMCMHA Board is scheduled for Thursday, July 11 at 3:00 p.m. The next meeting of the Consumer Advisory Council will be held on Monday, August 5 at 5:00 p.m.

1. July Agenda Items

The proposed July agenda items were reviewed.

XVII. Meeting Evaluation

Bonnie reported Board members came well prepared. She thinks everyone had an opportunity to say what they needed to say, and she was very satisfied with what they accomplished. Bonnie still likes being on the Board and she enjoys going to conferences to get to know other Board members on a different level.

Kathleen informed the Board that Bayview will be having their LGBTQ BBQ on June 20 and it is open to the public. They want to get LGBTQ allies to come to the center to get a better understanding of what they do.

Lloyd wanted to thank each and every staff member for all they do, stating they do a fabulous job and the Agency wouldn’t be at the level it is at without them.

XVIII. Adjournment

Moved by Les Buza, supported by Terry Small, to adjourn the meeting. Motion carried. This meeting adjourned at 4:38 p.m.

Bonnie Cornelius, Secretary

Rebekah Duhaime
Recorder

Eric Lawson, Chair

Northeast Michigan Community Mental Health Authority
Statement of Revenue and Expense and Change in Net Position (by line item)
For the Eighth Month Ending May 31, 2024
66.67% of year elapsed

