



Northern Lakes Community Mental Health Authority

Board of Directors Packet

November 18, 2021



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

BOARD AGENDA

The Northern Lakes Community Mental Health Authority Board will meet on November 18, 2021 at 2:15 p.m. Northern Lakes Community Mental Health Authority, Remote Virtual Meeting, 527 Cobb Street, Cadillac Dial 1-810-258-9588 Conference ID 848 262 359#

<u>TIME</u>	<u>ID #</u>	<u>ITEMS</u>	<u>POLICY #</u>
2:15 p.m.		Roll Call Pledge of Allegiance Appoint Timekeeper Confirmation of Quorum Consideration of Agenda Conflict of Interest Declaration	
2:20 p.m.		Consent Agenda - Board Consideration of Board Consent Agenda* 1 Board of Directors Minutes – October 21, 2021 - <i>Approve</i> 2 Committee of the Whole Minutes – October 21, 2021 – <i>Approve</i> 3 Financial Statements – <i>Receive and File</i> 4 Contract Summary – October 2021 – <i>Approve</i>	
2:30 p.m.		Ownership Linkage A. Citizen Comment (May be limited to five minutes by Board Chairperson) B. Ownership Communication 5 Letters of Recommendation	1.1, 3.1
2:40 p.m.	6	Chief Executive Officer's Report	
2:55 p.m.	7	Northern Michigan Regional Entity Report NMRE Minutes	3.4
3:05 p.m.		Assurance of Organizational Performance A. Receipt of CEO Monitoring Reports CEO Response to Monitoring Reports 8 2.4 Financial Management/Internal Controls (Internal Inspection)* 9 2.5 Asset Protection (Internal Inspection)* B. New Operational Worries 10 Resolution C. November Monitoring Assignment 11 2.0 Global Executive Limitations (Internal Inspection)	3.0, 3.2
3:15 p.m.		Board Means Self-Assessment A. Receipt of Board Monitoring Report CEO Response to Monitoring Report 12 3.0 Global Governance Process/Ownership Linkage (Direct Inspection)* 13 4.0 Global Governance – Bd/CEO Linkage (Direct Inspection)*	3.2, 4.2

- November Monitoring Assignment
- 14 3.2 Governance Style (Direct Inspection)
- 15 3.4 Annual Workplan (Direct Inspection)

- 3:25 p.m. **Governance Policies Discussion and Assessment** 3.1
- A. Ends
- B. Executive Limitations
- C. Governance Process/Ownership Linkage 3.4
- 16 -NLD Minutes – November 3, 2021 - *Review and Approve**
- Appoint Recipient Rights Advisory Committee Members*
- 2022 Board Meeting Schedule*
- 2022 Board Education and Work Plan*
- 2022 Annual Planning Calendar*
- 2022 Monitoring Chart*
- D. Board/CEO Linkage
- 3:35 p.m. **Ownership Linkage** 1.1, 3.1
- A. Citizen Comment
- (May be limited to five minutes by Board Chairperson)
- 3:40 p.m. **Announcements/Board Members Reports/Board Association**
- 3:50 p.m. **December 16, 2021 Agenda Planning**
- 3:55 p.m. **Meeting Evaluation/Comments**
- 4:00 p.m. **Adjournment**

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

NEXT MEETING: December 16, 2021

* Action Items

** Action from Committee of the Whole

*** Action Other

**Northern Lakes Community Mental Health Authority
Board of Directors Annotated Agenda
November 18, 2021**

2:15 p.m. Call to Order and Start Up

Please note that Consideration of the Agenda has been moved to this section of the agenda and that each meeting Board Members may declare any new conflict of interest.

2:20 P.M. Consent Agenda

Board Members can request any item be removed to allow for discussion as part of the board agenda.

2:30 p.m. Ownership Linkage

Definition - Connecting the authority and accountability to the owners.

As shown, this includes Citizen Comments (May be limited to five minutes by the Board Chairperson) and allows time for planned Ownership Communication with other community agencies or individuals. Two Letters of Recommendation were included.

2:40 p.m. Chief Executive Officer's Report

The Interim CEO Report will be reviewed with the Board.

2:55 p.m. Northern Michigan Regional Entity Report

The NMRE Board meeting minutes will be shared if available.

3:05 p.m. Assurance of Organizational Performance

Definition – Monitoring of how NLCMHA is complying with policy.

There are three components. 1. Receipt of CEO Monitoring Report – 2.4 Financial Management/Internal Controls (Internal Inspection) and 2.5 Asset Protection (Internal Inspection). 2. New Operational Worries – This allows time for Board Members to raise and discuss any new concerns they have that are not on the agenda and may be worries that would be added to a future agenda. 3. November 2021 Monitoring Assignment – 2.0 Global Executive Limitations (Internal Inspection). Please complete in advance and submit to the Chairperson.

3:15 p.m. Board Means Self-Assessment

Definition – Review of policies that the Board is responsible for.

There are two components. 1. Receipt of Board Monitoring Report – 1. 3.0 Global Governance Process/Ownership Linkage (Direct Inspection) and 4.0 Global Governance – Bd/CEO Linkage (Direct Inspection). 2. November 2021 Monitoring Assignment – 3.2 Governance Style (Direct Inspection) and 3.4 Annual Workplan (Direct Inspection).

3:25 p.m. Governance Policies Discussion and Assessment

Definition – The Board's definition of, and rules, for its own job.

We have placed in bulleted format the four monthly standing policy topics by Policy Governance title. Board Members are encouraged to bring items they would like discussed.

- Ends
- Executive Limitations
- Governance Process/Ownership Linkage
 - NLD Minutes – November 3, 2021 – *Review and Approve*
 - Appoint Recipient Rights Advisory Committee Members
 - 2022 Board Meeting Schedule
 - 2022 Board Education and Work Plan
 - 2022 Annual Planning Calendar
 - 2022 Monitoring Chart
- Board/CEO Linkage

3:35 p.m. Ownership Linkage

Definition - Connecting the authority and accountability to the owners.

This is the second opportunity for Citizen Comment. (May be limited to five minutes by the Board Chairperson)

3:40 p.m. Announcements/Board Member Reports/Board Association

This is an opportunity for Board Members to report on Board visitations, committee meetings, conferences, meetings attended, events or other specific areas of mental health related interest.

3:50 p.m. December 16, 2021 Agenda Planning

Board Members will discuss topics to include on next month's board meeting agenda.

3:55 p.m. Meeting Evaluation/Comments

Time is scheduled to allow Board Members to evaluate the meeting using the meeting evaluation form.

4:00 p.m. Adjournment

NEXT MEETING – December 16, 2021



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

Board of Directors Meeting Minutes

October 21, 2021

2:15 p.m.

Northern Lakes Community Mental Health Authority 527 Cobb Street Cadillac, MI 49601 and Microsoft Teams Meeting (Virtual)

Called to order at 2:15 PM by Randy Kamps. This meeting is being held remotely due to the State of Emergency being called in the City of Cadillac which would have been the location of the meeting.

Board Members Present: Rose Denny, Al Cambridge, Ben Townsend, Mary Marois, Sherry Powers, Dan DeKorse, Justin Reed, Pam Babcock, Randy Kamps

Virtual – Greg McMorrow, Ty Wessell, Nicole Miller, Angela Griffis, Penny Morris, Barb Selesky

Others Present: Joanie Blamer, Interim Chief Executive Officer; Lauri Fischer, Chief Financial Officer; Matt Leiter, Director of Human Resources; Tracy Andrews, Director of Integrated and Managed Health Services; Brian Newcomb, Director of Recipient Rights; Deb Lavender, Executive Secretary; Carrie Gray, Chief Population Officer; Aaron Fader, Executive Administrative Specialist

Virtual – Kari Barker, Director of Quality and Compliance; Darryl Washington, Director of Long-Term Care and Support Services; Brie Molaison, Customer Services Specialist; Dr. Curt Cummins, Medical Director; Jessica Williams, Quality and Compliance Specialist; Michelle Dosch, Compliance Secretary; Rebecca Dornoff

Confirmation of a Quorum – yes

Timekeeper – none

1. CALL TO ORDER:

2. AGENDA:

MOTION:	Approve the Agenda for October 21, 2021
RESULT:	ADOPTED [UNANIMOUS]
MOVER:	Ty Wessell
SECONDER:	Rose Denny

3. CONFLICT OF INTEREST DECLARATION:

No conflict of interest was declared.

4. CONSENT AGENDA:

Consideration of the Consent Agenda

MOTION:	Accept the Consent Agenda for October 21, 2021
RESULT:	ADOPTED [UNANIMOUS]
MOVER:	Al Cambridge
SECONDER:	Mary Marois

5. OWNERSHIP LINKAGE:

- A. *Citizen Comment* – none
- B. *Ownership Communication* – There was a letter of recommendation submitted to the Ad Hoc Search Committee and the Board as a whole. Randy expressed his gratitude in the work that the Search Committee has been doing.

