



Northern Lakes Community Mental Health Authority

Committee of the Whole Packet

October 21, 2021



Administrative Office, 105 Hall Street, Suite A, Traverse City, MI 49684

COMMITTEE OF THE WHOLE - AGENDA

DATE: October 21, 2021
TIME: 12:30 p.m.
PLACE: Northern Lakes Community Mental Health Authority
Remote Virtual Meeting, 527 Cobb Street, Cadillac
Dial 1-810-258-9588 Conference ID 895 583 555#

TIME	ID #	ITEM	POLICY #
12:30 p.m.		Receive and Review September 16, 2021 Minutes	2.08
12:35 p.m.		Public Comment <i>(May be limited to five minutes by the Board Chairperson)</i>	
12:40 p.m.	1	Update on Recipient Rights	3.7
12:50 p.m.	2	Human Resources Presentation	3.4
1:10 p.m.	3	Presentation – Services to Children and Families	2.4
1:30 p.m.	4	Handout Board Member Self-Assessments	3.2
1:50 p.m.		November 18, 2021 Agenda Planning Options -Update on Recipient Rights -Information and Technology Report -Policy Monitoring Schedule -Annual Planning Calendar -Board Education and Work Plan -Board Meeting Schedule	3.2, 3.5
2:00 p.m.		Meeting Evaluation/Comments	
2:05 p.m.		Other/Adjourn	

Note: This is the Board's work group and often times the Board's work groups do not follow set times.

NEXT MEETING: November 18, 2021

NOTICE: If any person with a disability needs accommodations, please call the CEO's Office three days prior to the posted meeting date.

**Northern Lakes Community Mental Health Authority
Committee of the Whole
Annotated Agenda
October 21, 2021**

12:30 p.m. Receive and Review September 16, 2021 Meeting Minutes

12:35 p.m. Public Comment

This is an opportunity for the public to provide input consistent with board policy.

12:40 p.m. Update on Recipient Rights – Brian Newcomb

The Board will receive the monthly update.

12:50 p.m. Human Resources Presentation – Matt Leiter

**1:10 p.m. Presentation – Services to Children and Families – Pam Blue
and Nancy Stevenson**

1:30 p.m. Handout Board Member Self-Assessments

1:50 p.m. November 18, 2021 Agenda Planning Options

- Update on Recipient Rights
- Information and Technology Report
- Policy Monitoring Schedule
- Annual Planning Calendar
- Board Education and Work Plan
- Board Meeting Schedule

2:00 p.m. Meeting Evaluation/Comments – Board Members

In keeping with our focus on continued improvement of Board operations, time is scheduled for review and comment on the effectiveness of this meeting using the Board adopted evaluation form.

2:05 p.m. Other/Adjourn

Note: This is the Board's work group and often times the Board's work groups do not follow set times.

NEXT MEETING: November 18, 2021

Office of Recipient Rights Director's Report
October 2021

FY2021 Investigative Summary

- Complaints Received: 333
 - No Code Protected Right/No Jurisdiction: 59
 - Interventions: 7
 - Investigations: 267
 - Investigations Pending: 63
 - Investigations Completed: 204
 - Report of Investigative Findings (RIF) Timeframe Compliance FY2021: 87.6%
 - Summary Report Timeframe Compliance FY2021: 97.4%
 - Substantiated allegations against NLCMHA staff: 52
 - Substantiated allegations against NLCMHA staff new hires (w/1 year of hire): 7
-
- 1 Investigation that is past 90 days. Traffic accident, pending documentation from law enforcement, and traffic accident investigation to be completed. FOIA has been submitted requesting results.
 - New Advisor starting October 25th. Ian Pegan-Naylor. Ian has a lengthy investigative and report writing background.
 - Director has met with most groups within NLCMHA as an introduction, and to discuss the openness of the rights office for consultations and questions.
 - Right office work location changes
 - Rights staff attended the annual recipient rights conference. Variety of topics were offered.
 - Beginning site inspections for FY2022.