	Actual May Year to Date	Budget May Year to Date	Variance May Year to Date	Budget FY24	% of Budget Earned or Used
Revenue					
1 State Grants	130,297.62	146,794.64	\$ (16,497)	220,192.00	59.2%
2 Grants from Local Units	177,758.67	177,758.64	0	266,638.00	66.7%
3 NMRE Incentive Revenue	330,756.66	200,000.00	130,757	300,000.00	110.3%
4 Interest Income	3,625.38	3,333.36	292	5,000.00	72.5%
5 Medicaid Revenue	21,574,361.93	20,853,072.64	721,289	31,279,609.00	69.0%
6 General Fund Revenue	861,997.00	801,858.00	60,139	1,202,787.00	71.7%
7 Healthy Michigan Revenue	1,379,461.24	1,672,143.92	(292,683)	2,508,216.00	55.0%
8 Contract Revenue Blue Horizons	331,297.78	313,211.36	18,086	469,817.00	70.5%
9 3rd Party Revenue	309,431.45	350,740.64	(41,309)	526,111.00	58.8%
10 Behavior Health Home Revenue	196,543.20	130,866.64	65,677	196,300.00	100.1%
11 Food Stamp Revenue	58,363.74	69,439.36	(11,076)	104,159.00	56.0%
12 SSI/SSA Revenue	361,231.63	386,346.00	(25,114)	579,519.00	62.3%
13 Revenue Fiduciary	194,389.60	0.00	194,390	0.00	0.0%
14 Other Revenue	36,747.89	34,968.64	1,779	52,453.00	70.1%
15 Total Revenue	25,946,264	25,140,534	805,730	37,710,801	68.8%
Expense					
16 Salaries	10,638,437.09	10,244,794.00	(393,643)	15,367,191.00	69.2%
17 Social Security Tax	429,939.93	453,396.68	23,457	680,095.00	63.2%
18 Self Insured Benefits	1,499,799.71	1,778,900.64	279,101	2,668,351.00	56.2%
19 Life and Disability Insurances	171,717.75	167,066.32	(4,651)	250,600.00	68.5%
20 Pension	950,900.92	860,543.96	(90,357)	1,290,816.00	73.7%
21 Unemployment & Workers Comp.	89,450.49	79,407.44	(10,043)	119,111.00	75.1%
22 Office Supplies & Postage	30,457.40	32,272.60	1,815	48,409.00	62.9%
23 Staff Recruiting & Development	151,126.18	122,987.56	(28,139)	184,481.00	81.9%
24 Community Relations/Education	44,379.81	38,079.28	(6,301)	57,119.00	77.7%
25 Employee Relations/Wellness	64,506.62	127,200.00	62,693	190,800.00	33.8%
26 Program Supplies	393,457.93	357,213.28	(36,245)	535,820.00	73.4%
27 Contract Inpatient	1,089,417.67	1,271,547.36	182,130	1,907,321.00	57.1%
28 Contract Transportation	10,639.92	29,884.64	19,245	44,827.00	23.7%
29 Contract Residential	3,607,657.27	3,183,234.64	(424,423)	4,774,852.00	75.6%
30 Local Match Drawdown NMRE	73,926.00	65,712.00	(8,214)	98,568.00	75.0%
31 Contract Employees & Services	4,837,250.36	4,617,677.92	(219,572)	6,926,517.00	69.8%
32 Telephone & Connectivity	146,535.00	205,197.28	58,662	307,796.00	47.6%
33 Staff Meals & Lodging	16,800.20	16,062.12	(738)	24,093.00	69.7%
34 Mileage and Gasoline	309,016.13	250,889.16	(58,127)	376,334.00	82.1%
35 Board Travel/Education	3,991.30	9,109.36	5,118	13,664.00	29.2%
36 Professional Fees	25,491.55	50,505.28	25,014	75,758.00	33.6%
37 Property & Liability Insurance	124,371.74	58,746.00	(65,626)	88,119.00	141.1%
38 Utilities	134,116.24	126,571.48	(7,545)	189,857.00	70.6%
39 Maintenance	110,675.25	166,366.56	55,691	249,550.00	44.3%
40 Interest Expense Leased Assets	15,762.41	13,053.28	(2,709)	19,580.00	80.5%
41 Rent	9,078.95	11,555.36	2,476	17,333.00	52.4%
42 Food	95,002.01	109,630.08	14,628	164,445.00	57.8%
43 Capital Equipment	30,850.81	17,096.20	(13,755)	25,644.00	120.3%
44 Client Equipment	14,796.73	8,083.36	(6,713)	12,125.00	122.0%
45 Fiduciary Expense	219,934.94	0.00	0.00	0.00	
46 Miscellaneous Expense	59,432.78	84,630.04	25,197	126,945.00	46.8%
47 Depreciation & Amoritization Expense	633,692.86	575,119.92	(58,573)	862,680.00	73.5%
48 MI Loan Repayment Program	3,000.00	8,000.00	5,000.00	12,000.00	
49 Total Expense	26,035,614	25,140,534	(680,145)	37,710,801	69.0%
50 Change in Net Position	\$ (89,350)	\$ 0	\$ (89,350)	\$ -	-0.2%
51 Contract settlement items included above:					
52 Medicaid Funds (Over) / Under Spent	\$ 25,729				
53 Healthy Michigan Funds (Over) / Under Spent	(197,084)				
54 Total NMRE (Over) / Under Spent	\$ (171,355)				
55 General Funds to Carry Forward to FY24					
56 General Funds Lapsing to MDHHS	\$ -				
57 General Funds (Over) / Under Spent	\$ (435,268)				

Northeast Michigan Community Mental Health Authority
Monitoring Report

POLICY CATEGORY:	Executive Limitations
POLICY TITLE AND NUMBER:	Asset Protection, 01-007
REPORT FREQUENCY & DUE DATE:	Annual, July 2024
POLICY STATEMENT:	