6. CHIEF EXECUTIVE OFFICER'S REPORT:

This morning Joanie was contacted by Karen Anderson from the Record Eagle who is doing a story on Suicide Awareness. She will be interviewing Stacy Kaminski and Nancy Stevenson. The County Commissioner meetings have been going well and Joanie has visited three of the six counties. Club Cadillac has received their three-year accreditation. Joanie then shared some positive comments that the auditors had about Club Cadillac's leadership, organization, employment, and members. The SAMHSA grant was not awarded to NLCMHA. Joanie was contacted by Debbie Stabenow's office and was informed that NLCMHA will be included in the Congressional Dollars – \$1.8 Million. There is a meeting scheduled with Stabenow's office on November 12 to discuss congressional dollars and the process with Lauri Fischer as well. We continue to partner with Munson to advocate for services in the region and have signed a joint letter. A letter was sent to every legislator in all six counties. There is a lot of movement for behavioral health in our area. On November 4th, there will be a Behavioral Health Summit and Joanie looks forward to meeting with the leaders to design an action plan to move forward in our region. An email was received from Judge Kromkowski of Leelanau County that Senate Bills 637 and 638 passed. These both include Behavioral Health planning as well as Jail Diversion. Northern Health Care Management is looking to develop a supportive technology home which will assist people to stay out of nursing homes and live more independently. There has been work in building/enhancing relationships with law enforcement in Roscommon. Joanie shared a letter received from Undersheriff Lowe which spoke about problem solving and programs that have been implemented with NLCMHA which focus on aiding those with mental illnesses and diversions from the legal system.

Al commented that Roscommon County is very fortunate to have such enthusiastic participation from their sheriff and undersheriff.

Ty wanted to thank Joanie for presenting in Leelanau County Commission and bringing Ashley with her.

7. NORTHERN MICHIGAN REGIONAL ENTITY REPORT:

The NMRE Minutes were distributed and reviewed in an email prior to the meeting.

8. ASSURANCE OF ORGANIZATIONAL PERFORMANCE:

- A. *Receipt of CEO Response to Monitoring Report – 1.0 Consumer and Community Ends (1.0.6 – 1.0.11) (Internal Inspection)*

MOTION:	The Board finds the organization 100% in compliance with Policy 1.0 Consumer and Community Ends (1.0.6 – 1.0.11) (Internal Inspection)
RESULT:	ADOPTED [UNANIMOUS]
MOVER:	Justin Reed
SECONDER:	Mary Marois

- B. *Receipt of CEO Response to Monitoring Report – 2.3 Compensation of the Employed Workforce (Internal Inspection)*

MOTION:	The Board finds the organization 100% in compliance with Policy 2.3 Compensation of the Employed Workforce (Internal Inspection)
RESULT:	ADOPTED [UNANIMOUS]
MOVER:	Rose Denny
SECONDER:	Justing Reed

C. New Operational Worries – Mary asked about the number of open positions and wondered how that affects people served. Joanie shared Mary’s concern about staffing and would keep the Board updated of any problems that may arise. She further mentioned that there are no current issues with people not being served and that if it were ever a problem, we would reach out to the State for assistance and look to suspend rather than terminate services.

D. October Monitoring Assignment

2.4 Financial Management/Internal Controls (Internal Inspection) and 2.5 Asset Protection (Internal Inspection). Please complete and turn in.

9. BOARD MEANS SELF-ASSESSMENT

A. Receipt of CEO Response to Monitoring Report – None.

B. October Monitoring Assignment

3.0 Global Governance Process/Ownership Linkage and 4.0 Global Governance – Bd/CEO Linkage. Please complete and turn in.

10. GOVERNANCE POLICIES DISCUSSION AND ASSESSMENT:

A. Ends – None.

B. Executive Limitations – None.

C. Governance Process/Ownership Linkages

RRAC Minutes – October 5, 2021 – Review and Approve

MOTION:	Approve RRAC Minutes – October 5, 2021
RESULT:	ADOPTED [UNANIMOUS]
MOVER:	Mary Marois
SECONDER:	Greg McMorro

D. Board/CEO Linkage

a. Randy had Dan join the Audit Committee, removed Penny from the Audit Committee, and had Justin join the NMRE Board.

11. Closed Session (Open Meetings Act MCL 15.268(e))

The Board decided to reschedule the Closed Session to a later Special Board Meeting date in the future.

12. OWNERSHIP LINKAGE: None.

13. ANNOUNCEMENTS/BOARD MEMBER REPORTS:

- Justin expressed his appreciation on being appointed to the NMRE Board.
- There was a discussion on transportation and reimbursement with Medicaid.
- The Board Association Conference is coming up, Board Members who are interested should reach out to Deb Lavender about registration.
- The County Budgeting process is beginning in Grand Traverse and Penny gave an update on the different projects that will be coming. There were staffing changes made at the Grand Traverse Health Department which included a nonrenewal of contract for the Director.

14. November 18, 2021 AGENDA PLANNING:

Reviewed agenda items.

15. MEETING EVALUATION:

Comments – *none*.

16. ADJOURNMENT:

The meeting adjourned at 3:15 PM

MOTION:	To conclude the Board Meeting without completing the agenda.
RESULT:	ADOPTED [UNANIMOUS]
MOVER:	Al Cambridge
SECONDER:	Rose Denny

Respectfully Submitted,

Randy Kamps, Chairperson

Sherry Powers, Board Secretary

Aaron Fader, Recording Secretary

**Committee of the Whole Meeting
Minutes**

October 21, 2021

12:30 PM

1. ATTENDANCE:

Northern Lakes Community Mental Health Authority, 527 Cobb Street, Cadillac and remote virtual meeting.

Rose Denny called the meeting to order at 12:37 p.m. This meeting is being held remotely due to the State of Emergency being called in the City of Cadillac.

Board Members Present: Cadillac - Ben Townsend, Randy Kamps, Al Cambridge, Mary Marois, Pam Babcock, Rose Denny, Sherry Powers, Dan Dekorse, and Justin Reed. Virtual - Greg McMorrow, Nicole Miller, Barb Selesky, Ty Wessell, Penny Morris and Angela Griffis.

Others Present: Cadillac – Joanie Blamer, Acting Chief Executive Officer; Lauri Fischer, Chief Financial Officer; Matt Leiter, Director of Human Resources; Tracy Andrews, Director of Integrated and Managed Health Services; Dan Mauk, Chief Information Officer; Brian Newcomb, Director of Recipient Rights; Aaron Fader, Executive Administrative Specialist; Deb Lavender, Executive Secretary. Virtual - Kari Barker, Director of Quality and Compliance; Darryl Washington, Director of Long Term Care and Support Services; Carrie Gray, Chief Population Officer for Individuals with IDD; Curt Cummins, Medical Director; Brie Molaison, Customer Service Specialist; Jessica Williams, Performance Improvement Specialist; and Michelle Dosch, Compliance Secretary.

2. RECEIVE AND REVIEW SEPTEMBER 16, 2021 MINUTES:

Moved to the Board meeting.

3. PUBLIC COMMENT:

None.

4. UPDATE ON RIGHTS:

Brian Newcomb referenced his summary and the numbers for the end of the fiscal year. He noted that there is one investigation that is open past 90 days and identified the cause. He reviewed highlights: Ian Pegan-Naylor will be starting on October 25, have completed most of the introduction meetings with teams and supervisors, have moved office locations for his staff, all Recipient Rights staff attended the Recipient Rights Conference and received credit hours for training, and started their site inspections for the new fiscal year.

Randy noted his appreciation that the Office of Recipient Rights has approached to be viewed as a partner rather than an adversary is commendable.

5. HUMAN RESOURCES PRESENTATION:

Matt Leiter referenced his overview of Human Resources. He noted that 2021 has been a year of change and many accomplishments which he highlighted. One of those is the search for a future Chief Executive Officer. He reflected that Karl was in and out of the office with multiple leaves, integrating the Interim Chief Executive Officer that has gone well. He noted that it is interesting times given the political landscape and looking at Michigan. He referenced the hiring numbers compared to 2020; safety is a big

item with COVID initiatives as we partner with maintenance and facility staff. We take it very seriously to protect our consumers, residents, and our staff. He is proud of our successes with close contact with supervisors and staff; referenced the daily screening; annual workers compensation costs and claims; reasons for exits of staff; shared a Wellness cookbook; staff appreciation that we shared apples with staff; inspirations as well as weekly blasts that we have shared with staff; preparation for CARF; panic buttons in our exam rooms; design work on training where we have reworked the curriculum on the internet and have updated. He noted his team have been in the office consistently this year. He noted that he has been working with the Executive Team and implemented a new hire retention program to ensure additional stability and limits movement from group to group. Matt continues to work with the CEO on any risk management items. Last year the Board requested that we add information on grievances and shared the results. Our labor contracts are set for one additional year. He noted changes to the HR Department and are working on getting ready for Open Enrollment.

Mary asked Matt the question about how many vacancies we have and he responded with 42 and most are first line staff. Mary asked whether we use the CMHA website for all vacancies. Matt noted that we have not and he would explore and that we post our harder to fill positions. He indicated that he would speak with his team about the possibility of placing most or all of our vacancies on that website at least for a trial period. Mary asked about the programs that would pay employees for bringing in new employees. Matt confirmed. Mary referenced in the Recipient Rights Report the substantiated allegations against NLCMHA staff and did any come to the attention for corrective action? Matt responded that there is bleed over to HR and he works in tandem with Recipient Rights and couldn't identify the numbers. Mary asked if Northern Lakes would require vaccines for employees? Joanie noted that we are waiting guidance from MIOSHA. The message she has been sending to staff if CMS or MIOSHA requires it in order to maintain funding then she would have to do that. We want to remain clear that we are waiting for guidance. Mary asked if Munson requires that how will that impact our staff beginning in January? Joanie noted it won't impact many of our staff. She noted she is working with the Executive Team and are keeping our eyes on that and are listening to staff. They are aware of the communication and are waiting to see.

