



Northern Lakes
Community Mental
Health Authority

Committee of the
Whole Packet

January 20, 2022



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

COMMITTEE OF THE WHOLE - AGENDA

DATE: January 20, 2022
TIME: 12:30 p.m.
PLACE: Northern Lakes Community Mental Health Authority
 Virtual Meeting and 527 Cobb Street, Cadillac
 Dial 1-810-258-9588 Conference ID 825 845 001#

TIME	ID #	ITEM	POLICY #
12:30 p.m.		Receive and Review December 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	
12:50 p.m.	2	2021 Annual Review	3.4
1:35 p.m.	3	County Commissioner Survey Results	3.4
1:50 p.m.	4	FY 2022 Ownership Linkage Plan	3.4
2:00 p.m.		February 17, 2022 Agenda Planning Options -Update on Recipient Rights -Annual Recipient Rights Report to the Board -2021 Agency Performance Assessment -Distribute CEO Evaluation -Board Leadership Journal	3.2, 3.5
2:05 p.m.		Meeting Evaluation/Comments	
2:10 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: February 17, 2022

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
January 20, 2022**

- 12:30 p.m. Receive and Review December 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. 2021 Annual Review – Joanie Blamer and Executive Team**
- 1:35 p.m. County Commissioner Survey Results – Joanie Blamer and Board Members**
- 1:50 p.m. FY 2022 Ownership Linkage Plan – Joanie Blamer and Board Members**
- 2:00 p.m. February 17, 2022 Agenda Planning Options**
-Update on Recipient Rights
-Annual Recipient Rights Report to the Board
-2021 Agency Performance Assessment
-Distribute CEO Evaluation
-Board Leadership Journal
- 2:05 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.
- 2:10 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: February 17, 2022

Office of Recipient Rights Director's Report
January 2022

FY2022 Current Numbers (10/01/2021-01/11/2022)

- Complaints Received: 143
- No Code Protected Right/No Jurisdiction: 19
- Interventions: 7
- Investigations: 117
- Investigations Pending: 77
- Investigations Completed: 40
- Report of Investigative Findings (RIF) Timeframe Compliance FY2022: 100%
- Summary Report Timeframe Compliance FY2022: 100%
- Substantiated allegations against NLCMHA staff: 11
- Substantiated allegations against NLCMHA staff new hires (w/1 year of hire): 3

-Ian Pegan-Naylor has Basic Skills training this week.

-Several new investigations in past month

-Houghton Lake Office rotation is going well.

Respectfully submitted,

Brian Newcomb

Director of Recipient Rights

NORTHERN LAKES COMMUNITY MENTAL HEALTH AUTHORITY
FY 2021 Annual Review
12/29/21

Dear NLCMHA Board of Directors,

FY 2021 was an extraordinary year as we continued to be influenced by COVID-19. We also wished Karl well as he retired, and the journey to find his successor began. The Executive Team, now including the Director of the Office of Recipient Rights is proud to present the seventh edition of Northern Lakes Community Mental Health Authority's (NLCMHA) Annual Reviews reflecting the Accomplishments of FY 2021 and the Works in Progress for FY 2022. Each summarized their Team's Accomplishments associated with our Ends policies (Attachment A) and their Works in Progress for next year and I will provide a summary of the year.

Administrative Activities

The Executive Team Members and Organizational Leaders had a busy year full of activities to support our vision, mission, and values. We worked tirelessly to prepare for the Commission on Accreditation of Rehabilitation Facilities International (CARF) review that occurred the first week in December. This review highlighted our top strengths as well as areas we need to improve. Overall, our review went well, and we look forward to the formal report.

NLCMHA's Interim CEO has partnered with Board Members to meet with the County Commission Chairs to better connect NLCMHA to community leaders. Grand Traverse and Leelanau County Commissions have asked for consistent meetings with Board Representatives and the CEO, therefore quarterly meetings have been established. This is a great opportunity to build and enhance relationships between county leaders and NLCMHA's leadership. Our investment in these meetings will pay dividends in years to come.

The Executive Team completed a review of the FY 2019-2021 Strategic Plan and developed a Strategic Plan for FY 2022-2024. Our focus supported our vision, mission, and values and included efforts to support healthy individuals, healthy staff, healthy communities, and financial stability. In addition to our focus on the populations we serve (SMI/SED/IDD) there is a focus to treat the mild to moderate behavioral health conditions through our Integrated, Primary Health Care Clinic and the Behavioral Health Home program.

Remarkably, we managed all administrative activity with a 6.6% administrative cost, which is well below the required 9%. Further this is less than a third the average 21% spent on administration and shareholder profit by the for-profit insurance plans. The 6.6% is also referred to as our medical loss ratio, which means 93.4 cents of every dollar we receive is spent on consumer care!

Integrated and Managed Health Care

NLCMHA continued to be the premier provider of integrated behavioral and physical health services. We focused our efforts in our six-county region through our Integrated Health Clinic, our Behavioral Health Home (BHH) program, and through collaborative efforts with primary care providers. We were very encouraged that the expansion of BHH allowed us to provide behavioral

health services to people with mild to moderate behavioral health concerns in addition to the specialty populations we serve.

There continues to be growing interest by the Michigan Department of Health and Human Services (MDHHS) to include Long Term Supports and Services into a managed care model. These services have been transferred to the Medical Services Administration (MSA) within MDHHS. NLCMHA is the only Community Mental Health Service Program (CMHSP) to serve as a MI Choice Waiver Agent. We serve the elderly in providing these long term supports and services through this program as well as our providing nursing home monitoring and supports. These services are invaluable in ensuring NLCMHA is positioned to meet the needs should these funds be moved to a managed care model.

Clinical Operations

We continued to enhance our IT hardware and software, which allowed us to continue telephone and telehealth services due to the COVID-19 pandemic. As Essential Service Providers we continued to employ our staff, kept our offices open, and provided services both in person and via telehealth.

We continue to focus on our clinical and operational consistency, effectiveness, efficiency, and use of data with the goal of improving and increasing our services.

As we have noted in past Annual Reviews, the public mental health system has been and continues to be underfunded, so we continue to be good stewards of our funding. Despite the underfunding, the freeze on Medicaid redeterminations have allowed us as well as the Northern Michigan Regional Entity to replenish reserves.

Community Collaboration

We have maintained support and collaboration with our six Community Collaboratives, schools, the Community Health Innovation Region (CHIR), and many other agencies and units of government. We partnered with Health Dept. District # 10 to provide COVID-19 testing in December, that resulted in 343 tests completed, 57 COVID-19 detects, 285 non-detects and 1 inconclusive result. We are currently working with community providers to assist in the design of a crisis engagement center.

On a state-wide and regional basis, we continued to foster very robust and collaborative relationships with the Northern Michigan Regional Entity (NMRE) and the Community Mental Health Association of Michigan (CMHAM) on financial, operational, and clinical issues to improve our system of care.

Please contact me with any questions that you may have about this FY 2021 Annual Review.

Respectfully submitted,
Joanie Blamer, LMSW, MSA, CAADC
Interim CEO

Medical Director - Curtis Cummins, M.D., F.A.P.A.

Accomplishments:

- In partnering with staff, assisted in NLCMHA's ongoing response to the novel coronavirus pandemic, including matters of workforce safety and retention, vaccinations, and infection control.
- In partnering with staff, led NLCMHA's improvements to deliver quality telehealth services, which also has improved access to care during COVID-19 pandemic.
- In FY 2021, 1673 persons were served by Psychiatric Services (1577 persons in FY 2020) and 141 persons were served by ACT (120 persons in FY 2020).
- In partnering with staff, created new procedures to ensure timely psychiatric care to those individuals who are discharged from hospital mental health units.
- Over FY 2021, Psychiatric Services has consistently demonstrated a No-Show rate of less than 10%.
- In FY 2021, within Psychiatric Services, 227 unique persons served cumulatively received 1352 long-acting medication injections.
- In FY 2020 and FY 2021, Psychiatric Services experienced 0% turnover of staff.
- Ongoing support to NLCMHA's Nursing Supervisor with clinical guidance and leadership to nursing staff across multiple NLCMHA teams.
- Ongoing implementation of Case and Peer Review within Psychiatric Services, which is incorporated into NLCMHA's Quality Improvement Plan.
- Continuing to foster a Community of Practice within Psychiatric Services.

Works in Progress:

- Partnering with staff to assist in NLCMHA's ongoing response to the novel coronavirus pandemic.
- In partnering with NLCMHA's Nursing Supervisor, monitoring compliance and quality improvement-related projects within Psychiatric Services.
- Ongoing advocacy for enhancing 24/7 direct admissions to Munson Medical Center's behavioral health inpatient unit (D6) across Munson Healthcare's regional emergency rooms.
- Ongoing education of ~18 medical students yearly from Michigan State University's College of Human Medicine and College of Osteopathic Medicine (resumed in-office education summer 2021).
- Continuing to foster a Community of Practice within Psychiatric Services with expansion to include regional behavioral health partners.

1.0.6

Chief Population Officer, Individuals with Intellectual and Developmental Disabilities - Carrie Gray, LMSW, OI DP, OMHP

Case Management/Operations:

- 715 Adults with Intellectual and Developmental Disabilities were served in 2020; 22 individuals resided in Specialized Residential Homes, 439 utilized Community Living Supports, 62 received respite services and 130 had Self Determination arrangements. **1.0.4, 1.0.5, 1.0.7**
- 725 individuals with Intellectual and Developmental Disabilities qualify for the SIS Assessment (Supports Intensity Scale). 41% of our consumers are current and do not require a SIS at this time and 2% have declined during FY19-20. As of October 1st, the state of Michigan started including 16- and 17-year-olds. The above percentages include the 16- and 17-year old's now requiring a SIS. **1.0.2, 1.0.4, 1.0.5, 1.0.7**
- Currently have 130 Self Determination arrangements **1.0.1, 1.0.2, 1.0.4, 1.0.5, 1.0.7**
- NLCMHA currently has 174 Hab Waiver slots. **1.0.1, 1.0.2, 1.0.4, 1.0.5, 1.0.7, 1.0.9**

Employment:

- Three consumers obtained part-time jobs in the community. One learned to take BATA home from her job. **1.0.1, 1.0.5, 1.0.7, 1.0.10, 1.0.11**
- One consumer was consuming large amounts of alcohol and smoking cigarettes each day. He had no routine in his day and was bored. He found purpose and structure by obtaining a job. His sister is helping him to quit smoking and he rarely drinks anymore. **1.0.8, 1.0.1, 1.0.5, 1.0.7, 1.0.10, 1.0.11**

Independence:

- One consumer obtained a new tablet, protective case, and newest dragon voice to text software to help her accomplish her goals. **1.0.1, 1.0.5, 1.0.7**
- One consumer no longer has a guardian. He successfully petitioned the court, and it was determined he didn't need a guardian. **1.0.1, 1.0.2, 1.0.4, 1.0.5, 1.0.7**
- One consumer has been working with ABA services since 2/26/21. He was mostly non-verbal when he started with ABA. He has ABA services 5 days a week with working in the home and at the ABA Center. His father/guardian receives parent training to help continue his progress at home. He now is able to speak out loud simple sentences such as, "oh no," "I want IPAD," "I am thirsty," as well as use his program on his IPAD to make full sentences. His father wanted him to have ABA to be able to speak for himself if he was hungry, thirsty, or hurt. He now is able to make his own independent decisions on what he wants for dinner or what he wants to do in his free time. The ABA Therapist is amazed at how much progress he has made in such a short time. His family is thankful that NLCMHA was able to provide this service to improve their son's life. **1.0.2, 1.0.4, 1.0.5, 1.0.7**
- BL is a success story! She is attending Clubhouse without any help getting on BATA and getting back home. This is huge for her (due to her anxiety) to do something without someone else being present with her. BL reports that she is doing really well, and she is making friends at Clubhouse. **1.0.1, 1.0.5, 1.0.7, 1.0.10, 1.0.11**

Community Connections:

- IEP's-IDD adult team staff in TC continue to attend students' IEPs via zoom since COVID. The purpose of attending is to provide information about CMH services, explain CMH services aren't just about diagnoses but about functioning and medical necessity to link students with other resources in the community. It is also an opportunity to explain there are other alternatives to guardianships. **1.0.1, 1.0.7, 1.0.10, 1.0.7**
- Transition Council meetings-organized by Northwest Education Services (formerly TBAISD). Purpose of the meetings is to network and share resources among community agencies. Each agency gives an update of services available, how to access services and discuss challenges. **1.0.1, 1.0.5, 1.0.10, 1.0.11**

Children's IDD Team:

- The Children's IDD Team covers the six counties of NLCMHA; with the disruption of school and the lack of community supports (CLS/Respite) many families had to rely on natural supports and themselves to push forward in response to COVID. **1.0.1, 1.0.5, 1.0.7, 1.0.10**
- With the utilization of Telehealth services, families have been more engaging with services and have provided feedback that supports the continuation of this service. **1.0.3**
- Through the collaboration between the Children's SED team and Children's IDD teams, a Multi-Disciplinary Team was developed to address more intense and high-risk families for both crisis and inpatient; meet with Children's psychiatry team once a week. **1.0.1, 1.0.7, 1.0.10, 1.0.11**
- Children's IDD service work predominately with children diagnosed with autism spectrum disorder; our main service/support/treatment is ABA (Applied Behavior Analysis). **1.0.1, 1.0.2, 1.0.3, 1.0.4**
- Expanded our contract provider network to include two additional ABA providers that can support our NLCMHA community. **1.0.10, 1.0.11**

NLCMHA Specialized Residential Unit:

- Our- Purpose is to operate Happy Homes that residents, staff members, clinicians and guardians are proud to be associated with. **1.0.1, 1.0.2, 1.0.4, 1.0.5, 1.0.7, 1.0.9**
 - Completed review and revision of the SRS Unit Operations Manual.
 - Trained 100% of SRS Unit workforce in the Culture of Gentleness.
 - Maintained a zero percent COVID infection rate among residents/tenants.
 - Managed the workforce with a less than 2% COVID infection rate for the entire year.
 - Completed ORR Annual audits with no corrective actions.
 - Completed Network Management Audits with no corrective actions.
 - Maintained staffing compliance ratios despite 30-35% direct care worker open position rate.