Respectfully submitted,

Brian Newcomb

Director of Recipient Rights

2021 Human Resources Year in Review

Accomplishments with Consumer and Community Ends

- Worker's Compensation Lag Time (time from injury to reporting claim to Accident Fund) Goal is within 48 hours.
 - 2021 – 7.1 days (one claim was reported 23 days after the date of injury and another was reported 11 days after the date of injury. These two claims adversely impacted the overall average. Without these 2 claims, the lag time average would be 3.2 days)
 - 2020 – 2.4 days
 - 2019 – 5.3 days
 - 2018 – 4.8 days
 - 2017 – 4.4 days
- Number of claims reported to Accident Fund:
 - 2021 – 7
 - 2020 – 13
 - 2019 – 24 (reduced number of claims due to improved winter maintenance of NLCMHA parking lots resulting in the reduction of slip and falls)
 - 2018 – 83
 - 2017 – 26
- Annual incurred claim costs:
 - 2021 – \$2,915
 - 2020 – \$5,489
 - 2019 – \$37,813
 - 2018 – \$68,127
 - 2017 – \$32,000
- Average cost per claim:
 - 2021 – \$416
 - 2020 – \$422
 - 2019 – \$1,576
 - 2018 – \$820
 - 2017 – \$1,230
- Postings:
 - 2021 – 119 (44 exits, 32 new positions, 41 position changes, 2 leaves)
 - Administrative Staff – 17
 - Case Manager – 34
 - Community Supports – 6
 - Executive Staff – 1
 - Management Staff – 10
 - Medical Assistant – 1

- Nurse – 4
 - Peer Support Specialist – 10
 - Psychologist – 1
 - Recipient Rights – 2
 - Therapist – 33
- 2020 – 60
- 2019 – 105
- 2018 – 98
- 2017 – 102
- Exits for 2021 (18% were Retirees)
 - Administrative Staff – 9
 - Case Manager – 10
 - Community Supports – 2
 - Executive Staff – 1
 - Management Staff – 2
 - Medical Assistant – 1
 - Nurse – 2
 - Peer Support Specialist – 2
 - Psychologist – 1
 - Recipient Rights – 2
 - Therapist – 12

1.0.9 Ends

- New hires regular staff:
 - 2021 – 47
 - 2020 – 29
 - 2019 – 62
 - 2018 – 64
 - 2017 – 59

1.0.9 Ends

- Turnover rate:
 - 2021 – 16%. This is based on 275 positions with 44 separations.
 - 2020 – 10.5%. This is based on 275 positions with 29 separations.
 - 2019 – 19.1%. This is based on 288 positions with 55 separations.
 - 2018 – 14.7%. This is based on 285 positions with 42 separations.
- Average age of staff:
 - 2021 – 46
 - 2020 – 46
 - 2019 – 45

Committee Updates

Wellness:

- October 29th, 2020 – Halloween Virtual Luncheon – We had a great turnout for the virtual Halloween lunch. Staff wore costumes and everyone had time to explain their costumes. We had 3 prizes for best costume. Scariest, funniest, and most creative.
- November - we kicked off a Northern Lakes Family Cookbook. Staff sent in their favorite recipes and were entered in a drawing for two Northern Lakes Family Cookbooks.
- December was our Christmas Sweater Virtual Luncheon with prizes for Holiday spirit, vintage, funny, and homemade. Gifts were gingerbread house kits and cookie kits.
- March – Wear your hat St Patrick’s Day luncheon. Staff wore St Patrick’s Day attire or other fun hats. We shared NLCMH stats, fun facts, and staff shared triumphs they experienced during the pandemic.
- April – We created a power point “Get to Know Your Wellness Committee”. Committee members shared their favorite hobbies, interests, and how they stay healthy. Staff really enjoyed this and asked if we could continue this with each department. We also had an Easter riddle challenge, and 3 winners received a large stuffed bunny.
- May – Cheryl Rodgers our EAP representative did an afternoon presentation to staff on Self Care and Wellness. Great staff turnout.
- July – We did a poll asking who would like a copy of the NLCMH Family cookbook and handed out 68 copies of the cookbook that contained 150 staff recipes.
- August – We passed out popsicles and fudgesicles to all staff that was present at our offices.
- Emails – Wellness emails continue to go out with healthy tips, positive quotes, staff appreciation, and Wednesday Wellness reminders to “Keep Moving”. Feedback on these emails have been very positive.