Randy asked if we will put the cookbook on the website? Matt noted it hasn't been done and will be happy to take back to the group. Randy asked about turnover related to COVID and wonders if we experienced any pushbacks or impact? Matt noted that for the last two years for some staff it has been a time of reflection and have seen a couple of staff staying home to take time to spend time with the kids. He has a different perspective whether working in the office or a hybrid model. He thinks the hybrid model will continue. He thinks that staff may feel that they will look for a job where I don't have to go to work as we work towards integration. That is a risk that we will always lose staff to that and feels it is a risk but nothing major. Randy thinks that we need to have a hybrid workforce. Matt noted that our intention is to move forward with a hybrid model. There are certain roles that have to be done in the office. We are working on a plan that is comprehensive and feels it is fair to staff. Randy referenced a year ago we had issues with parking. He asked if the building space is adequate and Matt responded with a yes. Randy asked if over the past year whether we were able to head off prior to a grievance being filed because we have created a culture of working with and for the best interests of all concerned. Matt responded with dozens.

Dave Simpson reported on the Board Operated Homes. He noted COVID has marked much of what we have done over the past year. We are responsible for seven sites (six specialized residential and one independent living apartments) which is about 40 residents. He identified it has been a long year and staff are working hard. He noted that they have not had one case of COVID with the residents or tenants. There were five staff who had to be tested and at the beginning of October he had one staff who tested positive and was able to keep away from the home. Direct care there is no ability to work from home. His staff did not waiver and took the precautions that we were guided to. His office in Grayling is full of PPE that we stock-piled in case we had to quarantine a home if we had to go into isolation. We only had to use that approach a couple of times when a resident went in the hospital for non-COVID reasons and had to quarantine when they returned to the home. He did not go into the homes until he had his vaccinations and went back in March. He is having face-to-face RCA Team meetings and working with his staff. This year we had the benefit of a \$2.25/hr COVID premium pay the entire year. This has been extended to September of 2022 which has helped with staff retention. Our entire focus has been on staff retention in 2021. The retention has been better this year than last year

because of training. They are retraining on the culture of gentleness and are focusing on conflict resolution. There have been no grievances this year and have a good working relationship with AFCSME. The contract is due to expire next August. They have talked about doing five to six year contracts if we want to consider. He noted that they will be using a sign in Cadillac to help produce applicants. He shared some of the ways they have tried to reach out to people to apply. One innovation after four years of having Home Supervisor Assistants is to hire an Assistant Two position where the person is in charge on the floor in every site. They had a resident who passed away this week and are conducting a memorial at the home at the family's request. Staff are invited to attend and bring their families. They have combined the audits this year for Recipient Rights and Network Management.

Justin talked about looking for positions he asked if Michigan Works if they have on their website for all of Michigan? Dave identified it is on the state site.

6. PRESENTATION – SERVICES TO CHILDREN AND FAMILIES:

Nancy Stevenson, Director of the Community Crisis Center introduced Holly Decker who identified she is now working with Aimee Bunbury and Matt Zerilli as part of the Juvenile Diversion Program. Holly noted that they have been meeting with students who are at risk for using substance abuse or mental health issues. She meets with kids individually and they are starting a substance addiction group on Mondays. Holly identified it has been a wonderful experience to have this program at TC High. Pam Blue, Operations Manager for the Juvenile Diversion Program identified it has been very successful and these are kids that could have fallen through the cracks. We have served approximately 140 people. Holly reported that she is at the Alternative High School and serves about 160 to 220 kids and change classes every nine weeks. They are designed to see kids who have a lot of trauma and concerns and issues throughout their life. The more we can get them connected with the Prevention model is always beneficial to their students regardless of the situation. Nancy noted that both Aimee and Matt see kids both in Grand Traverse and Leelanau Counties.

Pam noted that they have also started a MST program which is Multi-Systemic Therapy. The program reaches the whole person to facilitate change. It empowers the parents to be able to handle the conduct and the behavior of the kids that we serve. We started in August and now are already full. We also have a PTSD portion which is the MST with sexual behaviors. We have one right now and had a lot of community and family issues. There are three trained in serving this group.

Mary asked if MDHHS is involved as a community partner? Holly noted yes and pre-COVID she felt they were running the best that we could possibly be. Have had to adjust to whatever the districts would allow due to returning to school. There is an individual that assists with helping individuals with Medicaid, Bridge Cards, costs for day care and she is returning to work on Tuesdays. She noted the programs and groups that she is involved with.

Mary indicated to Joanie when we talk to County Commissioners she doesn't think they understand the impact this program has on their child care budget. She noted the importance that we bring up in front of the commissioners. Joanie noted that our Prosecuting Attorney is involved and has the potential savings this is having as kids have been diverted from the courts. Joanie noted that there are three grants we received 1) MDHHS grant working with the Family Court in Grand Traverse County; 2) the MST Model; 3) Co-Occurring services in the home from the NMRE using Liquor Tax dollars.

Al asked what is happening in the other counties? Joanie noted that we applied for MDHHS grant funding in May to expand justice diversion across the life span in all the counties. We have hired 2 peers and one mental health specialist at this time. We are continuing to recruit for the grant funded, vacant positions.

Randy asked how and if what you are doing ties into the Integrated Health Clinic, Health Home, Opioid Health Home? Are those connections made and how they are connected? Nancy noted that in her previous position she became familiar with the community resources in all six counties. They extended the outreach to primary care providers and schools. When she took over this role that allowed her to expand to Grand Traverse County. In her role as the Director of the Community Crisis Center which aims to divert jail diversion and inpatient hospital admissions. The positions she will hire will do an assessment right on the spot and make referrals within our agency. This will be across the life span. She updated on the status of the Community Crisis Center. Randy encouraged us to utilize the Liquor Tax

dollars to use it effectively. Nancy identified the connections she has made in the community and indicated she has also toured other facilities such as Washtenaw County with other law enforcement.

7. HANDOUT BOARD MEMBER SELF-ASSESSMENTS:

Included in the packet and are available in Cadillac. Complete today or turn in by next meeting.

8. AGENDA PLANNING OPTIONS:

Agenda topics for the November 18, 2021 meeting: reviewed the topics.

9. MEETING EVALUATION/COMMENTS:

#1 – We spent our time on the most important governance topics – excellent

#2 – We encouraged diversity of viewpoints – good

#3 – Our decisions were made collectively – excellent

#4 – The Board used it's time effectively – excellent

#5 – What is the most important thing the Board could do to improve our function as a Board? None.

10. OTHER/ADJOURN:

Meeting adjourned at 1:40 p.m.

Respectfully Submitted,

Deb Lavender
Executive Secretary

dsl (11/8/2021)

**Northern Lakes Community Mental Health Authority
Financial Reporting for 10/31/2021**

Overview:

October is the first month of the 2022 fiscal year. Financial data provided is measuring limited-service inputs with most transactions occurring to close out the prior fiscal year. However, capitation advance data has been received for October. The dollars received for traditional Medicaid coverage including the habilitation supports waiver decreased by \$117,400 from the average capitation received in FY 2021. The dollars received for Healthy Michigan Plan coverage decreased by \$51,840 from the average capitation received in FY 2021. If this level were to continue full year, NLCMHA would receive \$169,240 less per month or about \$2M annually. NLCMHA is estimated to be lapsing a much greater value in FY 2021 and for that reason, if the current level of funding continues throughout the year, NLCMHA budget will remain solid. The Milliman rates that are being provided to CMH's are based on a \$2.00 direct care worker wage premium and the State of Michigan has indicated the wage premium will be \$2.35 + 12% administration requiring Milliman to increase rates to accomplish the change.

One of the direct run NLCMHA homes is experiencing a staffing crisis. The first week of November directly employed staff and contract providers rallied together to ensure the individuals residing in the home were cared for and the home was staffed. Staff shortages in one department quickly effect the staff in other departments to ensure mandated services are available. All methods or ideas to recruit and retain staff are being considered.

There are currently 29 open positions out of 67 in the direct run residential programs. There are 59 open positions out of 285 in all other areas of operations including grant funded opportunities.

Medicaid Spending as compared to Regional Funding Advances:

Services provided to individuals with traditional Medicaid coverage will be reported at \$4,815,546 with \$39,790 available in coordination of benefit reimbursements. This is \$412,047 below capitated advances provided by the NMRE.

Services provided to individuals with Healthy Michigan Plan coverage will be reported at \$547,681. This is \$5,126 above capitated advances provided by the NMRE.

Services which must be paid for by General Funds total \$151,194. This is \$76,199 below the year's allocation. It is estimated \$127,000 of the FY 2021 General Funds will be carryforward to FY 2022.

Residential/Inpatient Usage:

At the end of October, it is expected there were 252 people in contractual specialized residential placements and semi-independent homes representing a net decrease of one. The average SRS per diem decreased \$0.65 to \$180.71. Direct care wage premiums were sent out to the specialized residential homes totaling \$372,548 on November 5th for the July-September quarter. Effective October 1st, the direct care wage premium will be included in the daily per diem rates.

The amount paid to community inpatient hospitals, on a cash basis, was \$563,078 for the month of October.

Revenues and Spending:

Revenues exceed expenses by \$174,909 one month into the fiscal year.

Cash on hand decreased by \$4,230,270 in October. NMRE paid October capitation in November.