Refer to attachment for SRS Unit Endorsements. (See Appendix A)

Grand Traverse Industries Report:

- Refer to FY 21 Grand Traverse Industries Annual Report (See Appendix B)

Hope Network Report:

- Maintaining working contracts with Avon Protection products, Borg Warner, Ebels, Four Winns, Arvco, Michigan Rubber, Rexair, King Bags and FIAMM; jobs include inspection, assembly, cleaning and packaging, pickups, and deliveries. **1.0.1, 1.0.2, 1.0.7**
- FIAMM and Borg Warner have onsite production jobs with great relationships being established and increased production in both sites. We were given the opportunity to do a second 1:1 position over at FIAMM. We are now supporting 10 different participants in learning this community job! When at the site participants are earning minimum wage. **1.0.1,1.0.2, 1.0.5, 1.0.7**
- Hope decided to hire our Michigan Rehabilitation Services person on within a janitorial position, he will be doing job coaching to ensure successful transitioning to work. **1.0.1, 1.0.2, 1.0.5, 1.0.7**
- Students back in attendance 9/21, currently working on basics and will move forward with connecting with community members to step up job shadowing and informational meetings. **1.0.1, 1.0.2**
- Adult Job Club focuses on more individualized planning with interviewing skills and job shadowing opportunities. **1.01, 1.02, 1.0.5, 1.0.7**
- Continued our vending program, growing our sites and adding several soda and snack machines throughout the past year. **1.01, 1.02, 1.05, 1.07**
- Utilizing mock training stations (hotel room and grocery store), for work preparedness **1.01, 1.02, 1.0.7**

Community Calendar:

- Groups continued to enjoy community experiences and celebrating holidays in different ways, small gatherings, arts and crafts. There was a lot of hiking outdoors in various locations this past year. **1.0.1, 1.0.5, 1.0.7**

ROOC REPORT:

- Refer to attached (**Appendix C**)

OBRA Program:

- NLCMHA OBRA program continues to provide comprehensive OBRA services within our six-county service area. **1.02, 1.04, 1.05, 1.06, 1.07, 1.09**
- Due to the impact of the pandemic, OBRA had to cease performing face to face evaluations in nursing facilities, hospitals and other community locations or home visits. This will reduce our annual volume to approximately 280. **1.02, 1.04, 1.05, 1.06, 1.07, 1.09**
- In order to maintain some capabilities to perform evaluations remotely, OBRA has made requests to all the nursing facilities to obtain remote computer access; of the 13 nursing facilities in our region, 9 have allowed us direct computer access.**1.0.10**
- Therapy services continue for those Seriously Mentally Ill and individuals with Intellectual/Developmental Disabilities in our 13 nursing facilities identified as needing OBRA mental health monitoring and/or specialized services. Approximately 75-80 are being served in this capacity. **1.0.4, 1.0.6, 1.0.7**

- During these limited times of same space meetings, OBRA has been successfully utilizing Microsoft Teams technology for meeting with the T.C. team, as well as the contracted workers of the Cadillac team.
- Another creative utilization of community resources has been realized as staff have continued to take advantage of Webinar video presentations offered by the Michigan Center for Rural Health. Such video presentations occur over the lunch hour and offer Free Continuing Education Units for nursing and social work participants. Over the past year, staff have cumulatively realized over 60 CEU's at no charge to address state mandated credentialing requirements.
- We have continued to provide trainings to our regional nursing facilities, hospitals, Home Care agencies, and several physicians groups regarding the OBRA process so they can access OBRA services. This is occurring on a near monthly basis now with more frequent staff turnover in organizations. **1.09, 1.10., 1.0.11**
- We have provided numerous trainings to our regional nursing facilities regarding the OBRA process and identified mental health concerns. **1.0.10, 1.0.11**
- OBRA state office held the first OBRA Coordinator training re: the implementation of the state-wide fully electronic referral system for the initiation of OBRA evaluations. OBRA Coordinators are assisting with the organizational challenges of creating a Webinar to address training needs across the board on this major system change.

Works in Progress:

- Michigan Developmental Disabilities Institute has the contract with MDDHS to conduct surveys for the National Core Indicators Project for FY 2020-2021. This has been an ongoing national project designed to determine how well supports and services are meeting the needs of people being served by community mental health agencies across the country. The next phase of in person surveys will begin in January 2022. **.1.0.5, 1.0.7, 1.0.10, 1.0.11**

Director of Quality Improvement and Compliance-Kari Barker MSW, LBSW

Accomplishment of these Ends will be promoted by having services grounded on accessible and culturally competent services, evidenced-based practices, consumer choice, a commitment to recovery and reintegration, resilience, empowerment, and independence. A cornerstone is our commitment to excellence in person/family centered planning and services. We will utilize the most objective data available and a variety of methods to measure the degree of achievement of our Ends and will do so consistent with the MDHHS Quality Improvement Performance Indicators (measures), satisfaction surveys, third party perspectives regarding our performance, and other locally adopted measures.

Accomplishments-Quality Improvement:

- **New staff:** Michelle Dosch has joined the Quality & Compliance team in the position of Secretary. Increasing our resources will provide us more opportunity to provide more education to employees which will have a positive impact on persons served. **1.0.11**
- **PMQI:** We have gained momentum with our new format, having individuals present their data and objective outcomes. As a committee we'd had the ability to analyze, request follow up, and make recommendations for improved processes. **1.0.10, 1.0.11**
- **Annual Habilitation Supports Waiver (HSW), Serious Emotional Disturbance Waiver (SEDW), Children's Waiver Program (CWP) Review:** NLCMHA did well overall and commensurate with our sister-agencies. The MDHHS follow-up review for the plan of correction was completed and the results are pending. **1.0.1-1.0.9 & 1.0.10, 1.0.11**
- **CARF:** Due to COVID19 restrictions, our CARF survey was moved from May 2021 to December 2021. The process of collecting proofs for our 2021 re-certification began over the summer of 2020. We established an online repository via Teams for staff to submit documents for review by Quality Improvement. This year, the survey will be an electronic survey through Teams. **1.0.10, 1.0.11**
- **Revision of Clinical Record Review:** The quality team continues to complete quarterly clinical record reviews and provides the results to OPS Managers for review and corrective/educational action with staff. This has allowed us to analyze and trend issues more accurately and efficiently. Training workshops will be provided to address the patterns beginning January 2022. Reports are being reviewed at PMQI. **1.0.10, 1.0.11**

NMRE Quality Indicators:

- **Diabetes Performance Improvement Project (PIP):** We continued our involvement in this PIP in collaboration with the other boards in the NMRE. This effort has made a significant difference in the number of at-risk individuals being screened for diabetes. We successfully maintained the progress we had achieved by screening all individuals being prescribed second generation psychotropic medication for high blood sugar. As a result, the NMRE region has succeeded the cycle for measurement so we will continue to receive the data and analyze it internally, but NMRE will not follow up. **1.0.7**
- **Children Prescribed ADD Medications PIP:** We did not fare well with this PIP, which was reflected across all CMHs in our region, because of the requirement to include children in the study that were not receiving prescriptions or med services within our agencies. This created a formidable challenge to ensure that community providers complete a follow-up within 30 days of prescription. The state allowed us to drop this PIP,

we are currently selecting 2 PIPs that we will be implementing the first of the year. **1.0.6, 1.0.7**

Works in Progress-Quality Improvement

- **QI Campaign:** Due to the COVID-19 pandemic, we were unable to develop a quality improvement campaign in the office. However, our intent is to resume our efforts to engage in a campaign effort agency wide. The monthly Quality and Compliance newsletter is allowing us the opportunity to continue to reach staff and reinforce those standards as we continue to strive to build a culture of integrity. **1.0.1-1.0.9 & 1.0.10, 1.0.11**
- **Satisfaction:** We have just begun conducting a 5-question satisfaction survey over the phone for our consumers with IDD and their families. Historically we haven't surveyed these individuals and hope that this will be beneficial in our commitment to serving people as they need to be served. We've received positive feedback from our first batch of surveys.
- **Training:** We will be developing a variety of video training snippets for case holders that will role-model person-centered planning in action that will focus on specific tasks of that process. (This was not completed last year due to COVID19 restrictions)
- We are in our last state of preparation for our CARF re-certification survey December 1st-3rd 2021.

Accomplishments-Compliance:

- **MEV:** Tema Pefok has been hired as the Compliance Officer and has oversight of QI and Compliance departments as well at the NMRE. Medicaid Encounter Verification (MEV) audits have been conducted quarterly during the last fiscal year and were met at 100% each quarter. Internal MEVs have been completed and each exceeded the standard at 100% compliance as well. **1.0.10**
- **New Hire Case Holder Training:** During COVID19 restrictions, this training became virtual. The new hires continue to receive the agency's Regulatory Compliance Plan and attestation from HR and are required to complete the annual Deficit Reduction Act (DRA) training in Relias Learning. The feedback that's been received is that the training has been very helpful. **1.0.10, 1.0.11**
- **Agency Plans:** All agency plans (Quality, Regulatory Compliance, Utilization Management, Risk Management, Accessibility, Cultural Diversity, and Agency Integrated Workplan) were reviewed and updated as required, through PMQI. **1.0.10, 1.0.11**
- **Compliance training for the board:** Training was completed with Board members in September 2021, disclosure of ownership forms had previously been completed for another program in the agency so are up to date.
- **Newsletter:** The Quality & Compliance Newsletter is a monthly one-page publication that highlights the things that are going well and reinforces with staff, in an interactive way our shared responsibility to guard against fraud, waste and abuse of Medicaid funds. Twelve issues were produced last year. **1.0.10, 1.0.11**
- **Performance Indicators:** Significant progress continued to be made this year as we continued to measure ourselves internally by the 95% standard that was dropped by the state of MI. **1.0.1-1.0.9 & 1.0.10, 1.0.11**
- **The Clinical Record Review** was revised to incorporate the latest standards from MDHHS and CARF.

Works in Progress-Compliance:

- **HIPAA training:** Due to COVID19 restrictions the compliance team was unable to attend HIPAA training, this will be re rescheduled as part of our ongoing expectation to stay current in the field. **1.0.10, 1.0.11**
- **Compliance awareness:** Due to the COVID19 restrictions, we were unable to develop a campaign for Compliance Awareness week in the office. However, our intent is to resume our efforts to engage in a campaign effort agency wide. The monthly Quality and Compliance newsletter is allowing us the opportunity to continue to reach staff and reinforce those standards as we continue to strive to build a culture of integrity within which the proper documentation is as important as the service itself. **1.0.1-1.0.9, 1.0.10, 1.0.11**
- **Training:** We will conduct quarterly trainings this year specific to the prevention of Medicaid Waste, Abuse, and Fraud.
- **Compliance Survey:** In 2022, we will conduct a compliance survey amongst the staff to assess the level of staff awareness of compliance issues, and their perception of the importance of compliance among leadership.

Accomplishments - Customer Service:

- There were 19 Second Opinions requested, with 15 being completed. Four 2nd Opinions were withdrawn. Of those 15, the initial decision was upheld 11 times (73%) and overturned 4 times (27%).
- There were 29 Local Appeals completed. Of those, the initial action was upheld 17 times (59%), overturned 8 times (27%), and 4 partially upheld/overturned (14%).
- There were no Administrative/Fair Hearing decisions. There are two Administrative Hearings currently pending, covering multiple State appeal requests from the same recipient family. **1.0.1-1.0.11**
- 129 Customer Service Inquiries were received and resolved.
- 104 Grievances were received. Of those, 91 (88%) were requests for a change of provider, which HSAG now requires us to classify as a Grievance. Of those 91 changes of provider requests, 87 (96%) were granted. **1.0.1-1.0.11**
- Accommodations were requested and provided 22 times.
- Review of documentation to ensure accurate, updated, and relevant information presented to persons served. **1.0.1-1.0.11**
- Attempted over 200 Consumer Discharge Surveys and completed 11. **1.0.1-1.0.11**

Works in Progress:

- **Training:** Customer Service will be providing quarterly training for staff regarding mediation and grievance and appeals. **1.0.11**
- **Data:** We continue to streamline the process for tracking and reporting Customer Service data. **1.0.1-1.0.11**
- **Lobby materials:** Customer Service will oversee the videos and educational/informational brochures in the lobbies of all 4 buildings. **1.0.1-1.0.11**
- **Post-Discharge surveys:** Customer Service has developed a more customer friendly five question satisfaction survey, that is already showing positive results as far as individuals willing to answer the survey. **1.0.1-1.0.11**

Chief Financial Officer-Lauri Fischer, BBA

Accomplishments with Consumer and Community Ends:

Financial:

- Implemented an electronic method of Agency vehicle usage tracking and electronic method of reimbursement requests by staff for business use of personal vehicles. Prior to this method tracking and recording of travel transactions was logged by staff and submitted in paper format. The application is through Company Mileage with GPS positioning opportunities and individualized address contacts. **1.0.1-11**
- Restructuring of cost centers occurred to meet requirements of Standard Cost Allocation. Standard Cost Allocation is a statewide initiative to standardize the methods of cost allocation and accumulation of costs with the CMHSP and PIHP systems. **1.0.1-11**
- Continued implementation of direct care worker wage premiums. NLCMHA has processed \$2.3M of wage premiums to behavioral health direct care workers and \$801,314 to direct care providers of Northern Health Care Management in FY 2021. **1.0.1-11**
- Processed provider stability requests totaling \$686,445 to two day-program providers continuing to experience limitations of participation in their business. **1.0.1-11**
- The internal service fund for healthcare benefits to staff decreased by 29%. The fund will continue to provide some relief to significant fluctuations in health care costs provided to staff although to a lesser degree at the current balance available in the fund. FY 2022 illustrative rates for health coverage increased by 15.8% while Public Act 152 governing public employees' maximum health benefit costs will increase by 3.7% in calendar 2022. **1.0.1-11**
- The defined benefit pension plan improved overall funding deficit from \$5.2M to \$4.7M. All minimum required deposits were made with additional deposits totaling \$172,764 based on MERS supplemental valuations from 2012. Majority of movement was from true market value of assets as reported on December 31st of 2020. **1.0.1-11**
- Cash on hand increased \$7.8M during Fiscal year 2021. A combination of rate increases by MDHHS, timely payments of capitation from the NMRE, expenditures within capitation and budgets made this possible. **1.0.1-11**
- General Fund expenditures will remain within funding limits in FY 2021. Like the year before, this is possible because of the freezing of Medicaid redeterminations and deductibles which were frozen during all of FY 2021. **1.0.1-11**

Staffing:

- For the third year in a row staffing remained stable with no turnover in finance, data, or maintenance. One planned retirement in December of 2021 will be recruited to replace that position and combine it with a data position decreasing staff by one. **1.0.1-11**
- All financial staff have the ability to work remotely, in most cases. There is one program that requires in office presence for processing and several tasks that cannot be completed remotely such as cash receipt depositing and check printing. Finance staff maintain a presence in office to ensure clinical supports are available. Maintenance staff continue to ensure sanitizing of all buildings and vehicles and assist in internal mail delivery amongst buildings. **1.0.1-11**

Technology and Data:

- The direct care worker wage premium required all expenses to be included in encounters submitted. Encounters which are re-calculated after hours of work are known require a resubmission process to update reimbursed cost. Data team successfully updated almost 250,000 encounters to incorporate wage premiums on per diem-based codes. **1.0.1-11**
- Provided training and updated clinical education credentials in NoLa to accomplish required provider credentialing modifiers affecting many service codes. **1.0.1-11**
- Accomplished the retirement and activation of several service codes prior to year-end based on significant changes to code sets by MDHHS. **1.0.1-11**
- Continued monthly facilitation of the technology steering committee focusing on maximizing the efficiencies and capabilities of NoLa. **1.0.1-11**
- Reimbursement Officer received certification from ArchPro Coding for Rural and Community Health to support the Integrated Health Clinic. Reimbursement Officer reviews coding submitted by the IHC to maximize reimbursement opportunities and train IHC in coding best practices. **1.0.1-11**