Safety:

- Working to get everything updated for CARF.
- EAP Completed.
- Re-vamped and distributed emergency codes to keep in line with Munson while maintaining our color codes in effort to reduce triggers for the people we serve.
- Created and added Emergency Drill Training for Staff to their Relias Learning.
 - Active Shooter Drill Training re-scheduled for Summer of 2022-due to COVID.
- In the interim-added active shooter training video to Relias Learning.
 - Revolution.
- Implemented and installed on all staff laptops and agency cell phones.
- Alerts are now accessed by staff via the desktop as opposed to the retired desk phones for increased safety.
- Teams is upgrading with a walkie-talkie system that we plan to utilize in Revolution to page our emergency codes.
 - Marked designated outside evacuation locations in all four offices.
 - COVID safety measures implemented throughout the building and in company vehicles.
 - Working to replace the glass in picture frames in public areas of all 4 offices to plastic.

- Panic buttons were added in exam rooms in all four offices.
- Looking into adding AED's for use in all 4 offices.

All Staff Planning Committee:

- Co-chaired by Matthew Leiter, HR Director and Joanie Blamer, Interim CEO. This is the fourth year the agency holds 2 all staff training events; one in the summer and one in the winter. Summer in-person training was cancelled due to the CV 19 challenges, and the workgroup is preparing for an end of year December all staff meeting.

Other Committees:

- Multiple CV 19 workgroups/committees were created 6 months ago during the beginning of the pandemic to ensure both staff safety and to help navigate the ever- changing guidelines set by the governor during the CV19 pandemic. Leaders and staff continue to meet bi-weekly to ensure business continuity occurs with continuing to offer and support the public the best and safest ways possible. Health and safety as well as staff related concerns are a few regular items reviewed. To date, the CEO of NLCMHA continues to send out a bi-weekly all staff communication with pertinent updates to both the Governors executive orders as well as any modifications and changes NLCMHA makes. NLCMHA Covid Task Force Team continues to monitor our local health departments, MIOSHA, OSHA and other pertinent and relevant information available. Staff continue to complete a daily health screening, which is an automatic pop up on their screen when they log into their laptop each day. Should they indicate they are symptomatic or have been exposed, HR monitors the screenings and follow up with staff and leadership as necessary.

Summary of Training:

- Redesign Training page of Website
- Creation of various Power Points created for Group Home and Agency use for training:
- Handling Difficult Situation with De-escalation
- Creating a Culture of Gentleness
- Depression/Anxiety PPT
- Stress/Power of Laughter -Self Care for Recovery
- Rockin, Rollin and Strollin - Wellness PPT
- Suicide awareness PPT
 - Curriculum Work:
- Continuous REWORK of Entire Curriculum
- Continuous creation and rework of Provider Training Policies, procedures, and resources of Group Home Training
- Revision of Curriculum Grid - For the Contract Office
 - Review and approve:
- Staff Development Education & Training Plan
- Required Training and Educations Opportunities Policy #108.701
- Staff Development Request (SDR) form

- LOCUS training set-up and assigned in Relias
- DBT training set-up and assigned in Relias
- Core Elements of Case Management set-up and assigned in Relias
- Seizure training set-up and assigned in Relias
- Psychiatric Medications: An Overview for Paraprofessionals set-up and assigned in Relias
- Assisting with Self-Administration of Medications set-up and assigned in Relias
- Emergency Code/Revolution Safety Training set-up and assigned in Relias (This is 2021 Annual Safety training)
- Crisis training for Passing off to next shift set-up and assigned in Relias
- Restarted Crisis Prevention Intervention (CPI) in-person training
- Continued with Live Stream training for Recipient Rights, Health & Wellness and Medication Administration
- Provided communication to staff and providers related to ongoing training
- Provided guidance and Customer Service to Providers
- Processed training Registrations
- Received Tests from Live Stream training and delivered certificates of completion