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

1. Fail to insure against theft and casualty losses at:
 - Actual cash value less any reasonable deductible for vehicles
 - Replacement value less any reasonable deductible for personal and real property; and,
 - Against liability losses to board members, staff or the organization itself in an amount greater than the average for comparable organizations.
 - **Interpretation**
A broad program of insurance or self-insurance is to be in place providing protection against these potential losses. Coverage is to be at replacement value. The level of liability coverage is to be “above average.”
 - **Status**
The Agency has been a member of Michigan Municipal Risk Management Authority (MMRMA) since 1982. The program provides coverage at or above the prescribed levels. Please see Attachment A: Coverage Overview. Presently, personal and real property owned by the Board is insured at replacement value; however, vehicles are covered at actual cash value.
2. Allow unbonded personnel access to material amounts of funds.
 - **Interpretation**
Any employee with access to Agency funds is to be covered by fidelity bond.
 - **Status**
MMRMA provides blanket employee fidelity bond for all employees at the level of \$1,000,000. See attached Coverage Overview.
3. Unnecessarily expose the organization, its Board, or staff to claims of liability. The Executive Director’s annual report shall include a risk analysis summary.
 - **Interpretation**
The organization is to be managed and services are to be provided in ways that reduce exposure to liability.
 - **Status**
The Agency’s Risk Management Plan is attached; it includes notes evaluating our status relative to each of the six major areas of risk covered by the plan.
4. Make any purchase wherein normally prudent protection has not been given against conflict of interest. Make any purchase of over \$2,000 without having obtained comparative prices and quality. Make any purchase over \$10,000 without a stringent method of assuring the balance of long-term quality and cost; further, such purchases over \$10,000 not included in the Board’s

Northeast Michigan Community Mental Health Authority Monitoring Report

capital equipment budget, shall require Board approval. Orders shall not be split to avoid these criteria.

- **Interpretation**

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

- **Status**

The organization uses a policy that places much responsibility for purchasing at the staff level and supervisors are held responsible for budget performance. When a proposed purchase exceeds the noted levels, additional approvals are required.

5. Fail to protect intellectual property, information, and files from loss or significant damage.

- **Interpretation**

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

- **Status**

The organization uses an electronic health record (EHR). Case records are maintained in electronic format with controlled access. Only designated personnel have access to maintenance of electronic records. Our Confidentiality – Disclosure & Security of Information and Consumer Records policies detail these procedures. Staff are trained at the time of hire and annually thereafter. These clinical records are backed up and stored off-site. Information stored on Agency computer systems is backed up nightly.

6. Receive, process, or disburse funds under controls which are insufficient to meet the Board-appointed auditor's standards.

- **Interpretation**

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

- **Status**

Agency policies including Cash Flow – Cash Receipts, Investment of Cash Receipts, Checking Accounts, Petty Cash, and others document these controls which are followed by employees. There has never been a significant loss of Agency funds.

7. Invest or hold operating capital in insecure instruments, including uninsured checking accounts and bonds of less than AA rating, or in non-interest-bearing accounts, except where necessary to facilitate ease in operational transactions.

- **Interpretation**

Operating funds are to be managed only according to the organization's cash management policy.

- **Status**

All cash reserves are maintained according to our cash management policies. Since all cash is invested in CDs or an interest-earning checking account, there is a risk of loss due to maximum insurable FDIC rules. Four local financial institutions are used to spread the FDIC risk.

Northeast Michigan Community Mental Health Authority Monitoring Report

8. Endanger the organization's public image or credibility, particularly in ways that would hinder its accomplishment of its mission, including changing the name of the organization or substantially altering its identity in the community.

- **Interpretation**

The mission of the organization, as established by the Board, must guide service provision and interaction with the community.

- **Status**

The Agency has worked hard to sharpen the focus of the organization to address the mandates of the mental health code while working within the given budget. The Agency continues to excel in supporting individuals with the most severe disabilities, in large part due to incredibly resourceful staff. Appropriate referral sources all maintained for individuals who do not meet criteria to be served by the Agency.

9. Subject facilities and equipment to improper wear and tear or insufficient maintenance.

- **Interpretation**

The physical assets of the organization will not be abused and will be regularly maintained both for safety reasons and to extend their useful lives as much as possible.

- **Status**

The organization's policies require regular inspection and maintenance of all facilities and significant equipment.

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

Board Review/Comments

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

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

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

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

**MICHIGAN MUNICIPAL RISK MANAGEMENT AUTHORITY
COVERAGE OVERVIEW**

Member:	Northeast Michigan C.M.H.S.	Proposal No: Q000014493
Date of Original Membership:	July 29, 1982	
Overview Dates:	July 1, 2024 To July 01, 2025	
Member Representative:	Connie Cadarette	Telephone #: (989) 358-7704
Regional Risk Manager:	Michigan Municipal Risk Management Authority	Telephone #: (734) 513-0300

A. Introduction

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

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

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

B. Member Obligations – Deductibles and Self Insured Retentions

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

Table I

Member Deductibles and Self Insured Retention

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

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

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

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

1. Sewage System Overflow
2. Specialized Emergency Response Recovery Coverage

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

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

C. MMRMA Obligations – Payments and Limits of Coverage

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

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

TABLE II
Limits of Coverage

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

Property and Crime	Limits of Coverage Per Occurrence		Annual Aggregate	
	Member	All Members	Member	All Members
1. Buildings and Personal Property	11,111,364	350,000,000	N/A	N/A
2. Personal Property in Transit	2,000,000	N/A	N/A	N/A
3. Unreported Property	5,000,000	N/A	N/A	N/A
4. Member's Newly Acquired or Constructed Property	10,000,000	N/A	N/A	N/A
5. Fine Arts	2,000,000	N/A	N/A	N/A
6. Debris Removal (25% of insured direct loss plus)	25,000	N/A	N/A	N/A
7. Money and Securities	1,000,000	N/A	N/A	N/A
8. Accounts Receivable	2,000,000	N/A	N/A	N/A
9. Fire Protection Vehicles, Emergency Vehicles, and Mobile Equipment (Per Unit)	5,000,000	10,000,000	N/A	N/A
10. Fire and Emergency Vehicle Rental (12-week limit)	2,000 per week	N/A	N/A	N/A
11. Structures Other Than a Building	15,000,000	N/A	N/A	N/A
12. Dam/Dam Structures/Lake Level Controls	0	N/A	N/A	N/A
13. Transformers	0	N/A	N/A	N/A
14. Storm or Sanitary Sewer Back-Up	1,000,000	N/A	N/A	N/A
15. Marine Property	1,000,000	N/A	N/A	N/A
16. Other Covered Property	20,000	N/A	N/A	N/A
17. Income and Extra Expense	5,000,000	N/A	N/A	N/A
18. Blanket Employee Fidelity	1,000,000	N/A	N/A	N/A
19. Faithful Performance	Per Statute	N/A	N/A	N/A
20. Earthquake	5,000,000	N/A	5,000,000	100,000,000
21. Flood	5,000,000	N/A	5,000,000	100,000,000
22. Terrorism	50,000,000	50,000,000	N/A	N/A

TABLE III

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

Annual Aggregate Limit of Liability

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

The Each Member Aggregate Limit of Liability for the combined total of all coverage payments of MMRMA and MCCRMA shall not exceed \$2,000,000 per Member for all Subjects of Coverage in any Coverage Period, regardless of the number of coverage events.

The All Member Aggregate Limit of Liability for the combined total of all coverage payments of MMRMA and MCCRMA shall not exceed \$17,500,000 for All Members for all Subjects of Coverage in any Coverage Period, regardless of the number of Members or the number of coverage events.

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

[..\Index.doc](#)

EXECUTIVE LIMITATIONS

(Manual Section)

COMMUNITY RESOURCES

(Subject)

Board Approval of Policy

August 8, 2002

Last Revision of Policy Approved:

July 11, 2019

●1 **POLICY:**

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

●2 **APPLICATION:**

The Northeast Michigan Community Mental Health Authority Board

●3 **DEFINITIONS:**

●4 **REFERENCES:**

●5 **FORMS AND EXHIBITS:**

[..\Index.doc](#)

GOVERNANCE PROCESS

(Manual Section)

PUBLIC HEARINGS

(Subject)

Board Approval of Policy
Last Revision of Policy Approved

August 8, 2002
July ~~13~~11, ~~2023~~2024

●1 POLICY:

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

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

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

The hearing shall adhere to these guidelines:

Annual Submission (PPGs) Hearing:

~~The Annual Submission Hearing occurs every other year, or as directed by MDHHS. This hearing will be scheduled to be conducted as soon as possible after the release of the guidelines by MDHHS. The purpose of the hearing will be to explain to the public the requirements of those guidelines and the likely effect on local mental health programs; further, to receive public input from members of the public about ways to meet the intent of the guidelines and to offer opportunities for the public to suggest other priorities, as well.~~

Annual Budget Hearing:

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

Required Notice for Public Hearings:

Ten days' advance notice of public hearings shall be required. The notice shall be placed in all area newspapers and shall include information about the purpose of the hearing and the form of input members of the public may offer. Depending upon the type of hearing, specific invitations may be sent to interested parties such as county commissions, mental health service providers, the medical societies, boards of education, mental health advocacy organizations, etc.

Format of Hearings:

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

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

●2 **APPLICATION:**

The Northeast Michigan Community Mental Health Authority Board

●3 **DEFINITIONS:**

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

Fiscal Year: October 1 through September 30

●4 **REFERENCES:**

●5 **FORMS AND EXHIBITS:**

NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY

INTEROFFICE MEMORANDUM

TO: Board Members
FROM: Eric Lawson
SUBJECT: Executive Director's Evaluation
DATE: July 2, 2024

The Executive Director's evaluation will be completed at the August NeMCMHA Board meeting. According to the Monitoring Executive Performance Policy #03-004, the Executive Director's evaluation is based on progress toward Ends and the monitoring reports provided to the Board over the course of the year. These monitoring reports were distributed in your monthly Board packets and as handouts at meetings.

Please contact Rebekah Duhaime if you need copies of any monitoring reports prior to the August Board meeting at (989) 358-7787 or rduhaime@nemcmh.org.

Northeast Michigan Community Mental Health Authority

STRATEGIC PLAN FY 24



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

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 and direct care)
- Aging workforce
- Competing with the private sector (lower pay)
- Challenging work environment
- Evidence-Based Practices
- Training of staff to address current environment

Technology

- Electronic Health Record (EHR)
- Data analytics
- Increase mobile capabilities
- Self-management tools/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 PIHP's Quality Assessment Performance Improvement Projects (QAPIP).
 - 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 community that understands the widespread impact of trauma and paths to recovery, while also recognizing the signs and symptoms of trauma in individuals to avoid re-traumatization.
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 of information technology (IT), including cybersecurity.

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 SUD/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. Impending funding changes for children’s behavioral health services in school settings.

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, the 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.

Societal Violence – The 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 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 community partners in the region to address challenges related to the increasing opioid epidemic, 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 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 telehealth 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, 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 eliminate 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. 95% 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. Expand the Supported Independence Program (SIP) to one additional county served.
 - b. Development of additional supported independent services for two individuals currently living in a dependent setting.
 - c. Individual competitive integrated employment for persons with an intellectual/developmental disability will increase by 7%.
 - d. Individual Placement and Support (IPS) employment services will successfully close twenty (20) individuals with an SPMI diagnosis who have maintained competitive integrated employment.

Services to Adults with Co-Occurring Disorders

3. Adults with co-occurring disorders will realize significant improvement in their condition.
 - a. 35% 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, or cardiac issues will be enrolled in BHH.
 - b. 100% of individuals enrolled in BHH will see their primary care provider annually.
 - c. 100% of individuals enrolled in BHH will have a baseline 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.).
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 support the Agency in providing 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 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.

AUGUST AGENDA ITEMS

Policy Review & Self-Evaluation

Chairperson's Role 02-004

Board Member Per Diem 02-009

Board Self-Evaluation 02-012

Monitoring Reports

Treatment of Consumers 01-002

Staff Treatment 01-003

Budgeting 01-004

Activity

Begin Self-Evaluation

Executive Director Evaluation