Self Determination:

- Approximately 125 consumers participate in a self-determination arrangement for behavioral health services and approximately 180 from Northern Health Care Management. **1.0.1-11**
- Self Determination fiscal intermediaries have implemented Electronic Visit Verification (EVV) requirements allowing electronic confirmation of services and approvals by consumer or guardian served. **1.0.1-11**
- One additional fiscal intermediary was added to the panel of providers bringing the total fiscal intermediaries available under contract to 3. **1.0.1-11**

Maintenance:

- The Houghton Lake office had sidewalks replaced, carpeting in the hallways and lobby, parking lot was sealed and striped, and light fixtures were replaced with LED bulbs. **1.0.1-11**
- The Grayling office had carpeting replaced in hallways and the ACT team office, ACT team office was refurbished, and new desks were installed. The parking lot was sealed, the furnace was replaced, a generator was installed, and the hot water heater was replaced. **1.0.1-11**
- The Cadillac office had sidewalks replaced, landscaping was performed around building for pest control, light fixtures were replaced with LED bulbs, the parking lot was sealed and striped, and boiler #5 was rebuilt. **1.0.1-11**
- Glen Oaks Apartments had sidewalks, ramps, and footings replaced from crumbling cement and the parking lot was sealed and striped. **1.0.1-11**
- The Traverse City office had carpeting replaced in the lobby, the heating system was flushed, lighting fixtures were replaced with LED fixtures and bulbs in many areas. Landscaping occurred on north side of building and sound proofing was performed within Waiver Central offices. **1.0.1-11**
- One maintenance truck was replaced in Houghton Lake where snow plowing is done internally for offices and homes in Crawford and Roscommon Counties. **1.0.1-11**

- Behavioral Health Home expansion required moves of several departments within the 2nd and 3rd floors of Traverse City office to accommodate new staff and consumer engagement. **1.0.1-11**
- Disinfection and sanitization of offices occurs on a daily basis. Vehicles are regularly cleaned, and sanitizing products are regularly filled. In the case of a confirmed exposure maintenance staff are deployed to the site for a full-on chlorinated sanitizing process. Maintenance staff continue to deliver inter office mail and supplies between all offices. **1.0.1-11**

Works in Progress into Fiscal Year 2022:

- NLCMHA banking relationship will be evaluated. **1.0.1-11**
- Payroll software evaluation. Current human resource management system does not meet all needs of Agency. **1.0.1-11**
- Biometric timekeeping system at direct run homes will be researched for upgrades. **1.0.1-11**
- Medicaid eligibility and deductibles will be closely monitored for January 1st expiration of the freeze on loss of coverage and reinstatement of deductibles. **1.0.1-11**
- The Traverse City heating, and sidewalk boilers are at end of life and need replaced. **1.0.1-11**
- The Traverse City cooling tower will be replaced. **1.0.1-11**
- Replace carpeting at the Wright Street Home and Evergreen Home. **1.0.1-11**

Chief Population Officer for Mental Illness Services-Joanie Blamer,
LMSW, CAADC

Clerical Support, Resiliency and Recovery Accomplishments FY2020 Clerical

Support

Accomplishments:

- 1) Continue to adapt to new COVID-19 procedures quickly and effectively, while maintaining our expected levels of service and care.
- 2) Demonstrate a caring, welcoming attitude to individuals presenting to the office as their first point of contact.
- 3) Support Clinical Services by scheduling appointments, processing electronic information, and triaging incoming and outgoing information.
- 4) Worked collaboratively to manage increased requests in Document Disclosure Queue.
- 5) Changed over and adapted to Microsoft Teams as our new phone system.
- 6) In collaboration with Psychiatric Services, implemented a uniform procedure across all four offices for entering doctor's schedule availability.

Works in Progress for FY 2022:

- 1) Continue to refine clinical workflow in partnership with Psychiatric Services.
- 2) Continue to work with the Safety Committee in developing and refining the emergency procedure(s) while conducting agency wide safety trainings.
- 3) Continue co-leading the Safety Committee. In the process of finalizing an agency Emergency Action Plan.
- 4) Continue to support Recovery by having a representative serve with the Recovery Logistics Workgroup.
- 5) Continue to support employee wellness by having representatives on the Wellness Committee.
- 6) Continue to support Community Outreach by having representatives on the MyStrength Committee.
- 7) Continue to monitor and support building maintenance by contributing to the Facilities Committee.

Resiliency: Children and Families Experiencing Serious Emotional Disturbance

Accomplishments:

- 1) We continue to use the multidisciplinary team to review children and families for high risk of out-of-home placement and/or inpatient hospitalization on a weekly basis. **1.0.5, 1.0.3, 1.0.6**
- 2) We successfully partnered with the Michigan Association for Infant Mental Health to provide intensive training to 24 of our children and families staff on how to engage and interact with young children in the clinical and home setting. **1.0.3, 1.0.4, 1.0.6**
- 3) The Michigan Child Collaborative Care (MC3) has successfully enrolled new providers. **1.0.6, 1.0.9**
 - a. We continue to offer perinatal and pediatric monthly webinars on various topics.

- b. MC3 staff has received education and training regarding cultural awareness within the tribal community.
 - c. We partnered with our primary care providers to conduct telehealth outreach attempts during the COVID-19 response and these services continue to be utilized.
- 4) We continue to provide prevention through our Infant Mental Health Program. **1.0.2, 1.0.3, 1.0.7, 1.0.9**
- 5) We continue to enhance our expertise in evidenced based practices (EBP) and have participated in the first cohort for the State of Michigan for Dialectal Behavioral Therapy for Adolescents. We have three clinicians and one supervisor being trained in the model and will complete the training this winter. **1.0.2, 1.0.3, 1.0.7**
- 6) We continue to enhance our expertise in trauma focused care. **1.0.2, 1.0.3, 1.0.7**
 - a. Three clinicians and a supervisor completed the Trauma Focused Cognitive Behavioral Treatment Cohort.
 - b. Staff who have completed the Trauma Caregiver Resource Training Cohort have provided Trauma Informed Caregiver Groups to caregivers via telehealth.
- 7) Despite COVID-19, in June 2020, we successfully implemented our Juvenile Justice Diversion Program in Grand Traverse and Leelanau Counties. Thus far we have received 168 referrals with the following outcomes: **1.0.1, 1.0.2, 1.0.3, 1.0.4, 1.0.6**
 - a. 21% of the participants are in active treatment (15 participants).
 - b. 39% of the participants successfully completed their treatment program (one participant).
 - c. 2% of the participants have left treatment (three moved, one deceased).
 - d. 39% of the participants referred completed the assessment and chose not to participate in the program.
- 8) Clinical Treatment provided by NLCMHA staff: **1.0.1, 1.0.2, 1.0.3, 1.0.4, 1.0.6,**
 - a. Eye Movement Desensitization and Reprocessing is now available to adolescents as an evidenced based practice.
 - b. Outpatient Services provided 4,210 transactions for 351 families.
 - c. Parent to Parent Support Partners provided 724 transactions for 46 families.
 - d. Case Management Services provided 3,939 transactions for 157 families.
 - e. Wraparound Services provided 2,205 transactions for 34 families.
 - f. Homebased Services provided 16,342 transactions 204 families.
 - g. Infant Mental Health provided 2,458 transactions for 34 families.
 - h. The FAST Team provided 720 transactions for 155 cases.
- 9) Community Collaboration **1.0.1, 1.0.5, 1.0.7, 1.0.10, 1.0.11**
 - a. Participated in the TRUST (Trauma & Resilience Unified Support Team) meetings, including the Handle with Care Program.
 - b. We continue to participate in the Roscommon County Strategic Planning Group.
 - c. Participated in County Child Death Review meetings.
 - d. Participated in the MDHHS Children’s Administration Forum Meetings.
 - e. Participated in the Region 2 Home Visiting Leadership Group.
 - f. Participated in the Child Abuse Prevention Council meetings.

- g. Participated in the System of Care Meetings.
- h. Participated in the Clinical Community Linkage Workgroup in Traverse City.
- i. Participated in the Multidisciplinary Team for Children with the Children's Assessment Center.
- j. Participated in the Crawford County Substance Use Coalition.
- k. Participated in the Crawford County Collaborative Body Meetings, monthly.
- l. Operation Manager's participated in Infant Mental Health Reflective Supervision sessions.
- m. Participated in Case Coordination meetings with Crawford County Juvenile Court.
- n. Participated in Case Coordination meetings with Grayling School Social Worker.
- o. Staff serve as the Secretary on the Child Protection Council Board in Crawford and Roscommon counties.
- p. The Juvenile Justice Specialist and/or the Chief Population Officer provided presentations to the following:
 - A. Grand Traverse and Leelanau County Family Court.
 - B. Grand Traverse and Leelanau Prosecuting Attorney's Officer.
 - C. TBA ISD.
 - D. Traverse City High School.
 - E. Grand Traverse and Leelanau System of Care.

Works in Progress for FY 2022:

- 1) Promote Resiliency by celebrating the accomplishments children and families have achieved (Similar to the Recovery and Culture of Gentleness Celebrations).
- 2) Increase Caregiver Trauma Education Training Groups for Caregivers.
- 3) Increase referrals to NLCMHA from community partners in Crawford and Roscommon Counties.
- 4) Continue to explore options for crisis respite services to divert from psychiatric hospitalizations.
- 5) Continue to develop and expand the NLCMHA multidisciplinary team to assist high risk children and families.
- 6) Continue to explore with community partners options to create homes available to provide planned respite services.
- 7) Continue training and expansion of Dialectical Behavior Therapy for Adolescents (DBT-A) service in all counties.
- 8) Continue to grow infant mental health services in all counties.
- 9) Continue to grow the MC3 program.
- 10) Continue to grow the Juvenile Justice Diversion Program in Grand Traverse and Leelanau Counties.
- 11) Expand the Multisystemic Therapy program with Grand Traverse County Family Court.

Recovery: Adults with Mental Illness

Accomplishments:

1) Allowing voices of the people we serve to be heard and supporting the community:

1.0.1, 1.0.2, 1.0.5, 1.0.7, 1.0.9

- a. NLCMHA continued to support the Consumer Advisory Council (CAC). The CAC group reached out to various entities in the local area to seek information, advocate for increased knowledge and understanding of mental illness, and challenged practices that promoted stigma and hindered recovery. The following presented this past year: Before, During, and After Incarceration Members, NLCMHA Access Manager, Crisis Services Manager, Chief Financial Officer, Behavioral Health Home Manager.
- b. NLCMHA allowed people to give input into planning and upcoming events throughout the year. This was accomplished through standing committees/Councils such as the Consumer Advisory Council, Recipient Rights Advisory Committee, Community Public Relations Committee, and Recovery Logistic Team.
- c. We also have consumer representatives serving on the NMRE's Recovery Representative meetings each month.
- d. Peer Support Staff provide support to our veterans by regularly attending the Veterans Community Action Team.
- e. Our Peer Supervisor maintains a strong, supportive relationship with community partners, such as Father Fred and Love, Inc.
- f. NLCMHA staff attends the local county Collaboratives.
- g. NLCMHA staff participates with and support the Suicide Prevention Coalitions and Substance Use Prevention Committees.

2) Clubhouse Employment: 1.0.1, 1.0.2, 1.0.4, 1.0.5, 1.0.7

- a. Despite COVID-19 our Clubhouses provided in person care and continued to support people through telehealth, food deliveries, and other outreach attempts.
- b. Club Cadillac and Traverse House successfully maintained some employment opportunities (despite COVID-19) as follows:
 - Transitional Employment (TE) included 6 TEs and members earned \$9,383.25.
 - Supported Employment for five members and they earned \$22,564.
 - Independent Employment, including 40 Clubhouse members earning \$332,381.00.

3) Homeless Prevention: 1.0.3, 1.0.4, 1.0.7

- a. Homeless prevention staff assisted in the Point in Time survey, which involves going into the community to find individuals experiencing homelessness and sharing those numbers with the State. We will continue to be a partner in this effort moving forward.
- b. Homeless Prevention Specialists continue to work with case managers to provide consultation and resource information.
- c. NLCMHA staff members consistently attend the IST meetings to support people we serve in locating affordable housing.
- d. NLCMHA serves on the Northwest Michigan Coalition to End Homelessness Steering Committee.

- e. Staff work collaboratively with Northeast Michigan Coalition Against Homelessness to end homelessness by addressing housing issues through a community-based process that develops a comprehensive continuum of care to people/families who are homeless or at risk of becoming homeless.

4) Community Connections/meetings:

- a. Northeast Michigan Coalition Against Homelessness, this group works collaboratively to end homelessness by addressing housing issues through a community-based process that develops a comprehensive coordinated continuum of care to individuals and families who are homeless or at risk of becoming homeless.
- b. Roscommon Human Service Collaborative, the purpose of this group is to achieve our collective vision of quality of life in our communities through the provision of leadership in the design, delivery, and oversight of health, education, and human services. NLCMHA Co-Chairs this meeting.
- c. Crawford County Collaborative, this group is responsible for establishing and advancing broad strategies to achieve and maintain a healthy community. NLCMHA Chairs this meeting and assigns a staff member to be the Secretary.
- d. Human Services Leadership Committee is the collaborative body for Wexford and Missaukee County. This group is responsible for establishing and advancing broad strategies to achieve and maintain a healthy community.
- e. Grand Traverse Community Collaborative, the purpose of this group is to share information, learn from each other, and support and strengthen work being done in the community.
- f. Leelanau County Family Coordinating Council, the mission of this group is to build and sustain a strong, functional network of partners who support the residents of Leelanau County.
- g. Staff serve as the Chair for the Crawford Roscommon Suicide Prevention Coalition, this group provides awareness, support, and education to prevent suicide and assist those who have been personally impacted by it.
- h. Crawford Partnership for Substance Abuse Prevention, this group is dedicated to increasing community perception, awareness, and education of substance use and decreasing the incidence of abuse and misuse.
- i. Participate in the State's Balance of State Continuum of Care. The goal of this group is to work together to end homelessness by sharing best practices and combining efforts to secure more housing resources.
- j. Participated in the Michigan Clubhouse Coalition on the Training Committee and assisted with training over 25 new Clubhouse Staff in Michigan.
- k. We completed MIFAST Reviews of our ACT Teams this year. Our Traverse City Team earned an overall score of 4.46 out of 5 and our Teams in Grayling and Houghton Lake earned an overall score of 5 out 5!