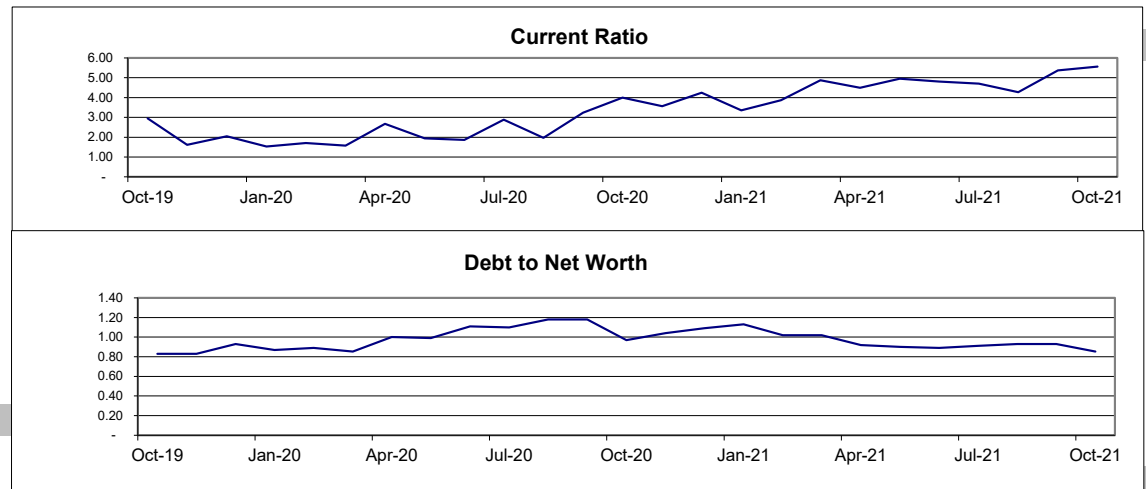
Northern Lakes Community Mental Health Authority
Finance Report As of 10/31/2021
Fiscal Year Ending September 30, 2022

	2022-#1 Total Budget	2022-#1 YTD Budget	Actual YTD Revenues	Actual Over/(Under)	Percentage YTD	Capitated Category	Provided Advances	(Expenses) Earned Revenues	Worries (Over)/Under
Revenues									
State Sources	\$ 6,355,628	529,636	537,085	7,449	8%				
Local Sources	\$ 1,961,800	163,483	125,785	(37,698)	6%	General Funds	227,393	151,194	76,199
Medicaid Sources	\$ 62,919,411	5,243,284	5,392,008	148,723	9%	Medicaid	5,187,803	4,775,757	412,047
Reimbursements	\$ 964,244	80,354	78,467	(1,887)	8%	Healthy Michigan	542,555	547,681	(5,126)
MI Choice HCBW	\$ 11,652,407	971,034	930,218	(40,816)	8%	Behavioral Health Home	-	12,000	(12,000)
Total Revenues	\$ 83,853,490	6,987,791	7,063,562	75,772	8%	Northern Health Care Mgmt	930,218	862,218	68,000
						Local Requirements	125,785	76,266	49,520
							7,013,755	6,425,115	588,640
Expenditures									
Personnel	\$ 29,673,756	2,472,813	2,409,651	63,162	8%				
Direct Operations	\$ 2,521,322	210,110	178,698	31,413	7%				
Contractual Services	\$ 11,146,558	928,880	885,906	42,974	8%				
Contract Agencies	\$ 7,218,481	601,540	599,465	2,075	8%				
Residential Contracts	\$ 24,069,294	2,005,775	1,991,775	14,000	8%				
Inpatient Services	\$ 6,264,208	522,017	589,328	(67,311)	9%				
Transportation	\$ 1,348,564	112,380	99,555	12,825	7%				
Occupied Space	\$ 1,611,307	134,276	134,276	-	8%				
Reinvestment	\$ -	-	-	-	#DIV/0!				
Total Expenses	\$ 83,853,490	\$ 6,987,791	\$ 6,888,654	\$ 99,137	8%				
Net Revenues over Expenditures			\$ 174,909						

Medicaid and Healthy Michigan Plan expenses are expected to be covered by Medicaid savings and internal service fund dollars from the NMRE.

General Funds spent on services to individuals without insurance coverage must be covered by excess local funds or NLCMHA Fund Balance

Monthly Indicators	Previous Month	Current Month
Current Ratio	5.37	5.56
Cash on Hand	\$ 28,677,842	\$ 24,447,572
Short Term Liabilities	\$ 5,344,582	\$ 4,394,583
According to Financial Performance Indicators the goal is greater than 2.		
Debt to Net Worth	0.93	0.85
Short Term Liabilities	\$ 5,344,582	\$ 4,394,583
Long Term Liabilities	\$ 6,070,615	\$ 6,070,615
Compensated Absences	\$ 1,341,519	\$ 1,341,519
Net Pension Liability	\$ 4,729,096	\$ 4,729,096
Unrestricted Fund Balance	\$ 5,021,992	\$ 5,021,992
Net Assets (Undepreciated Value)	\$ 7,257,546	\$ 7,257,546
According to Financial Performance Indicators the goal is less than 2.5.		
Directly provided services	37.9%	40.5%
Contractually provided service	62.1%	59.5%



Northern Lakes Community Mental Health Authority		
List of Contracts and Agreements Entered Into		
For the Month of October 2021		
	Vendor by Category	Estimated Annual Financial Value
1	Specialized Residential Services and Community Living Supports	
*	Grand Traverse Industries	\$ 2,500,000
*	Healthcare Coordinates, LLC	\$ 150,000
*	Hope Network West Michigan	\$ 15,000
*	MI Independent Living, Second Amendment	\$ 1,500,000
*	North Arrow ABA, LLC	\$ 600,000
*	North Shores Center, LLC	\$ 175,000
*	R.O.O.C., Inc.	\$ 975,000
*	RISE Center for Autism	\$ 360,000
*	Safehaus, Inc.	\$ 100,000
2	Inpatient and Hospital Contracts Including Single Case Agreements	
*	McLaren - Bay SCA	\$ 10,000
*	Munson Medical Center 3rd Amendment	\$ 2,500,000
3	County of Financial Responsibility (COFR) - Provider (Purchase of Services)	
*		
4	Independent Contractors and Leases	
*	Andrea Russell Professional Individual Contract 2021.00000.001 8-1-21 to 9-30-23	\$ 6,000
*	J. Cole Enterprises, LLC Administrative Services Contract 2021.07077.003 10-1-21 to 9-30-21	\$ 110,000
*	MI Life Transport Administrative Contract 2021.VEN4873.002 10-1-21 to 9-30-23	\$ 150,000
5	MI Choice Waiver Contracts	
*	Assisted Living Solutions Inc.	\$ 40,000
*	Baruch SLS, dba: Sunnyside Senior Living, AFC	\$ 24,000
*	Catholic Human Services Inc	\$ 48,000
*	Cedar Ridge AFC Home- Orchard Hill Enterprises Inc	\$ 50,000
*	Effie's Place/Baruch SLS, Inc.	\$ 26,000
*	Frankfort Senior Care LLC	\$ 50,000
*	Grand Traverse Pavilions	\$ 25,000
*	GT Independence	\$ 1,500,000
*	Harbor Care Associates, LLC	\$ 360,000
*	Hillcrest AFC & Meadow Hill AFC	\$ 1,500,000
*	Kalkaska County Commission On Aging	\$ 72,000
*	Northwest Michigan Community Action Agency Inc	\$ 36,000
*	Papa's Place	\$ 50,000
*	Parkside of Northport, LLC, DBA : Northport Highlands	\$ 204,000
*	Pavel Staffing LLC DBA In Touch Care (was traverse manor)	\$ 36,000
*	Pur Foods, LLC DBA Mom's Meals	\$ 140,000
*	Senior Living Personal Care (i.e. FRENCH MANOR)	\$ 120,000
*	Serenity Adult Foster Care	\$ 12,000
*	Sunshine Home AFC (Bonnie Perkins Crackel)	\$ 140,000
*	Wilson, Stuart - CPA, PC	\$ 420,000
6	Grants-Revenue Contracts	
*		



FREED COMMUNICATIONS, LLC
Marketing/Advertising/Public Relations

9737 East Solem Road
Suttons Bay, Michigan 49682

phone/fax (231) 271-6177
deb@freedcommunications.com

September 12, 2021

Board of Directors
Northern Lakes Community Mental Health Authority
105 Hall Street, Suite A
Traverse City, Michigan 49684

RE: JOANIE BLAMER

Dear Members of the NLCMHA Board of Directors:

I am writing to recommend Joanie Blamer for the position of Chief Executive Officer at Northern Lakes Community Mental Health Authority (NLCMHA). I have worked with Joanie for 15 years and have witnessed exponential growth in her as a leader. She is an innovative visionary who has earned the respect of her colleagues through her modeling of hard work, focus, forward thinking, and clear communication. She has demonstrated tenacity in pursuing her vision, especially in the areas of restructuring the crisis intervention system and developing numerous improvements in justice diversion. Through community building, grant writing, and team collaboration, she has accomplished great change. She has the pulse of the agency. In addition, I have observed her interactions with other community leaders and other CMH CEOs and can attest to the fact that she represents the agency well and has demonstrated positive working relationships with her director peers.

I believe Joanie has unfailingly exhibited through two interim CEO stints that she can handle the job, and most certainly she has earned it. She has built on Karl Kovacs' legacy in leading a very strong, cohesive Executive Team and is always first to volunteer to take on the difficult challenges.

It is the right time and the right person for NLCMHA. I wholeheartedly endorse Joanie Blamer to be the next leader of NLCMHA.

Sincerely,

Debra Freed
Managing Director

ITEM # 5



November 5, 2021

Attn: NLCMHSP Board of Directors
Re: Ms. Joanie Blamer, LMSW

Dear Northern Lakes CMHSP Board of Directors,

I am writing to endorse Joanie Blamer, LMSW for the CEO position at Northern Lakes CMHSP.

I have known and worked with Joanie for many years through her various CMHSP roles. Joanie has exceptional experience and a clear understanding of the CMHSP and state behavioral health system in Michigan. She has both the administrative and clinical knowledge that is an asset to the CEO role. She also has many established relationships in the community that promote collaboration and synergy.

Joanie has integrity. She is transparent and honest. I think those traits are critical for leaders, especially in these days. She has a way of keeping an eye on the big picture/system and has an ability to distill that down to a specific person who is being served by NLCMH.