2021/2022 HR Work in Progress/Goals

- Human Resource Department has added many COVID-19 duties to our daily/weekly work schedules. Below are some examples:
 - Monitor and respond to daily health screenings.
 - Call/E-mail staff that report being exposed or are symptomatic.
 - Coordinate and facilitate with Maintenance and Finance Department unscheduled extra building or room cleanings.
 - Notify staff promptly of possible COVID exposures via e-mail blast to all staff.
 - Coach and counsel leaders and their staff on quarantine expectations and follow-up required.
 - Collaborated with Munson Hospital to offer staff COVID-19 vaccinations.
 - Encourage staff at all levels to social distance in conference rooms, interviews etc.
 - HR implemented office sanitization signage to ensure office space and conference rooms have been sanitized for use.
 - Respond quickly and urgently to staff COVID exposures, thereby greatly reducing risk to other staff by ensuring timely sanitation of rooms and common areas across our array of buildings.
- Human Resources recently implemented a “New Hire Retention Program” that helps attract and retain newly hired staff by offering a special incentive to pay. The Incentive Pay is \$1,000 (payable in two installments \$500 at 6 months post hire and \$500 at 12 months post hire). Excellent creative way to help attract outside staff and help to retain them in their roles.

- New Hire Orientation:
 - Continue to evaluate and enhance as necessary New Hire Orientation. Day 1 is required for all new staff and contractors. Most of the forms are all now done electronically. A tour and lunch at Traverse House is also provided on day 1. New hire follow-up post hire helping HR to identify areas of continued enhancement. NLCMHA continues an additional half day of Crisis Training for all newly hired clinicians. In addition, a subject matter expert is training newly hired staff on day two of NOLA (clinical documentation system). These extra supports continue to help set up newly hired staff with being more prepared to navigate our systems as well as know subject matter experts that they can reach out to as needed.
- Preparing for our annual Open Enrollment process. Many calls with insurance reps and providers are occurring and HR is considering a change to the Short-Term Disability Carrier. HR has received staff feedback this year that Guardian has had staff turnover, delays in response and answering calls, etc. Much feedback has been provided to our provider the last 4 months with little improvement, so HR and Payroll are actively interviewing new possible providers.
- Summer of 2021 HR has had two long term HR staff retire. A lot of change has occurred in the HR department and the HR representative in Cadillac is out on an unexpected medical leave. There are currently 2 HR vacancies which makes for very full HR days within a small department. In addition, the full calendar year, my HR team has been physically in the office throughout the year to be available for staff and leadership during this last tumultuous covid year, always providing great support.
- HR Director to assist the Board of Directors Ad Hoc CEO Search Team in monthly meetings as the Board works aggressively to recruit, interview and ultimately select the next CEO of NLCMHA.
- Continue to work closely with CEO and outside counsel on risk management items. No HR litigation FY18, FY19, FY20 or FY21. Work closely with E Team and entire leadership population on coaching and performance management. HR Director has spent significant time this last year ensuring the coaching of both staff and leadership occurs and is closely involved with performance management of staff within the agency.
- HR continues to work closely on keeping strong relationships with our labor unions as well as union reps internally. We are entering year 3 of our collective bargaining unit agreements (CBA's) and will embark Summer of 2022 with workgroups to begin Teamster and AFSCME union negotiations August 2022 for all agreements in place by Dec 31, 2022. The HR Director was requested last year to include in this report the number of said grievances filed by the Unions and to report on the numbers. I am very pleased to report that 0 grievances were filed in 2021 for the AFSCME union (board operated homes). The Teamsters filed 1 grievance in 2021, that was later dropped and settled.
- Human Resources and Finance department have begun discussing the need and started evaluating different new and enhanced options for a new HR/Payroll Technology for 2022. Current system HRMS is very dated, very slow and needs an upgrade. Work ahead for both departments here but much needed and will benefit both departments once implemented.

Submitted by: Matt Leiter, HR Director NLCMHA 10/1/2021

Board Operated Homes: Specialized Residential Services (SRS) Unit Direct Care Workforce Report

Submitted by: Dave Simpson, Residential System Administrator

SRS Unit is comprised of 7 sites-- 6 licensed Specialized Residential Homes located in Wexford, Roscommon, and Crawford counties + the Supervised Independent Living (unlicensed) setting at the Glen Oaks Apartments located in Houghton Lake. Maintaining compliant staffing levels during the pandemic has been and remains a challenging task. Applicants looking for work were non-existent for much of the year. Applicants who were looking for work were often unqualified or ineligible to work in this setting. Despite the recent lifting of federal unemployment benefits we are not yet seeing an increase in the number or qualifications of candidates seeking work.