5) Clinical Services and Treatment: 1.0.1, 1.0.2, 1.0.3, 1.0.4, 1.0.5, 1.0.6, 1.0.7, 1.0.9

With the continuation of COVID-19, telehealth services continue. Our telehealth services continue to receive positive feedback from consumers and staff. We do provide in-person service delivery for consumers as clinically necessary and for those who request it. We provide evidenced based practices such as Dialectal Behavioral Therapy (DBT), Motivational Interviewing, Seeking Safety, Eye Movement Desensitization and Reprocessing, Cognitive Behavioral Therapy, Integrated Dual Disorder Treatment, and Peer Support Services.

a. Training:

- Crisis Services Training including an overview of the Michigan Mental Health Code, assessment criteria, court documents, diversions, and NLCMHA's array of services was provided to the Traverse City Police Department.
- Crisis Intervention Training (CIT) was provided to Wexford County Correction Officers.
- Training in the use of technology to support crisis intervention work with Roscommon County Law Enforcement.
- Jail Diversion Training provided to Roscommon County Courts and Sheriff Department, including jail staff.
- Presented information relating to suicide prevention to the Community Crisis Assistance Team run by Before During and After Incarceration.
- Presented information relating to suicide prevention to Wexford/Missaukee Human Services Leadership Committee.
- Training related to our Family Assessment Safety Team (FAST) presented to the Leelanau County Health Department Board.
- Participated in training regional paramedics through Munson Regional EMS Education. This involved verbal education as well as 8 hours of shadowing with our crisis workers.

b. Treatment was provided in a variety of settings including the offices, homes, community, hospitals, jails, detention centers, and telehealth.

c. In Grand Traverse County we continue to partner in the Stepping Up Initiative with Wayne State University and correctional staff.

d. Began development of a community crisis center:

- Since June we have held 15 community advisory meetings, consisting of MDHHS, GT Family Court, GT Prosecuting Attorney Office, GT Sheriff Dept., Traverse City Police Department, Leelanau Family Court, Leelanau Sheriff Department, Munson Medical Center, Addiction Treatment Services, Goodwill Inn, Child & Family Services, NAMI, and BDAI.
- We have hired 3 licensed masters level clinicians and 3 peer supports thus far.
- We toured other crisis centers in the State of Michigan, including Common Ground, Washtenaw County Outpatient Therapeutic Services Center.
- Completed ride-a-longs with GT County Road Patrol.

e. Quantitative Data for Services

- ACT provided 17,639 transactions for 141 cases.

- Case Management provided 25,144 transactions for 979 cases.
 1. Pre-Case Management hospitalization = 157 and Post Case Management hospitalization = 100.
 2. Employment status post case management services (Using BHTED Data that was collected):
 - a. Full-time competitive employment: 5%.
 - b. Part time competitive employment: 4.2%.
 - c. Unemployed: 55%.
 - d. Not in competitive labor force: 36%
- Clubhouse provided 73,546 transactions for 210 cases.
- The Crisis Services Team provided the following services:
 1. 5,031 crisis contacts, a 32% increase from last FY.
 2. 1,824 inpatient screens, a 12% increase from last FY.
- As mentioned in the Children’s Section of this report, the FAST Team provided 720 transactions for 155 cases.
- Outpatient Services provided 7,558 transactions for 639 cases.
- Peer Support Specialists provided 7,827 transactions for 185 cases.
 - a. Pre CPSS hospitalizations totaled 32 and post hospitalizations 16.
- Jail contacts totaled 1,485 which is an increase of 37% from last FY, and we completed 285 Jail Diversion plans which is an increase of 111% from last FY. The increase of jail diversion is contributed to better documentation of the service and increased pre jail diversion services across the lifespan.

6) Successful Events that Supported Recovery in 2021: 1.0.1, 1.0.2, 1.0.3, 1.0.4, 1.0.5, 1.0.6, 1.0.7, 1.0.8, 1.0.9

- a. **Recovery Celebration:** Due to COVID-19 our Recovery Celebration was held via Teams, and we had one in March and one in December.
- b. **Mental Health First Aid Trainings:** NLCMHA only offered one face to face training this year as a result of COVID-19. We are in the process of having staff trained to conduct these trainings virtually.
- c. **Walk-A-Mile in My Shoes Rally:** This event was cancelled this year; however, we did participate in sharing our stories virtually.
- d. **Suicide Prevention Walks:** People in Traverse City, Cadillac, and Roscommon gathered virtually to remember lost loved ones and promote suicide awareness.

Works in Progress for FY 2022:

- 1) Continue to work with Wayne State University to fully develop and implement the Stepping Up Initiative in Grand Traverse County.
- 2) Complete Mental Health First Aid Training for law enforcement as already scheduled in 2022.
- 3) Continue to develop and implement a community crisis center.
- 4) Work with Community and Regional partners to develop a continuum of behavioral health care in the Northern Region.
- 5) Complete MIFAST Fidelity Review of our Family PsychoEd group.

- 6) Continue our work around the LOCUS to improve consistency.
- 7) Continue to work with people in obtaining and maintaining active employment.
- 8) Continue treatment efforts using evidenced based practices.
- 9) Continue to provide Learning Opportunities to those we serve.
- 10) Continue to focus on providing venues for those we serve to be heard, as well as being part of the planning and implementation efforts.
- 11) Continue with Recovery Events noted below:
 - a. Recovery Celebration.
 - b. Mental Health First Aid Trainings.
 - c. Walk-A-Mile in My Shoes Rally.
 - d. Art of Recovery.
 - e. Suicide Prevention Walks.
 - f. VA Mental Health Summit.
 - g. Disaster Preparedness Representation.
- 12) Continue to expand the use of iPads for crisis intervention and inpatient screenings.

Chief Information Officer – Daniel Mauk

Accomplishments with Consumer and Community Ends for FY 2021:

Staff Settled in to Off-Site:

Last year’s abrupt pivot to off-site work to curb the spread of COVID-19 went about as smoothly as could be expected. As we settled in for the long haul the sheer number of requests for technical support began to overwhelm our simplistic help desk process. To address this, we began investigating several solutions, some of which we already had access to. In June of this year, we deployed a help desk ticket management system from Kaseya. The new ticketing system has made help desk tickets visible to all IT staff, ensuring requests get addressed quickly by the right staff member, and the follow up process is automatically managed through to completion of the ticket. The following chart and table show the number of tickets received through the new system.

Help Desk ticketing by the numbers:

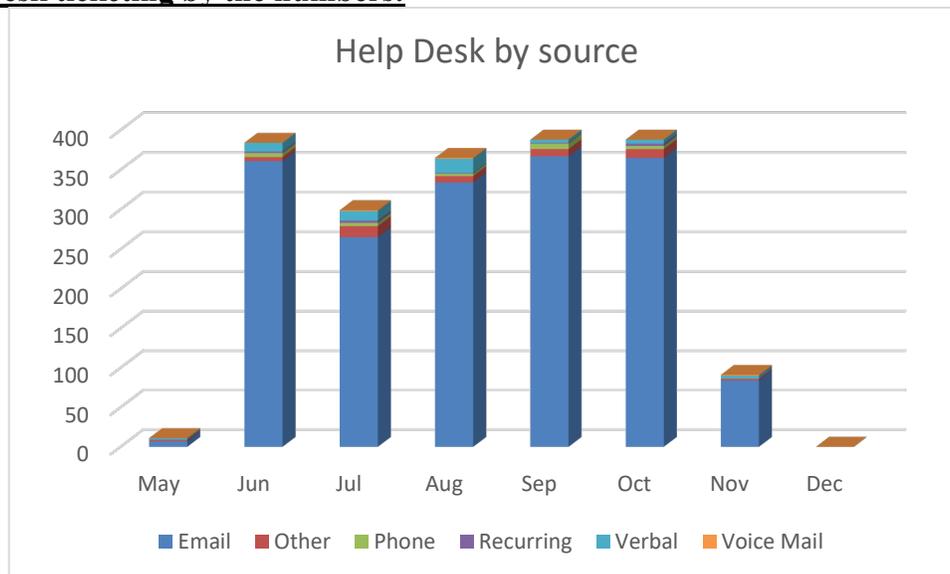


Figure 1 - Steady ticket distribution

Source	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Email	7	361	265	334	367	365	84	0
Other	2	5	14	8	9	11	2	
Phone	0	5	4	3	7	4	0	0
Recurring	0	2	3	1	1	3	0	0
Verbal	2	11	12	18	4	5	4	0
Voice Mail	0	0	1	1	0	0	1	0
Total Tickets	11	385	299	365	388	388	91	0

Table 1 - Ticket distribution by type

The numbers do not tell the entire story. We are working on dialing in the process of entering a ticket when it does not come in through the primary channel, Email. A vast majority of tickets that come in off channel do not get entered in the ticketing system, so the numbers above may not reflect the true counts for sources other than Email. For those tickets that come in off

channel, we lose a lot of information that could support similar requests for support, we are unable to track progress on the requests, we are unable to assign the correct resources, will not be included in building a knowledge base. All in all, the new ticketing system has made managing the requests for assistance and the delivery of that assistance much more efficient.

Expanded Distributed Workforce Support:

Every work environment has its technical challenges. Prior to the COVID-19 response, the agency had a few dozen different environments that we supported, like the four physical facilities, the board operated homes, partner facilities that staff connected from, and a few staff members homes. With the COVID-19 response that number exploded to several hundred. Each connecting location has its own unique challenges. Some locations are just not suitable to support remote work, some are, while others require constant tweaking to keep things working. The past year has challenged the IT staff to become experts at supporting the vast array of individual setups that are found in distributed workforce locations. I am happy to report that we have met that challenge and are prepared to evaluate and support the distributed workforce practice into the future.

Clinical Document Archive:

Our move from Avatar, our previous Electronic Health Record (EHR), to NoLa, our current EHR, had been complicated by some settings in Avatar that blocked the generation of archive documents when a document was finalized. This left the agency without a method of retrieving a finalized document if Avatar were to be retired. In other words, the only way to access archived consumer records was through Avatar. We were aware of this shortcoming and made plans to automate the generation of these documents, initially to support the migration to NoLa, but ultimately, we knew that we would need copies of these documents to support an archive after Avatar was retired.

This project took almost two years to complete and has culminated in the creation of nearly two million documents.

549,271 documents converted from **Avatar** (clinical document viewer) to **NoLa**.

385,253 documents generated from **Avatar** (reports) and converted to **NoLa**.

1,059,643 Avatar documents generated (reports) and archived.

We now have all documents generated from the Avatar data and are preparing to retire the Avatar environment. The next challenge is to provide a useful interface into the more than one million documents that have been added to the electronic archives.

Security Risk Assessment:

Our current process for assessing security risks involves doing a yearly risk assessment and mitigating any identifiable risk in our security defenses. Then, throughout the year, we would identify as many potential endpoint risks as possible on a monthly basis and review for best practices. What we found was that many emerging threats were not being identified or being addressed due to our inability to track them based on the sheer number of devices, the varying models of those devices, and no real way to cross reference fixes to the specific devices and software that we have deployed. On top of that, we were scheduling fixes and patches monthly, based on what we had identified as critical devices, those devices that are our first layer of defense from outside compromises. The current process has been considered *best practice* for many years but as noted, fails to recognize emergent threats, or position the agency to respond to emergent threats in a timely manner.

Emergent threats can trigger multiple patches in rapid succession. If we only evaluate the security risk that a device exposes the agency to monthly, we could be leaving the door open for compromise for the period between those monthly activities. To address this, we are moving to a real time monitoring product called Arctic Wolf. We are currently in the process of deploying Arctic Wolf with a go live date the week of 2021-11-15 and learning how to leverage it to address our more pressing security issues.

In the process of implementing Arctic Wolf an initial scan has been run to identify security risks and develop a composite risk score for the agency. Below is a score card that shows our current risk score, comparing it to an Industry risk score, and a count of our unresolved risks.



Figure 2 - Initial security scan

An initial security scan is always a bit alarming as this figure illustrates. As we move forward with Arctic Wolf the reporting will also provide some trending. Our goal is to work with the Arctic Wolf team to get to our target score as quickly as possible.

Risk Score Trends



Figure 3 - Industry Trending

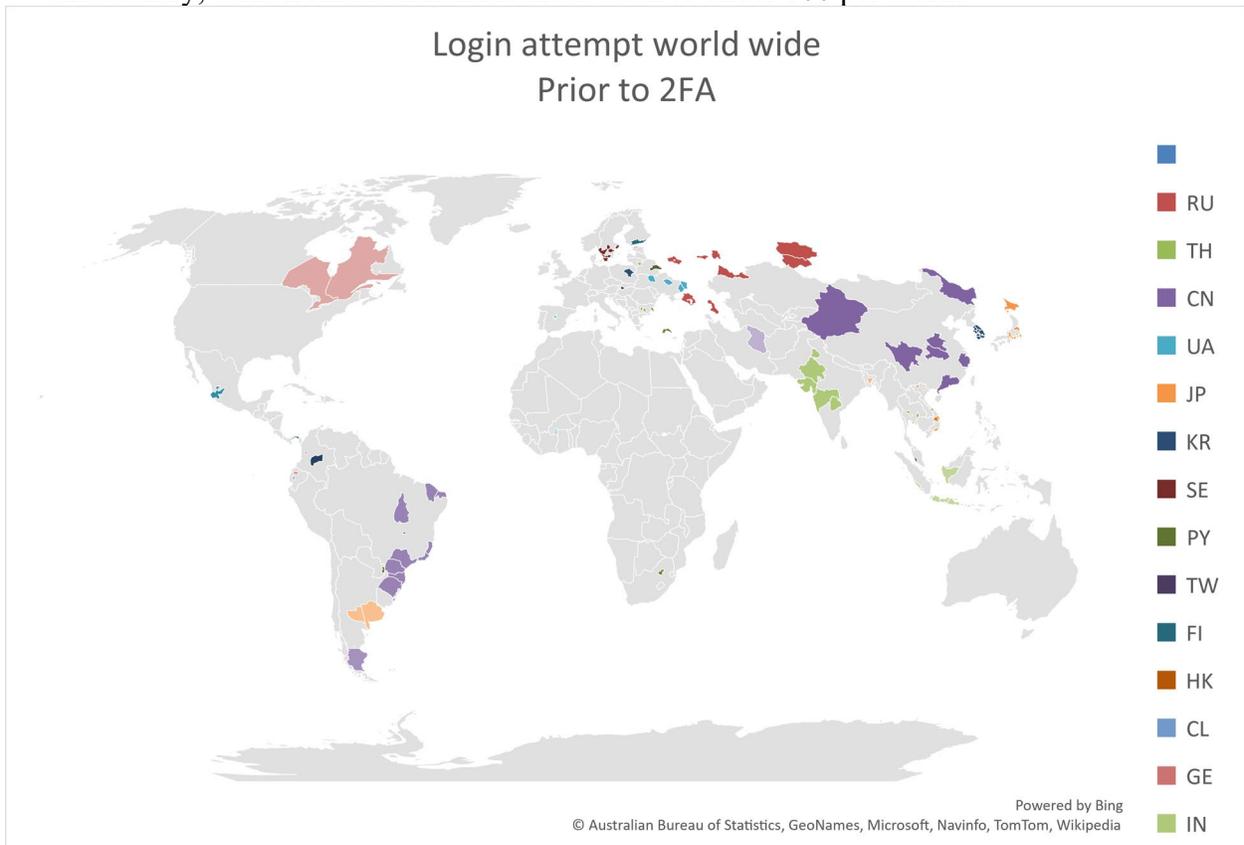
The Arctic Wolf solution employs a Security Operation Center (SOC) that is staffed by industry wide experts that monitor, identify, and alert us of potential security issues based on our specific list of devices and software that we have deployed. Once a specific threat is identified an engineer at the SOC will assist us in every way to mitigate that threat. So, if there is a threat identified with a Cisco device, a Cisco engineer will assist us in obtaining a fix and walk us through applying the fix as well. As you can see from the scores above, we have our work cut out for us to get to our target score in the next few months.