I appreciate her advocacy, creativity, and willingness to think about and do things differently for the improvement of the system. She holds her NLCMH teams and community partners accountable to do their job to the best of their abilities, putting the person-served in the middle of that accountability.

Joanie is levelheaded and able to respond to urgent situations with grace and professionalism. She does not shirk from difficult situations and seeks to understand to inform her responses.

I would be happy to speak with you further regarding Joanie as a leader and a person should you wish. You can contact me at 231-935-6389 or at tlacroixkelty@mhc.net

Sincerely,

A handwritten signature in black ink that reads 'Terri LaCroix-Kelty, LMSW'. The signature is fluid and cursive, with the last name 'Kelty' being particularly prominent.

Terri LaCroix-Kelty, LMSW
Behavioral Health Director, Munson Medical Center.
tlacroixkelty@mhc.net

Chief Executive Officer's Report
To the Northern Lakes' Board of Directors
November 18, 2021

Board and Operational Items

Citizen Comments: Nothing new to report.

Staffing Concerns: I am thankful to report that we were able to respond to the staffing crisis in our Board operated homes. NLCMHA staff began covering the weekend of the 5th and we continue to work with our contract providers for assistance. We have added staff in our residential program. I was amazed and grateful at the response and support we received from our internal staff and contract providers! This speaks highly of the dedication people have to serve and the strong relationships we have built!

Community Connections/Meetings:

- Met with Dr. Margaret (she attended our annual public meeting) on October 28th and discussed her desire to build on her services for children with Autism. We also discussed her desire to build a crisis residential unit for people with Autism. We will be meeting with Eric Kurtz to review this further.
- I met Lambert Discovery staff on October 28. This is the public relations firm hired by the NMRE to assist with marketing in our region.
- Crisis services staff and I met with the GT County Prosecutor, Under Sherriff, and Road Patrol Capt. to discuss pre jail diversion services on October 29.
- On November 1st, I met with Roscommon Court to review the status of an I/DD individual and options available for intensive treatment.
- The Family Division Court staff met with me and clinical staff on November 2nd, to discuss the Multisystemic Therapy (MST) program we have partnered with them on. This is going well and we have received close to 20 referrals since we began in September!
- Also on November 2nd, I met with Peter Marinoff, Munson Cadillac President, to discuss the services we provide and options for more intensive services to people with I/DD.
- I attended the Crawford County Collaborative meeting this month on November 3rd.
- I participated in the Regional, Nurturing Roots to Behavioral Health Summit: An Action Summit on November 4th. I served as the facilitator for the expansion of crisis services group. This was a great opportunity, and we were able to develop an action plan. When I get the full action plan from the Northern Michigan Community Health Innovation Region (CHIR) I will be sure to get those to any of you who are interested.
- On November 2nd Sherry Powers, Barb Selesky and myself met with Shelly Pinkelman, Commissioner Chair for Crawford County to review legislative updates.
- On November 8th, I met with Pat N. of Nami TC.
- Meet with the Consumer Advisory Council on November 10.
- Meet with NAMI-TC on November 10.

Crisis Center Development: We continue to engage the community in our efforts with weekly community meetings that are led by Nancy Stevenson, Crisis Center Director. Our biggest barrier is the behavioral health staffing shortage; therefore, I am continuing to pursue options to share staff with other behavioral health partners in our area.

Meeting with County Commissions: The Annual Reports to County Commissions have been completed. I sent the following email with attachments to all County Commissioners on November 4th to provide an update on the Senate Bills:

Dear County Stakeholder,
Senator Shirkey's bills—SB 597 and SB 598—passed out of Committee and will be sent to the Senate Floor for a vote. These bills threaten the relationship between Northern Lakes CMH and our counties. An infographic from the CMH Association of Michigan explaining why these bills are *The Wrong Step at the Wrong Time* is attached, as well as a letter of opposition from the Michigan Association of Counties, the Michigan Sheriffs Association, the Michigan Judges Association, the ACLU Michigan, and the Michigan Association of Family Court Administrators. Please keep in mind the Insurance companies do serve the mild to moderate mental health populations in your area right now. In the largest County we serve, Grand Traverse, there is at least a 6 month wait for those populations to be seen by a private provider, the service is non-existent in our more rural counties. The Mental Health Code (Law) limits these populations from being served by our public mental health system.

This video was sent to me yesterday from consumers downstate and I found it very moving: <https://www.youtube.com/watch?v=MtSuQHBue7k>

One of many recent and more damaging changes to SB 598 is in section 203, which would eliminate all of the roles of the state's CMHSPs. These roles are defined in [Chapter 2 of the Mental Health Code "County Community Mental Health Programs"](#). The change to Section 203 will shatter the public mental health system and the public safety net established in the Mental Health Code! It will force you to work with **all** private insurance companies that provide care in your county and eliminate the required oversight you have right now in the public system.

-
Page 16-17 (SB 598 S-2)

Sec. 203. Throughout this chapter, a specialty integrated plan is not responsible for the duties set forth in this chapter until after completion of a successful transition under the social welfare act, 1939 PA 280, MCL 400.1 to 400.119b. After the specialty integrated plan has completed a successful transition, the specialty integrated plan shall take over the duties set forth in this and the community mental health services program shall no longer be responsible for those duties. The behavioral health accountability council shall determine the successful transition at each phase of integration establishing when the specialty integrated plan is responsible and the community mental health services program is no longer responsible.

I encourage you to contact Senator Shirkey, your Senator(s) and Representative, MDHHS Director Elizabeth Hertel, and the Governor opposing SB 597 and SB 598. You can send your message through the CMHA's Advocacy Center at this link https://www.votervoice.net/BroadcastLinks/0vD6z_XdeZn4FMdygUwGdw Please don't hesitate to contact me if you'd like to discuss how this will impact your County, local residents, and local Medicaid enrollees.

For convenience, I have added contact information for Senators and Representatives that serve us in our region as well as other key leaders in the State below:

Senators:

Wayne Schmidt: senwschmidt@senate.michigan.gov
Curt VanderWall: sencvanderwall@senate.michigan.gov
Jon Bumstead: senjbumstead@senate.michigan.gov

Dan Lauwers: sendlauwers@senate.michigan.gov
Rick Outman: senroutman@senate.michigan.gov
Jim Runestad: senjrunstad@senate.michigan.gov
Sylvia Santana: senssantana@senate.michigan.gov

Representatives:

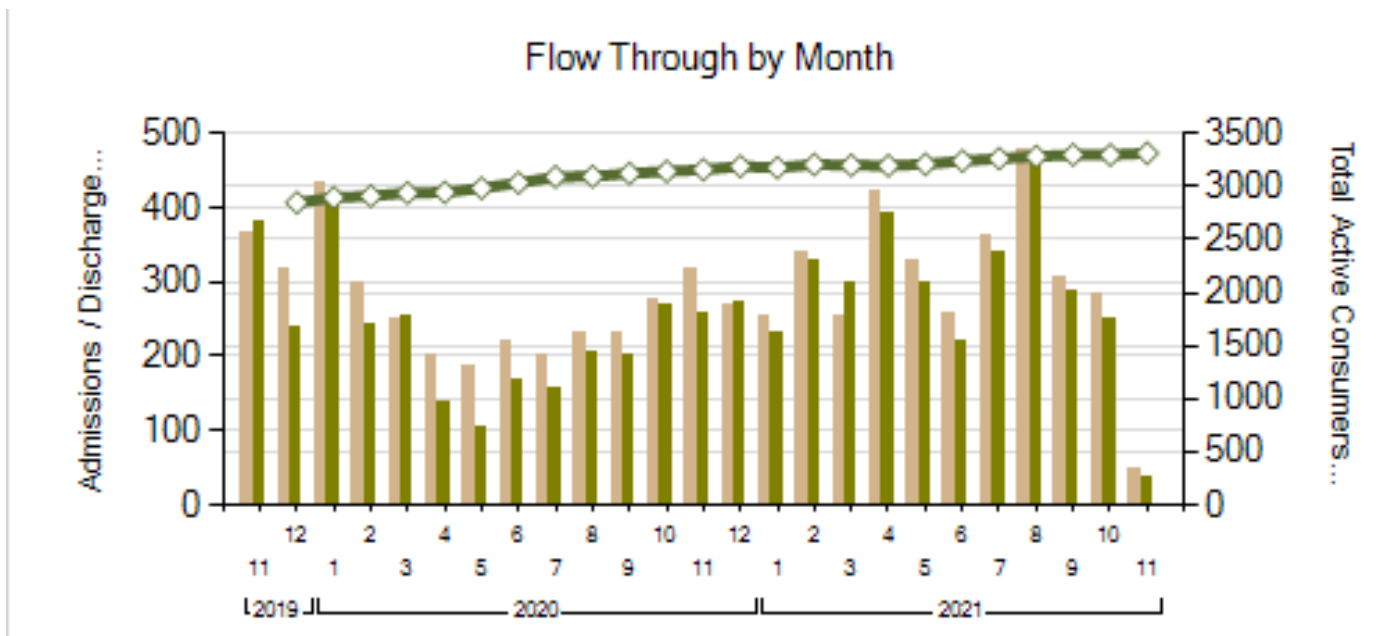
John Roth: JohnRoth@house.mi.gov
Jack O'Malley: jackomalley@house.mi.gov
Michele Hoitenga: MicheleHoitenga@house.mi.gov
Daire Rendon: DaireRendon@house.mi.gov

State Leaders:

Elizabeth Hertel: HertelE@michigan.gov
Gov. Whitmer: <https://somgovweb.state.mi.us/GovRelations/ContactGovernor.aspx>

I have attached a wide variety of information on the bill, not only from our association but from the health plans to give you balance. I am also attaching the resolution that Wexford County Commissioners signed and a template of a resolution as some of you have asked for a template to follow. I can and I am willing to meet with you individually to go deeper into the weeds if you wish. You can send me an email or call me anytime 1-231-631-2786. Thank you for your valuable time and consideration to this matter. Respectfully,
Joanie

Service Update:



Media Coverage: I do not have anything new to report in this area. I did want to share this video with you. CMHA worked with people served (downstate) to develop this in response to the Senate bills. It is a quick view and very powerful. You can view it here: <https://www.youtube.com/watch?v=MtSuQHbue7k>

Community Mental Health Association, Michigan (CMHAM):

I attended the Fall Conference on October 25 and 26. It was nice to see people in person!