COVID Related: In 2021 Residential Care Aides (RCAs) had no ability to work remotely or to physically distance. \$2.25/ hour COVID premium pay was in effect for the entire year. In 2021 the SRS Unit Homes operated at full bed capacity with no open beds until 3 weeks ago; referrals are now being screened for that open bed. In 2021 no residents tested positive for COVID nor did any member of the workforce. No resident hospitalizations were for COVID related medical conditions during 2021. RSA meets regularly with Home Supervisors (via MS Teams and in person) to assure COVID compliance. RSA met with each home every 8 weeks to conduct morale development during the pandemic, training, and to address operational trends or issues.

SRS Unit staffing is comprised of:

- 6 Home Supervisor positions + 67 Residential Care Aides (RCA) positions which includes 7 Assistant Home Supervisor I (AHS I) positions
- 2021 Workforce Management Focus was and remains direct care worker retention:
 - NLCMHA Benefits Package is promoted as an incentive to attract/ retain workers.
 - Starting wage for an untrained RCA is \$ 10.82* /hour (training usually takes 30-45 days).
 - After paid training RCA wage is \$ 11.79** /hour with yearly step increases.
 - Both of these rates had an additional \$2.25/ hour COVID premium added during 2021.
 - \$13.07*/ \$14.04** (These rates of pay also calculated into overtime and holiday rates of pay.)
 - \$500 RCA sign-on bonus payable after 6 months of successful employment.
 - \$500 referral bonus paid to RCAs who refer a worker who works successfully for 6 months.
 - Staff Training and Development has been the focus of retention strategy in 2021:
 - Culture of Gentleness trained to all staff by RSA.
 - Conflict resolution focus: timely and outcome focused including referrals to EAP (Employee Assistance Program) when appropriate.
 - Employee Assistance Program promoted as a no cost benefit.
 - Promotion of myStrength promoted as a no cost benefit.
 - Print ads, online recruiting services and recently even in-person job fairs have not produced applicants sufficient to fill the 30-35% direct care workforce vacancy factor in 2021.
 - Over 30 Indeed.com applicants whose resumes qualified for consideration did not respond to contacts or set interview appointments and failed to show up.
 - Social media posts have resulted in some applications, but their retention rate has been less than stellar.
- Current RCA census: 43/ 67 (65% staffed) Current open RCA positions: 24/67 (35% Open) RCAs in hire process: 4

- RCA retention rate has trended up over the last 2 years--27 RCAs left the agency this year (32 last year):
- 19 resignations; 7 terminations; 1 retirement.
- 9 were Full time; 7 were Part time; 11 were Temporary Trainees
- Zero lost time due to work related injuries
 - 100% Home Supervisor retention rate in 2021.
 - Assistant Home Supervisor I position started in March 2017 and has resulted in positive operational outcomes (worker retention; compliance; quality of care).
- AHS I pay increase to \$2/ hour over their base rate of pay was recently implemented.
 - An AHS II position was recently proposed and approved for implementation in 2022.
- The intent of this position is to increase the amount of time each week that a Person in Charge is present on the floor of each SRS Unit home.
- AHS II rate of pay is an additional \$1/ hour over their base rate of pay.