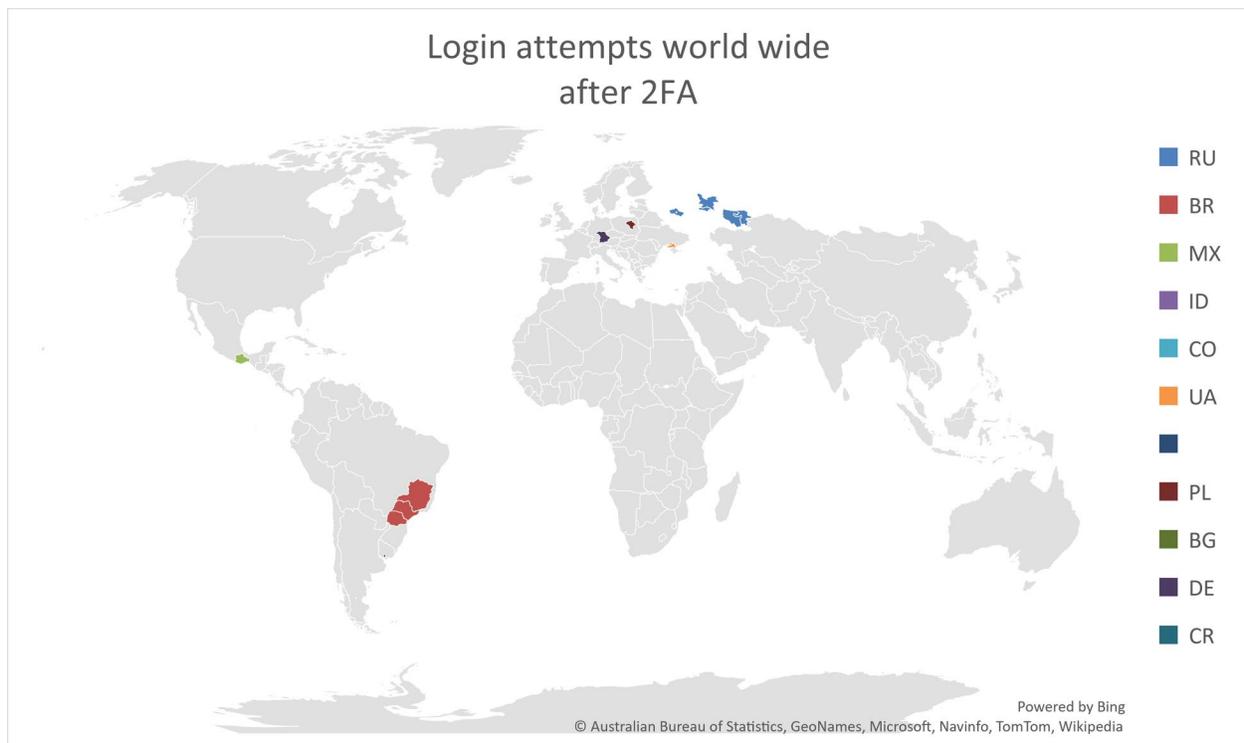
The Arctic Wolf solution will also employ sensors in each of our four physical locations that will monitor traffic in and out of our facilities for suspicious activity. These monitors will be

placed between the outside world, the Internet, and our inside network. Once deployed, the sensors will be monitoring in real time for patterns in traffic that can be identified as a threat and the sensors will alert us of the threat and stop the threat immediately.

Who connects to our network?

As we deploy more and more cloud-based services it becomes more and more important to know for certain who is connecting to our resources. To improve the certainty that only authorized NLCMHA agents are connecting to these resources we have implemented Two Factor Authentications (2FA) wherever it is available. In one instance, our Office 365 environment, we immediately saw a decrease in failed login attempts from all over the world after we implemented 2FA. The numbers of attempts to login from outside the agency, outside the country, went from several thousand a week to under 100 per week.



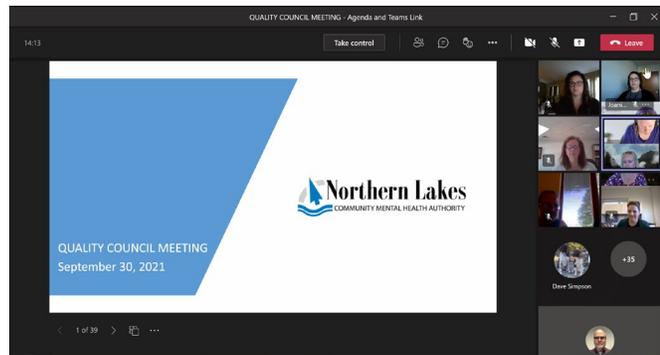
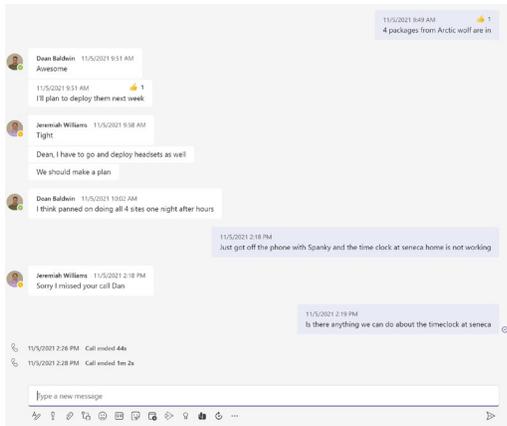


This has been a great improvement, but security is not a destination, it is a process. We will continue to make changes in our systems to improve our security posture. Our next step in combating foreign intrusions will be to upgrade our Microsoft licensing to enable us to block access by location, only allowing access from within the United States to start.

Collaboration:

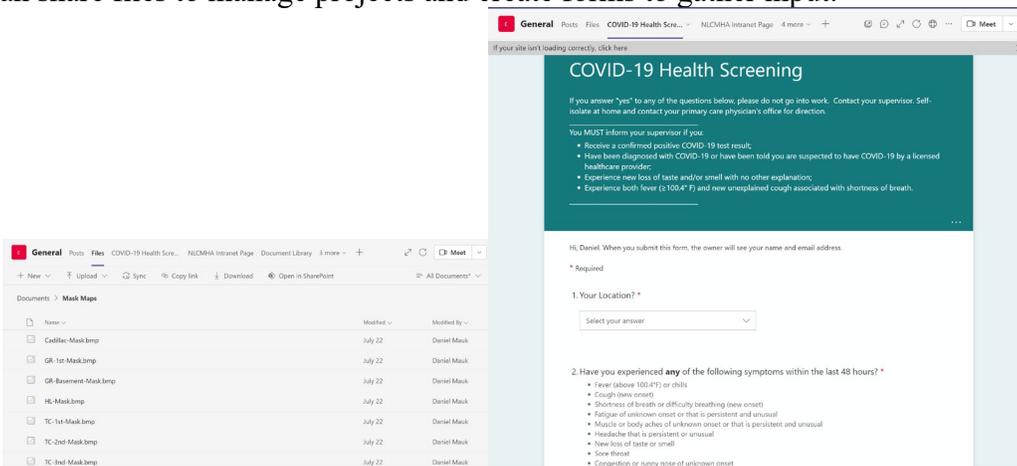
Our previous phone system was at end of life, requiring us to look for a new solution. The old system was an on-premises system comprised of 12 servers and over 300 handsets. That solution required staff to be at their desk to make and receive calls. We have migrated our phones to a cloud-based solution that employs softphone technology so that all staff can make and receive calls from any device with Internet access. This cloud-based solution now gives us access to phone service from a laptop, smartphone, tablet, as well as a conventional handset. Our phone system is now an integral part of our Microsoft Teams environment.

Microsoft Teams is a concentrator application, it is designed to bring many dissimilar applications together into one view. By doing this the applications are said to be under a single *pane of glass*. Teams brings the staff together in chats and meetings.



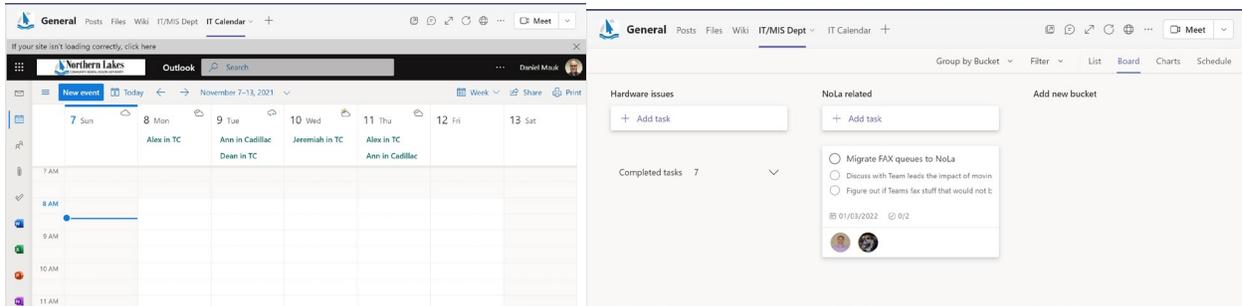
Teams 1 - Chat thread and Meeting window

We can share files to manage projects and create forms to gather input.



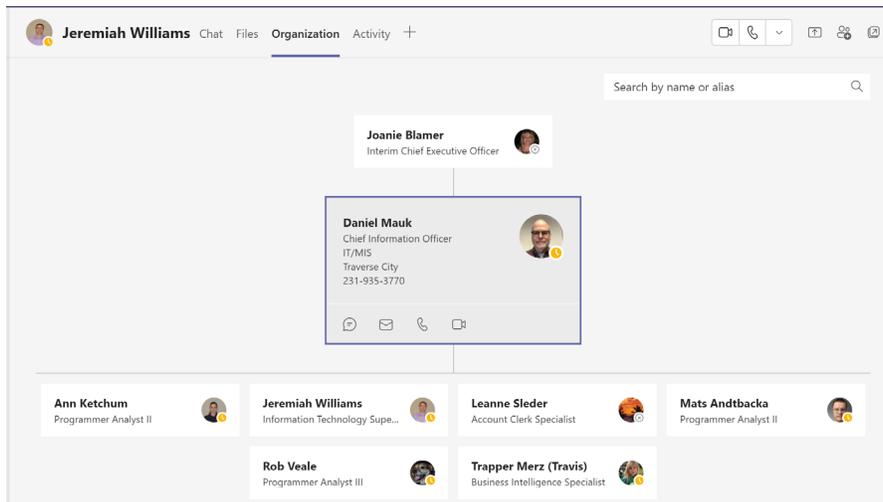
Teams 2 - shared files and Forms

We have shared calendars and Tasks



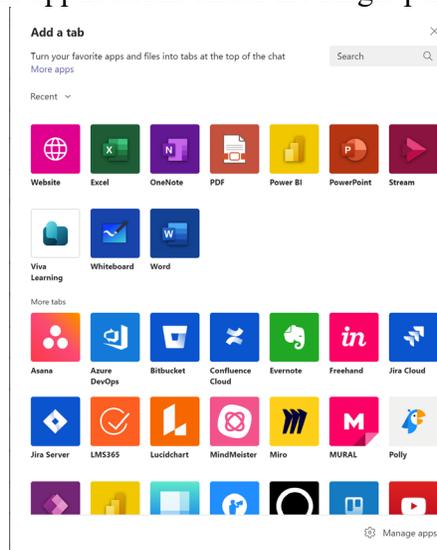
Teams 3 - Calendars and tasks

Teams provides a dynamic Organization chart, making locating staff simple.



Teams 4 - Org chart at our finger tips

Teams brings more and more applications under the single pane of glass



Teams 5 - library of applications that can be added to Teams

Beyond Internal Collaboration:

Teams has become an excellent tool to connect with providers, community and beyond. The agency is leveraging Teams to enhance and strengthen our connection with providers by offering our Provider meetings in a virtual Teams venue. We are also providing training opportunities for staff and providers in a virtual Teams venue, like our Recipient Rights refresher training. Both offerings have allowed us to address COVID-19 restrictions and embrace social distancing. They have also saved countless travel hours while continuing to deliver timely information for the delivery of services. These offerings are expected to be offered in a hybrid form, with both in person and virtual participants, as we navigate to a new normal.

The agency has licensed Teams and Doximity Dialer as tools to deliver virtual service to persons served. The agency has been able to support a wide variety of service delivery, including but not limited to parking lot services, facility to facility services, virtual group services, medication reviews, law enforcement services, and ER services. With the deployment of dedicated devices, virtual video consultation is just a phone call away.



Service delivery 1 - Doximity Dialer numbers

The agency also leverages other applications, like Zoom, Webex, and Blue Jeans, to deliver services based on the person served needs. These other unlicensed applications are available during the current state of emergency.

Beyond service delivery we also have made some great strides in connecting with the community. In example, the virtual portion of the Board Meetings allows the community to participate. We have also been able to host the 23rd Annual Co-Occurring conference in a virtual venue, *The Tangled Web: Trauma, Trafficking and Additions*. Out of the nearly 200 participants, over 100 participated virtually from all over Michigan. We see the mixed meeting as the way of the future, by extending the in-person meeting to virtual participants we can build better community connections.

Reporting to support staff:

We have created nearly 300 reports in Microsoft SQL Server Reporting Services (SSRS) that draw from multiple data sources, the Electronic Health Record (NoLa and Avatar data), HRMS, TimeStar, and COVID-19 Screening to name a few. These reports support all departments as well as state reporting requirements. Staff can generate monthly reports for supervision and evaluate compliance.

Archiving and retiring Avatar data:

Report generation has helped us close the gaps in our Avatar data archives. We have completed migrating needed data from Avatar to the SQL Server and are currently leveraging this data in all reporting areas. This has positioned the agency to be able to retire the Avatar systems.

Intranet site to Cloud development:

More and more of the services we employ are moving to the Cloud based solutions. This has added a layer of complexity from an information access perspective. How do we back it up? How do we access our information from outside the application? The IT team has spent many hours managing and integrating these new Cloud-based solution into our daily workflow.