The Senate bills, 597 and 598, have been moved out of the Senate Ops Committee. This is not great news for the public mental health system. I am copying and pasting emails from Alan Bolter below. You may recall he

came and spoke with us this past summer about these bills and serves as the primary lobbyist against them. I am also attaching the most recent version of the bills, including the supplemental bill 714, so you can refer to them if you like.

Begin Messages from Alan:

10/26 Email: As you know, this afternoon the Senate Govt Ops Committee voted out SBs 597 & 598. Attached are the latest versions of those bills, below is brief overview of the changes that were made:

SB 597 (Shirkey)

- Reconfigures the phases so that the first phase focuses specifically on children (both foster youth and those with an SMI or SED), the second phase focuses on SMI/SED adults, the third phase focuses on individuals with a SUD diagnosis, and the I/DD population is in the fourth phase (there were only 3 phases initially, as the first phase originally included both kids and adults with an SMI or SED diagnosis).
- Extends the duration of each phase from 18 months to 2 years.
- Extends the full integration date from 2026 to 2030 (to account for the new phase timeline).
- Adds language that would allow MDHHS to terminate a phase if it is deemed unsuccessful (in consultation with the behavioral health accountability council).
- Requires the behavioral health accountability council to conduct their own evaluation of each implementation phase and provide MDHHS with the results of their evaluation. The council's results could ultimately be used in the department's separate evaluation and final determination of their findings.
- Adds the Michigan Association of Alcoholism and Drug Abuse Counselors to the definition of "interested parties". This addition is to ensure that there is sufficient SUD representation in the development of the integration plan.
- Adds language to ensure that in the development of the metrics, MDHHS and representatives of the interested parties ensure they are:
 - Tailored to each of the populations included in the specific phase(s) of implementation;
 - Take into consideration lessons learned from any past integration efforts (this could include the CCBHCs, the CHIRs, or other integration pilots, but no specific pilot is referenced in the bill);
 - Are developed and made publicly available at least 6 months before the phase of implementation
- Requires that any GF money distributed to the CMHs or other providers (as determined by the department) must receive 100% of the intended reward -- no administrative fees would be permitted.

SB 598 (Bizon)

- The bill makes numerous language modifications to align with the changes made in SB 597, including the updated metrics, evaluation, timelines, responsibilities of the council, and phases.
- Adds the following additional members to the behavioral health accountability council:
 - The director of the office of recipient rights;
 - One individual representing an organization or institution with experience in research on physical and behavioral health;
 - One individual representing a private provider or agency of SUD services.

10/28 email: All,

I wanted to follow-up on my previous email regarding Sen. Shirkey's legislation, SBs 597 & 598. After going through the new substitute versions of the bills we found that new language was added to SB 598 which continues to fuel our concerns and intent with these bills.

Please see below the language in SB 598 in section 203, which would eliminate all of the roles for the state's CMHs, given that those roles are contained in Chapter 2 of the code, the chapter referenced by this section. This section will shatter the public mental health system, which we believe is Sen Shirkey's underlining intent.

Page 16-17 (SB 598 S-2)

Sec. 203. Throughout this chapter, a specialty integrated plan is not responsible for the duties set forth in this chapter until after completion of a successful transition under the social welfare act, 1939 PA 280, MCL 400.1 to 400.119b. After the specialty integrated plan has completed a successful transition, the specialty integrated plan shall take over the duties set forth in this and the community mental health services program shall no longer be responsible for those duties. The behavioral health accountability council shall determine the successful transition at each phase of integration establishing when the specialty integrated plan is responsible and the community mental health services program is no longer responsible.

Please share with your local partners.

Second 10/28 email: All,

Today, Sen Shirkey introduced SB 714, which is the Behavioral Health supplemental, attached is a copy of the bill, but below is a breakdown of the spending. Again, **this is ONE-TIME funding**, Sen Shirkey will use this bill as leverage to pass SBs 597 & 598 in the Senate and the House saying this will help increase access and providers. If you talk to your legislators or local partners let them know this funding is not sustainable, it helps with infrastructure needs but will not cover on-going programming or workforce development needs.

- Behavioral health provider recruitment \$ 15,000,000
- Child advocacy centers \$8,000,000
- Clinical integration fund \$25,000,000
- Community mental health services programs integration readiness \$50,000,000
- Community substance use disorder prevention, education, and treatment grants \$10,000,000
- Crisis stabilization units \$10,000,000
- Department of health and human services integration readiness \$10,000,000
- Greenlawn enhancements \$3,000,000
- Hawthorn Center expansion \$5,000,000
- Hospital infrastructure enhancements \$20,000,000
- Infrastructure grants to enhance pediatric inpatient services \$100,000,000
- Jail diversion fund \$15,000,000
- Mental health block grant \$10,000,000
- Michigan essential health provider loan repayment program \$25,000,000
- Northern Michigan psychiatric hospital bed investment \$5,000,000
- Psychiatric residential treatment facilities \$10,000,000
- Recovery high schools and recovery community organizations \$2,000,000
- State psychiatric capital outlay investment \$25,000,000

GROSS APPROPRIATION \$348,000,000

End of Alan's messages

I have been sharing this information with our partners in the schools, County Commissioners, and others because it is important for them to know what is occurring and how it will influence our local counties. I did receive a response from GT County Commissioner Coffia requesting to share the information and speak with other commissioners about completing a resolution opposing the bills. I also received a response from Dr. Ceglarek, Superintendent of Northwest Education Services (formerly TBAISD). I am certain this will be a topic of discussion I will have with our community partners in the winter months!

Success Story:

As I have stated before, I am humbled by the experiences and triumphs the people we serve experience every day. I am thankful our staff can work others and have the opportunity to witness the joy of their successes! This month, I am highlighting the lived experience of an adult individual with intellectual developmental disabilities.

An Adult with I/DD served by one of our Board Operated Homes began exhibiting some challenging behaviors. His treatment care team realized that there was a dark patch in the back of his mouth. After further assessment it was discovered that his teeth were infected. There were concerns that this could be causing the behavioral challenges that he was exhibiting.

The treatment care team (comprised of home care staff, I/DD staff, medical providers, the consumer, and his guardian) began scheduling with a local dentist. Unfortunately, this was not successful as he can be aggressive and self-injurious when he is introduced to new experiences or when medical staff do not understand his wants and requests. As a result, the care team began to coordinate with U of M dentistry.

We were successful in getting an appointment with U of M and he was successfully able to get his teeth cleaned, extracted, and receive medications and other treatments to address the infection in his mouth. This invasive procedure was possible because of the teamwork between his care team, local dentists, and U of M staffing.

The behavioral challenges that were exhibited subsided once his medical needs were addressed. The care team continues to promote good oral hygiene and is now working with the local school district to encourage him to brush 3 times a day to ensure good dental hygiene.

Sincerely,

Joanie Blamer, LMSW, CAADC
Interim CEO

**CEO Response to October 21, 2021 Board Monitoring Report Evaluation
November 18, 2021**

Policy 2.4 – Financial Management/Internal Control – Internal Inspection - CEO

Twelve (12) Board Members completed and submitted the monitoring report. There were fourteen (14) Board Members attending:

Question 1 - Was this report submitted when due? – 12 Yes

Question 2 - Did the report lay out the CEO's interpretation of the request? –12 Yes

Question 3 - Was I convinced that the interpretation is justified and reasonable? – 12 Yes

Question 4 - Did the interpretation address all aspects of the subject? -12 Yes

Question 5 - Does the information show compliance with Board direction/policy? –12 Yes

Comments:

Question 6 – no comments

CEO Response 2021:

I appreciate the Board's assessment that we are in 100% compliance with this policy.

Respectfully Submitted,

Joanie Blamer
Interim CEO

**CEO Response to October 21, 2021 Board Monitoring Report Evaluation
November 18, 2021**

Policy 2.5 – Asset Protection – Internal Inspection - CEO

Twelve (12) Board Members completed and submitted the monitoring report. There were fourteen (14) Board Members attending:

Question 1 - Was this report submitted when due? – 12 Yes

Question 2 - Did the report lay out the CEO's interpretation of the request? –12 Yes

Question 3 - Was I convinced that the interpretation is justified and reasonable? – 12 Yes

Question 4 - Did the interpretation address all aspects of the subject? -12 Yes

Question 5 - Does the information show compliance with Board direction/policy? –12 Yes

Comments:

Question 6 – no comments

CEO Response 2021:

I appreciate the Board's assessment that we are in 100% compliance with this policy.