Introducing Pam Blue and Nancy Stevenson

Pam Blue, LMSW

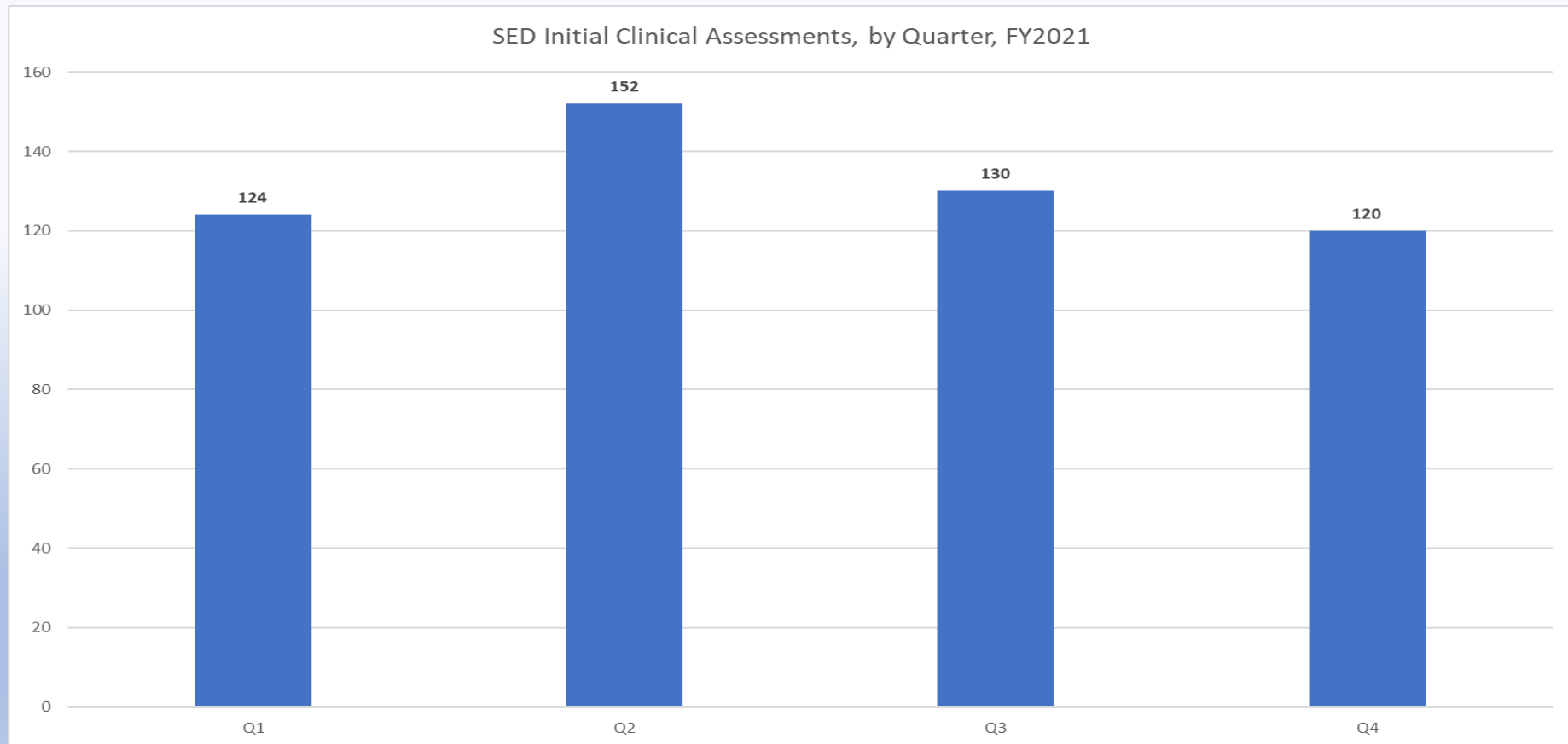
Operations Manager For Juvenile
Diversion Program

For the next 5 minutes Pam will
provide a brief description of the
Juvenile Diversion Program and
the MST program