Wealth of How-Tos:

The changing landscape has put many staff members at odds with the new technology. This has triggered an array of new support needs. Using our new Help Desk we have been able to identify and categorize common support needs and develop How-To documents to introduce new features or just remind staff how to navigate new less commonly used applications. To augment this process, we have also had to turn to a more one on one support process as well. With staff working remotely the normal peer channel of support is not available and staff have become more reliant on help desk for typical clinical workflow support.

Virtual Meeting Support:

With our COVID-19 response there has been a marked increase in virtual meetings. To help ensure success, IT has been available as a technical moderator for larger meetings. As a technical moderator IT staff members have assisted in setting up and configuring the meetings, making sure equipment is functioning, recording meetings, and providing support technical support throughout the meeting. This process has worked well to transfer knowledge to staff members making them better meeting organizers.

Director of Human Resources-Matthew Leiter

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

1.0.9. Ends

- 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. **1.0.5, 1.0.7**
- 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 NLCMHA 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 NLCMHA 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-19.
- 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-19 safety measures implemented throughout the building and in company vehicles.

- Working to replace the glass in picture frames in public areas of all four 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 two all staff training events; one in the summer and one in the winter. Summer in-person training was cancelled due to the COVID-19 challenges, and the workgroup is preparing for an end of year December all staff meeting.

Other Committees:

- Multiple COVID-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 COVID-19 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-19 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

FY 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-19 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 six 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 one 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 one. 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 four 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 two 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-19 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 Executive 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 three 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 seven sites – six licensed Specialized Residential Homes located in Wexford, Roscommon, and Crawford counties plus 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-19 Related: In 2021 Residential Care Aides (RCAs) had no ability to work remotely or to physically distance. \$2.25/ hour COVID-19 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-19 nor did any member of the workforce. No resident hospitalizations were for COVID-19 related medical conditions during 2021. RSA meets regularly with Home Supervisors (via MS Teams and in person) to assure COVID-19 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-19 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 six 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: four
- RCA retention rate has trended up over the last two years – 27 RCAs left the agency this year (32 last year):
 - 19 resignations; seven terminations; one retirement.
 - Nine were full time; seven 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.

Director, Office of Recipient Rights – Brian Newcomb

ORR Accomplishments for FY 2021

- Our department has completed 382 recipient rights allegations for FY 2021. **1.0.4, 1.0.5, 1.0.7**
- A total of 62 site visits for FY 2021. **1.0.4**
- Completed Recipient Rights training for persons in FY 2021. **1.0.4, 1.0.5, 1.0.7**
 - 416 persons trained as New Hire Direct Care staff
 - 419 persons received training as a Refresher for Direct Care staff
 - 60 persons trained in Recipient Rights as Licensed Mental Health Professionals
- Continued to provide training for contract providers. **1.0.4, 1.0.5, 1.0.7**
- Ongoing consultations for staff regarding protection of recipient rights including notice of guides and interpretations of Executive Orders, latest Epidemic Orders, issued by MDHHS and the BHDDA, **1.0.4, 1.0.5, 1.0.7**
- ORR continued to provide vetting of potential candidates for hire as Residential Care Aides. **1.0.4, 1.0.7**
- Participation and recommendations to Behavior Treatment Committee on all developed Behavior Support Plans that were created and reviewed for persons served with such a plan. **1.0.5, 1.0.6, 1.0.7**
- Continued coordinated efforts with Network Management to share in site visits and Corrective Action Plans to provide consistency and ensure ongoing compliance for contract providers. **1.0.1, 1.0.4, 1.0.5, 1.0.7, 1.0.10**
- Continue to participate with New Hire Orientation to provide an introduction to the Recipient Rights system and ORR team. **1.0.1, 1.0.11**
- Implemented all New Hire Training be completed through MDHHS website as of October 1, 2021, to alleviate workload on ORR staff. **1.0.3, 1.0.4, 1.0.5, 1.0.6, 1.0.7**
- Continued to coordinate with Adult Foster Care (AFC) Licensing Consultants and Adult Protective Services (APS)/Child Protective Services (CPS) as needed for investigations and reporting. **1.0.3, 1.0.4, 1.0.6, 1.0.7**
- Established ORR staff presence in all four NLCMHA office locations. **1.0.3, 1.0.5, 1.0.7**

ORR Works in Progress for FY 2022:

- Ongoing monitoring of sites where services are provided and complete all required site reviews and inspections on time as required. **1.0.4, 1.0.5, 1.0.7**
- Increase training opportunities for ORR staff beyond the yearly annual conference. **1.0.4, 1.0.5, 1.0.7**
- Continue ongoing monitoring and consulting for Behavior Treatment Plans that include restrictions and intrusions. **1.0.4, 1.0.5, 1.0.7**
- Develop and provide training to guardians, covering the role of the guardian and how this role fits into the recipients' protected rights as established in the mental health code. **1.0.5, 1.0.7**
- Provide timely and thorough investigations and advocacy for persons we serve. To include reducing the investigation time frames for all abuse and neglect investigations to be

completed within 60 days. **1.0.4, 1.0.5, 1.0.7**

- Complete and update the training material that is presented for ORR refresher training as well as LMHP training to ensure current information is being taught and presented to attendees. **1.0.1, 1.0.5, 1.0.7**
- Increase ORR presence in each facility site that is served to provide rights consultations to both recipients and direct care staff, along with detailed training information that has been learned from previous investigations pertaining to each individual location. **1.0.1, 1.0.2, 1.0.4**

Director of Managed and Integrated Health Care Services - Tracy **Andrews, JD, MHA**

Network Management

NLCMHA's Network Management team serves in several ways to procure and maintain the Provider Network. Network Management completes vetting and contracts with Providers who deliver services. In addition, Network Management is responsible to monitor contract compliance, including adherence to contract provisions, health and safety of sites, clinical record keeping, training compliance, and a number of other vital items to ensure quality and safety for persons served. Additionally, Network Management completes the clinical review of needs assessments to authorize services within Specialized Residential Settings and Self Determined Services.

Accomplishments:

- Completion of 246 contracts, amendments, and agreements, including 48 single case agreements. **1.0.1, 1.0.5, 1.0.10**
- Updated NLCMHA contract templates to align with region, while maintaining Appendices for NLCMHA-specific contract requirements. **1.0.1-1.0.11**
- Review and consultation with NLCMHA attorney to ensure appropriate creation and implementation of contracts. **1.0.1-1.0.11**
- Participation at provider meetings with the NMRE, CMHSPs in our region, and other providers throughout the state. **1.0.10-1.0.11**
- Continued Quarterly Provider Quality Council meetings for all providers, with an increase in attendance and diverse subjects. **1.0.1-1.0.11**
- Engaged in roundtable discussions with provider by type in order to identify with and support provider needs. **1.0.1-1.0.11**
- Collaboration with Training Department to review and ensure provider compliance with SRS and CLS training requirements. **1.0.1-1.0.11**
- Ongoing review of clinical documentation to authorize rates for services provided by SRS homes. **1.0.1-1.0.11**
- Ongoing monitoring of provider compliance with contract requirements; monitoring and support for providers in obtaining resources to ensure compliance with requirements. **1.0.1-1.0.11**
- Worked collaboratively with Finance in order to issue Direct Care Wage (DCW) Premium Pay pass through in response to COVID-19, as well as new rate development to include Premium Pay in monthly rates. **1.0.1-1.0.11**
- Implemented new contract audit tool for CLS and Autism Services Providers. **1.0.1-1.0.11**
- Assumed responsibility for clinical review and authorization for Self Determination with expenditures of \$2,025,957. **1.0.1-1.0.11**
- Implemented stated mandated training requirements for persons serving those through a Self Determination arrangement. **1.0.1-1.0.11**
- Updated Provider Directory for ease of use by community, providers, and clinical staff.
- Collaborated with ORR in coordinating oversight and site visits/audits of NLCMHA providers. **1.0.1-1.0.11**
- Worked collaboratively with Finance to update fee schedules CPT codes with new modifiers credentialing requirements as required by MDHHS. **1.0.1-1.0.11**

Works in Progress:

- Review of options for new provider channel in Teams or Nola for submission of documents.
- Transition of process for entering authorizations into Nola for SRS Providers.
- Process for auditing DCW Premium Pay attestations to ensure pass through is given to direct care staff.
- Review and update of reciprocity tool for site visits to share with the region.
- Continued development of Provider Directory.
- Working with providers to prepare for Electronic Visit Verification (EVV).
- Implementation of Corrective Action Plan follow up process to ensure contract compliance.
- Ongoing coordination with Training Department to ensure ongoing education for providers in a virtual environment.

Integrated Health Clinic (IHC)

IHC is a fully integrated primary care health clinic embedded in NLCMHA, which is co-located in two NLCMHA buildings, Traverse City and Grayling, and shares an electronic health record (Nola). IHC includes the services of a Family Nurse Practitioner, Registered Nurse, Licensed Professional Counselor, and a receptionist. IHC continues to provide primary care services to the community at large and serves a primary population of persons who live with Severe Mental Illness and Co-Occurring Disorders (COD).

Accomplishments:

- Provided Primary Care Services in Traverse City four days per week and in Grayling one day per week. **1.0.5-1.0.9**
- Provided ongoing primary care services directly in NLCMHA Board Operated Homes. **1.0.5-1.0.9**
- Increased current patient census to 303 individuals receiving primary care services. **1.0.1-1.0.11**
- Completed review of patient census and initiated reengagement efforts for patients who had not been seen in more than one year. **1.0.5-1.0.9**
- Engaged patients who had not been seen in one year or more to complete an annual physical, with 21.5% of registered patients completing an annual physical. **1.0.5-1.0.9**
- Ongoing consultation with NLCMHA Medical Director for psychiatric needs of shared patients as well as other patients of IHC with severe mental illness. **1.0.1-1.0.11**
- Ongoing development of care integration with NLCMHA staff. **1.0.1-1.0.11**
- Continued to foster and develop positive, productive, and trusting relationships with patients served by IHC. **1.0.1-1.0.11**
- Completed Substance Use Disorder screens for new patients and annual screening for current patients. **1.0.1-1.0.11**
- Provided evidence-based outpatient therapy for those who do not meet criteria for NLCMHA services, including adults with mild to moderate mental illness. **1.0.1-1.0.11**
- Initiated expansion of Behavioral Health Home (BHH) during first half of fiscal year, creating necessary documents and working with IT to create functionality in NoLa. **1.0.1-1.0.11**
- Worked collaboratively with incoming BHH staff to transition program in order to meet needs of the larger population of persons served by NLCMHA. **1.0.1-1.0.11**
- Provided ongoing referrals for BHH, with collaborative follow up to work collaboratively to ensure care coordination and patient needs were met. **1.0.1-1.0.11**

- Continued telehealth, as appropriate, in order to provide primary care services to patients during pandemic response. **1.0.1-1.0.11**
- Worked collaboratively with multi-disciplinary team to develop safety measures in response to COVID-19 pandemic. **1.0.1-1.0.11**
- Developed marketing messages and materials to use in a community education campaign. **1.0.5-1.0.11**
- Worked collaboratively with Finance to engage in ongoing review and follow up of Explanation of Benefits received from payors to increase revenues for IHC. **1.0.1-1.0.11**

Works in Progress:

- Development of work plan and/or work group to explore additional opportunities for marketing.
- Continue to pursue completion of contracts with Medicaid Health Plans who have previously declined to contract for primary care services.
- Increase in third party reimbursement.
- Evaluation of new models of collaborative care to improve service to patients with severe mental illness.
- Continue to emphasize preventative care for IHC patients.
- Enhance and optimize options for use of NoLa for primary care purposes.
- Reviewing possible immunization administration.
- Continue to increase patient census.
- Expansion of time in Grayling location.

Communications and Public Relations

Communications and Public Relations (CPR) has been a link to the communities served by NLCMHA for persons served and for community partners, representing the vast array of programs available throughout the agency. CPR coordinates and plans staff events and training, including items that are necessary for clinician continuing education units.

Accomplishments:

- Participation in multiple conferences and trainings, providing continuing education units for nursing, social work, and addiction counseling. **1.0.1-1.0.11**
- Participated in providing Mental Health First Aid for Adults and Youth. **1.0.10, 1.0.11**
- Ongoing participation in planning for NLCMHA All Staff celebrations. **1.0.1-1.0.11**
- Participated in promoting myStrength program at community events and health fairs, as well as NLCMHA new hire orientation. **1.0.1-1.0.11**
- Preparing, presenting, and displaying posters throughout our catchment area created by persons served and involved in the Photo Voice program, producing posters from pictures or graphics with statements about experiences. **1.0.1-1.0.11**
- Completed rescheduling of multiple large conferences to ensure options of live stream programs and social distancing. **1.0.10, 1.0.11**
- Additional events including Walk a Mile in My Shoes, Suicide Awareness Walk, and Art of Recovery. **1.0.1-1.0.11**
- Collaboration with Training Department to transition Provider required trainings to virtual environment. **1.0.1-1.0.11**

Works in progress:

- Planning for placing nurse interns from Northwest Michigan College with several teams throughout NLCMHA.
- Development of the Annual Art of Recovery Art Show as a virtual art gallery.
- Collaborating to develop new virtual Photo Voice program for adult consumers.
- Collaboration with Training Department to create video programming and develop live streaming for new staff, providers, and contract staff for Culture of Gentleness and De-escalation techniques.
- Participate with groups to identify methods of marketing and outreach for areas of NLCMHA, including IHC, BHH, myStrength, FAST, and Crisis Services Team in virtual and socially distant community events.
- Continue to participate in All Staff Celebration planning and coordinating.
- Continue to participate in Recovery Celebration.

Behavioral Health Home

The NLCMHA Behavioral Health Home (BHH) was a pilot project implemented in 2014 through MDHHS in two counties, one of which was Grand Traverse County. In FY2020, MDHHS expanded BHH to three regions in the state including Region 2 and all 21 counties served through the NMRE. The services included in BHH are comprehensive care management, care coordination, health promotion, comprehensive transitional care, individual and family support, and referral to community and social support services. This service is available to individuals in our catchment area who have Medicaid and meet diagnostic criteria for Serious Mental Illness or Severe Emotional Disturbance. The program assesses and supports the needs for persons in their physical health, behavioral health, and psychosocial needs. During the rollout of this expansion, based on feedback from persons served, the Behavioral Health Home was “rebranded” and is now known as our own CHAT Program (Comprehensive Health Assistance Team).

Accomplishments:

- Expanded services to all six counties. **1.0.1-1.0.11**
- Successfully recruited staff to transition from providing services through IHC. Staff recruited include two RN Care Managers, Peer Support Specialist, Community Care Manager, Medical Assistant, and Operations Manager. **1.0.1-1.0.11**
- Developed and implemented CHAT Care Plan and Assessment. **1.0.1-1.0.11**
- Inclusion of created documents, including MDHHS 5515 form, Consent for Treatment, and CHAT referral form into NoLa to allow for better coordination of care between CHAT and behavioral health clinicians. **1.0.1-1.0.11**
- Ongoing collaboration with IHC, enhancing coordination of care opportunities for persons served. **1.0.1-1.0.11**
- Ongoing participation in team meetings to introduce, teach, and support behavioral health clinicians in the development and implementation of CHAT. **1.0.1-1.0.11**
- Enhanced care coordination, including supporting enrollees at medical appointments, obtaining preauthorization for medical services, medication education and management,
- Increased enrollment by 200% in FY21 to 75 enrollees. Unduplicated count of persons served in FY21 was 87 persons. **1.0.1-1.0.11**
- Successful application for COVID-19 Grant for Adults with Serious Mental Illness June 2021 through March 2023. **1.0.1-1.0.11**

- Participation in NMRE discussions and reviews of current Health Home programming and growth. **1.0.1-1.0.11**
- Collaborated with other CMHSPs to support regional efforts. **1.0.1-1.0.11**

Works in Progress:

- Implementation of huddles with primary care providers in the community.
- Finalize processes and procedures.
- Exploring opportunities to increase staff training for Motivational Interviewing and other Evidence Based Practices.
- Continue to identify and introduce new community services and opportunities to persons served by CHAT.
- Completion of development and implementation of processes and procedures.
- Continue to assess staffing needs and create plan as needed to serve enrollees and meet MDHHS requirements.
- Continue to build relationships with community partners to increase accessibility of persons in the community who meet criteria for CHAT.

**Northern Health Care Management (NHCM) - Darryl Washington, Ed. D.,
Director, Long Term Care and Support Services**

There are four grant funded programs operated under the auspices of the Northern Lakes Community Mental Health Authority, Division of Long Term and Supports Services, or Northern Health Care Management (NHCM). NHCM encompasses

- MI Choice Waiver (Home and Community Based Services)
- Nursing Facility Transition (NFTI)
- Michigan Merit Award Trust Fund Grant (Aging and Adult Services Grant Agency).
- MIPPA

Each program implementation is guided by a distinct set of contract responsibilities, processes, policies, and procedures. Convergence between the business of MI Choice and NFTI, is prohibited. There is a specified division of labor, to ensure contract compliance.

Planned Improvements:

- **MI Choice Waiver-** Increase slot utilization.
- **NFT-** Increase geographical area, and numbers of transitions.
- **MATF-** Develop a brochure highlighting this offering to increase the number of recipients that receive respite services.

Budget:

The grant amount for MI Choice services for FY 2021 is \$11,568,768 544 slots.

The NFT budget was increased during FY 2021 from approximately 54,000 for FY 2019 to 165,000 in FY 2020. NHCM exceeded Nursing Facility Transfer (NFT) benchmarks and therefore received a substantial increase in funding. There was a 23% increase in services delivered in FY 2020. We have added 10 additional counties to our services area, so we anticipate further growth.

NHCM renewed the Merit Award Trust Grant through Aging and Adult Services Agency for \$89,374. This supported respite services for six caregivers in the community and individuals in Adult Day Programs in the 10-county region. COVID-19 severely negatively impacted the delivery of services for this grant award. Adult Day Care Centers were closed, and where we would have normally provided approximately 72% of the award to these providers, we were only able to distribute 18% of the overall funding. Likewise, we were only able to distribute 27% towards caregiver respite services.

Financial Breakdown Fiscal Year 2021: Total Award= \$89,374.00

Day Care	\$ 16,613	18%
In-home Respite	\$ 24,754.00	27%
Admin Cost	\$ 5,011.00	5%

Staffing

Accomplishments:

Staff attrition has presented as a significant challenge this year, where credentialed staff left in significant numbers to obtain better opportunities in a marketplace where jobs are available but the human resources to fill them are sparse. NHCM has had challenges in having credentialed staff to implement programming, however new positions have been created to help meet the demands of the work. Community Health Worker staff have filled vacancies left by credentialed staff. Non-credentialed staff are able to fulfill the nonclinical aspects of the work, allowing clinical staff to increase their capacity to maintain a case load. **.1.0.4, 1.0.7, 1.0.10**

- Additional changes have been added to staff responsibilities, with the intent on continued improvements in program efficiency.
- **Supports Coordinator (Case management) staff have been partnered** in groups of two, four and six. This team approach allows for each grouping to serve specified regions within our 10-county region. Instead of individuals being assigned participants throughout the 10 regions one group manages all cases within a group. Overall, this helps to decrease travel, time, and expense, and improves the continuity of care for participants. **.1.0.4, 1.0.7, 1.0.10**
- **The hybrid work option** has proven to demonstrate the following:
 - Increase efficiencies and decrease costs in delivering quality care. Clinicians will be geo-located with the participants they serve. The cost of travel will be decreased substantially.
 - Attract and sustain a quality workforce. This is a national trend that is ever increasing in every business sector of the workforce, and workers are seeking this option wherever they can find it.
 - Offer this option as an incentive for employees, providing them the opportunity to achieve a healthy work-life balance. Human service work is complex and can be physically and emotionally draining. This offers employees a better opportunity to address self-care.
 - The model has been expanded to include all staff who are engaged in work in the field.
 - **Created two Program Administrator/Process Administrator Positions:**

To decrease staff turnover, exit interviews were conducted to determine the chief cause. Consistently, staff reported there was insufficient training, inconsistent processes, resulting in uncertainty in knowing how to perform the duties they were assigned. The proposed purpose of this position is to define, record and validate all work processes, and create approved standards for performance. The position is currently vacant.

- **Improved hiring process:**

Extensive evaluation occurs in order to more thoroughly vet potential employees, in coordination with and with the support of Human Resources. **1.0.10**

Staffing:

Planned Improvements:

- **Continue to Develop all Internal Processes:** Document, improve processes, implement and train.
- **Develop the Eligibility Team:** Detail a Supports Coordinator (RN) to eligibility team in order to preemptively assess potential participants to be served. This was implemented and has proven to be effective in expediting referrals received.
- In FY 2021 a new assessment team will be initialized in order to expedite initial assessments and to hasten Participant on boarding.
- **Develop a Training & Orientation:**

Community Engagement

Accomplishments/Planned Improvements

MHCSN- NHCM has been an associate member of the Michigan Home and Community Services Network (MHCSN) since its inception in 2014. NHCM has partnered with the association to distinguish itself from Area Aging on Agency, and other Waiver agents' providers. Most recently the association has re-focused its efforts to present as a more unified body and to strengthen the mission and to promulgate more influence as a statewide healthcare system. In December 2018 the association was awarded a Michigan Health Endowment Fund Grant to implement a pilot project to demonstrate coordinated care through Medically Complex Case Management. The study will include 75 participants. NHCM was able to enroll a participant and the outcomes from the project demonstrated a significant improvement in participant care. **1.0.10**

- **Provider Meetings:** NHCM, in partnership with Area Agency on Aging, sponsors meetings with our contracted providers which are held on a quarterly basis. The format has significantly changed, which has resulted in providers being more receptive and they have responded with more positive feedback. **1.0.10**

NHCM works collaboratively with Michigan Home and Community Services Network (MHCSN) partners, to conduct Participant Satisfaction surveys in addition to the survey that MSU conducted to gain a larger return and increased feedback. The participant experience survey is hand delivered by case management staff and mailed to participants. Consumer Satisfaction Surveys per guidance from the State, Michigan State University are annually completed by all primary MI Choice Waiver agencies.

Consumer satisfaction surveys were not completed this year due in part to COVID-19. MDHHS requested that Waiver Agents not mail correspondence to participants. The surveys will go out but there will be a delay. Michigan Peer Review Organization (MPRO) MI Choice Waiver charts are reviewed by MPRO for quality

measures related to Nursing Facility Level of Care Determinations. NHCM has not yet received any MPRO request or communication during FY 2020. **1.0.4, 1.0.7, 1.0.10.**

Clinical Quality Assessment/Review (CQAR) is currently underway for FY21. NHCM State surveyors conducted in-person home visits. In addition, records were reviewed during the clinical record review by the CQAR team. Each participant record was reviewed utilizing CQAR standards with multiple requirements in place in order to meet each standard. CQAR on hold due to COVID-19. NHCM is awaiting the request from CQAR State Surveyors on when the home visits will be conducted. **1.0.4, 1.0.7, 1.0.10**

APPENDIX A

2021 SRS Unit Endorsements

Wright Street Home

All guardians are pleased and provide lots of praise to care and support staff.

RN and Case manager enjoy coming to WSH. The atmosphere is welcoming and positive.

Wright Street Home staff have bonded into a sub family while at work. This has improved the quality of life for residents and has improved the work climate for employees.

Upgrades to the landscaping and construction of a permanent covered patio are complemented often.

Evergreen Home

ROOC staff report to Case manager that they appreciate how Evergreen staff participate in their ZOOM Program.

Occupational Therapist commented to Home Supervisor on how calm and welcoming Evergreen Home is. Additionally, RCAs are always very interested and willing to try new things with the clients.

Even though 3 clients were hospitalized this year, it resulted in positive outcomes.

Following one resident's swallow test a diet plan was changed. Client's quality of life has improved...happier and has a lot more energy.

One resident had chosen to sleep on the couch at Evergreen for more than a year because she declined to clear her personal belongings off her bed. After collaboration with family and guardian, Home Supervisor cleared the bed off and put on a brand-new comforter while she was away from the home. The client now clears her bed off every night and is sleeping in her bed. The quality of resident sleep has dramatically improved.

Hospital staff consistently comment to Home Supervisor that it is very apparent that all 3 clients were well cared for, particularly in the area of skin integrity.

Two of Evergreen's direct care workers became first time homeowners in 2021.

Pearl Street Home

Pearl Street Home sponsored a Barbecue for residents, families, guardians, and clinical staff during the summer.

Pearl Street residents went fishing this summer.

APPENDIX A

From a resident's guardian/ sister: "I appreciate all that you guys are doing for my brother."

From a resident's Mother: "I know you all care about/for (my son). Thank you so much"

From a guardian: "I know you truly love these guys, and it shows through with all the care that you provide them. Thank you."

From a family member:" Thanks for all you have done for (resident) in his time of need and all the encouragement you continue to give."

One resident has been working for Manpower for over 6 months.

Jones Lake Home:

From a new Case Manager: "I wanted to thank you for taking time to meet with me this week. You sure have a great home."

Reported by the Home Manager: "A Munson Physical Therapist provided in-home services to a Jones Lake resident today. I was touched by his statements during our conversation. He began telling me how he "Loves coming to Jones Lake Home...It is our favorite place to come to!" When I asked him who he meant by "our" he told me, "Oh! Our entire Munson Home Team LOVES coming here!" "It's ALWAYS so warm and cheerful and it is SO obvious that you take care of your folks because you actually CARE." "When I saw one of your people on my case load yesterday, your home became the center of conversation at lunch!"

Fifth consecutive Memorial Garden Barbecue was conducted in August to remember Jones Lake Home residents who have passed away. The event was attended by resident families, guardians, staff, and their families.

Woodland Home:

From a Guardian. "Thank you all for taking such great care of the guys. The home is always so clean, and everyone is so happy".

Nurse from Mid-Michigan Health clinic: "I don't know how you guys do it, but you do an awesome job!"

From NLCMHA Occupational Therapist: "I love coming to this home.... staff is always so pleasant, and the clients are all happy!"

The Woodland Home whole team rocks!!! No clients contracted COVID, and everyone is currently still health

Sensory room was remodeled by staff into a client centered game room.

Seneca Place Home:

APPENDIX A

Residents have enjoyed the major increase in their ability to be outdoors and to participate in excursions into parks, local farms, and community functions as COVID restrictions eased.

A sensory room has been developed by home staff in conjunction with the Occupational Therapist. Residents are enjoying this addition to their home environment.

Glen Oaks Apartments:

The crumbling concrete front sidewalks and ramps have been replaced by NLCMHA with new permanent track decking.

Residents planted flower and vegetable gardens during the pandemic restrictions.



*FY21
Annual Report*

Grand Traverse Industries



Cindy Evans
Executive Director



Note from the Executive Director

A year of services in the midst of a continuing pandemic has had its share of difficulties. But we have continued on with a determination to provide the best services we can to assure that the clients we serve continue to be active and participating members of their community. If it was not for the support of Northern Lakes and North Country CMH and the provider stabilization payments and direct care premium pay, we would likely not had the successes I share in this report. We are grateful that you believe in the work that we do as we enrich the lives of the individuals we serve by creating job that put paychecks in hands and opportunities that place smiles on faces. There are great things happening and we look forward to another great year!

We Broke ground:

We sold our aging Aero Park facility and our original manufacturing plant. With these sales final we were able to move forward with the construction of a new addition on our bag manufacturing facility. This will bring all of our Travers City programs under one roof. With this consolidation we are focused on more work opportunities and updated program spaces for the individuals who participate in the day programs. We were very intentional in the design of the

Program space to assure large windows for natural light and a covered entrance for BATA drop offs.

The addition is just over 30,000 square feet and projected to be completed in late spring / early summer of 2022.



**Over \$445,000
in wages
earned by
individuals
with
significant
disabilities.**

For some in our program it is all about paychecks.

210 clients served earned a paycheck company wide.

Work opportunities:

In facility we had work from many community partners such as Lear, Stromberg Carlson, Plascon, Fustini's, Traverse City Products and our own bag manufacturing just to name a few.

Supported employment community enclaves we worked with the Record Eagle, Interlochen Arts Academy, Blue Vase book store, Grand Beach Sugar beach, our own janitorial crews and many more.

We started a new credentialing program for

Direct Care Professionals: We are investing in our staff by offering an extensive training program and a three tier credentialing certification through the National Alliance for Direct Support Professionals.

DSP Certification (DSP-I, DSP-II, DSP-III)

Certification through NADSP acknowledges direct support professionals for their exemplary work in supporting people with disabilities. These various levels of certification including DSP-I, DSP-II, and DSP-III, recognize the knowledge, skills and values of direct support professionals, through participation in the NADSP E-badge academy.

14 clients were employed on our janitorial crews.
48 clients participated in supported employment
enclave crews
2 clients were competitively employed
12 clients were referred by MRS for job placement
338 individuals served in all programs combined

LIS'N: Our interpreter program continued to provide essential front line services for the community and the deaf population. Whether it be at Munson, in a doctor's office, the college, or a work place, our interpreters were there assuring the highest quality service was available and provided.



We had record bag sales this year with over 1.2 million in sales. This has created 6-10 hourly paid jobs each day for the clients that we serve.



We do more than paychecks, we also offer access to the community and a safe and engaging environment for developing meaningful relationships.

Pictures tell our story Best.

We did a lot together....

We volunteered in the community



Bowling



We went Fishing



Got out and enjoyed the sunshine



Community Events



Beach Days are the best



We went to the fair



We went hiking



Developed Friendships



Picked Blueberries



Did some cooking



Creating opportunities, paychecks and a lot of smiles

Shanty Creek Enclave



1:1 support for independent business



Coast Guard Enclave



Working Hard



Enjoying the Great Outdoors



Donating to the Kankaska Animal Shelter



Creating opportunities, paychecks and a lot of smiles





Annual Report

2020/2021



A Year of Change AND Growth!

The pandemic has presented many obstacles over the past year that required constant change, but also gave an opportunity for growth. After the brief closure of so many community businesses (including ROOC), it became apparent just how important community engagement really is! As we adjusted to the needs of our clients we were forced to rethink and restructure our delivery of some programs and services. Even though some clients were unable to leave their homes for a period of time we were still able to connect using a little technology. We are proud of all the extra effort made by our wonderful staff and have a list of accomplishments as a result. We expanded our line of products for Spencer's Candy, gained a new janitorial contract, placed two clients with employment, began offering a weekly art class with a local retired art teacher and have partnered with MSU Extension to expand our skill building learning opportunities. Some of the new skill building opportunities include things such as Money Management, Health & Wellness (including nutrition and cooking as well as forms of exercising such as Tai Chi and Cardio Drumming) and a Nature Walk Series exploring the beauty of Northern Michigan. We will continue to work with MSU Extension in the future and are currently planning a garden for the spring!



Where We've Been

In 1968, Wilma Crawford, Basil Godbold, Larry Meier and Ralph Sperry presented the concept of establishing a sheltered workshop for adults with disabilities to the C.O.O.R. Area Parents' Association. In 1969, through the efforts of these individuals, a satellite program was opened. The operation was first located in the Old Gerrish Township Hall. In 1970, the Parents' Association filed with the State of Michigan for R.O.O.C. to become a non-profit corporation under the governance of the C.O.O.R. Intermediate School District. In 1978, after a brief time operating in the old St. Helen school building, R.O.O.C., Inc. moved into a new facility at its current location atop Pioneer Hill in Roscommon. In 1981, R.O.O.C., Inc. partnered with Community Mental Health to expand the work operations and include day programming services.

We continue to follow our mission to help individuals reach their full potential as it applies to their own goals through community connection, skill building activities and employment opportunities.

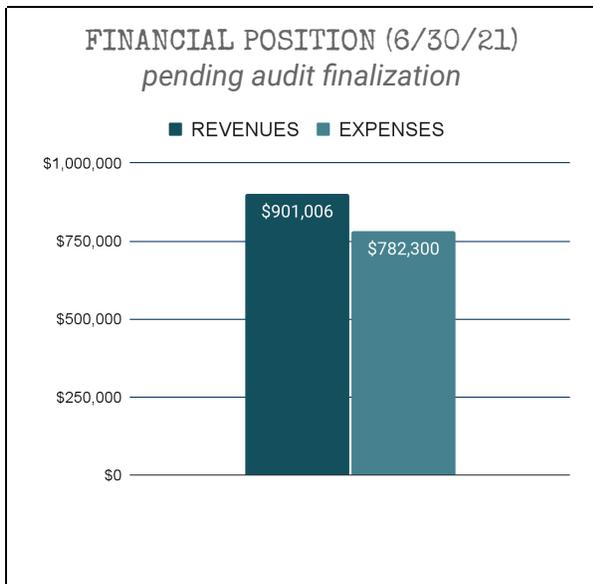




Where We Are

PROGRAMS AND SERVICES
<u>Community Integration</u> Community based day activities
<u>Community Employment Services</u> Paid employment in community
<u>Organizational Employment Services</u> Paid employment at ROOC
<u>Employee Development Services</u> Soft skills training - Job Club
<u>Employment Skills Training Services</u> Technical skills - training stations
<u>Respite and Community Living Supports</u> Respite services at home or in community

CLIENT DEMOGRAPHICS (20/21)		
# of persons served	50	
<u>Disability</u>		
Developmental	49	98%
Mental Disorders	1	2%
<u>Gender</u>		
Male	26	52%
Female	24	48%
<u>Race/Ethnicity</u>		
White	50	100%
<u>Age</u>		
25-44	23	46%
45-64	13	26%
65+	14	28%



STAKEHOLDERS SATISFACTION (20/21)	
ROOC Clients	83%
Parents/Guardians	91%
ROOC Staff	83%
CMH	76%
COOR Board	95%
COOR Staff/Admin	85%
Community	86%



Where We're Going

2021/2022 Strategic Plan Goals

- Achieve an overall client success rate of 90% or higher
- Ensure 25% of clients' time is spent in community based day activities
- Ensure 50% of clients' time is spent in skill building and training activities
- Achieve a client satisfaction rate of 80% or higher
- Achieve a parent/guardian satisfaction rate of 80% or higher
- Reduce staff turnover rate
- Maintain balanced budget with revenues exceeding expenses
- Meet 100% of staff training needs on time as required
- Complete 100% of emergency drills on time as required
- Complete 100% of self-inspections on time as required for facilities and vehicles
- Maintain number of critical incidents below 5
- Maintain number of substantiated Recipient Rights complaints below 5

Contact Us

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ROOC Inc



rooc.inc

**Northern Lakes Community Mental Health Authority
County Commission Assessment 2021 Summary**

Northern Lakes Community Mental Health Authority (NLCMHA) continually strives to improve the outcomes of the service it provides and to strengthen its linkage with the communities it serves.

As elected representatives of those communities, your assessment is vital to the continued improvement of those service outcomes. We thank you very much for your assistance and support.

On a scale of 1-5 (1 worst - 2-3-4-5 or excellent) please place your score on the line in front of each of the following questions.

1. How aware are you of the services provided by NLCMHA?

County	Total Commissioners	Reponses	Sum	County Mean
Crawford	7	3, 4, 4, 5	16	4.0
Grand Traverse	7	3, 4, 4	11	3.6
Leelanau	7	4, 5, 5	14	4.6
Missaukee	7	1, 3, 4, 4	12	3.0
Roscommon	5	3,3	6	3.0
Wexford	9	3, 3, 3, 4, 5, 5	23	3.8
Six County Mean				3.6

2. Based on what you know how do you rate the job NLCMHA is doing in your community?

County	Total Commissioners	Reponses	Sum	County Mean
Crawford	7	3, 3, 3, 4	13	3.25
Grand Traverse	7	2, 5, 3	10	3.3
Leelanau	7	4, 5, 5	21	4.6
Missaukee	7	2, 4, 3, 4	13	3.25
Roscommon	5	4, 4	8	4.0
Wexford	9	5, 3, 4, 3, 1, 3	19	3.1
Six County Mean				3.5

3. Based on your knowledge of NLCMHA how well do you think NLCMHA uses your community resources?

County	Total Commissioners	Reponses	Sum	County Mean
Crawford	7	4, 3, 3, 4	14	3.5
Grand Traverse	7	1, 5, 3	9	3.0
Leelanau	7	4, 4, 4	12	4.0
Missaukee	7	4, 4, 3, 4	15	3.7
Roscommon	5	4, 4	8	4.0
Wexford	9	5, 2, 4, 3, 1, 2	17	2.8
Six County Mean				3.5
Total Mean				3.5

4. In your opinion, how can persons with mental illnesses and developmental disabilities live productive lives in and be meaningful members of your community?

Crawford:

- 1 First of all they need mental health treatment to make sure they can function safely and want to. If ok they get them into a job environment.
- 2 By ensuring life skill services are provided to meet them where they are at.
- 3 To continue to socialize and be in the work force.

Grand Traverse:

- 1 Familial support of the individual, with the families supported by CMH through education, counseling, and other services. Provision of educational opportunities for those with special needs.

Leelanau:

- 1 By working and living in our community.
- 2 Family support, available housing, mental health services, job readiness training, job placement, transportation, support network.
- 3 Given the appropriate tax, people can lead meaningful lives. Some do well with medications, others need meds plus counseling – ongoing support (ie for schizophrenics/bipolar) or counseling to resolve childhood/life issues.

Missaukee:

- 1 Include them instead of excluding them.
- 2 More options for affordable or dedicated housing; perhaps better job coaching opportunities; more focus on options for engagement.
- 3 By receiving counseling and training that help them find roles and jobs they are capable of doing to increase their self-respect and also identifying employers that are willing and able to provide the right atmosphere for them to succeed.
- 4 No answer
- 5 With the support of knowledgeable people such as CMH staff and utilizing resources available.

Roscommon:

- 1 Continuous support from various community resources.

Wexford:

- 1 Keeping them in a home setting as much as possible with those who love, protect, and provide for them.
- 2 With the proper help and therapy.
- 3 By having opportunities to serve, volunteer, and more places that employ persons with disabilities.
- 4 They could be more involved if services were provided. People are missed way too often, even after they BEG for help.
- 5 By engaging with and being the involved with the community.

5. If you were going to recommend one thing NLCMHA could do better in your community, what would that be?

Crawford:

- 1 Have a list of who can be helped and when they cannot be helped provide info to them on whom to call.
- 2 Full time staff dedicated to help police/sheriff, more resources/placement for autistic children.
- 3 Always more awareness.

Grand Traverse:

- 1 Create an atmosphere of trust with entities served by, with, and through CMH as well as staff. There seems to be a disconnect in communication and trust.

Leelanau:

- 1 Work with inmates more.
- 2 We must make mental health and family support services more available.
- 3 I don't know. My granddaughter came out of her senior year/COVID isolation with depression anxiety and suicidal ideation. She is receiving excellent care with CMH.

Missaukee:

- 1 Better communication with the people of our community.
- 2 Better "advertising". We still don't talk enough about mental health and in today's world of Covid PTSD, people need to vent.
- 3 Continue building relationships with the prosecutor, sheriff and jail to try and insure that those arrested who are suffering from mental illness and drug addiction are getting the help and treatment they need.
- 4 I don't know.
- 5 Outreach to those who have family or friends living with them that have untreated mental issues.

Roscommon:

- 1 Increase in recruiting and staffing – the workload for current employees is huge and limits their potential.

Wexford:

- 1 Working more with Law Enforcement for the special needs of those with mental problems who come in contact with Law Enforcement.
- 2 Let people know you are here. Maybe set up more clinics where people can come and talk one on one without being embarrassed.
- 3 Hire employees with long term vision and a commitment to STAY employed with NLCMH. It seems there is always a turnover of employees. Which is indicative of our entire work force at the present time.

4 Try to include families instead of dismissing them so quickly. They need help and are getting NO HELP. Suicidal individuals are failed way to often as well as other mental health concerns. 8 years I have said WE HAVE A PROBLEM and still NOBODY listens. Why ask for survey completion if you do nothing about them either. I'm EXTREMELY disappointed and EMBARRASSED by NLCMHA.

5 Visibility, marketing to citizens.

6. What do you believe is the most important mental health issue or need in your community?

Crawford:

- 1 Depression
- 2 Access to counselors. Quality licensed counselors regardless of socio-economic status.
- 3 Availability of services for all aspects of needs.
- 4 Depression

Grand Traverse:

- 1 Access to affordable care before it becomes a crisis.
- 2 Education regarding services offered, expanded services to those with milder mental illness.

Leelanau:

- 1 Mental illness leading to jail time.
- 2 Availability of services – crisis services and treatment.
- 3 Right now, depression and anxiety caused/magnified by Covid isolation.

Missaukee:

- 1 Depression/anxiety. Which comes first the drugs and alcohol or the depression and anxiety.
- 2 Addiction
- 3 Addiction or undiagnosed serious mental conditions.

Roscommon:

- 1 Depression. It underlies most substance abuse disorders and affects all ages.

Wexford:

- 1 Most important issue is addiction. Most important need is love.
- 2 People that have no one to turn to and think that they are alone.
- 3 Probably the mental health of drug users and those who suffer with addictions.
- 4 Suicide &/self-harm.
- 5 Addiction. Addiction treatment. Others to understand addiction.

7. What do you think is a main strength of NLCMHA?

Crawford:

- 1 Communication with the government.
- 2 Helping the underserved.
- 3 Local connections with our hospital and helping patients get the treatment they need.

Grand Traverse:

- 1 It's dedication to those with intellectual disabilities.

Leelanau:

- 1 Its employees.
- 2 Staff.
- 3 It's services are available and affordable for those who cannot pay for individual therapy.

Missaukee:

- 1 Dedicated staff.
- 2 The passion with which you care about your clients, the high percentage of your budget that actually goes to client care, and your commitment to maintaining local control so that this can all continue.
- 3 Local resources and staff.
- 4 Staff members.

Roscommon:

- 1 Dedication to their mission and purpose; willingness to work with all clients.

Wexford:

- 1 Local people who care about the patients and are willing to work with constituents.
- 2 To be honest I really only hear small things about NLCMHA. I think you really need to out reach more in the community.
- 3 N/A
- 4 Employees that truly care. Wish guidelines for services and management did.
- 5 6 county coverage area. Services are there. I don't think a lot of people know they are there.

8. Based on the information provided by Northern Lakes Community Mental Health Authority, what questions do you want addressed by NLCMHA? (We will respond in writing.)

Crawford:

- 1 N/A

Grand Traverse:

No responses

Leelanau:

1 None.

Missaukee:

1 How can the county support CMH and assist in better outreach.

Roscommon:

There are no responses.

Wexford:

1 I do not have a question.

2 Overall just my comments above.

2 Employment issues, the frequent turnover of case workers and the effect it has on clients.

3 Why is it so difficult to get services? People NEED help and get turned away too often.

4 How do you plan on improving outreach to your coverage area?

1/7/2022 dsl

NLCMHA Ownership Linkage Plan

The goal/purpose of the Ownership Linkage Plan is stated in Policy 3.0 Global Governance Process/Ownership Linkage: The purpose of the Board, on behalf of Northern Lakes Community Mental Health, is to see to it that the (Northern Lakes Community Mental Health Authority) (a) achieves appropriate results for appropriate persons at an appropriate cost, and (b) avoids unacceptable actions and situations. In order to accomplish the goal as stated in the policy, the NLCMHA will contact and consult organizations and individuals for the purpose of establishing a relationship to determine how the organizations and individuals listed below view, can utilize and utilize already the services provided by the NLCMHA.

The organizations and individuals include but not limited to:

residents of the various communities the six-county region
county boards of commissioners
veterans
sheriffs, jail services and jail diversion
peer support services
crisis intervention
families of youth transitioning out of intermediate school district services
legislative representatives and senators
stakeholders, owners
consumers, clients, families
judges, prosecutors
agencies that use the services of the NLCMHA
school districts and school boards
hospitals
Community Collaboratives
NAMI and other advocacy groups
Legislative update
CMH Association
Federal, State and Local Officials

Frequency of Contact:

Methods:

NLCMHA establish and maintain contact with each of the groups and individuals listed above and establish contact with new and/or different groups as the opportunities arise. Suggested methods follow.

Review the examples provided above and continue.

Use of surveys which include measurable objectives; send the surveys to the person(s) in the organization who can best respond to the survey

NLCMHA invite officials and others to offices of NLCMHA for food, conversation and discussion. Those invited include stakeholders, owners, consumers, clients, families, judges, prosecutors, sheriffs, jail administrators, agencies that use the services of the NLCMHA, county boards of commissioners, school districts and school boards, hospitals, etc.

1/2021