Respectfully Submitted,

Joanie Blamer
Interim CEO

**RESOLUTION OF THE BOARD OF DIRECTORS OF
Northern Lakes CMHA – Re – Governance
Recommitment to Principles**

WHEREAS, the NLCMHA has received an ethics complaint filed against a member of the Board, and

WHEREAS, the complaint has been reviewed by the board chair, vice-chair and NLCMHA's Interim CEO, and

WHEREAS, the matter has been addressed and settled per Section 3.3.7 of NLCMHA's governance policies, and

NOW THEREFORE BE IT RESOLVED, that the Board sincerely apologizes for what transpired and wishes to assure all employees that their efforts on behalf of those we serve have their full support, and

BE IT FURTHER RESOLVED, that the board re-commits itself to its responsibilities and principles as outlined by our governance policies with emphasis as to our role(s) outlined in SECTION 3 GOVERNANCE PROCESS/OWNERSHIP LINKAGE and SECTION 4 BOARD/CHIEF EXECUTIVE OFFICER LINKAGE.

RESOLVED FURTHER, the above resolution was offered by Randall A. Kamps (in his absence by Rose Denny) and seconded by _____ at a meeting of the NLCMHA board on Thursday, November 18, 2021. Following discussion thereon, the following roll call vote was taken and recorded:

CERTIFICATION

I, Deb Lavender, Clerk of the NLCMHA Board, do hereby attest to the accuracy of the above resolution and to it being acted upon at the November 18 meeting.

Deb Lavender, Clerk of the Board
NLCMHA

ASSURANCE OF ORGANIZATIONAL PERFORMANCE
Board Policy Monitoring – 2.0 GLOBAL EXECUTIVE LIMITATIONS
INTERNAL INSPECTION - CEO
NOVEMBER 18, 2021

2.0 Global Executive Limitations

The Chief Executive Officer shall not cause or allow any practice, activity, decision, or organizational circumstance which is either unlawful, imprudent or in violation of commonly accepted business and professional ethics.

CEO Interpretation November 2021:

Section 1 and Section 2 of the Board Governance Policies are reviewed in the section of our Board meeting agenda titled “Assurance of Organizational Performance”. Section 2 is Executive Limitations and Policy 2.0 defines Global Executive Limitations. This policy expresses the Board’s broad expectation for CEO performance and defines the parameters within which the CEO can operate. This captures the essence of the Carver Policy Governance Model delineating the separation of the governance function of the Board and the management function of the CEO. I understand and am firmly committed to this over-arching policy that I shall not cause or allow any practice, activity, decision or organizational circumstance which is either unlawful, imprudent or in violation of commonly accepted business and professional ethics. This policy is further delineated into Executive Limitation Policies 2.1-2.10 that have been monitored throughout this calendar year, 2021. I believe that the former CEO, Karl Kovacs and myself have complied with Policy 2.0 and I will continue to act immediately if there is a suspicion of possible violation of this policy and will continue to attempt to prevent such an occurrence through the Executive Team, legal counsel and a continual focus on Risk Management.

Respectfully submitted,

Joanie Blamer
Interim CEO

Board Policy being monitored:

2.0 Global Executive Limitations

November 18, 2021

1. Was this report submitted when due?
Yes No (requires comment)

Comment:

2. Did the report lay out the CEO's interpretation of the request?
Yes No (requires comment)

Comment:

3. Was I convinced that the interpretation is justified and reasonable?
Yes No (requires comment)

Comment:

4. Did the interpretation address all aspects of the subject?
Yes No (requires comment)

Comment:

5. Does the information show compliance with board direction/policy?
Yes No (requires comment)

Comment:

6. Other Comment: _____

**CEO Response to October 21, 2021 Board Means Monitoring Report Evaluation-
November 18, 2021**

Policy 3.0– Global Governance Process/Ownership Linkage – Direct Inspection

Twelve (12) Board Members completed and submitted the monitoring report. There were fourteen (14) Board Members attending:

Question One – Do you believe we are in strict compliance with the policy as stated for each provision?
– 12 Yes

Question Two – If you indicated that the Board is not in full compliance with the policy as stated, please indicate what areas and what you notice that gives evidence that we are not in compliance? No comment

Question Three – How do you think we could improve our process to be in full compliance? No comment

Question Four – What do we need to learn or discuss in order to live by this policy more completely? No comment

Question Five – Does this policy remain in compliance with the Policy Governance model in terms of content and format? – 12 Yes

CEO Response 2021:

I appreciate the Board's assessment that we are in 100% compliance with this policy.

Respectfully Submitted,

Joanie Blamer
Interim CEO

**CEO Response to October 21, 2021 Board Means Monitoring Report Evaluation
November 18, 2021**

Policy 4.0 Global Governance-Board/CEO Linkage - Direct Inspection

Eleven (11) Board Members completed and submitted the monitoring report. There were fourteen (14) Board Members attending:

Question One - Do you believe we are in strict compliance with the policy as stated for each provision? – 11 Yes

Question Two – If you indicated that the Board is not in full compliance with the policy as stated, please indicate what areas and what you notice that gives evidence that we are not in compliance? – No comment

Question Three – How do you think we could improve our process to be in full compliance? – No comment

Question Four – What do we need to learn or discuss in order to live by this policy more completely? – No comment.

Question Five - Does this policy remain in compliance with the Policy Governance model in terms of content and format? – 11 Yes

CEO Response 2021:

I appreciate the Board's assessment that we are in 100% compliance with this policy.

Respectfully Submitted,

Joanie Blamer
Interim CEO

**BOARD MEANS SELF-ASSESSMENT
POLICY 3.2 GOVERNANCE STYLE
DIRECT INSPECTION
NOVEMBER 18, 2021**

3.2 GOVERNANCE STYLE

The Board's responsibilities are defined by and derive from the fiduciary role of the Authority as an essential link in the continuum of public and private entities and agencies that serve the mentally ill, intellectually/developmentally disabled and substance use disorder populations residing in the Authority's service area. The Board's proper sphere of activity lies in:

- 3.2.1 Establishing broad policy for conducting of the affairs of the Authority; and
- 3.2.2 Engaging in strategic planning, promoting community and intergovernmental relations; and
- 3.2.3 Ensuring that governance decisions are made only after open, full and fair consideration of the views of diverse stakeholders.

The Board governs, but does not manage, the affairs of the Authority. The Board delegates to the CEO the exclusive responsibility for the effective management of the affairs of the Authority. In carrying out its mission, the Board accords the highest value to vision, leadership, consensus and a proactive approach. Therefore:

- 3.2.4 The Board cultivates a sense of group responsibility. The Board, not the CEO, is responsible for excellence in governance.
- 3.2.5 The Board initiates policy and does not merely react to management initiatives.
- 3.2.6 The Board uses the expertise of individual members to enhance the ability of the Board as a governing body but does not use such individual expertise as a substitute for the collective judgment, wisdom and values of the group.
- 3.2.7 The Board governs the Authority through the adoption of Board Governance Policies reflecting the Board's values and perspectives.
- 3.2.8 The Board's focus is the adoption and realization of Board Governance Policies in the political and financial environment in which the Authority operates. The Board does not focus on management of the Authority. The Board acknowledges management is the proper sphere of the CEO.
- 3.2.9 The Board and its members shall exercise that degree of discipline necessary to attain excellence in governance. This principle applies to attendance, preparation for meetings, adherence to Board Governance Policies, respect for roles and procedures, observance of common courtesy, and development of governance skills.

3.2.10 The Board allows itself to address a specific topic or issue only after determining:

Whether a topic or issue is properly one for Board consideration; whether the topic or issue addressed by existing Board Governance Policies; and if so, whether the Board wishes to modify existing Board Governance Policies.

3.2.11 The Board takes responsibility for the Authority's organizational performance by:

3.2.11.1 Enumerating those powers reserved by the Board to the Board because they are deemed to be necessary for effective governance;

3.2.11.2 Adopting Board Governance Policies setting forth in clear language any limitations or constraints placed on the CEO's management of the affairs of the Authority;

3.2.11.3 Adopting Ends policies specifying desired outcomes for the Authority as an organization and for the Board and for management as constituent parts of the organization;

3.2.11.4 Holding the CEO accountable for achieving Board Ends policies; and

3.2.11.5 Creating an effective system for monitoring and measuring the effectiveness of the Board. The Northern Lakes Community Mental Health Authority Board of Directors believes in excellence in board governance. It believes that through self-evaluation it can determine if it has functioned the way it said it would and that this process will promote the continued improvement of board leadership. This will be accomplished through continued board means policy monitoring, meeting evaluation, individual board member self-evaluation and Board self-evaluation. The individual and Board evaluations shall be completed each October and reviewed at the November Board meeting. The Board may also periodically engage an independent consultant. Based on the evaluation results the Board may develop a governance improvement plan.

Board Means Policy Being Monitored:

3.2 GOVERNANCE STYLE

NOVEMBER 18, 2021

Review all sections of the policy listed and evaluate our compliance with policy.

1. Do you believe we are in strict compliance with the policy as stated for each provision?

Yes

No (requires comment)

2. If you indicated that the Board is not in full compliance with the policy as stated, please indicate what areas and what you notice that gives evidence that we are *not* in compliance?

3. How do you think we could improve our process to be in full compliance?

4. What do we need to learn or discuss in order to live by this policy more completely?

5. Does this policy remain in compliance with the Policy Governance model in terms of content and format? Yes No (requires comm

**BOARD MEANS SELF-ASSESSMENT
POLICY 3.4 ANNUAL WORK PLAN
DIRECT INSPECTION
NOVEMBER 18, 2021**

3.4 ANNUAL WORK PLAN

To promote excellence in governance and to provide the CEO with timely policy guidance upon which to predicate management planning and budgeting, the Board shall, at the commencement of each new calendar year, establish a one-year cycle of activities ("Annual Workplan") focused on the review and possible amendment of Board Governance Policies. The Annual Workplan may include educational events, study sessions, stakeholder meetings, presentations by experts in relevant fields and other enriching activities that are designed to provide Board members with the greatest possible insight into Board governance policy options. The Annual Workplan established by the Board shall make provisions:

- 3.4.1 For a determination of the Board's priorities for activities and programs during the calendar year;
- 3.4.2 For a tentative schedule of programs, joint meetings and study sessions; and
- 3.4.3 For periodic review of monitoring data concerning progress in achieving the Board Governance Policies.