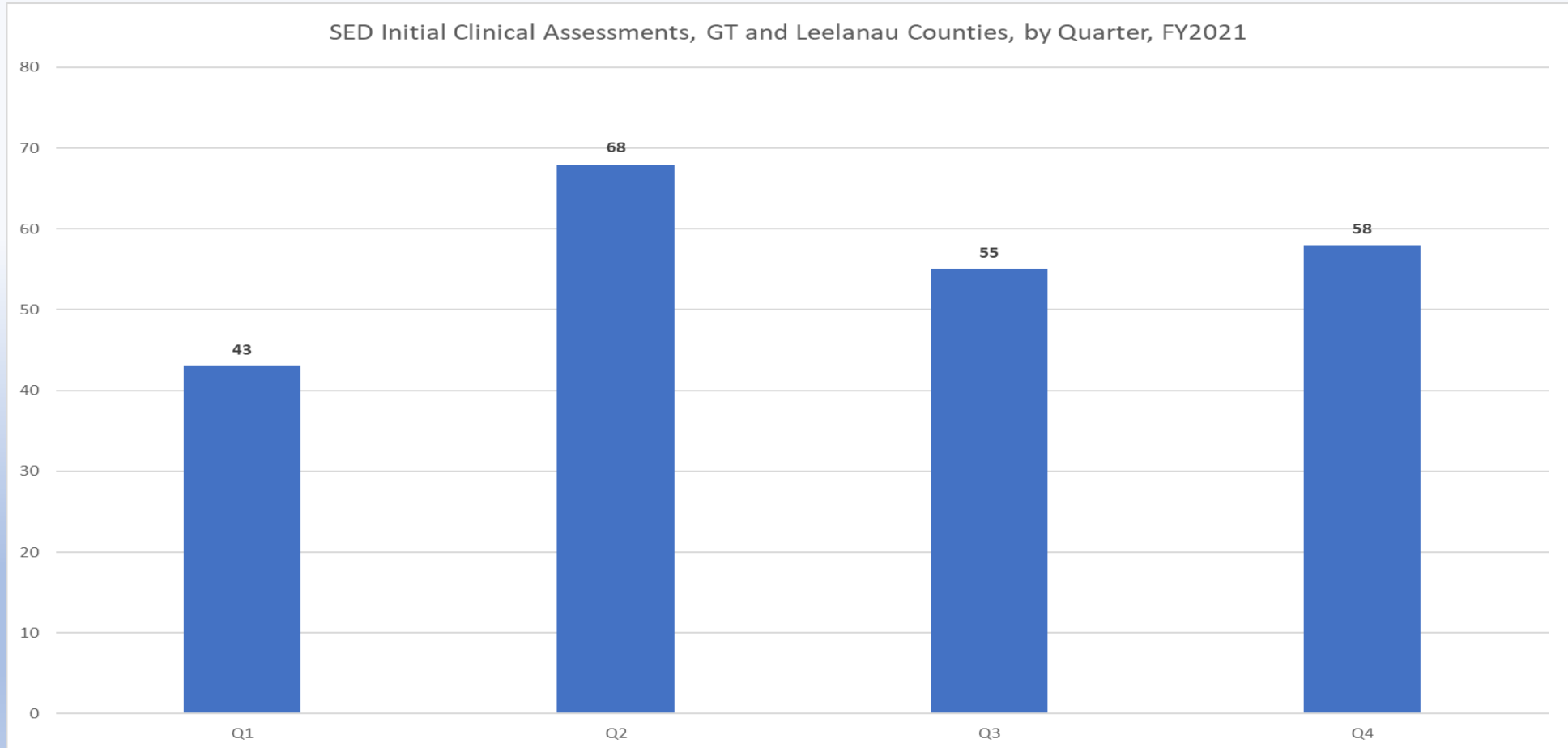
Nancy Stevenson, LMSW Director
of the NLCMHA Community Crisis
Center

For the next 5 minutes: Nancy will
provide a brief description of
Director of Community Crisis
Center

NLCMHA SED INTAKE QUARTERLY DATA



SED Initial Clinical Assessments: Grand Traverse and Leelanau Counties FY 2021



Diversion

	Inception – 9/30/20	10/1/20 – 9/30/21	Total
Referrals	22	141	163
Screenings	22	117	139
Successful	9	55	64
Unsuccessful	12	7	19
Did Not Participate	1	18	19
Current Cases	X	34	34

Community Connections/Contacts

- Juvenile Diversion and MST program connections:
- Traverse City Alternative High School
- MDHHS
- Grand Traverse County Prosecutor's office
- Grand Traverse Juvenile Probation
- MDHHS, Grand Traverse Juvenile Probation, Traverse City Alternative High School, Traverse City Central & West High School, Grand Traverse Academy

Community Crisis Center Connections: Grand Traverse County Law Enforcement, Grand Traverse/Leelanau County Dispatch, CEO of Child and Family Services, Grand Traverse County Court Director of Juvenile Probation, Leelanau County Family Court Administrator/Volunteer Coordinator, MDHHS, Munson Medical Center, Community Outreach, NAMI, ATS CEO, Grand Traverse Prosecutor, BDAI

Now that you have heard from us... We would like to hear from you!

Does anyone have any questions, concerns or comments?