Board Means Policy Being Monitored:

3.4 ANNUAL WORK PLAN

NOVEMBER 18, 2021

Review all sections of the policy listed and evaluate our compliance with policy.

1. Do you believe we are in strict compliance with the policy as stated for each provision?
Yes No (requires comment)

2. If you indicated that the Board is not in full compliance with the policy as stated, please indicate what areas and what you notice that gives evidence that we are *not* in compliance?

3. How do you think we could improve our process to be in full compliance?

4. What do we need to learn or discuss in order to live by this policy more completely?

5. Does this policy remain in compliance with the Policy Governance model in terms of content and format? Yes No (requires comment)



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

Nominating and Leadership Development Committee Meeting Minutes

November 3, 2021

10:00 AM

1. ATTENDANCE:

Pam Babcock called the meeting to order at 10:02 a.m.

The meeting is being held remotely and in person due to the State of Emergency called in the City of Cadillac.

Board Members Present: In person in Cadillac - Pam Babcock and Rose Denny. Virtual - Mary Marois, Greg McMorrow and Barb Selesky.

Board Member Absent: Angie Griffis.

Others Present: In Person in Cadillac - Deb Lavender, Executive Secretary; Aaron Fader, Executive Administrative Specialist; and Andy Babcock. Virtual - Joanie Blamer, Interim Chief Executive Officer; Carol Oldenburg; and Charles Corwin.

2. APPROVAL OF AGENDA:

MOTION:	Approval of the November 3, 2021 Meeting Agenda.
RESULT:	ADOPTED [UNANIMOUS]
MOVER:	Rose Denny
SECONDER:	Barb Selesky

3. APPROVAL OF MINUTES:

MOTION:	Approval of the September 1, 2021 Meeting Minutes.
RESULT:	ADOPTED [UNANIMOUS]
MOVER:	Mary Marois
SECONDER:	Rose Denny

4. RRAC INTERVIEWS:

The interview process was reviewed. Carol Oldenburg was interviewed. Members noted their appreciation. Chuck noted he is appreciative of the service that has been given, we are doing good work for good people and we need to continue. There was discussion about the reappointment of Marleen Cassidy and whether to act on Armandina Zamora's application. There are currently five members on the Recipient Rights Advisory Committee with a possible of seven. Two of the five members' terms are expiring.

MOTION:	Recommendation to Reappoint Carol Oldenburg to the RRAC and Arrange for Interviews with Marleen Cassidy and Armandina Zamora prior to the November Board Meeting.
RESULT:	ADOPTED [UNANIMOUS]
MOVER:	Mary Marois
SECONDER:	Rose Denny

5. **BOARD EDUCATION:**

Confirmation of a speaker for the November meeting for the topic "Beyond Tokenism"; "Balance Sheet" for December; "Opioid Health Home" for January. Will need to confirm whether the NMRE would provide. Pam identified that we may want to survey Board Members again for topics. Discussion about having a presentation on marketing tools, community involvement, organizational promotion (up front analysis to make the message effective and making sure the message of the organization is clear). It was suggested that this be a topic for the February Board Education slot (suggested that Greg partner with Deb Freed regarding "Promotion").

6. **BOARD MEMBER BIOGRAPHIES:**

Identified that this topic was discussed previously to possibly complete a one page biography to provide to Board Members annually. We have also had discussion during a Board Retreat. Also suggested a short-written bio identifying Board member's main experience in life and how we bring to the Board. Will bring back a questionnaire that we have used previously for new Board Members.

7. **BOARD RETREAT:**

We have not held a Retreat since the pandemic and have typically done in the Fall. We have had presentations, team building and priorities. It was suggested that we have a Retreat that would coincide with new Board member appointments. Joanie noted that when she met with Mary and Kate Dahlstrom Mary suggested that possibly we show a Movie and have a panel discussion. We could have Peer Support Specialists as well as consumers be part of the discussion. Mary shared that we sponsored an event at the State Theater that the community was invited and there was discussion afterwards. The media was there and she felt that they reported very well. It was an opinion of the owners and we had someone moderate. Will ask the Board to consider in the Spring that would coincide with new Board member appointments and the recommendation that one of the activities would be a panel presentation utilizing resources within our communities.

8. **GOVERNANCE POLICY 3.5:**

The governance policy 3.5 will need to be reviewed and updated relative to the location of the meetings. Joanie identified that she reached out to our attorney about the Open Meetings Act and how this will change for us as the Emergency Orders end. Identified how we were previously operating before the pandemic. She related that we cannot meet virtually after the Emergency Orders End. What will happen during the winter months? The Board needs to discuss how this will affect them. The policy indicates that we will meet in the different counties during the calendar year. It was suggested that we contact the Prosecuting Attorney to receive clarification since they will hold us accountable. It was noted that we need to consider that we do not have to cancel meetings due to the weather and would possibly have a quorum issue if we do not have the option to meet virtually. Question whether it would make a difference if our governance policy contains language that we would be able to meet via Teams so that we can social distance. Joanie also noted that as well as Board meetings if staff meet in our conference rooms instead of in our clinical care spaces we would not be able to provide consumer care. She suggested that we also consider this issue as well. We would be taking away from client care if we meet in other offices. If all of the Emergency Orders end we may not have our social distancing rule.

Clarified public numbers and postings that are available for the public to attend. Joanie indicated that Karl had made sure that we followed the Open Meetings Act and to make sure that the Board was informed. Greg also commented that possibly over the years this Board has received opinion letters from our attorney for various things and he noted that the Prosecutor is the enforcing agent for the Open Meetings Act. Joanie has made contact with the Prosecuting Attorney.

9. OPEN MEETINGS ACT:

Discussed earlier on the agenda.

10. 2022 BOARD MEETING SCHEDULES/CHARTS:

Board Meeting Schedule - The Board meeting schedule is included and noted that we are waiting for a response from the Prosecuting Attorney.

MOTION:	Approval of the 2022 Board Meeting Schedule for the purpose of planning.
RESULT:	ADOPTED [UNANIMOUS]
MOVER:	Barb Selesky
SECONDER:	Mary Marois

Board Education and Work Plan – The dates and items were updated in the plan. Clarification about the Boardworks videos for Board training. Board members have the ability to complete the videos on their own in Teams.

MOTION:	Approval of the 2022 Board Education and Work Plan.
RESULT:	ADOPTED [UNANIMOUS]
MOVER:	Barb Selesky
SECONDER:	Rose Denny

Joanie noted that she had heard back from Noelle Moeggenberg, Prosecuting Attorney from Grand Traverse County about the Open Meetings Act. She identified that people can only be remote after December 31 unless they are in military service, unless there is a medical condition or in the State of Emergency. Discussion regarding how we operated prior to the Open Meetings Act was changed. Joanie will make the request that someone from the Prosecuting Attorney's Office attend our meeting.

Policy Monitoring Schedule – Question about why the Financial Management/Internal Controls was changed from March to April. The Audit Committee met and made the recommendation that we complete the Audits and Compliance Report at one time.

MOTION:	Approval of the 2022 Policy Monitoring Schedule.
RESULT:	ADOPTED [UNANIMOUS]
MOVER:	Barb Selesky
SECONDER:	Greg McMorro

Annual Planning Calendar – Possible changes were identified. Joanie noted possible changes to consider when there are educational items when we invite people that we serve to attend she suggested that we move to the educational session. The other items are more reports that we are required by any entity. There were some topics that were moved to even out the time frames. There was discussion on whether we need to have a monthly Recipient Rights Report on the activity and what that should include. There has consistently been interaction by the Board every month. There was a recommendation from the Board previously to have reports on the areas that we serve. If we need to revisit the changes we can do at some point in the future.

MOTION:	Approval of the 2022 Annual Planning Calendar.
RESULT:	ADOPTED [UNANIMOUS]
MOVER:	Rose Denny
SECONDER:	Mary Marois

11. ADVERTISING:

The committee had requested that Deb Freed attend and due to a schedule conflict, she was not able to attend. The report was provided. Pam noted that earlier in the meeting we had recommended that Greg partner with Deb to do a presentation in February during the Educational session on promotion. Joanie reported that after the media promotions our Access Unit saw a 72% increase in calls. The word is getting out and some of those calling are getting scheduled for assessments. Joanie responded to questions about how much the grants are that we receive. Joanie identified that we request 5 to 8% for marketing for public relations. Suggested that the Board receive the stories or use stories from other communities. Also requested that we receive more information about the fact that we serve children and what ways we do that. Recommended that we use story boards that have already been created. Joanie has added stories in her report and will add one on IDD for November. Joanie will check with Deb Freed to see what story boards we will be allowed to share. She believes it is important that we share the stories based on the input received at the Grand Traverse County Commission meeting.

12. JANUARY 5 MEETING TOPICS:

January 5 meeting topics – Open Meeting Location; Board Education Topics; Board Retreat.

Mary noted that she will be joining from Florida. Another question for the Prosecuting Attorney is whether Board members will be able to vote if they attend virtually. Also, to be considered is whether consumers will be able to provide comment if they attend virtually. Suggestion that we check with CMHA whether we can have our consumers have public comment.

13. PUBLIC COMMENT:

None.

14. MEETING EVALUATION/COMMENTS:

Comments – Covered a lot of ground.

Meeting adjourned at 11:56 a.m.

Respectfully Submitted,

Deb Lavender, Executive Secretary

dsl (11/7/2021)