Pam Blue and Nancy Stevenson's Contact information

Please do not hesitate to reach out and connect with future questions/ concerns/ comments!

Pam Blue, LMSW

NLCMHA Operations Manager for the Juvenile Diversion Program

Pamela.blue@nlcmh.org

231.933.4931

Nancy Stevenson, LMSW

NLCMHA Community Crisis Center Director

Nancy.Stevenson@nlcmh.org

231.933.4942

**Northern Lakes Community Mental Health
Annual Board Self-Evaluation**

Date Completed:	Excellent	Satisfactory	Fair	Poor	Comments
Linkage with Ownership					
1. Board has planned strategy for obtaining owner input.					
2. Board has carried out its ownership linkage strategy.					
3. Board is knowledgeable about owners' expectations.					
4. Owners' input has been carefully considered when developing Ends.					
Policy Development					
5. Primary focus at each meeting is related to Ends (one or more of Ends discussion or revision, board education on Ends related issues, or discussion on ownership input).					
6. Board follows a regular schedule for review of Governance policies.					
7. Board has a process for identifying any additional policy development.					
8. Board receives adequate information to make informed policy choices.					
9. Board obtains policy development information from sources in addition to the CEO.					
10. Policy dialogue is future focused.					
CEO Evaluation					
11. There is a current monitoring schedule.					
12. Monitoring schedule has been followed.					
13. Appropriate questioning of monitoring reports, no straying into administrative details during meeting.					
14. Agency evaluation is CEO evaluation.					
Board Process					
15. Board has consistently followed Policy Governance principles.					
16. Board used meeting time effectively.					
17. Board owns and controls agenda, using an annual planning cycle.					
18. Committees have been only used to do Board work per policy.					

**Northern Lakes Community Mental Health
Annual Board Self-Evaluation**

19. Board regularly assesses and discusses educational needs.					
20. Self-evaluation is completed at the end of each meeting.					
21. The Chair has provided leadership to assure that the board practices consistent with its policies.					
22. Board has a written Code of Conduct policy.					
23. Board has a written Conflict of Interest policy.					
24. Board has an effective new member orientation plan.					
25. Board no less than annually reviews board member terms.					
26. The board has accountability for its governance budget.					

Additional Comments: _____

**Northern Lakes Community Mental Health
Annual Board Member Individual Self Evaluation**

Date Completed:	Excellent	Satisfactory	Fair	Poor	Comments
1. I have tried my best to make decisions based on the best interests of the owners, not just the geographic or interest group that I belong to.					
2. I have exercised the degree of care, diligence and skill that a reasonably prudent person would exercise in comparable situations.					
3. I am familiar with the Board Bylaws, policies and the rules of order that our Board has chosen to use, and have respected them.					
4. I have disclosed any involvements that might be seen as a conflict with my board duties.					
5. I have maintained confidentiality regarding sensitive information discussed at board and committee meetings.					
6. I have attended board and committee meetings regularly, arrived on time, and stayed for the entire meeting.					
7. I read the board packet carefully prior to the meeting and came prepared to discuss the items on the agenda.					
8. I thoughtfully completed all monitoring reports prior to the board meeting and came prepared to participate in monitoring discussion.					
9. In board meetings I tried to focus on the impact NLCMH has on the people it serves rather than on the details of how staff operates.					
10. I have been a team player, but have asked tough questions when necessary.					
11. I have minimized questions about day-to-day operational details except as appropriate in assessing monitoring reports.					
12. I have listened respectfully to the viewpoints of other board members.					
13. Once a board decision has been made I have respected it even if I disagreed.					
14. I have participated in educational activities to assist me in carrying out my board member responsibilities.					
15. I have participated in Board ownership linkage as assigned.					

**Northern Lakes Community Mental Health
Annual Board Member Individual Self Evaluation**

16. If I was approached by someone outside NLCMH with a problem, I listened carefully, but did not try to solve the problem. Rather I notified the CEO of the concern and requested that he/she deal with it.					
17. I have spoken "for the board" to the media only when I have been specifically authorized by the Board to do so.					
18. I have refrained from telling the CEO or staff how things should be done.					

The areas in which I feel the need for more education to increase my governance ability are:
