



**Northern Lakes
Community Mental
Health Authority**

**Board of Directors
Packet**

March 17, 2022



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

BOARD AGENDA

The Northern Lakes Community Mental Health Authority Board will meet on March 17, 2022 at 2:15 p.m. Northern Lakes Community Mental Health Authority, Virtual Meeting and 527 Cobb Street, Cadillac Dial 1-810-258-9588 Conference ID 677 786 686#

<u>TIME</u>	<u>ID #</u> <u>ITEMS</u>	<u>POLICY #</u>
2:15 p.m.	Roll Call Pledge of Allegiance Appoint Timekeeper Confirmation of Quorum Consideration of Agenda Conflict of Interest Declaration	
2:20 p.m.	Consent Agenda - Board Consideration of Board Consent Agenda* 1 Board of Directors Minutes – January 20, 2022 – <i>Amend</i> 2 Special Board Minutes – February 10, 2022 - <i>Approve</i> 3 Board of Directors Minutes – February 17, 2022 – <i>Approve</i> 4 Committee of the Whole Minutes – December 16, 2022 – <i>Amend</i> 5 Committee of the Whole Minutes – January 20, 2022 - <i>Amend</i> 6 Committee of the Whole Minutes – February 17, 2022 – <i>Approve</i> 7 Financial Statements – <i>Receive and File</i> 8 Contract Summary – February 2022 – <i>Approve</i>	
2:30 p.m.	Ownership Linkage A. Citizen Comment (May be limited to three minutes by Board Chairperson) 9 B. Written Public Comment-Past Meeting b. Board discussion/action 10 C. Written Public Comment-Current Meeting c. Board discussion/action D. Ownership Communication	1.1, 3.1
2:40 p.m.	11 Chief Executive Officer’s Report	
2:55 p.m.	12 Northern Michigan Regional Entity Report NMRE Minutes	3.4
3:05 p.m.	Assurance of Organizational Performance A. Receipt of CEO Monitoring Reports CEO Response to Monitoring Reports 13 2.2 Treatment of Employed Workforce Members (Internal Inspection)* B. New Operational Worries C. Board Procedural Rules	3.0, 3.2

**Northern Lakes Community Mental Health Authority
Board of Directors Annotated Agenda
March 17, 2022**

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

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

2:20 p.m. Consent Agenda

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

2:30 p.m. Ownership Linkage

Definition - Connecting the authority and accountability to the owners.

As shown, this includes Citizen Comments (May be limited to three minutes by the Board Chairperson), Written Public Comment (Past Meeting and Current Meeting) and allows time for planned Ownership Communication with other community agencies or individuals.

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

The Interim CEO Report will be reviewed with the Board.

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

The NMRE Board meeting minutes will be shared if available.

3:05 p.m. Assurance of Organizational Performance

Definition – Monitoring of how NLCMHA is complying with policy.

There are three components. 1. Receipt of CEO Monitoring Report – 2.2 Treatment of Employed Workforce Members (Internal Inspection). 2. New Operational Worries – This allows time for Board Members to raise and discuss any new concerns they have that are not on the agenda and may be worries that would be added to a future agenda. 3. March 2022 Monitoring Assignment – 1.0 Consumer and Community Ends (1.0.1 – 1.0.5) (Internal Inspection). Please complete in advance and submit to the Chairperson.

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

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

There are two components. 1. Receipt of Board Monitoring Report – 1. 3.5 Meeting Agendas and Schedules (Direct Inspection). 2. March 2022 Monitoring Assignment – 3.3 Board Member Code of Conduct (Direct Inspection) and 3.6 Board Chair Functions (Direct Inspection).

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

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

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

- Ends
- Executive Limitations
- Governance Process/Ownership Linkage
-NLD Minutes – March 2, 2022 – *Review and Approve*
- Board/CEO Linkage
- Motion to Rescind Motion to Offer CEO Position to Interim CEO
- Motion to Engage Hiring Solutions LLC

4:30 p.m. Ownership Linkage

Definition - Connecting the authority and accountability to the owners.

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

4:40 p.m. Announcements/Board Member Reports/Board Association

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

4:45 p.m. April 21, 2022 Agenda Planning

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

4:50 p.m. Meeting Evaluation/Comments

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

4:55 p.m. Adjournment

NEXT MEETING – April 21, 2022



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

Board of Directors Meeting Minutes

January 20, 2022

2:15 p.m.

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

Board Members Present: Randy Kamps, Rose Denny, Barb Selesky, Dan DeKorse, Justin Reed, Penny Morris, Ben Townsend, Ty Wessell, Al Cambridge, Angie Griffis

Virtual – Pam Babcock, Mary Marois, Greg McMorrow, Nicole Miller

Board Members Absent: Sherry Powers (advance notice)

Others Present: Joanie Blamer, Interim Chief Executive Officer; Lauri Fischer, Chief Financial Officer; Matt Leiter, Director of Human Resources; Tracy Andrews, Director of Integrated and Managed Health Services; Brian Newcomb, Director of Recipient Rights; Deb Lavender, Executive Secretary; Deb Bumbalough, Administrative Specialist; Jessica Whetstone, Jail Diversion Clinical Specialist; Dan Mauk, Chief Information Officer; Jeremiah Williams, IT Supervisor; Aaron Fader, Executive Administrative Specialist

Virtual – Carrie Gray, Chief Population Officer; Darryl Washington, Director of Long-Term Care and Support Services; Michelle Dosch, Compliance Secretary; Dr. Curt Cummins, Medical Director; Mardi Link; Ann Ketchum, Program Analyst; Brie Molaison, Customer Service Specialist; Jennifer Wisnieski, RN; Chris Biggar, Finance Manager; Jessica Williams, Performance Improvement Specialist; Kari Barker, QI Compliance Director; Lynn Pope; Somer Quinlan; Treasa Cooper, Reimbursement Coordinator; Two Unknown Public

Confirmation of a Quorum – yes

Timekeeper – Rose Denny

1. CALL TO ORDER:

The meeting was called to order at 2:19 p.m. by Randy Kamps.

2. AGENDA:

The Board reviewed the proposed agenda. Randy added Incoming CEO Conditions of Hire and Approval to Governance Policies Item E.

MOTION:	Accept Agenda with Addition
RESULT:	ADOPTED [UNANIMOUS]
MOVER:	Randy Kamps
SECONDER:	Penny Morris

3. CONFLICT OF INTEREST DECLARATION:

None.

4. CONSENT AGENDA

Consideration of the Consent Agenda

AI asked that the Financial Report be removed for separate consideration.

MOTION:	Accept the Consent Agenda for January 20, 2022 with separate consideration of Financial Report
RESULT:	ADOPTED [UNANIMOUS]
MOVER:	AI Cambridge
SECONDER:	Barb Selesky

AI called attention to the part of the budget referencing a land purchase – which AI voiced support for in developing purchasing the land. Lauri spoke about Seneca Home and the parcels that are shaped in an L around the Seneca building. These have been surveyed and set for the landowner to sell. The Techno Lodge would be sixteen apartments to be used with The Northern Healthcare Management program.

Dan asked if there has been a fair market analysis done on the property yet. Lauri said that there hasn't, though she will have our staff help review other land parcels in the area. Ben told Lauri to prepare for questions from the community as there may be people that could be against such a development. Randy asked about the sustainability of the project and if there would be expenses beyond the initial purchase. Randy then called for a roll call vote after some discussion.

MOTION:	To purchase the land parcels proposed totaling \$117,000.
RESULT:	ADOPTED. A ROLL CALL WAS TAKEN. 9 AYES: Griffis, Cambridge, Wessell, Townsend, Morris, Reed, Dekorse, Selesky, Denny.
MOVER:	AI Cambridge
SECONDER:	Ty Wessell

AI asked about the closure and 30-day notice given by a large, twenty bed specialized residential home in Traverse City that provided notice on January 31st. There are fourteen Northern Lakes consumers living in this facility and the case managers have been working to place them in other homes. Joanie noted that the State of Michigan is losing adult foster care homes at an alarming rate and that we are working to bring on more staff to keep these homes going. There is a staffing shortage across the state, not just at Northern Lakes.

5. CITIZEN COMMENT

None.

6. OWNERSHIP LINKAGE:

MOTION:	Approve Financial Report
RESULT:	ADOPTED [UNANIMOUS]
MOVER:	AI Cambridge
SECONDER:	Dan DeKorse

A. *Citizen Comment* – None.

B. *Ownership Communication* – none

7. CHIEF EXECUTIVE OFFICER'S REPORT:

Joanie asked if there were any questions on the annual report given to the Board. Penny asked about the Crisis Engagement Center and what the ongoing plan is for that. Staffing for the Engagement Center has been funded through MDHHS block grant funding. The Engagement Center will be used as a building block to merge into a crisis stabilization within the community wellness center. Recruiting is underway and we will likely open the service at the Hall St. Office to begin. Justin asked about the real estate options once all positions are fully staffed.

8. NORTHERN MICHIGAN REGIONAL ENTITY REPORT:

No comment.

9. ASSURANCE OF ORGANIZATIONAL PERFORMANCE:

A. Receipt of CEO Response to Monitoring Report – 2.6 Community Resources (Internal Inspection)

MOTION:	The Board finds the organization 100% in compliance with Policy 2.6 Community Resources (Internal Inspection)
RESULT:	ADOPTED [UNANIMOUS]
MOVER:	Rose Denny
SECONDER:	Justin Reed

B. Receipt of CEO Response to Monitoring Report – 2.10 Administrative Cost (Internal Inspection)

MOTION:	The Board finds the organization 92% in compliance (amended from 100%) with Policy 2.10 Administrative Cost (Internal Inspection)
RESULT:	ADOPTED [UNANIMOUS]
MOVER:	Rose Denny
SECONDER:	Barb Selesky

C. New Operational Worries – None.

D. January Monitoring Assignment

2.4 Financial Management (Internal Inspection) Please complete and turn in.

10. BOARD MEANS SELF-ASSESSMENT

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

B. Receipt CEO Response to Monitoring Report – 3.1 Board Job Description (Direct Inspection)

MOTION:	The Board finds the organization 100% in compliance with Policy 3.1 Board Job Description (Direct Inspection)
RESULT:	ADOPTED [UNANIMOUS]
MOVER:	Barb Selesky
SECONDER:	Rose Denny

C. January Monitoring Assignment

3.9 CEO Compensation (Direct Inspection), 3.10 Board Member Conflict of Interest (Direct Inspection). Please complete and turn in.

11. GOVERNANCE POLICIES DISCUSSION AND ASSESSMENT:

A. Ends – None.

B. *Executive Limitations – None.*

C. *Governance Process/Ownership Linkages*

NLD Minutes – January 5, 2022 – Review and Approve

MOTION:	Approve NLD Minutes – January 5, 2022
RESULT:	ADOPTED [UNANIMOUS]
MOVER:	Barb Selesky
SECONDER:	Angie Griffis

Review and approval of Board By-Laws

MOTION:	Approve Board By-Laws
RESULT:	ADOPTED [UNANIMOUS]
MOVER:	Al Cambridge
SECONDER:	Dan DeKorse

Receive and file Ownership Linkage Plan

MOTION:	Approve Ownership Linkage Plan
RESULT:	ADOPTED [UNANIMOUS]
MOVER:	Ty Wessell
SECONDER:	Rose Denny

NLCMHA Board Website – Randy noted that prior to the CEO Search Committee, a Board Email was set up for community members to send communications to the Board directly. He noted the issue with these communications not being public and also that there are other ways to contact the Board, preferably during public comment. Randy also received a communication from a reporter asking if the communication actually was being forwarded to the Board. Randy believes that all communications should be in the public realm. Barb questioned the ethics of responding to these since they are not public and could potentially be confidential. She also supported removing the email. There was further discussion on communications with Board Members and the public. There was discussion about how some of the counties provide comments to the commissioners that is addressed to their Board email. The Board agreed that correspondence addressed to the Board's email address will receive an automatic reply and it will be placed on the Board's agenda under written public comment. The Board speaks as one voice which follows our governance policies.

D. *Board/CEO Linkage - None*

E. *CEO Ad Hoc Committee*

a. *Review and Approve Minutes from CEO Ad Hoc Committee*

Board Members discussed a reasonable start date and salary. It was suggested that we negotiate a start date of 90 days and a salary of \$160,000. The range that we advertised was \$135,000 to \$165,000. Noted Mr. Pankotai's current salary. Identified sources used to determine the salary. A vehicle was not included in the negotiations and information was provided regarding whether it was beneficial to the agency. The annual salary review will be based on the annual report and any salary increase will be back dated to the date of hire.

MOTION:	The Chair put forward the motion of the committee to offer the CEO \$160,000, the contract as modified, and the mandate that the start date be within 90 days
RESULT:	ADOPTED. A ROLL CALL VOTE WAS TAKEN. 9 AYES; Denny, Selesky, Dekorse, Reed, Morris, Townsend, Wessell, Cambridge, Griffis.
MOVER:	Randy Kamps
SECONDER:	Penny Morris

12. OWNERSHIP LINKAGE:

a. Citizen Comment

Jessica Whetstone spoke on some reservations that she has been having recently with the Board's decision.

13. ANNOUNCEMENTS/BOARD MEMBER REPORTS:

Al shared that it is the anniversary of a consent agreement of those with disabilities to be able to receive a right to education in Pennsylvania.

Randy shared that the Board Association is continuing to spread awareness on the Shirkey Bill. He will be coming North to speak to people about the Bill.

14. FEBRUARY 17, 2022 AGENDA PLANNING:

Reviewed agenda items.

The next meeting was scheduled to be in Crawford County, but the Board discussed continuing to have the meetings in Cadillac.

MOTION:	To continue having Board Meetings in Cadillac until COVID clears
RESULT:	ADOPTED [UNANIMOUS]
MOVER:	Barb Selesky
SECONDER:	Al Cambridge

15. MEETING EVALUATION:

Comments – Penny – continue to respect each other's opinions.

Randy – improve the governance policies of the Board through a consultant.

16. ADJOURNMENT:

The meeting adjourned at 4:19 p.m.

Respectfully Submitted,

Randy Kamps, Chairperson

Sherry Powers, Board Secretary

Aaron Fader, Recording Secretary

**Addition to Board of Director's meeting minutes made on March 17, 2022
Clarification – Randy Kamps noted that Jess's comments were more than
"some reservations". The record is as shown below.**

Dated January 20, 2022

Citizen Comment # 12

"My name is Jessica, and I was just sitting in my office listening to this. Listening to this meeting and I just have to say (and I know that I'm not alone in this) that we, as employees of Northern Lakes, have felt not heard by anybody and it breaks my heart that that's how it is. I know Mary had said that she had talked to employees. Not once has anybody come and talked to us as employees in the southeast counties. Not once. And I don't think you guys realize what a valuable employee you guys are going to lose and the amount of staff that are thinking about leaving because of her. And I know that nobody can comment to that, but it breaks my heart. I have been here for 17 years and this agency in Cadillac is the best that it's ever been right now. And Mary talked about us living in a culture of fear? Yeah, you're right, we are living in a culture of fear right now. Because not once, not once during that interview did that guy say anything about talking to staff and see what staff had to say. So, I don't know what to say other than that, but just to say that there is a lot of staff here that are very disappointed, very disappointed and I would hope that you guys could have come to this office, sat here for a while, and listened to the support that we have gotten from Joanie. Not once in that guy's interview did he say anything about talking to staff here. So, I hope this agency is not on a downhill slide."



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

Board of Directors Meeting Minutes

February 10, 2022

10:30 a.m.

Northern Lakes Community Mental Health Authority, Virtual and 527 Cobb Street, Cadillac, MI.

Called to order at 10:30 a.m. by Randy Kamps.

Board Members Present: Randy Kamps, Rose Denny, Ben Townsend, Barb Selesky, Greg McMorro, Nicole Miller, Pam Babcock, Penny Morris, Ty Wessell, Justin Reed,

Virtual – Mary Marois, Al Cambridge

Board Members Absent: Sherry Powers (advance notice), Dan Dekorse (advance notice) and Angie Griffis (advance notice).

Others Present: Joanie Blamer, Interim Chief Executive Officer; Deb Lavender, Executive Secretary; Lauri Fischer, Chief Financial Officer; Matt Leiter, Director of Human Resources; Heather Sleight, Administrative Specialist; Dan Mauk, Chief Information Officer.

Virtual – Dave Pankotai; Tracy Andrews, Director of Integrated and Managed Health Services; Brian Newcomb, Director of Recipient Rights; Chris Biggar, Finance Manager; Jessica Williams, Performance Improvement Specialist; Treasa Cooper, Reimbursement Coordinator; Ann Ketchum, Data Analyst; Michelle Dosch, Compliance Secretary; Jan Pytlowany, Customer Service Provider; Judy Barrett, NAMI; Amy Prescott; Kari Barker, Director of Quality and Compliance; Aaron Fader, Executive Administrative Specialist; Darryl Washington, Long Term Care & Support Services Director; Brie Molaison, Customer Service Specialist; Carrie Gray, Chief Population Officer for Individuals with Developmental Disabilities Services; Kellee Hoag, Administrative Specialist; two Public on Telephone.

Confirmation of a Quorum – yes

Timekeeper – Rose Denny.

1. CALL TO ORDER:

2. AGENDA:

MOTION:	Approved the Agenda for the February 10, 2022 meeting.
RESULT:	ADOPTED [UNANIMOUS]
MOVER:	Greg McMorro
SECONDER:	Ty Wessell

3. CONFLICT OF INTEREST DECLARATION:

None.

4. PUBLIC COMMENT:

None.

5. DISCUSS CONTRACT WITH MR. PANKOTAI/PARAMETERS FOR MOVING FORWARD:

Randy identified that the intent today is to settle our offer to Mr. Pankotai. He referenced a response from Mr. Pankotai to the Board's offer. Randy proposed that we go through each line item, discuss, put up for vote and move to the next line item. Number one, the salary amount on page four of the contract is not consistent with the initial presentation of this opportunity. Randy asked Mr. Pankotai what was different than was advertised and what was his idea of the amount from his perspective as to what he would consider a salary that he would accept. Randy noted we presented our best offer and while we are open he would prefer to avoid a "haggling" situation. Mr. Pankotai noted he originally applied for this position through the National Council's Job Bank. He had talked to some individuals in the area ahead of his application. He went ahead and applied. He received feedback from people saying that there was a communication that there no qualified external candidates and they asked if he had applied. He indicated that he did. Mr. Pankotai noted something happened to his initial application. He did have conversations and he made it clear that as it was posted he was looking for more than the \$165,000 salary amount listed. He said he was looking in the range of \$200,000. He was encouraged to apply and that might be a possibility, so he did come to both interviews. Like he said it came out in the newspaper which is how he found out that the Board had met and that \$160,000 was the offer. He did talk to Randy after the official offer letter. It came to him on February 1. The Board has his response from February 4. Mr. Pankotai noted that there were some communication issues, procedural issues but he feels he made it clear what he was looking for. He noted Randy, you made it clear that this was the best offer. He had reviewed it in detail. He did have an attorney friend review it as well. Basically, when I compare it to my current position and without any consideration for some of the other areas mentioned including relocation and the automobile I would actually be in a negative situation or a worse situation going to Traverse than I am now. He identified he is not going to do that.

Randy asked if you will just give us a number you are looking for we can then discuss it and vote upon it. Mr. Pankotai identified \$200,000 minimum base with an automobile and relocation assistance and an update to the wording of the employment contract. Randy thanked him for his response.

Barb asked did anyone on the CEO Search Committee that interviewed him know that he wanted \$200,000? Randy deferred to the committee. Mary noted that she did have a conversation at the time that we thought there was no application for Mr. Pankotai; she had a conversation with him to confirm that he was going to apply. At that time, we did have a conversation about pay and that was prior to determination of the range on the part of the Board and he did indicate to me that his desire would be \$200,000. She indicated to him to go ahead and apply. I didn't necessarily say that we would be able to pay \$200,000 but I did think that we would be able to come to some point of negotiation, so I encouraged him to apply. I did know that was his original ask. Ty noted he was at the interview with David, and we did talk about the range. A question was clearly asked can we afford you and he thinks he clearly heard yes. At that time the range was described. Ty further noted, we met a month ago and he believed going as high as we did was not in the best interest of the organization. Ty did not win on that argument but he clearly remembers at the interview that we had asked can we afford you and he thinks the answer of the affirmative. At that time there was no mention going beyond that direction. Penny noted that is also her understanding. She did have a discussion with someone about the salary and they said that \$170,000 would be your top starting wage for our area. I don't know if that is a negotiable item. Once we look at the other items. Justin noted it was his understanding that we are at the ball park of the range of what we advertised. That we said yes but his opinion \$160,000 is pretty much the equivalent to what our organization can afford. Mr. Pankotai is coming from downstate up here into a rural area, and due to the circumstances that we are a rural area if we offer him more than \$160,000 then the line items especially the vehicle is something we shouldn't offer and relocation assistance. Al recalls the same conversation. His recollection is a little different when the question was asked, Al recalls him saying probably not but he said it with a smile. Either way Al would

agree that \$200,000 is out of our range. Al would have no problem going to the top of our range at \$165,000 and he said that at the time we had our prior discussion. Al was never aware that we were looking at this kind of number. Al does believe on some of the other items that there should be some consideration. We are hiring at a senior executive rate in terms of expectations of vacations, relocation and he thinks some of those items we should be willing to negotiate on and reach reasonable terms.

Mr. Pankotai identified if you go to the record it was near the end of the first interview. He was asked whether we could afford him and Mr. Pankotai did say probably not and he did comment at this point in his career he is much more aware of my worth but that he was always open for conversation and discussion. That is how he answered that question.

Randy noted it appears to him that we are at an impasse. Randy asked if that is everyone's understanding?

Penny asked if this salary number an absolute sticking point or can we go on and discuss the other items and see if those could be negotiated into something that is satisfactory? Randy responded that he believes that Mr. Pankotai gave the number he would accept to be a happy, productive CEO of this organization needs to be \$200,000. Justin noted in his opinion if we are able to accept the offer and agree to the other items that we could negotiate those items. Randy identified from his perspective until we can settle on a salary number the rest is frankly meaningless.

Mr. Pankotai referenced the contract page 2, section 4 it appears to indicate some bonus pay or merit pay of some sort but everything that he received is blank and has no dollar amount indicated in there. If that was an area that we could discuss further then Mr. Pankotai has no problem meeting goals, expectations and being held accountable to the Board that way as long as it was clear and if those dollar amounts were sufficient he would be willing to consider that over and above the base salary. What Mr. Pankotai received was all blank.

Barb identified that \$40,000 in Crawford County Community Mental Health would run a program for lots of people in our county. We have to start really looking at who we serve. As far as the money is concerned we had quite a long discussion on \$160,000 and lots of reasons why we should stay with that figure if not going any higher. We are talking about \$40,000. It would take her 4 years of Social Security to get to \$40,000.

Judy Barrett of NAMI interrupted the meeting and wanted the Board to consider the long-term value of a senior executive and the income potential that he will bring with him as far as the community connections and the ability to be creative. We have not had that top notch in a long time and looking on the income side of it and there will be a lot more income coming into us for programs, and she would hate to go backwards and have less than top notch senior executive because I think he will create a lot more income. Randy apologized to the Board for allowing someone to speak outside of public comment.

Randy asked Mr. Pankotai for clarification what he received was blank? It is his recollection that when the offer was submitted to him what we submitted for the most part a completed contract. He noted that represented our offer. His references to other materials I am unaware of those materials. He noted it didn't come from the Ad Hoc Committee to the best of his knowledge. What we of the Ad Hoc Committee presented to you and cc'd the Board was what we presented.

Mr. Pankotai referred to the CEO Evaluation process and the actual grid. When he says blank it does not include any dollar amounts. It is saying the Executive compensation could be adjusted as determined using the method deemed appropriate. It references the CEO Evaluation process. There is no dollar amount tied to that process. He does not know what we have done historically but there is no dollar amount.

Randy clarified what we presented to you was a copy of the most recent annual Agency Performance Assessment and the CEO Evaluation instrument which is completed annually by the Board from which we balance those two items and as a Board deliberate and make a salary and benefit adjustment decision. That is where that is coming from. There was no intent to present anything other than frankly what we

presented. He hopes that clarifies how we go about our annual review of the CEO. While that has some bearing on going forward it frankly has no bearing on what he is clearly hearing is that \$200,000 base salary. One is dependent on the other. Unless the base salary is acceptable in his mind there is not a whole lot of going forward. He would hate to have an executive who is not happy and looking for something beyond. What you have indicated about bonuses, etc. what he has stuck in his mind is that organizations such as ours are prohibited from incentive based compensation. He hasn't seen it in what he has come across and could be terribly wrong. If we are going to consider something like that is not going to happen today. He will go back to the basic question \$200,000. You are welcome to your opinion just like we are. We smile and shake hands and go forward. If that is the case it is what it is. We will move forward.

MOTION:	NLCMH Immediately Begin a New Search Process for a CEO.
RESULT:	ADOPTED [UNANIMOUS]
MOVER:	Penny Morris
SECONDER:	Ben Townsend

6. PUBLIC COMMENT:

None.

7. MEETING EVALUATION COMMENTS:

Justin commented that he support that moving forward for a second search that we clarify the formal range in the second search. Barb noted that we have learned a lot through this process and the next search will be different.

8. ADJOURNMENT:

The meeting adjourned at 11:03 a.m.

Respectfully Submitted,

Randy Kamps, Chairperson

Sherry Powers, Board Secretary

Deb Lavender, Executive Secretary



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

Board of Directors Meeting Minutes

February 17, 2022

2:15 p.m.

Northern Lakes Community Mental Health Authority, 527 Cobb Street, Cadillac, MI and Microsoft Teams Meeting (Virtual) Called to order at 3:03 p.m.

Board Members Present: Randy Kamps, Rose Denny, Barb Selesky, Dan DeKorse, Justin Reed, Penny Morris, Ben Townsend, Pam Babcock, Sherry Powers, Nicole Colecchio, Nicole Miller

Virtual – Mary Marois, Greg McMorrow, Angie Griffis

Board Members Absent: Ty Wessell (advance notice). Al Cambridge (advance notice).

Others Present: Joanie Blamer, Interim Chief Executive Officer; Lauri Fischer, Chief Financial Officer; Matt Leiter, Director of Human Resources; Tracy Andrews, Director of Integrated and Managed Health Services; Brian Newcomb, Director of Recipient Rights; Deb Lavender, Executive Secretary; Heather Sleight, Administrative Specialist; Dan Mauk, Chief Information Officer; April Weinrick, Home Supervisor.

Virtual – Carrie Gray, Chief Population Officer for IDD Services; Darryl Washington, Director of Long-Term Care and Support Services; Michelle Dosch, Compliance Secretary; Dr. Curt Cummins, Medical Director; Ann Ketchum, Program Analyst; Brie Molaison, Customer Service Specialist; Chris Biggar, Finance Manager; Jessica Williams, Performance Improvement Specialist; Kari Barker, QI Compliance Director; Kellee Hoag, Administrative Specialist; Kasie Morse, Customer Service Provider; Aaron Fader, Executive Administrative Specialist; Melissa Bentgen, Accounts Payable Team Lead; Heather Pollington, Customer Service Provider; Melissa Trout, Child & Family Manager; Michelle Michalski, Human Resources Specialist; Marsha Brown, Home Supervisor; Jessica Whetstone, Jail Diversion Clinical Specialist; Erika Solomonson, Child & Family Manager; Five Unknown Public

Confirmation of a Quorum – yes

Timekeeper – Rose Denny

1. CALL TO ORDER:

The meeting was called to order at 3:03 p.m. by Randy Kamps.

2. AGENDA:

The agenda was amended to add the request from Barb, Randy's request, Barb brought up the issue of ethics issues on this Board and discuss somewhat to see what direction we should go since our exposure to defamation lawsuits, confidentiality has been broken, speaking for the Board without authority, and other issues that needs to give us some direction on it as a Board and how we're going to deal with the membership and these issues. All items to be added to the agenda under Governance Policies Discussion and Assessment under 14 – e) Vote on Offering Joanie Blamer the Job as CEO; f) CEO Search Budget, etc. g) Board's response or vote on offering a statement to the staff of NLCMHA; h) discussion regarding ethics.

Penny identified that she had her hand up before Barb was recognized. This is just a point of if you could explain what happens to the prior decision to do a Search Committee are we doing a search, I believe? Does that go away after we vote on Barb's item or does it get recognized before Barb's item? Can you just explain about to my response would be? Randy identified my response would be if this Board votes to offer Joanie Blamer the job then item f becomes moot and we will so note. Penny asked I'm talking about from the special meeting? Ok. Fair enough. Randy entertained a motion to approve the agenda as amended.

MOTION:	Approve the Agenda of February 17, 2022 as Amended.
RESULT:	ADOPTED [UNANIMOUS]
MOVER:	Barb Selesky
SECONDER:	Sherry Powers

3. CONFLICT OF INTEREST DECLARATION:

None.

4. CONSENT AGENDA

Consideration of the Consent Agenda

Randy noted point of clarification because of the questions were asked regarding those minutes that we hold off in approving the minutes until we receive a revised copy.

MOTION:	Accept the Consent Agenda for February 17, 2022 – Committee of the Whole Minutes, Financial Statements and Contract Summary.
RESULT:	ADOPTED. 10 ayes and 1 nay.
MOVER:	Nicole Miller
SECONDER:	Barb Selesky

5. OWNERSHIP LINKAGE:

A. *Citizen Comment* – Randy read the public comment statement. None.

B. *Written Public Comment* – Randy identified that there are two items that were presented to you. I think it is important that we address these items The first item was a letter, it is public record, there was a letter signed and it was addressed to me by Terri Kely. After reading the letter, I went back, and in all candor, I did not see anything in the minutes that indicated that question was asked during a meeting. I mean within the Board meeting proper itself while we were all at the table. The only indication that I have to, choosing my words wisely, to substantiate, I guess that the only word I can come up with, so if it is the wrong word, forgive me. In the minutes from January 20 #4 Update on Recipient Rights he asked the question Is it your opinion that your office is free in executing its duties without interference and remains independent. Brian said besides being asked in an open Board meeting if I had a complaint for Munson Medical Center I would say yes. Randy noted I guess at this point are we immediately aware of any comment that is part of our minutes that we have? Deb noted I didn't take minutes at that meeting, so I can confirm one way or the other. I would have to go back and look. Is that what you're asking? Randy noted he is trying to see where that question was asked because the letter states, the letter asks the question, and you all have the letters. If this conversation actually occurred at a public meeting. It may or may or may not have occurred during a public meeting, but it may have been on a break or would ask Brian if he indicated that a complaint from Munson Medical Center was there in the minutes. He asked Brian where and when did that question come from and help us here so we can go forward. Brian responded he believes that the December or January Committee of the Whole meeting where Mary Marois asked me that question specifically about Terri Kely. Randy noted I will, we all will go back and review those minutes to identify that, to confirm.

Mary noted I am not getting any audio for some reason on my computer. I had it and I lost it and now it won't come back. She did ask the question. My intent was to ask, and I thought I had asked if

there had been any complaints made by Munson Medical Center. I do not remember specifically asking about complaints from Terri Kelty. I didn't realize and I guess I still don't realize that it is an inappropriate question to ask where we are getting recipient rights referrals from. I thought in our past history that we received information that said you know X number of referrals came from community, X number of referrals came from our homes that we manage, X number of complaints came from staff, X number of complaints came from the general population. I would not have asked the question if it was a totally inappropriate question. I was asking to try to assess in a situation where we had such reductions in staff and difficulties in homes that we supervise for such vulnerable people, whether we were getting complaints from organizations that were important to us to try to assess the climate in the community. It was not an attempt to try to interfere in any way with recipient rights work that they do. That's my response.

Randy noted for the good of the order the distinction that the contention is made that an individual was asked to be identified as opposed to our general categories of staff, etc. Mary noted if I said her name specifically it was not my intent. The question that I was trying to ask was whether there had been any referrals coming from Munson Medical Center. Randy noted I accept that, however, the record will be the record. Mary interrupted. Randy said Mary, the road to hell is paved with good intentions. The fact of the matter is we have to ascertain whether or not our governance model was violated and so we will go about this in an organized fashion. I don't know of any other way to approach this other than to go and find the minutes themselves. If the minutes reflect that, then the minutes reflect that. If they don't reflect that, then they don't reflect that. But the way this letter reads there is no certainty in this letter they are asking for or did this happen? Well, we're going to find out. I'm going to leave that until we can find out next time. Are there any more comments regarding this? Barb asked if our comments will be in the minutes? Are we responding as a Board to this lady or are we taking the information? Randy noted we are taking the information. He is trying to find out. Joanie noted that we noted at the beginning of the meeting that Deb has the recording so we can go back to that and report back in the future. Randy noted so we will do that, but I don't have the recording.

Randy noted a couple of things struck me just for general discussion. I hope that folks around this table do not feel and please let me know if you do feel, because that's something that we will definitely have to work on. I'm under the assumption that we sit on this Board we state our opinions we do so freely without being cajoled or bullied into a position. This second letter indicates that from the outside looking in, that's the case. I would ask the counties that are outside Grand Traverse County, if they do feel that way and please, I mean there's no harm. We want to get along and we want to have a good cohesive working Board. If this is the case, please bring it to our attention and we will certainly be mindful of it going forward. Barb noted since I am new on the Board I am happy to meet the Traverse City people. It overwhelms me. One thing I hear from up there is that they have the most money put into this. I believe that we're being paid for each individual that we take care of. Isn't it population for the resource money that we get for services? It depends on population or no? Joanie noted that our capitated dollars depend on that, but the local match has different things. Barb noted now that she has a clearer understanding of that they do have more money. That doesn't impress her and it doesn't impress a kid or an adult that is so critically ill that needs a service in Crawford County in your county. We have to talk, we have to care enough about each other that we get the service component the mission and the vision that it belongs to. That's my only comment about it. I don't have any feeling about it. Let's try and serve the people. Randy noted for point of clarification the contention that Grand Traverse County should receive more attention because it puts in more money is so off the mark we have fought this for four years, five years. The reason why Grand Traverse County pays more than everybody else is because when the two organizations were joined together it was Grand Traverse and Leelanau County and then Wexford and all the other counties and they were two separate CMHs. The decision was made there is strength in numbers or whatever the decision was the powers that be decided well we are going to get all six of you together. So what you got. Blah, blah, blah. Grand Traverse County had a pension plan. They don't have a pension plan anymore but there were originally it was a county owned or if you will staffed organization. The people that worked for the entity prior, I don't even remember what it was called but the people that worked for the entity prior came to work for Northern Lakes

Community Mental Health Authority and they brought along with them the pension liability. That was a huge number. In fact, we spend more per year on that pension costs for those people and I'm not disparaging them, they are entitled to the benefits that they earned, etc. but we spend more taking care of our pension obligation than Grand Traverse County sends to us, and Grand Traverse County came with a building that had a \$1,000,000 worth of mortgage on it. Which we paid off in cash as a combined organization. You put those two things together and Grand Traverse County got a whale of a deal. You can tell - the only reason we have more members on the Board as we have more population it is a ratio type thing but other than that we have no more rights than anybody else we're all equal. Barb noted that the other thing she learned by being on this Board is that we actually do stuff in the Grand Traverse jail. We actually serve the population. It might not be exactly 100% what they want but I have to say there is a bridge there and if we can calm down and leave the paper alone for a while, I imagine we can get something going better. Randy noted I am going to cut you a little short. We're trying really hard to do exactly that. I and others on this Board who are Grand Traverse County representatives were invited to meet with our Commission as a whole. Whoever wants to show up and discuss that and the very first meeting through total transparency. My question was we have an Enabling Agreement that sets the basic foundation up giving us the authority to operate and there is nothing in the Enabling Agreement and I want you to show me where it says that supports what you're saying. We want to cooperate. We want to move forward, and we will continue to work with anyone that improves the lives of the people we serve and that includes people in the jail.

Pam noted speaking for Missaukee County because we are still on that topic it was observed during one of our NLD meetings when Joanie said, like she said earlier today, if you look at the community, each community has different things that are important to them. Well, we talked about it there, the question came up was what those hot topics in the news at the time? It's very relational what was in the news at that time are the hot topics in each community. As a Missaukee County person who really doesn't have a newspaper in our County it is all the noise that comes from Traverse City, I don't know that the rest of us are even being heard. Pam noted that you asked. Randy noted he is glad I think the way I would respond to that is this. I'm going to go back to how services are delivered. It is a very difficult and almost impossible to make everybody happy but what this organization is charged with is being fair to all concerned. He believes to the core of my being that this organization does that to the best of their ability. Is this organization perfect? There isn't an organization on the planet that's perfect. You know the newspaper that happens to be head quartered in Traverse City does not run this agency. Pam noted the comments that I get locally are from what people see in that paper. Not in other papers that are local. Randy noted I guess my suggestion would be to remind them is Northern Lakes serves all people within our catchment area with equal dignity and respect. Pam noted that freedom of speech isn't always accurate. Randy noted never get into a battle with somebody who buys ink by the barrel. Anybody else want to weigh in?

Ben noted just a few comments Mr. Chair, I don't see counties here. I know coming into this, I know I made the comment about not caring about Grand Traverse County. That was a joke. I do that a few times, but I don't see counties here. I see a bunch of people that want to serve the 5000 people that we serve in this area and that's the reality of it. There's no jealousy here or you know, Wexford County pays double than Missaukee County pays. Well, a few thousand more than that. I am kidding. But Grand Traverse pays a lot more than we do. Who cares? We all bring it down from the feds and the state to dole out to as many people that need it. That's the whole key right? We're very happy. I'm very happy to be here with everyone and I don't have any jealousy, right, Just because you have a bad newspaper, we have a good one. Randy noted I have been admonished for my sense of humor so I'll not give you any retort. I will say thank you for your comments sir and we will move on.

The next item is we want to see procedures put in place and action on Board Members not adhering to policies. I would remind this Board that we do have procedures in place under 3.36 of our governance policies. I would ask that you review those and take note of them. Also, if it goes

further and in 3.37 so there is a policy in place and if we as a Board push forward that is certainly in our purview.

C. *Ownership Communication* – None.

6. CHIEF EXECUTIVE OFFICER'S REPORT:

Joanie referenced her report and noted she wanted to bring forward some items since her report. She referenced an email she sent to the Board regarding Region 2 regional meeting hosted by CMHA to be at 1:00 p.m. on February 23rd. You have an email with all the attachments for that agenda.

Speaking of the jail, the jail in Grand Traverse County has implemented the K 6 Mental Health screening which is the expectation from the Stepping Up Initiative and is the screening that they chose. They also implemented an SUD Screening called the Rods. We have been contacted, by Captain Barsheff to see all of those individuals scoring 9 or higher on the K 6 and all of Rods screenings. We have responded to Captain Barsheff, specifically, Stacey Kaminski has been our lead in working with and responding to Captain Barsheff, but Stacey and I have been in communication. We do not have the funding resources nor the staffing resources, to meet that need right now. When we ended contract negotiation in 2019 we said we would assess everyone that met the criteria on the K 6 and we would do an intensive assessment that because we believe that is what would be required and we would do a plan of care for jail services. To be successful in that we noted two mental health professional positions would be necessary for us to do that. At this time, I don't have those two positions. We have communicated back to Captain Barsheff that we do not have those resources. We will do the best that we can to help. I heard this week that the jail has identified a provider that they're going to be working with that will start in March. I believe that these requests will be the responsibility of the jail provider moving forward. In the interim, I have asked Stacey to reach back out to Captain Barsheff because we do have an intern that we possibly could put there to help. He needs to understand that it's an intern we can offer until the provider chosen gets started and acclimated. It's not something I can continue in when that internship is fulfilled. We will see if he takes us up on that, but I wanted you all to know that I don't have those resources outside of the intern so you may be hearing things about this. For the Rods screening, which is the substance use screening, we do not credential the staff to do this level of follow-up. Our response to him has been we will return these to you with the recommendation that they receive a medical evaluation for withdrawal management and a referral to the substance use provider that they have because the jail does have a substance use provider. I just want to let you know in case you hear things and you need to be aware of that. She is happy to answer questions about that.

We are also working with Traverse City Library. They reached out to us. I met with the Director there. They were having some challenges with people, both with addiction and behavioral health. I directed Stacey Kaminski to reach out to her and she worked with Dan in IT to get them a phone in place of an iPad. It serves the same purpose so that we can see people right away. They can have ease and convenience of reaching out to us

I was made aware yesterday or today that there is a glitch in the email system that the Board has in terms of responding. You know we asked for the automated response. We believe it was there. That was brought to my attention. I'm not following up on it because you guys said you do not want the CEO involved in that. I've directed Deb and Dan to work on that. Dan is looking into it. It is an inconsistent problem and he's working on tracking that down. But I want you to know that this is occurring.

Joanie noted that Dan has received a grant. We talked about this a couple months ago when he gave a report. Dan held up an iPad and noted that it is bigger and better. If you want to swap out your iPad please let Deb know and she can coordinate with Dan.

The last item, Joanie noted that she already talked about the EEOC.

Nicole noted that the news story that I saw about the jail was one that I just decided to look up on UpNorth Live because what I had seen was that the project was expected to cost \$400,000. UpNorth Live is reporting that the project bringing additional jail services in will be \$712,000 and they have

contracted with a company called County Health Support Services LLC. Randy went back to his original comment our Enabling Resolution does not clearly delineate and there are at least three if not four Attorney General Opinions after that. That support the fact the legislature or the Mental Health Code did not exactly define this. The legislature never clearly defines anything which leads to adjudicating most of the manner and you know somewhat in jest. But in somewhat in frustration I said, well let's let the judicial sessions, the judicial system make the ruling. Cause we can argue all the way around. I can't tell you. I have less hair because of those arguments. I would remind people that Joanie is absolutely right. It is our call as to whether or not we have sufficient resources and we are not held to anything other than we will do the best we can, and I appreciate the fact that we do the best we can with what we've got. We've got a legislature that, frankly, would just as soon give everything that we're doing to the for-profit health plans. Joanie added when I attended the Northern Michigan County Meeting on February 7th at the request of Wexford County Commissioner, Gary Taylor there was a room full of legislators and the jail services did come up and we were speaking specifically about Senator Shirkey's bills. She noted I did take the opportunity because they brought up the jail that Michigan Department of Corrections (MDOC) gets those funds and the one thing that these legislators in the room and on the TV could do would be to advocate, if you want CMH to provide that service then move the money out of the MDOC budget into the MDHHS budget. She noted that she did put that plug in.

7. NORTHERN MICHIGAN REGIONAL ENTITY REPORT:

Randy referenced the minutes and for the sake of time you can ask questions and we will move on.

8. ASSURANCE OF ORGANIZATIONAL PERFORMANCE:

A. *Receipt of CEO Response to Monitoring Report –2.4 Financial Management (Internal Inspection)*

MOTION:	The Board finds the organization 100% in compliance with Policy 2.4 Financial Management (Internal Inspection)
RESULT:	ADOPTED [UNANIMOUS]
MOVER:	Nicole Miller
SECONDER:	Rose Denny

B. *New Operational Worries – None.*

C. *February Monitoring Assignment*

2.2 Treatment of Employed Workforce Members (Internal Inspection) Please complete and turn in. Randy noted as mentioned he highly recommends he thought this will help that you should get yourself a current copy of our Board Governance policies. He would encourage you to explore, seek and find our governance policies upon which everything upon which everything we do is predicated. Specifically, including these reports so go to that section. Read it, Reflect and then answer it. He would remind you that if you decide to say no please state the reason why you're saying no. In fact, it's almost mandatory that you do that. Then let's see how that works.

9. BOARD MEANS SELF-ASSESSMENT

A. *Receipt CEO Response to Monitoring Report –3.9 CEO Compensation (Direct Inspection)*

MOTION:	The Board finds the organization 100% in compliance with Policy 3.9 CEO Compensation (Direct Inspection)
RESULT:	ADOPTED [UNANIMOUS]
MOVER:	Nicole Miller
SECONDER:	Barb Selesky

MOTION: The Board finds the organization 100% in compliance with Policy 3.10 Board Member Conflict of Interest (Direct Inspection)
RESULT: ADOPTED [UNANIMOUS]
MOVER: Nicole Miller
SECONDER: Sherry Powers

B. February Monitoring Assignment

3.5 Meeting Agendas and Schedules (Direct Inspection). Please complete and turn in.

10. GOVERNANCE POLICIES DISCUSSION AND ASSESSMENT:

A. *Ends* – None. Gave description an End is like a goal.

B. *Executive Limitations* – None. Described as to how the CEO must operate.

C. *Governance Process/Ownership Linkages*

RRAC Minutes – February 1, 2022 – Review and Approve

MOTION: Approve RRAC Minutes – February 1, 2022
RESULT: ADOPTED [UNANIMOUS]
MOVER: Sherry Powers
SECONDER: Nicole Miller

Appoint RRAC Member/Reasonable Accommodation

Joanie noted that we have a request from Nina Zamora that she be allowed to attend virtually, the RRAC meetings, as a reasonable accommodation. Joanie reached out to Disability Rights of Michigan and they believed that the ADA would trump the Open Meetings Act. Since then, we also received the Attorney General Nessel Opinion that says they encouraged the local boards to follow their state practice that they put out which is to allow people covered under ADA to participate virtually. The request is that Nina be allowed to do that.

MOTION: Approve the Request for this ADA accommodation.
RESULT: ADOPTED [UNANIMOUS]
MOVER: Nicole Miller
SECONDER: Penny Morris

Barb asked if that goes for our Board meetings? Randy responded what this is about during the pandemic we were allowed to have Board meetings and those Board meetings could be attended virtually and people virtually could vote. The pandemic has ended, according to the state, therefore anyone online can certainly participate in the meeting, but they cannot vote. It has to fall under the ADA definition. In Nina Zamora's case there's plenty of background etc. on it. If you would like I'd be happy to send it to you.

Vote on Offering Joanie Blamer the Position as CEO

Randy opened the floor for discussion. Ben identified that the Ad Hoc Committee did a tremendous job and brought forward two candidates and I think all of us approved, approved of both of them coming before us and listening to all the questions and their answers. We actually voted on those two candidates. I think if I would have been able to tell everyone with my prescience back then that one of the candidates wanted \$200,000 and the other wanted within the realm of what we had offered I really think I would have had more

people that would have voted in my direction. Not that that would have mattered, but I don't think we would have even considered the \$200,000 offer and I think we really still have a wonderful person that had, well has been sent to our Board by the Ad Hoc Committee. After having done all the work that they did in the background work and all of that, I would agree with considering a vote here to see if Ms. Blamer would be the CEO of this organization if she would want to accept that if we would vote her in to that position.

Rose asked am I allowed to ask a question? Randy noted you're allowed to ask anything. You know what we have to, I mean, look, none of us, this isn't General Motors. You know, we're all learning. You know what I'm all for. I mean, you can't have civilization without having some sort of set of rules. But the other side is we are a group of people who, at the core of our being follow this. If we happen to break a little per protocol rule from time to time if what we're doing improves the lives of people we serve, in other words, really gets our what's going on inside of us, I encourage, I've always encouraged this. Don't be shy. I am never going to disparage, nor should anyone else, and I will rail against anyone who disparages a Board Member or making a comment and I don't care what the if you're unsure. So, I'm going to get off my soap box. Rose noted that she ended up on the January 10 feeling blindsided and so I guess the question I have is the vaccine mandate going out for our staff here. Joanie noted the OSHA and CMS rulings were both deemed not necessary for us. We continue to encourage staff who have been vaccinated to turn in their card to HR so we can note that. At one time we did fall under mandated rule and we allowed the exemptions, medical and religious. With that said, some entities that we work with do fall under those mandates. For example, Munson Medical Center, hospitals, and nursing homes. We have two programs that provide great support to those, which are our OBRA program provides support to the nursing home and that our Crisis Services Teams. Those two groups, yes, we, we tell them Munson requires this for you to provide services in their setting, but they also are allowing exceptions. Rose said then so you said you approve exemptions within the agency; they're not being sent somewhere where they're not going to get denied by someone else? Joanie responded correct. We do our own. HR does that. We sought legal advice from our attorney Keith Brody, and we follow that advice. Again, though, we're not required now. Right now, Northern Lakes is not governed or fall under any requirement to have staff vaccinated. Randy noted Rose we are willing to let you ask any question at any time. That is a train track that's going in a completely different direction of what we're talking about now.

Pam noted I would agree with Ben if Joanie would be willing. This is no different from when we went through the interviews for Karl, the Search Committee came down to two candidates. With Karl the full Board was for. If Joanie would be willing to accept then I would, you know, everything that Ben said I agree with. Additionally, now we didn't approve the extra \$40,000 for the last candidate. But if Joanie doesn't accept, you're asking nearly as much for a Search Committee as what we didn't approve for the last candidate and that just kind of sits a little wonky with me, so that you wanted opinions.

Sherry noted what I'm confused about is if we narrowed it down to two people, the one did not get it. Why? Why is the second one not getting it then? We had it narrowed down to two. Everybody agreed with the two. One is gone, Randy noted that's not the way it works. You decide who you're going to hire and then you go from there. Now had he originally turned, I mean, these are all hypothetical. What if? In all candor, that search process was, taking my words carefully here. I'll just leave it at flawed.

Dan noted I was just wondering the search committee was put in charge of coming up with two candidates. We came up with two candidate and that's what everybody voted on. Was this set a precedence that we can just pick one person and go forward with one person if we vote just by nominating Joe Blow. Without a choice? Randy noted I accept that.

Justin noted that I do want to say that the fact that I'm sitting here on this board. Is the fact that I was encouraged by staff at CMH and I was encouraged to. Just because of my connections to community and my connection to being there and trying to help others that's why I'm on this Board. I share that vision and mission about improving people's lives and from all the time that I've been with the Board and clubhouse, I want, do was to say that the one person that has all of this is Joanie.

Nikki noted with me being new, this is hard. I announced to my community on Friday that I had been appointed to this Board. I don't know if I'm allowed to say this, so everyone please don't shun me. If I'm in the wrong and like I said, this is completely not personal. But I was addressed by 12 staff members of CMH, 6 long term care facilities that type of an AFC that had really stressed that they're hoping that with me

coming to this Board and I said I'm only one person that there is a serious breakdown problem. That there is a terrible administration problem. Fear for their jobs in fear for a lot. Two of them broke down in tears to me. I had never met them in my life. So, like I said it, I don't mean this personal to Joanie or anyone, but there is a lot of outcry in the community that is very afraid to come forward a lot with the staff all I did was listen because I'm new and I just promised them that I would take this information back to the Board. Randy noted welcome to the Board. Nikki said it again, this was hard for me to say. This is my first. Randy responded no, We want to create an environment here where we treat each other with civility, but honesty and anything we say here should be constructive, not destructive. So, you know, all of us have heard both privately and publicly. We had quite a series of folks coming in for public comment, etc. giving us their input. We all listened just like you did. But at the end of the day, we have to make our decision on what is best for the organization as a whole. Not parts of it. The reason that Carver governance model works so well is because we only have one employee and that is the CEO. The remainder of the employees are beholden to the CEO. The Ends are the goals that we, as a Board, have set for the organization. The Executive Limitations are the parameters within which the CEO should operate, and then what we just went through was the Annual Agency Assessment. I understand that your new and I would not fault you for not turning in your survey. You know, if you don't feel comfortable doing that, I would accept that risk. Other people around here better get you survey in. Nikki. I accept the fact that you may feel that you don't have enough information to make a reasonable judgment on all of those questions.

Penny identified in this process I think that a lot of translation was lost, I want to say that It was difficult. I've never, ever served, I've never served on any political board in my life and never served on an Ad Hoc Committee of any sort, and it was very difficult. It was very difficult, and I felt like, you know, for us if we made one decision, you know, we were taking the easy way out. If we made the other decision, we were disrespecting people and that really wasn't the case for any of us. Nobody ever questioned whether or not Joanie could do a job. Clearly. You know, she's here. Nobody questioned compassion or you know, hard work. You know women, we have to try harder a lot of times just to be thought of you know on the same level and that that was also. Well, it was a thing. So, what I would want to say to staff in this process is that and addressing this question is respect isn't the same as agreeing all the time. I can respect someone's opinion all day long. Then if I don't decide the way that they want me to, will, you know clearly then they're going to take potshots at me. That's what they pay me the big bucks for right? I want to say that I respect everybody on this Board and I respected the day that we made our decision nobody argued with each other, we were just a Board and whatever happens today when we walk out of this room, it's the Board's decision and you know, you're not going to hear me in the media going well I didn't like that or whatever because this is, this is our decision. This is the Board and that's the job and so anyway, I just wanted to give due respect, I feel and answering this question I don't want the perception that, you know, this lady here, we don't need to give her the perception we're just throwing her the bone because you know she's next. This was a process and in all ways I want her to feel respected.

Randy identified ladies and gentlemen, I would hope you consider this before you vote. I would hope that you consider the fact that the search process was unfortunately flawed. Joanie, you were treated unfairly. I'll just say that for the record, and I've said that to you privately. That said the process was flawed and I think we owe it to this organization and frankly, to the people that we serve to collectively by consensus agree on the individual and if that happens to be Joanie Blamer, so be it. But I do strongly believe that we owe it to our constituencies to go through the process in a professional, orderly manner. In fact, one of the criticisms was that we didn't do that, Mr Pankotai clearly pointed that out. I can also say that we learned volumes like you said our going through the process we learned a little bit about who we are. I think we did come to consensus about what's important and what's not important, and that is the people we serve. Finally, since we've talked a lot about coming to consensus and this is so critically important but not so critically important that we don't allow time to do the right thing. I believe the right thing would be to convene this Board as a whole, if you note. Mr. Cambridge is not present today. Mr. Wessel is not present today. Mary Marois cannot vote today. How would you feel? Think about it. How would you feel? If through no fault of your own, something was done that will affect this agency for some time. That we did not allow every single Board Member the opportunity to participate in such an important vote? So, I ask you to consider that I will also say depending on the vote I think it's a good idea for me to circulate but hypothetically the vote and we will have a vote the vote is in favor of hiring Joanie as our CEO but let's say it's not. Joanie is certainly welcome and encouraged. If she is, it's up to her. Not up to anybody else. This process is open. Will be open to anyone qualified. She is qualified to apply just like she was qualified before. This process needs even, Mary

said if I had to do it all over again, I should have hired somebody. \$36,000. Pam, I hear you to a point, but it's \$36,000 one-time. We have an excess of revenue this year of \$2 million. So, spending \$36,000 on a professional run search where there is order, where there is fairness and where there is an outcome that is voted on by every single member of this Board. I strongly feel is the best way to go.

Barb noted last week I said to myself we need the whole Board to vote on this. The whole Board. I talked to all those people that are gone. Who? In my opinion, were hoodwinked by this guy. Not only did it go wrong on our end, it went really wrong on his end because I've talked to a few people who filled out their questionnaire, and Joanie was way over him on the questionnaire and you guys actually a couple of the guys said that he actually didn't give a good interview the second time. I lost my mind when he was talking donuts for 90 days around to everybody when we have everybody screaming for services, so I didn't object to the donuts. I mean, you can tell that by looking at me. But I sure object to be put down and he put his down now. I'm going to call for the vote because you said I could. I talked to Al and I said to Al, you know, Joanie didn't even run the place some of these years. She was answering to Karl. Isn't that a point? Yeah. At some point, okey, so I could say to him. Ty, I'm sorry he can't be here today because he knew the other thing about Al was he knew the guy laughed at him when he asked him if it was worth it to him. I mean this, I agree with you completely that it was a failed project. But we knew it was failing when we get to ethics, we'll get to all the failings were doing. But I just have to say my experience since I've been on the Board, Joanie and her team, it is not all about Joanie. It's about Joanie as a leader and then I get all these annual reports and we're 80 and 84% all the way up. The only lie that I can see is that we're as a Board 100%. Because that's just the way I think now it's been explained to me. But, everything else is everybody's opinion in there, or they didn't even bother. If you're not going to bother, then you should go for Joanie. If the people are not going to bother, then they can go for Joanie. They've had all the time they've been on vacation to call you to call Joanie, to call any of us and say, let's see if we can do something different about this. Let's see if we can do something different about this. Now, the biggest statement we can make to our people is the yes or the no vote right now for Joanie. Our people will see that no, we're not quite happy with our organization, even though all the paperwork looks good, even though and the other thing I noticed is the big shots that they picked on in our organization, our partners, the big shots, the people at Munson and the people in our offices, you know that's who people picked on our people. Joanie is not going to let him pick on and get away with it. She's got a wonderful staff, she's got money left over so we can do projects. I thank you for your patience with me. It's been very hard, and I even had to catch my breath when you said we all should vote on it. But it's the same people that are gone. Yeah, that would not vote on it. I just am not going to do this. I've been through this so many times and I've been through it because the second person is the one that was always ask because you know what? She can quit Tuesday. But we were fair. I call for the question. Randy identified that Roberts Rules of. Order indicate that we must now have a roll call vote. Randy noted that the chair does not vote unless there is a tie. Vote - 6 ayes. 4 naves.

MOTION:	The Board Offered Joanie Blamer the CEO Position for NLCMHA.
RESULT:	A ROLL CALL VOTE WAS TAKEN. 6 Yes, Babcock, Reed, Miller, Powers, Townsend, Selesky. 4 No. Morris, Denny, Dekorse, Coleccio. MOTION APPROVED.
MOVER:	Barb Selesky
SECONDER:	Justin Reed

Board's response or vote on offering a statement to the staff of NLCMHA

Randy noted that the question is on the table is whether or not we choose to create and then through Joanie make a statement to staff. I'm not so sure at this juncture that it's really, really important because now everybody knows. There shouldn't be any people who are unclear. But if you want to proceed on that,

I'd be happy to entertain them. What's your pleasure? Barb asked if we can do a yes no vote? I called the question. Randy noted because of the sound it is important that we have a roll call vote.

MOTION:	The Board whether or not the Board should create a Statement of Assurance to Staff.
RESULT:	A ROLL CALL VOTE WAS TAKEN. 2 Ayes Reed, Powers, 8 Nayas Miller, Morris, Townsend, Selesky, Denny, Dekorse, Coleccio, Babcock. MOTION DEFEATED.
MOVER:	Penny Morris
SECONDER:	Dan Dekorse

Ethics

Randy noted I believe it goes beyond the topic of ethics. Barb identified the reason I'm bringing it up is it's just what I want to present to the Board very simply we are out of control. It just seems to me it gets worse and worse. I've looked through the rules, so I got them right here and I have no idea how to deal with it Except now, I see we have multiple issues and my suggestion would be is to ask one of the ethicist over at Munson to come over and talk to us about these issues and what we should do as a group and then maybe in the future have an Ethics Committee set up. Because this is just way beyond real. We got the letters right here naming names. I didn't see the Sam's Club letter in the stuff today, but there's a Sam's Club letter where Mary was holding a meeting. Randy asked may I? Barb said I can actually stop talking. Randy said I would never, I want to focus in on the concept of fairness. Because it's one thing to throw a rock. But it's another thing to make accusations without any substantive proof. Hear me out here. The letter that you refer to the second letter names no names. It merely says something and is expected, I guess, to be accepted as fact. I don't know whether it occurred or not. Going to the prior letter, I don't know for a fact until we go to the recordings whether that occurred or not. Barb noted we always heard, we know it was heard Randy noted that we don't know that until, we are not prosecuting or defending here.. What we're trying to do, I think is we're trying to understand or better said, operate going forward when this Board and this community has been injured by, frankly, one person. Now I'm going to draw your attention back to the Board policy regarding aberrant behavior 3.36. What I'd like to do is draw your attention to that section and that section states that if a complaint is filed then it is filed with the chairman of the Board and then the chairman of the Board attempts to rectify it. If it can't be satisfied there, then it moves to the County Commission. That's the process that is currently in place. Randy noted there was an ethics complaint filed and it involved Mary. We came to resolution part of the resolution or part of the resolve and the claimant had nothing to do with this. I suggested that we recommit ourselves to our governance policies and we all voted on that and I'm trying very hard to be fair to everybody, but to treat everybody with dignity and respect. I don't come out with a big stick. But in that I intended to convey to Mary the importance and it was also a learning experience there should be a reinforcement of what we do and what we say that what you did was inappropriate. We have the issue of what arose during the CEO Search Committee which was a continuance of the same thing. What I can offer you at this point? Is this 1) When you make blanket statements as to we're out of control, I would say no, we're not out of control. We quietly go about doing what we're doing, but it is the Board that must bring this charge or complaint forward and you have just done that. You haven't done it formally, but I'm sure you'd be happy to do it formally. Barb noted that there are four fellows here that were pretty taken aback that she was talking to the candidate outside of the committee. That's an ethics violation. Randy noted again, again. I'm not going there. I only want to go on what I know and what I have stated. Do you have? Do you have the minutes? Do you have a record of those conversations? No, you don't. We have to operate on fact. We cannot operate on things we don't know for a fact. Period. That's not fair. We cannot let the record that it's the same thing. We cannot let the outside forces run this organization. It is up to us to run this organization. It is up to us to set the Ends. It is up to us to set the Executive Limitations and I'll be darned if I'm going to add to that. I'm going to get rid of my fiduciary responsibility to do so. I think this is an issue that needs to be addressed so that we can move forward. That's the best way in my opinion, and others can certainly weigh in. The best way to address this situation would be a vote of censure. Barb asked which means what? Which means that the Board admonishes Mary Marois. If that doesn't solve the problem, then it moves to the County Commission. It will

be up to the County Commission to decide what to do. Barb noted I don't disagree with that at all. If the whole Board is going to decide. Randy responded, yes, we should. We could vote to censure. Barb noted I think I want to talk about it in Leadership Committee. We need a committee or something like that. Randy asked now we need a committee or something like that? OK. You know, that's whether that gets legs or not. I mean, it's certainly appropriate for anybody to bring anything up. Randy noted I think to bring closure to the matter in the meantime that vote that I just talked about may address the situation. He asked if she would like to make a motion to censure? Barb noted I'd rather have an ethicist come and look at it before that's why I suggested that we have an ethicist look at the issues.

11. OWNERSHIP LINKAGE:

a. Citizen Comment – None.

12. ANNOUNCEMENTS/BOARD MEMBER REPORTS:

Penny noted as Nicole brought out the Grand Traverse County Commission did support Captain Barsheff's direction for trying something completely new and different. It'll be about a 10-month contract. If it works great, keep moving forward, if not, then there is the opportunity to choose a different direction. I thought it was both terrifying and courageous at the same time. Then the other thing that we did yesterday is we unanimously passed a resolution supporting Community Mental Health Authority and opposing the current changes that Shirkey brought forth for changing the way CMH does business. Joanie noted I just want to thank everybody for that, because I think that means that all of the county commissions in our catchment area did that. So, I appreciate that.

Randy report that for the Board Association report I can report that the contributions that were made to support the public relations campaign at last check was about \$303,000. Those funds will be used to educate the public as to what we do, how we do it, our importance in the world. To drive home, the fact that handing over the process by which we help people live regular, dignified lives cannot be done for profit. By the way that money can't be used to support any candidate. That's illegal. We being the Community Mental Health Association of Michigan does have a political action committee and Joanie, I believe, sent you all an email regarding that. I will remind you of the importance of this. I realized that this PAC is not like a few other PACs with millions, billions of dollars, but it nevertheless is important. So, if you can see your way clear to contribute whatever you want to contribute will be gladly accepted and you can do it right online. So, I encourage you to do that.

13. MARCH 17, 2022 AGENDA PLANNING:

Referenced the agenda.

14. MEETING EVALUATION:

- #1 – We spent our time on the most important governance topics – excellent
- #2 – We encouraged diversity of viewpoints – excellent
- #3 – Our decisions were made collectively – excellent
- #4 – The Board used it's time effectively – excellent
- #5 – What is the most important thing the Board could do to improve our function as a Board?

Comment – Pam noted I appreciated the time and the honest conversations we had today. Between the virtual and sometimes extremely full meetings we haven't done that in a very, very long time and I think we needed to do it probably need to do it a little more often. Randy noted I guess I would add that I think it's important for us to go back and reread our governance policies. Familiarize ourselves with each one of our own counties Enabling agreements so that you so you understand what is there. Also, please, awhile back and maybe new members of the Board where we're not able to get this but a while back we were all given a copy of Roberts Rules of Order. I too need to refer to that and just you know, while we like to run things a little bit more, less formal it's important that we have a good framework and a good reference point. So, if you don't have Roberts Rules of Order, I would ask that the organization supply that to Board Members that would help us function as a Board.

15. ADJOURNMENT:

The meeting adjourned at 4:44 p.m.

Respectfully Submitted,

Randy Kamps, Chairperson

Sherry Powers, Board Secretary

Deb Lavender, Recording Secretary

DRAFT

**Committee of the Whole Meeting
Minutes**

December 16, 2021

12:30 PM

1. ATTENDANCE:

Northern Lakes Community Mental Health Authority, 527 Cobb Street, Cadillac, 204 Meadows Drive, Grayling and remote virtual meeting.

Rose Denny called the meeting to order at 12:30 p.m. This meeting is being held remotely due to the State of Emergency being called in the City of Cadillac.

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

Others Present: Cadillac – Joanie Blamer, Interim Chief Executive Officer; Lauri Fischer, Chief Financial Officer; Matt Leiter, Director of Human Resources; Tracy Andrews, Director of Integrated and Managed Health Services; Brian Newcomb, Director of Recipient Rights; Aaron Fader, Executive Administrative Specialist; Deb Lavender, Executive Secretary; Teri Peacheck; Stacey Kaminski, Crisis Services Operations Manager; Nate Belville, ACT Team; Jessica Whetstone, Jail Diversion Clinical Specialist; Deborah Bumbalough, Administrative Specialist; Alicia King; Judy Barrett; Cheryl Toliwey. Virtual - Kari Barker, Director of Quality and Compliance; Dan Mauk, Chief Information Officer; Darryl Washington, Director of Long-Term Care and Support Services; Carrie Gray, Chief Population Officer for Individuals with IDD; Curt Cummins, Medical Director; Brie Molaison, Customer Service Specialist; Jessica Williams, Performance Improvement Specialist; Michelle Dosch, Compliance Secretary; Amy Kotulski, Clubhouse Director.

2. RECEIVE AND REVIEW NOVEMBER 18, 2021 MINUTES:

Moved to the Board meeting.

3. PUBLIC COMMENT:

Joanie presented Justin Reed with the Each One Reach One Award that he received at the Recovery Celebration.

Alicia King shared statements from Club Cadillac members supporting Joanie for Chief Executive Officer.

Jessica Whetstone, Jail Diversion Clinical Specialist provided public comment supporting Joanie for Chief Executive Officer.

Nathan Belville, RN ACT provided public comment supporting Joanie for Chief Executive Officer.

Stacey Kaminski, Operations Manager Crisis Services provided public comment on behalf of her staff supporting Joanie for Chief Executive Officer.

Amy Kotulski, Club Cadillac Clubhouse Director shared comments from herself and staff by

providing public comment supporting Joanie for Chief Executive Officer.

Aaron Fader, Executive Administrative Specialist provided public comment supporting Joanie Blamer.

4. UPDATE ON RECIPIENT RIGHTS:

Brian reviewed the numbers from the beginning of FY 2022. He noted that the numbers have increased by 19 and are almost at 100 complaints for the first three months of the fiscal year. He noted that the site visits for the fiscal year are just under 40% completed. In catchment sites we are almost 29% completed and are being completed by ORR staff. Brian has met with a provider to address several complaints and investigations. We will be assisting to help change some of their practices. He is wrapping up the year-end report.

Mary asked how many of the complaints since the first of the fiscal year came from Munson Health Care? Brian noted that he has not seen any from Terri Kelty although would need to verify that. Mary asked what the number one complaint out of those 81? Brian responded mental health services suited to condition; dignity and respect. Providers don't have the staffing they used to. Mary asked if there is one provider agency that the complaints come from? Who is making those? Brian noted that most are coming from staff.

Randy asked about the one report last year that was very late? He asked where we stand with the State of Michigan and if there has been a corrective action plan? Brian responded that our triennial review will occur in the Spring. He has had some conversation with the State and they are aware of the situation. Randy asked how do you see our relationship with the State of Michigan? Brian noted that through his recent interaction it has been very good.

5. RECIPIENT RIGHTS LIMITATIONS PRESENTATION:

Brian provided a presentation on Recipient Rights Limitations related to Suitable Services. He reviewed how services are determined; How is the Mental Health Code is applied? and What areas our office reaches. Identified services suited to condition, freedom of expression, freedom of movement, property and financial, and medication.

Rose asked if COVID related does that change the rights of people? Would it be allowed into an AFC anything coming to our residents such as cigarettes. Brian noted that all would still be provided by the home. People could drop off items.

6. COMPLIANCE & QUALITY REPORT FY ENDING:

Kari referenced the year end Quality and Compliance Report. Kari identified that we had an internal investigation which resulted in a claims adjustment and involved abuse of Medicaid. There was a separation of employment. The Performance Indicators increased, and we are back in the 60% range. She noted that there are no benchmarks from the State. She noted that if someone does not show or cancelled, we do not make the standard and makes the statistics much lower and the NMRE is now at 56% which is lower than some others. We need to work on that. The BHTEDS which is our demographic assessment we are ranked #2. We are doing well at the Medicaid encounter verification. We have done 100% for the entire year for those claims. Compliance training is being completed. There have been many deaths this past year and had an increase of drug overdoses. Mentioned new staff in compliance. We have gone through the CARF Review and will get our report in the next 6 to 8 weeks. She noted preliminary results. She noted that her team will directly oversee the audits and corrective action, performance indicators, training and expect consistency, accountability impact on turnover and are making a commitment to implement that strategy.

Dan asked about the claim's adjustment for Medicaid abuse. He asked if those funds are reported on the balance sheet under governmental units? Al said it is a loss of revenue. Dan asked about OIG requested under client investigation from two years ago. Are they asking to review completed from two years ago or is it active? Kari noted that there is an active investigation. We completed our investigation two years ago, however they asked for additional information.

Mary asked about the denials in access. Do we know what percentage our denials of our referrals that come in via access? Kari noted if she recalls it is about 20-30%. There are a lot of people especially with COVID are coming in that don't have serious persistent mental illness. They are needing help and services. Mary said it seems like this is a red flag that we have a significant percentage of people who are trying to access services. What do we do? Do we have a mechanism for referring them? This is one of the criticisms from the community that they are falling through the cracks. Joanie responded that our Access Department does do assessment and referral so that anyone who doesn't meet our criteria is referred out to the community. There is a wait list for mild to moderate populations, so I do believe when people think about Community Mental Health they don't understand that we are required to provide services to the serious populations. She noted we do have to get people in or make referrals quickly. We do try hard through our crisis services to provide follow-up care and we are closing that gap or putting people through that are following through the cracks for example the Juvenile Justice Diversion. We can provide 67% of those that are referred inhouse and the other 33% we have a grant to use liquor tax dollars. Mary asked if there has been any conversation with Grand Traverse Community Collaborative about this is an issue in our community and getting that group together to develop a task force to develop a plan to turn into a request to the Board of Commissioners for the Rescue dollars. It has to be a comprehensive community plan. Joanie referenced the CHIR is doing that with the Behavioral Health Summit where there was actually work groups around access and referrals and meeting the needs to include staffing. We are co-leading the crisis residential crisis center. Their plan is to complete that by April. Today there was an email that went out about funding in our region.

7. PROTOCOL SERVICES UPDATE:

Joanie noted that there was a request to provide an update on ProtoCall services. It is a regional approach. Joanie referred to her presentation which identified the strengths and challenges. Joanie identified we discussed concerns about the wait time, and we were told about staffing shortages and we monitored that. We made reports to our ORR for a delay in treatment, spoke with our relations manager and also reached out to the regional clinical directors. All of the others were experiencing the same thing. They placed on the agenda in November and they said it was unacceptable. They spoke to the public relations and the Chief Operating Officer. They agreed that Christine would reach out and also spoke about creating an RFI. There was one of the five boards that is strongly opposed to doing that. After speaking with ProtoCall they identified that they had experienced growth, responding to a pandemic and also a workforce shortage. Joanie provided the data. When going forward they said they had increased their compensation and benefits, asked an organization to better manage the call flow. They had ended some contracts were large and had a high customer complexity rate and time-consuming calls. We will continue to monitor and meet with the public relations manager, we will include her in our meetings with the hospital. We want to have weekly meetings with the CEOs to have stability in their performance.

Ty asked how do these number compare with Third Level when they were receiving those calls when it was locally based? Joanie noted that we did not get the data from Third Level. They did not track things the same way. She thought that Third Level was about 12,000 calls and ProtoCall 10,000 calls a month. Ty noted if we were meeting the needs then and it was 12,000 then he would assume those numbers would be up based upon what we have gone through. Ty identified that we heard some concern from Child and Family Services and some of that was an impact from the finances. Are the community partners happy with ProtoCall? Joanie reported that Munson is not happy. Munson is the biggest provider. She has not surveyed providers and did not believe that Karl had. She noted that we can do that. Joanie identified that Gina did reach out to her when she was quoted in an article and apologized that it didn't quote her accurately. She said that they still did not have the information accurate even though she did it in writing. She will work with Dan and Kari to come up with a survey. Ty noted that whenever you go from local to State or even National you use lose something and we ought to evaluate it.

Mary noted that happened with Child Protective Services. She noted that these numbers tell us something, but they don't tell us as far as client services the whole picture. Where is the data between the call being answered and someone responding to the call? That is what would be

meaningful to us. Joanie noted that she believes the average calls answered is misleading. That is when the call is picked up and there is a triage that occurs. The average call is answered in 25 seconds. What is that? Is it a Masters level clinician right away which is what we were told or is that a person who is answering the phone and triaging? Mary asked how long does it take ProtoCall to get ahold of whoever is on call? How long does it take that on-call person to respond to the emergency? We aren't getting one piece of the picture. How often or how quickly do they answer the phone? That is meaningful but that is not what I really care about. I care more about what was the outcome of the response to what the need was? Joanie said she would ask for that data.

Randy noted that we need a much better idea of the headings. We need a concise verbiage of what that means. He said we didn't hear that a plan for improvement has been submitted to the customer which is us and in writing. In that we would have set benchmarks or solid expectations about when we need to see improvement or we go out for bids. Monitoring does not set it. Joanie noted that email thread is occurring right now between the CEOs and the NMRE. Randy asked her to pass it along. Joanie noted that she could ask them to do a presentation session for the Board. He noted that Christine was correct in that it is viewed as an extension of us. Randy clarified he would like a good explanation of what the headings mean and how it is all connected. There was agreement not to have ProtoCall attend one of our meetings at this time.

8. BOARD MEMBER TERMS:

There was a review of Board member's terms who were expiring. Ty noted that he was disappointed to see that his term ends on 3/31/2022 as he thought he was appointed until the end of 2022. Rose asked how Ben's end date was 2022 or 2024? Deb identified that we communicated with Wexford County about the terms being for three years. Noted dates for Ben and Rose. County Commissioners terms are based on their political office. These dates are for the three years on our Board and can reappoint. We also have cases where the term is not completed and someone else completes the term. The following members identified their interest in being reappointed: Barb, Dan, Randy, Ty, Al. Mary was undecided. Grand Traverse County appointees will need to reapply by completing the application through Grand Traverse County. Randy suggested that the dates match with political appointments. The terms are identified in our By-Laws and the Enabling Resolution. Pam noted that Missaukee County has reached out to her to find a replacement for Dean. Because he was a county commissioner he would need to report to the county. We did have communications with Missaukee County and noted that the individual appointed would need to reside in Missaukee County.

9. BOARD LEADERSHIP JOURNAL

Rose referenced the journal. Randy was approached recently by a Board Member asking how they would navigate the Carver Model and referred to the Tick Tock article. The CFO needs to play a bigger role in corporate governance.

10. AGENDA PLANNING OPTIONS:

Agenda topics for the January 20, 2022 meeting: Update on Recipient Rights; FY 2022 Ownership Linkage Plan; 2021 Annual Review; County Commissioner Survey Results.

11. MEETING EVALUATION/COMMENTS:

- #1 – We spent our time on the most important governance topics – excellent
 - #2 – We encouraged diversity of viewpoints – excellent
 - #3 – Our decisions were made collectively – excellent
 - #4 – The Board used it's time effectively – excellent
 - #5 – What is the most important thing the Board could do to improve our function as a Board?
- Comment - Mary suggested that we have three lavalier microphones for the 2nd interviews.

12. OTHER/ADJOURN:

Meeting adjourned at 2:04 p.m.

Respectfully Submitted,

Deb Lavender
Executive Secretary

dsl (1/11/2022)

DRAFT

**Addition to Committee of the Whole meeting minutes made on March 17, 2022
Clarification – On February 17, 2022 Randy Kamps asked for clarification regarding
Mary Marois questions during the ORR Report. The recording is as shown below.**

Dated December 16, 2021

Update on Recipient Rights (second paragraph)

Mary – “Out of the 81 complaints received since the first of the fiscal year, how many of those came from Munson Healthcare system?”

Brian – “I don’t believe any of them. I would have to look. I don’t think we’ve had any. Like from D6?”

Mary – “Right. That would have come from Terri Kelty.”

Brian – “I have not seen Terri Kelty’s name come across the desk. But I can verify that. I have other advisors that work on stuff, but I haven’t seen Munson’s complaints”

Mary – “What is the number one complaint out of those 81?”

DRAFT

**Committee of the Whole Meeting
Minutes**

January 20, 2022

12:30 PM

1. ATTENDANCE:

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

Rose Denny called the meeting to order at 12:30 p.m.

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

Board Members Absent: Sherry Powers (advance notice)

Others Present: Cadillac – Joanie Blamer, Interim Chief Executive Officer; Lauri Fischer, Chief Financial Officer; Matt Leiter, Director of Human Resources; Tracy Andrews, Director of Integrated and Managed Health Services; Brian Newcomb, Director of Recipient Rights; Aaron Fader, Executive Administrative Specialist; Dan Mauk, Chief Information Officer; Deb Lavender, Executive Secretary; Jeremiah Williams, Information Technology Supervisor; Dave Simpson, Residential Services Administrator; Deborah Bumbalough, Administrative Specialist; Carrie Gray, Chief Population Officer for Individuals with Intellectual Developmental Disabilities.

Virtual - Kari Barker, Director of Quality and Compliance; Darryl Washington, Director of Long-Term Care and Support Services; Curt Cummins, Medical Director; Ann Ketchum, Programmer Analyst II; Brie Molaison, Customer Service Specialist; Jessica Williams, Performance Improvement Specialist; Lynn Pope, ROOC; Michelle Dosch, Compliance Secretary; Chris Biggar, Finance Manager; Jessica Whetstone, Jail Diversion Clinical Specialist; Jennifer Wisniewski, RN.

2. RECEIVE AND REVIEW DECEMBER 16, 2021 MINUTES:

Moved to the Board meeting.

3. PUBLIC COMMENT:

None.

4. UPDATE ON RECIPIENT RIGHTS:

Brian referenced the numbers included in his written report and identified that there are currently 85 investigations that are pending. He noted that Ian Pegan-Naylor will be completing his Basic Skills training this week. The Houghton Lake rotation is going well. Our triennial review will be August 2 - 4 and will be preparing for that. No other concerns. Randy asked is it your opinion that your office is free in executing its duties without interference and remains independent? Brian said besides being asked in an open Board meeting if I had a complaint from Munson Medical Center, I would say yes.

5. 2021 ANNUAL REVIEW:

Joanie indicated that she would highlight the activities this past year and would allow time for Executive Team members to provide comments and answer any questions. Joanie noted that we had our CARF review in December; we also completed the strategic plan with Executive Team and had an opportunity for input; administratively we are at 6.6% administrative costs rate; integrated health program as well as the behavioral health home program grew last year and also serves the mild to moderate; our MI Choice program was expanded to cover more counties.

The **Medical Director report** was reviewed noting accomplishments and works in progress. There were no questions.

Chief Population Officer, Individuals with Intellectual and Developmental Disabilities

was reviewed noting the Case Management Operations, Employment, Independence, Community Connections, Children's IDD Team, Specialized Residential Unit, Grand Traverse Industries, Hope Network, ROOC, OBRA Program and identified Works in Progress. Carrie clarified in the ROOC Report that there was 73% satisfaction rate with CMH services. It is their satisfaction with ROOC services. Barb noted her concern with that number and referenced the last Board meeting that people want accountability from us. Carrie noted that it is with ROOC services. Barb indicated her concern that this was published without our comment and doesn't want to contribute to individuals feeling that we are not doing anything. Al identified there was a number that surprised him that three consumers obtained part time jobs in the community and he expected to see a much larger number with the shortage of workers. Carrie noted that with COVID it has been very hard to place consumers in the community. Al noted as far as ROOC he is not sure what the concern is. They do send out a satisfaction survey. He and his son are extremely satisfied. He does not know how they determine 73% satisfaction. He noted that ROOC serves a tremendous range of individuals with disabilities. Generally, they are considered a very good program and also a program that has come a long way in terms of community involvement and people being involved in the community. Carrie agreed and identified that we have a very good working relationship. That is why she wanted to clarify that this is their internal survey. She did not alter any of that information and it came directly from their CEO in their Annual Report. Joanie said that it says stakeholder satisfaction and it says that CMH answered we were only 76% satisfied with them. We should follow-up with ROOC and see what does this mean and what can we do to improve it? Randy referenced the 130 self-determination arrangements. How does this compare to prior years? Carrie noted it is increasing yearly. Randy noted he would be very interested moving forward whether we are advancing, declining and noted that these self-determination arrangements are complex and to him one of the most valuable services that we offer. The success to him is very important. Randy noted we have 174 hab waiver slots. Are those all full or do we have a waiting list? Carrie reports that we do not have a waiting list. We submit packets to MDHHS as soon as we get them. We just learned that there are 20 slots available to our region. Now the whole region, they are not prioritizing these, we used to have to get together monthly and prioritize packets with the NMRE. Now they are taking them and submitting them. The state determines the eligibility and authorizes the services. Randy noted that this is more slots than we used to have. Carrie responded correct. Last time she reported it was 160. Randy noted again that getting a slot is no easy task. He appreciates the fact that they are taking them on a first come first served basis. That has pros and cons.

Director of Quality and Compliance reviewed the accomplishments, NMRE Quality Indicators, and Works in Progress as well as for Customer Services. Kari noted that we modeled our PMQI program after how everyone reported at the Board meeting and there were questions and there was follow-up. We are getting a lot of traction and being more data driven. It is working out well. Dan asked if the CARF requirements incorporated in administrative policies so that staff is aware of CARF requirements. Kari noted that yes CARF requirements are intertwined in our policies. Randy asked about the language on page 9 under satisfaction – we have received positive feedback from our first batch of surveys? I realize you surveyed consumers with IDD and their families but there could be significantly different responses coming from the consumer as opposed to the family. I am asking for a little more meat on this. Kari noted I should have been a little more clear. When we were looking at surveys provided to individuals post discharge we were

brainstorming with Brie our Customer Services person and she was getting a lot of people who refused to do the survey. We said what is going on with the survey? The survey was 26 questions long and had been around for a very long time. We picked out the 5 most important questions and we started asking people to do the 5 question survey. The feedback has been positive regarding this 5 question survey for individuals and families with IDD that is what she is speaking to. The people have been more than happy to answer the questions and have given us that feedback. We don't have enough feedback yet because it is brand new to let you know where we are at. I think we will see a dividing up individuals served and their families or guardian. Randy referenced page 10 percentages listed question is compared to what or whom? Upheld 11 times or 73% that may be awesome or it may be the worst performance on the planet. Please allow me to ask or suggest that we benchmark these things based upon at a minimum a regional average but then again state averages would be important. It may not be useful outside the state. Kari noted that is a great idea and that we will benchmark and that we will look at regionally as well as at the state like we are doing with our BHTEDS and our performance indicators. I am not sure that 73% is right either because we brought up at our PMQI meeting what does that 73% mean? That means that 27% of the time let's say it was over turned. Does that mean that we made the wrong decision in the first place and that we shouldn't have made that decision or does it mean that person doing the review may be didn't have all of the information. How do we know on what end that something went wrong? We are looking into that to drill down a little further to make sure that on the front end of things that we are making the right decisions. We have all the information in front of us and we have all of the regulations and there is a complete understanding of what is being asked of us if we deny services. Also, the person reviewing it did they have enough information as well to make that decision? I think the benchmarks are great and personally 73% seems low to me. I would expect that we would have an overturn rate of 5% or less. They are talking about it and she likes the benchmarks. Randy gave an example. He will not place any expectations on what the benchmark will be and it is important to understand that a) a benchmark is a benchmark and I do understand that the complexities of this business aren't always bore out in these surveys. There is some understanding that goes with gee we overturned 27% of the time. He will be looking for we were overturned 27% of the time but what does that mean? Is that because you didn't dot an I or is it because you missed the mark? Kari noted exactly. That is what we are on top of and maybe next month we will have an answer for you.

Chief Financial Officer reviewed the accomplishments for Financial, Staffing, Technology and Data, Self-determination, Maintenance, and Works in Progress. Lauri noted that the standard cost allocation methodology that has been a very big project statewide with lots of communication between the PIHPS and CMHs and is a standing agenda item in our annual and twice annual conference and is continuing to be discussed all the time. Randy asked if there is still one individual that has well over 200 folks that they are guardian for in Grand Traverse County? Is that still the situation? Lauri responded it is. Randy brings this up because this is a huge problem. This individual is, I believe, in their late 80's or early 90s. They have guardianship relationships with well over 200 folks. When this person goes we have a major problem on our hands. So, if you around the table have any ideas or input or suggestions or anything to bring forward to address this issue please do. Lauri noted that the one thing she will say about this woman who has taken on this level of a role is that she does now have an individual working with her. So it is a two person team working out of that office now. Which is great news for us. Randy noted thanks for mentioning that.

Chief Population Officer for Mental Illness reviewed the Clerical Support, Resiliency and Recovery Accomplishments as well as Works in Progress, which included Children and Families and Adults with Mental Illness. Randy referenced page 15, item 4 he asked for a quick synopsis of our Infant Mental Health Program. Joanie noted is provided by our Children and Families Unit and their focus is to help with the connection between a mother and her baby. If we can provide preventative care at that level then we won't have the intensive services later on in life. Randy asked about the scope of this program? Is it across all counties, how many people do we serve for this program? Joanie noted it is across all counties. Infant Mental Health we provide 2,458 transactions. It is a very intensive service. Randy asked about #7 the Juvenile Justice Diversion Program in Grand Traverse and Leelanau Counties. He was struck by, he realized that everything was predicated on 15 participants correct? Joanie noted no. At the time we wrote this report we

had 15 active, total we have done 168 referrals. We have assessed 168 people and then we make referrals. The grant doesn't allow us to provide treatment of this program. We have to do an assessment and refer them out to care. Randy noted over the past fiscal year we had 168 referrals between the two counties right? Of that 168 how many people went through the program? They were referred, we got them, then we assessed them and then we tried to help them. Joanie noted that 168 of them would have gone through the assessment, 39% of them successfully completed their program. What we identified with the court that this would serve their needs and would likely prevent them from approaching the court again 39% successfully completed. Randy said that says to me that 61% he was very confused. Joanie noted that the assessment was 168 referrals and 39% that says thank you for your assessment and referral and they decided to go to court. 2% of the people moved. This all would come to that total of 168 in raw numbers. Randy says that this gives him the impression that our take rate, if you will, people choosing to go into the program that there are more people choosing not to go into the program than choosing to go into the program. When they go into the program almost 40% get part of the way through the program and drop out. He would hope that, he doesn't understand the complexities, he is wondering how we can improve the sale if you will. Because this is the answer, if you will, to a lot of problems that we have. What are we doing to improve the take rate? After that once we get the take rate up there then we have to make sure that they stick through it and we have tools incentives to get them successfully through the program. Then we also have to look at how we compare to other programs? Are we using best practices? Joanie noted it is a challenge in many ways. This particular program we entered into the grant program after it was already established. We do it differently than the other cohorts that we have in that our Prosecuting Attorney sends the vast majority of them to us where the others are in the schools. One of the barriers that we do have in terms of the take rate that we get the referrals from the school that we can see the child. In the Mental Health Code if they are over 14 you can serve the person without parental consent. They may go into it and we do the assessment and we are talking with the youth but they don't want their parents to know. So they don't go into services because their parents have to know. It is two fold, the crux of the program isn't that your involved with the court it is that your at risk of being involved. That can come from the schools in terms of truancy rates and things like that. I think that your point is well taken about how do we help people engage and increase the take and that we get some guidance from MDHHS. They meet with us quarterly as a whole group in the state that are participating in this program and we talk about what is working what is not and what can we do. They also meet with us every other month just our team alone. We talk about what we are struggling with and what we are doing well. The person at the state is really good about recommending what our successes are and capitalizing on that so that everyone can learn. We do have some opportunity to do that but we are not alone with that low take rate that comes from adolescents that get referred but then they choose not to do it because they don't want people to know. Randy noted to him as a parent he would want to be involved, he is telling the NMRE the stupid list of rules that need to be changed. Again, he gets the complexities, he will end in saying he really thinks that we should focus a bit this can bear great fruit just like the Infant Mental Health Program. Mary commented about the works in progress particularly the ones that start with the word continue. It would be nice to be able to see a little bit more definition than just continue. Just as an example it would be the last one in terms of expanding the use of iPads for crisis intervention and inpatient screenings to maybe to be more specific to expanding them to certain communities or certain organizations or whatever. Just using the word continue sounds like a maintenance thing. When I read these they don't look like maintenance things they look like things when the intent is to increase or improve or do some things like an action. Randy noted in Joanie's defense, Mary and I had relatively the same thought. When I sat back and looked over my shoulder Joanie has been providing two activities, seems like forever. He is willing to give a pass on continue. It is quite a feat to jump into a fully active, fully functioning, fully engaged CMH as the CEO Interim. Joanie rightly fully took the job on stepping into some shoes and hit the ground running. For the most part, did a marvelous job and continues to do a marvelous job and he is willing to give Joanie a continue on that. We look forward to more in the future.

Chief Information Officer reviewed the Accomplishments with Consumer and Community Ends with Staff Settled in to Off-Site, Help Desk Ticketing, Expanded Distributed Workforce Support, Clinical Document Archive, Security Risk Assessment, Who Connects to our Network,

Collaboration, Beyond Internal Collaboration, Reporting to Support Staff, Archiving and Retiring Avatar data, Intranet Site to Cloud Development, Wealth of How-tos, Virtual Meeting Support. Dan added that we are pursuing for these meetings a different concept for our audio systems that is very expensive. There are two factors that come into play is to have a mobile system that puts us into a wireless realm as well as the sheer dimension and to rebroadcast the sound into the room which causes impact. Especially when your in a mobile situation. We are looking at options. We did apply for some funding through the FCC to address the Cloud as well as for the doximity and for laptops and iPads. Randy commented that it amazes him of the log in attempts reduction this whole program that is a result of the program. Page 25 of your report Worldwide prior to 2FA. The latest is that your delivery has arrived and please click on this. Going back to your virtual discussion please press on that. He believes there is \$2 million dollars carry forward this year. It is a one-time deal. Dan noted that the worst part of the audio systems is a lot of money for a very small improvement. We can still broadcast audio it is a difficult challenge of audio feedback. Randy noted another challenge is shelf life. As soon as you buy it is out of date. Dan noted that we are experiencing that with this system. These are wireless microphones that the bandwidth has been sold off by the FCC. We continually have to adjust for that. We want to lay at a much better place that is the challenge and don't want to be stuck with a system we don't like.

Director of Human Resources reviewed Accomplishments with Consumer and Community Ends, Committee Updates, Works in Progress. Referenced the Board Operated Homes. We are seeing an uptick of interest in individuals being interviewed and hired. Matt noted that Dave Simpson is in the office today interviewing three applicants. He has seen a nice response to the ad campaign. We interviewed an individual for a supervisor and are working on an offer right now for one of those key openings. He noted that the wellness one is so important, and we passed out last month the cookbooks to the Board. This is just one little something that is creative that we do. He appreciates the staff spending the time on that committee attending once a month. It is good for staff and appreciates staff putting all the time and creativity into that. Dan noted a couple of months ago the Board approved an advertising campaign to help find employees. How is that being measured the effectiveness of that? Matt noted that we are looking at that very closely. We have filled over 10 positions since the Board meeting last month. We have several RCA candidates. We are keeping a close eye on that month to month because we wanted to know where we are at in a few months and is this a worthy investment for the future. Dan asked about postings. There were 119 in 2021 and asked about current postings? Matt noted that we were at 58 last month and 49 postings across the offices right now. Randy noted he would hope that Matt would put an ear in the room with the folks who just received a \$150,000 grant to establish wellness programs in TCAPS. He suggested that a phone contact, what can we learn from you? Rose asked about the COVID-19 Task Force did you get people who had different views? Do you have people who have looked at the other side that is censored? Joanie noted the makeup of the task force. We talk about a hybrid workforce and what that would look like. We continue to talk about the regulations. We hired a Behavioral Health Operations Manager, and he has a lot of information and has been a point person for us. We don't get into people's personal beliefs. She noted the current mandate and noted that staff can apply for a medical exemption. In terms of the other side, I work with our general partners and bring that information back. We discuss whether we have to enforce the mandate for the vaccine. She also talks with the other CMHs. We take the information back to the task force, we talk and we make a decision how to proceed. We send out a communication to all staff of what was discussed and the decisions.

Director Office of Recipient Rights reviewed their Accomplishments and Works in Progress. There were no questions.

Director of Managed and Integrated Health Care Services reviewed the accomplishments and Works in Progress for Network Management, Integrated Health Clinic, Communications and Public Relations, Behavioral Health Home. Randy referenced page 44 in regard to the 200% increase. Is the name going to change across the region? Tracy noted that has changed for us to the Chat Program. Some of the other CMHSPs in our region have followed suit and have also assigned a name to their program. Referenced the Hatch program, 18 and Under Program Kids Count. Randy will bring that up at the NMRE. Going back to the 200%. We have and continue to have high hopes for this even though it is a limited set of diagnoses and focused specifically on

the severe. Our first concrete step on staving off the Shirkey's of the world. We have 75. How many people might qualify for this? This is something that is the consumer's choice. What is our population out there that we are looking to "sell this to" and expand? Tracy noted that the last information from the NMRE contained a list of eligible people within our counties. There were 18,000 that met criteria within our catchment area. Of those 18,000 people there were about 3500 were currently or at that time were already receiving services through Northern Lakes. We initiated our build of the program because so much more was operational and so on by focusing on those individuals. Just today we received an updated list of eligibles and I have not had an opportunity to filter through that to give you updated numbers. The one thing that we have continued to do in working with Andrew Waite, who is the Operations Manager for that program, is to reach out to community partners. We have been ongoing meeting with community partners, sharing the program and showing how it will be beneficial to people that they serve who may not be people that we serve. We have received our first external referral from a primary care provider this week. We do continue to grow and as of yesterday we were at 108 up from 75. Our next step is to continue to work with internal people that we serve here but also reaching out to providers in the community. Randy asked how can the NMRE improve our situation? What assistance can they give us or should we be asking from them? I don't want to grow if we had 18,000 people come in we don't have enough staff for that. Which is a catch 22 of this. We have to do this rationally. That said we need to grow a lot faster simply because there are great pressures at the state level to do away with this. The success of this program is critical in my opinion for all of our services to remain delivered in the public sector. This is the way we prove we know what we are doing or that we can do it. What can the NMRE do? Give it some thought. In his opinion, anything that we can help collectively or regionally helps us all. If you are seeing things like if he goes back to his stupid rules, if there is a stupid rule let us know so that we can get it changed. Tracy noted that the NMRE overall has been very helpful. Quite frankly we have met ongoingly for about a year and a half. They have been very responsive and Sara who was here earlier met with the region with MDHHS representatives from each CMHSP ongoing and right now are meeting every two weeks. They are always available, very responsive, very collaborative with the other CMHSPs. There is one thing that is missing, not as a reflection of the NMRE, is that we have to do what many of programs have to do is blow up that balloon until it bursts so that we can add more staff. For example, for every 100 persons enrolled the model is that we can have 4-5 FTEs. We were very fortunate to apply for and receive a grant to add 3 FTEs to help build our program rather than maxing the staff then adding 1 staff at a time to the program as we could. The lack of resources in that way and the lack of front loading the program to grow those programs more effectively and quicker with the other CMHSPs has been a challenge. Many of the CMHSPs are trying to work with staff that they already have on board and they are just adding one more thing to their plate to do. That has been one of our biggest challenges regionally. Advocacy purpose would be help to front end load some of the funds that allow us to build those programs without stretching people so thin that we can before we can add more staff.

Northern Health Care Management reviewed Planned Improvements, Budget, Staffing Accomplishments and Planned Improvements, Community Engagement Accomplishments/Planned Improvements. There were no questions.

6. COUNTY COMMISSIONERS SURVEY RESULTS:

Joanie referenced the results of the County Commission Surveys. There were 22 of 42 that responded. The Board will want to have a discussion moving forward whether they want to change this process. The biggest weakness that was identified by the counties the common theme was family support. Reference was made to Leelanau County that there were only 3 commissioners who responded. It was noted that the total response was a little less than previous years. It was suggested that next year we may want to distribute this to commissioners and wait for their response when we do our annual presentation. It is important that commissioners know about the agency and what services we provide. When there was discussion at Leelanau County when they talked about the resolution that they don't understand the scope of community mental health. The periodic meetings that our Board members have with the counties have been very important and we may want to see how that impacts over time. Reference was made to the good response by Wexford County. It was helpful to send out multiple times. It is up to the Board representatives to

ensure that their counties respond. The resolution to the bills really helped the county understand and once it was mentioned that there would not be local control, they were all on board.

7. FY 2022 OWNERSHIP LINKAGE PLAN:

Joanie referenced that we have made many connections and those were identified. We need to leave our door open and make sure that people understand how to access our services. It was suggested that we develop a strategic plan that takes into consideration of engaging with these groups in a more formal way to assess our relationships and assess where they believe where community mental health ought to go moving forward. We need to keep that in mind as we go through our governance process improvement. We need to begin to understand how our role as a board might change about how that might improve our standing in the community as a true publicly owned entity and function as such.

8. AGENDA PLANNING OPTIONS:

Agenda topics for the February 17, 2022 meeting: Update on Recipient Rights, Annual Recipient Rights Report to the Board, 2021 Annual Agency Performance Assessment, Distribute CEO Evaluation, Board Leadership Journal.

9. MEETING EVALUATION/COMMENTS:

- #1 – We spent our time on the most important governance topics – excellent
- #2 – We encouraged diversity of viewpoints – excellent
- #3 – Our decisions were made collectively – good
- #4 – The Board used it's time effectively – good
- #5 – What is the most important thing the Board could do to improve our function as a Board?
Comment – None.

10. OTHER/ADJOURN:

Meeting adjourned at 2:20 p.m.

Respectfully Submitted,

Deb Lavender
Executive Secretary

dsl (2/2/2022)

**Addition to Committee of the Whole meeting minutes made on March 17, 2022
Clarification – Randy Kamps noted that the documentation was not what he recalled and the recording is shown below.**

Dated January 20, 2022

Annual Review (Page 4 of 8 near the bottom of the page)

"May I say something? In Joanie's defense, Mary and I have relatively the same thought. However, when I sat back and looked over my shoulder, Joanie has been providing two activities for the last seems like forever and I'm willing to give her a pass on continue. It is quite a feat to jump into a fully active, fully functioning, fully engaged CMH as the CEO, being interim, but ya know, Joanie rightfully so took the job on, stepping into some shoes and hit the ground running and for the most part, did a marvelous job and continues to do a marvelous job, so, Joanie, I wanted to give you a continue on that, and we look forward to great things in the future."

DRAFT

**Committee of the Whole Meeting
Minutes**

February 17, 2022

12:30 PM

1. ATTENDANCE:

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

Rose Denny called the meeting to order at 12:30 p.m.

Board Members Present: Randy Kamps, Penny Morris, Ben Townsend, Rose Denny, Dan Dekorse, Justin Reed, Barb Selesky, Pam Babcock, Nicole Miller, Sherry Powers, Nikki Coleccio

Virtual - Greg McMorrow, Mary Marois, Angie Griffis.

Board Members Absent: Al Cambridge (advance notice) and Ty Wessell (advance notice)

Others Present: Cadillac – Joanie Blamer, Interim Chief Executive Officer; Lauri Fischer, Chief Financial Officer; Matt Leiter, Director of Human Resources; Tracy Andrews, Director of Integrated and Managed Health Services; Brian Newcomb, Director of Recipient Rights; Heather Sleight, Administrative Specialist; Dan Mauk, Chief Information Officer; Deb Lavender, Executive Secretary; Dave Simpson, Residential Services Administrator; Andy; April Weinrick, Home Supervisor.

Virtual - Kari Barker, Director of Quality and Compliance; Darryl Washington, Director of Long-Term Care and Support Services; Curt Cummins, Medical Director; Carrie Gray, Chief Population Officer for Individuals with Developmental Disabilities Services; Ann Ketchum, Programmer Analyst II; Kari Barker, Director of Quality and Compliance; Brie Molaison, Customer Service Specialist; Jessica Williams, Performance Improvement Specialist; Michelle Dosch, Compliance Secretary; Marsha Brown, Home Supervisor; Deb Freed; Chris Biggar, Finance Manager; Kelly Hoag, Administrative Specialist; Kasie Morse, Customer Service Provider; Aaron Fader, Executive Administrative Specialist; Michelle Michalski, Human Resource Specialist; Melissa Bentgen, Accounts Payable Team Lead; Erin Eickhoff, Home Supervisor; Andrew Waite, Behavioral Health Home Manager; Jessica Whetstone, Jail Diversion Clinical Specialist; Heather Pollington, Customer Service Provider; Treasa Cooper, Reimbursement Coordinator; Melissa Trout, Child & Family Manager; Four Unknown Public.

Rose introduced and welcomed our new Board Member, Nicole Coleccio. She goes by Nikki and her name plate will be changed.

2. RECEIVE AND REVIEW JANUARY 20, 2022 MINUTES:

The minutes were moved to the Board meeting.

Randy asked whether all meetings are recorded, and the answer was affirmative. Randy referenced page 10 of the packet where there was citizen comment. His recollection was that it went beyond “some reservations” and he would like the record to reflect more clearly what that individual commented.

Randy referenced page 14 of the packet in the minutes near the bottom of the page “When I sat back and looked over my shoulder Joanie has been providing two activities, seems like forever. He is willing to give a pass on continue. It is quite a feat to jump into a fully active, fully functioning, fully engaged CMH as the CEO Interim. Joanie rightly fully took the job on stepping into some shoes and hit the ground running. For the most part, did a marvelous job and continues to do a marvelous job and he is willing to give Joanie a continue on that. We look forward to more in the future.” Randy would like for us to look back at the recording. That just doesn’t sound like me. He holds no malice here and if I am wrong, I will apologize. He would like us to bring back to see what was said and then revise the minutes based on that.

MOTION:	Amended the Committee of the Whole Agenda to Insert #4 CEO Search with subheadings Hiring Solutions, LLC Budget Request Information Search Committee and Notification of Beginning the Process; Insert #5 Interim CEO Request for Board Statement
RESULT:	ADOPTED [UNANIMOUS]
MOVER:	Randy Kamps
SECONDER:	Penny Morse

3. PUBLIC COMMENT:

None.

4. RECIPIENT RIGHTS:

A. Update on Recipient Rights

Brian referenced the monthly report. On February 7, 176 complaints were received and as of today there are complaints with 74 pending investigations. Remain in 100% compliance for our Report of Investigative Findings and Summary Reports. Ian Pegan-Naylor has completed his basic skills last week and submitted his state test. Currently we are 45% completed with our site review inspections. 90% are in catchment and 40% out of catchment. We hope to have wrapped up by the end of July.

Question – When you do a site visit to a day program what do you look at? **Response** – We make sure the site has their current plans of service. We make sure that there's no limitations or restrictions on their movements. We make sure that it's safe, that it's sanitary, certain things that they're receiving, the care that they're supposed to and any limitations. Pretty much the same as a site visit at any facility or AFC.

Randy noted that he appreciated the fact that we are looking at from 10/1 through 2/7 what would be helpful if we could grid this report using the same headings and then complaints received etc. Using the same periods and not have to go backwards. If we could begin the process of instituting a grid that shows us the previous year and the same period. Then it would be very easy to at least identify trends and we could perhaps see seasonal trends. I would ask you to ask the Recipient Rights Director to consider presenting this particular report in this manner going forward.

Question – What is the time frame for 100% compliance? **Response** – When we open an investigation we have 90 days to complete that investigation.

B. Annual Report

Brian reviewed the Annual Report for FY 21 indicating the Appeals; Complaint Data; Complaint Source; Detailed Summary noting the highest areas – Freedom from Abuse, Freedom from Neglect and Suitable Services; total number of complaints is 339; Remedial Actions; Training Provided; ORR Staff Training; Desired Outcomes; and Recommendations to the Governing Board.

Question - Randy referenced page 6 of the packet. He identified that there was nothing in the first columns of the report, Part A Agency Totals. **Response** - Brian noted this is the state’s report and was auto filled. Brian will fill in the numbers and get to the Board.

Question – Fairly consistently in Freedom from Abuse, Freedom from Neglect and Suitable Services and going down to the totals it leads to the conclusion specifically to Abuse Class III,

Neglect Class III and Dignity and Respect and conditions doing the math on the grand total we performed 332 investigations of which 45% were substantiated. Trying to get a handle on the magnitude was that good or bad? We then have to take the number of investigations and divide that by the total population. Would like to see that as a percentage of the total people we serve in our catchment area. Want to get a better handle on how we have evolved in this area and that we continue to improve. The proof is always in the data. Would like to have some sense of what that means in terms of the complaint sources were from staff. What that says to me is that the ORR is being viewed as a partner. We want to maintain the independence of the ORR. Is this a complaint that staff is filing on their behalf, on behalf of a client or a guardian? He would like to see in the grids in the area of recipient population on the right side if we could add staff? Referenced an example. Were those people that made the complaint or involved in the complaint? **Response** – Individuals involved in the complaint. You would like to know where the complaint came from. There were only three categories to cover and we are missing the SIP homes, the Autism Centers and they don't give those options. For this report, it is the same. Randy identified that we can talk to the state about it through the Community Mental Health Association of Michigan. It would be nice to know so that we can get a sense of what the numbers tell us so that we can discuss and decide whether or not the numbers are significant or not. Brian noted that he will take that and he has no problem adding more to this yearly report in the future. He will find those numbers and those answers for you moving forward.

Question – Are these people duplicated from one category to another? If someone was abused at the top of the chart and then Freedom from Abuse at the bottom of the chart or could it be the same person? **Response** – Some of them can be the same person. For example, if we have a neglect case where somebody is sleeping every resident in that location is covered under those complaints. **Question** - Is that significant in the numbers that it is the same person or are we dealing with a complaint regardless of the person? **Response** – We do deal with just the complaint, but when it's specific to one individual like a medical or a medication error, then it is a individual that we investigate. Joanie clarified, I think what she is asking, is in the neglect category if a person falls asleep on shift does that count as one complaint or six complaints if there are six residents living in the home. Brian responded, that would count as one complaint class that covers all the recipients in that facility.

Question – Recipient population, for example, Abuse Class II there were 6 complaints received, 6 investigations and under recipient population 5 DD. Could that mean that there were 5 individuals and there were two substantiation's for one recipient? **Response** - The two substantiation's would be two different investigations, so possibly two different recipients. I would have to look at that. Dan noted there were more investigations than recipients identified. I don't know why there is a disparity there. Brian indicated that goes to the categories that we are given to enter the information into. Dan questioned is this just individuals that don't reside in specialized homes? Brian noted it is a broad range of what categories we have. If we break it down by population, we don't have markers or they don't give us that area to put that information into. That is why some of those numbers look skewed.

Nicole reminded the Board that we have two officers, Rose and herself, who sit on the Recipient Rights Advisory Committee and if there is additional work that we need to do as a sub-committee of the Board, we are happy to take that on and take back to our meetings and navigate through that for the Board.

Joanie clarified for example, if she files a complaint on myself for yelling at someone and I say to Brian I shouldn't have done that. If Brian looks into it and finds that dignity and respect is an issue. But if I swear, then that is another complaint. So one complaint can turn into multiple complaints per person. Brian noted when we initially get the complaint and it could be one issue or we find that someone was sleeping, but they are sleeping because they were using marijuana in the parking lot. It would jump from someone sleeping to multiple complaints. Dan noted that could be multiple investigations but only one recipient. Correct.

Question – Is there any way that we can look at our numbers in comparison to another organization our size? For example, compare our complaints to their complaints and the trends and what is the issue with the numbers going up? **Response** –What we are seeing in

substantiations is about similar to what others in the state are seeing.

5. 2021 AGENCY PERFORMANCE ASSESSMENT:

Joanie referenced the Agency Performance Assessment with the narrative and the overall grid identifying the years 2017 through 2021. **Domain 1 is Finance** in which Lauri reports to the Board every month. We note that this year our General Funds will not exceed the available resources for the second year in a row. There was discussion as to the likelihood of the state removing the requirement for individuals to meet Medicaid Deductibles. Joanie identified that all indications that they will and that will have a great impact on our General Fund.

Question – Do we have a line on our balance sheet in the liability section for that? **Response** - We do not have a line for the liability section. However, Lauri is very much aware of that. Joanie shared what our history has been. Back in 2020 Karl shared with Executive Team we need to curb our spending by 1.6 million. Due to the pandemic the redetermination stopped, so we were able to do that and we didn't have to face any cuts. Our highest costs are residential and inpatient psychiatric care so we would be primarily focusing on how we can manage that. Some of the frustrations with Northern Lakes when your looking at the feedback from the communities and at the surveys there are times when we do have to manage that and we have to look at the cost benefit. Can we find a provider to provide the service at a more reasonable cost? Do we have that person at the right level of care? There's a lot of things that we have to consider. In answer to your question, no we don't have a liability line, but we are very much aware of it. Barb noted that we are responsible in knowing that this is coming soon. Lauri noted that the redeterminations were to become effective on January 1st. CMS gave the MDHHS a rolling 12 months in order to implement redeterminations with the expectation that the public health emergency would be expiring. Within that rolling 12 months, the purpose was that the state would not be able to redetermine everybody who had been suspended for 18 months and that they couldn't all come up each year at the same point in time. Therefore, the rolling of the redeterminations, those were suspended again on January 17th. We learned of that on January 16th and it might even have been the 18th. It was that close.

The Department is not processing spend downs because theoretically, nobody is losing their Medicaid once they qualify. I know that we spend approximately \$775,000 per year in spend down or Medicaid deductibles. Based on our history within the last full year, which was FY2019, I suspect it'll be similar to that, but we also suspect that we are going to reach a time when the government won't be spending as much money as they are today and one of the methods to curb Medicaid spending is to manage the level of the deductibles. So historically \$775,000 but we are at risk for individuals having a different level of spend down being associated with them directly. Therefore, the \$775,000 divided by 12 is the possible exposure on history, but I of course would increase that a little bit knowing that it's probably going to go up. I also have been telling everybody that I can ensure that you spend down your bank accounts. If your bank account exceeds \$2000, then you may have a delay if your redetermination comes up. I'm telling guardians that, I'm telling case managers that, we're trying our best to ensure that everybody is ready when their name comes up. I had heard that redetermination paperwork had gone out, but I am not hearing that anymore. I think that they began it and then subsequently froze it. The next time the public health emergency is set to expire, 90 days or 60 days would be the 17th of March, so 60 days. I assume on March 17th we will find out if the public health emergency is extended or expired. For us on virtual services, what that means is they will not expire the ability to do virtual services. That they have been opened up for 60 days. I think it's 90 days. They would at least give us a 90 day forewarning that certain codes would not be opened to virtual. That is what I know on general funds. Joanie noted the other area of risk is eligibility. As Lauri mentioned, the bank accounts are a key part of that and many of the people that we serve received the stimulus packages which will result them in being denied Medicaid potentially if they are not utilizing that money in other ways. The other area is the virtual service with the telehealth codes. Outpatient therapy is the only code that has been added to the telehealth availability. All of the other codes are indications that we would have to resume face-to-face to build those scopes. The reason that General Fund is at risk is because if you provide a service in a method or in a place that is not covered by Medicaid it has to be covered by General Funds. We need to make sure that we time that properly.

Question – In order to simplify this, at this point in time in which the State of Michigan reinstates redetermination we will be asked to expend General Funds? Correct? We will be expected to expend General Funds to the point that we have General Funds. Do we have sufficient General Funds, at this point in time, to address that? **Response** – For FY22, yes. **Question** – But those redetermination will revert back to 21 or they will be suspended? **Response** – that is not the response we have been given. They will not retro those. When we get the redetermination we are prepared to respond to the request for General Funds? Yes. Do you think we will have to dip into our reserves? Lauri indicated I do not believe we will have to dip into reserves in FY22. That is my prediction. I believe that in FY23, as long as the pandemic is released or lifted that we will be close. The redeterminations to me are not quite as financially risky as the spend downs because the spend downs have not been measured in so long that I don't know where that's going to come back to individuals based on a pretty significant Social Security cost of living. There are pieces that are worrisome to me because the spend down is something that is month to month and they don't like to re-establish a spend down. Redeterminations you can retroactively cover individuals into Medicaid so long as we are on that, and case managers are assisting folks. I'm a little less worried about redetermination as long as everybody is in the know, get your spend down, get reactivated and then get your Medicaid retro 90 days. I am worried about the state utilizing spend downs in order to save Medicaid money. Randy noted that is something that we don't have any control over and it is something we need to be mindful of. It sounds very clear to me that you have notified folks that this is coming down the pike and to be prepared. Lauri noted every chance I get.

Question – Prior to the pandemic, if someone had Medicare with Medicaid spend down and they came to see me for services, would they be open for services or would they not be opened because they had a deductible? **Response** – We would have to open them for services. Joanie referenced the Mental Health Code and it says that we have to provide services to anyone who meets the serious component. An individual could have lots of money, I use this example with staff. If Michael Gates walked in our door and needed services based on eligibility and he met our criteria, we would have to open him. We do have a non-Medicaid benefit package for individuals who do not have Medicaid. They do not get the full array of services that Medicaid does. That means that they can get outpatient therapy, they can get up to six months of case management, six months of peers but not a full array. **Question** – Once the deductible goes back in place they will fall into that caveat of you have these services for six months. **Response** – Yes, until they meet their spend down. Once they meet their spend down they are open to the full array of services.

Joanie identified that Lauri does a great job in managing that and helping to make sure that we're communicating and having staff be aware. To answer your question Randy, not only are we speaking about the spend down, but we also send information through management about the telehealth codes, what is happening and how to get ahead of it.

Question – Up until the pandemic everything has to be reset. So, what about anything that was pending? Is this state to state? **Response** – What Nikki is asking is if there is a reset to go back to a prior year and the answer is no. One thing that we do well within the state is close fiscal years. Rarely is there anything that would reopen a prior fiscal year cost settlement. Joanie noted that the reason I brought that up is just so that this Board is aware because we have a lot of new members that prior to the pandemic, we were looking at a steep cut in a very short period of time. When the redeterminations stopped, the Medicaid was sustained, and the deductible wasn't being enforced. The Telehealth codes were allowed, that helped us dodge that. This is not new to the leadership team and we speak about that, what is it that we're that we're going to do and how are we going to curb? So, when we're looking at a high cost placement, for example, we're asking the staff what's the accountability plan because we have to reassess that and make sure that we're being good stewards of that money so that we're not overspending our capitated dollars.

Joanie referenced Domain 1 is green. Section 1.1 where the direct care wage premium increased Medicaid spending by \$2.3 million in FY 2021.

Domain 2 is Clinical Staff Efficiency/Staff Productivity by Population is yellow. Joanie identified when I think about these numbers, we have to work with staff to understand what the barriers are, because we haven't met with them as a whole. She was thinking along the lines of a

town meeting for staff to say what are the barriers and how can we overcome. She noted that this is not the only way we measure staff efficiency. We have other measures, and they are not listed here. In the future, we will want to add the other reports we use to the agency performance assessment. For example, Lauri creates a Black Red Report which is for the clinical programs for staff to say are they billing enough to pay for the overhead that is required of their positions? We also have a Gray Report which looks at the Individual Plan of Service and what are the authorized units. That is our contract with the person we serve to say you're entitled to this many services and your authorized for this amount. We can pull a report that says whether we are meeting the IPOS. Are they getting the services and that we say they were medically qualified or eligible? There was a question about suited to condition and this is where that will come from. If we are not providing a service that we said was medically necessary, then they are not getting that service suited to condition that they were assessed at. She would like to include here some of the other things that give us broader picture of what staff efficiency looks like. In terms of the numbers they have remained fairly consistent across the board. What are we missing as an agency that we might want to look at? We need to partner with staff and finding out what the barriers are.

Question – Let's define what these numbers mean. Staff Efficiency Adult IDD what does 19.96% mean? **Response** – For these numbers we look at how many hours did the staff work in a pay period and how many billable hours did you provide in that same pay period. If you take case management, for example, a lot of the work that they do is by telephone. They are advocating linking and when they are doing that by telephone it is not a billable service although it is necessary. The coordination of care from the primary care's office, if the person is not present or if you do that on the telephone outside of a pandemic you can't bill for that. Many of the services that we provide we can't bill for because we have to coordinate that care, much of which is done without the consumer present.

Question – What prohibits us from involving the client? Telehealth we could be linking and the client could be one the same. **Response** – Yes, that is true and I think some workers do that better than others. I'm not sure what all the intricacies are but I will say that a person who has IDD may not be able to engage in that conversation. Someone with MI might start with that at their appointment, which is pretty common, then maybe you can't reach the doctor when they are on the line and so the worker has to follow-up when the client is not available. There are different intricacies.

Question – Have we looked at, in order words, we are a part of the NMRE, are our affiliates I am assuming they are using similar metrics. Is there something they are doing that were they scoring better or are we all in the same boat? **Response** – We are all in the same boat. The Regional Clinical Directors meet once a month. This is a topic that they speak about. We talk about it often. We are in the same boat with what we expect and with where our staff land. Randy noted that we've got to figure out a way to improve our ability to bill. Joanie noted here is an advocacy point. If I work for a primary care office or an FQHC and I make a phone call, I can bill for that. But because I am a Community Mental Health system I cannot bill for that unless the person is there. Randy noted that nobody seems to present to our legislators who can take action. It is inconsistent. Joanie noted that in the past we had children all under one and last year Karl spoke with me about breaking that down like we did with adults. So, from this point forward we will break that down.

Domain 3 – Service Provision – Joanie noted that this area is primarily green. You can see that we are increasing in transactions and the only area that was yellow is Pre/Post Hospitalization data for CPSS which is peers. Typically, we have a much better score than that in this area. But I don't want us to lose sight of the fact that when you're looking at the AFC Pre and Post they have peers on their team too. She noted that we need to flush this out a little more and break it down more. We also have outpatient peers, so we have more opportunities with ACT. She needs to identify why that went up.

Domain 4 – Consumer Satisfaction – Our challenge was that the NMRE changed their practice at mid-year so we don't have the data to share with you. We spoke about what can we provide. We remembered some of the things that you had asked Kari about in her presentation a few

months ago. We have included some data on page 27 of your packet regarding our Customer Service Contacts and Appeals. We will look at how we can incorporate this data. This area will look different next year because the way the NMRE changed what they are doing. We are not comparing apples to apples it would be apples to oranges. We can control some of this other data and will continue to report on the Customer Service Activity on 4.1 and 4.1.2 and the NMRE Point In Time Scale as well as the surveys that we do.

Question – Is this something that we need to address with the NMRE or is that already been addressed? **Response** – Kari and the group addressed, and I think that moving forward how they're pulling the data now will be consistent. I don't think we're going to run into this problem moving forward. They just changed it that is why we have the gap. Kari identified we took a long time looking at the whole group, the QOC Group at the NMRE, looking at the amount of surveys that were going out in like a six month period. Every population was being surveyed and it was amounting to like 8 surveys and they were 25 or 26 questions each and depending on the number of services a person received, they could have three surveys to fill out. We were not getting the responses we wanted because people were having survey fatigue. We made a decision to do one survey that would incorporate everyone and that they could indicate what services they were receiving. So that's what happened this year. I do believe that next year when we look at the outcomes, it will be broken down into the different service arenas.

Domain 5 – Stakeholder Satisfaction – Joanie noted that this is broken down into several areas. We talked about the County Commission meeting last time in January in detail and several suggested changing the method we gave them the surveys. Suggested asking commissioners to fill out before the annual report and we also wanted to see how the meetings that we are doing with the County Commissioners on an individual basis may impact the amount that we get returned. We may want to focus on our score is fairly consistent when you look at the five years but it did drop from 2020 to 2021. We are going to have to cautiously monitor in terms of the County Commission.

The next area is Legal/Law Enforcement. This survey was not conducted in 2020 nor was it conducted in 2021. Karl opted not to do the survey because you can see that the number was only six and determined that we did not have enough contact information to gather the information. In 2021 we worked with our staff to gather the information of who are the law enforcement to update our database. You know, when we do those email blasts, we need to know all of the players. We believe that we're going to conduct that this year and that we think our numbers will be higher than in 2021. Looking at the numbers we are spending time in beefing up the database of who we are trying to reach with this survey. Joanie has been working with Deb Freed who previously completed the survey working with Karl. She believes we have more information to be able to complete the survey.

Question – We serve six counties. Each has a Sheriff. Are we going beyond the Sheriff? **Response** – In the future, yes. Randy noted that is historically what we did. If we are going to say we survey law enforcement what does that mean? Does that mean the first three in the tier or the first two? I think it is important to send as far down the food chain as is feasible. Because I can only speak for Grand Traverse County. I think you'll get different opinions from different people in law enforcement as to how satisfied they are. Joanie would agree with that and also what barriers they face. I know that we now have information moving forward, not only will we be looking at the counties, we will look at the cities, we will look at the townships, specifically in Roscommon County they have several township police officers. We have to make sure that we're reaching all of those. Law enforcement can also encompass the jails. We should be looking at the Jail Administrators in addition to the Sheriff's Department and the road patrol. So again, Deb Freed and I spent some time on that and I think we are in a much better spot to have a larger number and get more correct information. I can't speak to more than that, as I said, I wasn't there when Karl was doing the surveys and was not party of those conversations.

Dan noted in 2019 does indicate that 27 recipients were contacted and they contacted the Sheriff's, Jail Administrators, Judges, Prosecutors, law enforcement so it was more than just the Sheriff's and it was a poor response. But I think the information would be important to us. Joanie

agreed and it is good to know when we speak about trends. When we've asked people served about what we do that's important to you, it's different for the counties. It's uniquely different. What consumers in Traverse City were looking for was different than Cadillac, was different than Roscommon and so I think that's going to be true across the board. I would like to be able to identify some trends in that to help us with Services as we provide moving forward.

In the area of Community Collaboratives we did do that this year. Our scores came up for awareness, they came up for rating the job, they went down for the use of community resources from 2019. This was not conducted in 2020. This survey is probably our most widely distributed. We send it to the Community Collaboratives and we asked for them to respond and help guide us.

MH Awareness Research we have done every three years. It was done in 2020 but not in 2021. This is something that we can change. Joanie identified she would like to do it this year because we had done so much time on marketing, several, different commercials not only for employment and trying to increase our applications and interest in individuals working for us. We also did the flyers that we did in restrooms, we had commercials that said if you're feeling suicidal your not alone. She would like to see how that has had an effect and we did that in 2021. Right now it is every three years, but she is inclined to complete it this year to see whether it was helpful. We had the large TBD Solutions report that went out and one of the key findings from that is that people weren't aware of who we are, which is why we thought it was important why she would like to do this year.

Question - Randy noted that there had to be a reason we chose to do every three years. He wondered about resources. We struggle with efficiency and so you know that adding one more task I don't know in this day of electronic is not as tough as when we used to have paper so I encourage you to survey them manually. I think we've got the capability to do it and I want to encourage you to do so. **Response** - Joanie also agreed although pointed out that this one we pay an external company to do. We would continue with that same company. Maybe the decision why we did it every three years is partly that we don't do it internally. This area is marked as a yellow.

Randy identified that there is a lot of confusion in the community as to why we can't serve everyone. What constitutes severe? We have to be crystal clear to the rest of the community that our hands are tied right now by the Mental Health Code saying we can only serve the severe. We have to be very transparent about what the measurement tool is to determine whether or not somebody is severe.

Domain 6 - Provider Satisfaction- When we look at the scores from 2017 through 2021 we are at 84 and 89%. Tracy has done a great job in reaching out to the provider network. She meets with them regularly. They have quarterly meetings where she invites other people to come in and educate and speak about some of our concerns. She also has worked with them on the DCW and getting amendments out in a timely manner. This area is a green. I don't have a lot to say here that Tracy is doing an outstanding job in this area.

Domain 7 - Staff Satisfaction - Joanie reported that we have been doing the Organizational Climate Survey for many years. You can see our scores overall go up. We remained the same this year as last year the change was 3.90%. In 2018 we had a decrease so since that time having positive number is good. Karl did not have the information in 2020 but she noted that we do have it. Deb Freed noted we did not conduct the same organizational climate survey in 2020. Instead, we conducted two specific COVID-19 surveys. So, we did two internal staff surveys in 2020 focused on COVID-19. Our response the way we communicate how safe people felt, what their concerns were, and that sort of thing. We didn't do the same format in 2020. Joanie identified we would add a note why it was not available. Randy noted he understands doing a different survey to fit a specific concern and in this case it was. How are we addressing COVID as an organization? That is admirable. He would like to see the results of that survey even though we don't have anything to compare it against. He said to asterisk it, even though he understands and we want to compare apples to apples. It may show us something different and it is something useful. Joanie identified that she will bring those back and include them in the report next time. There were a couple things that I'll just highlight

that you will find in your Word document. You'll see on page 49 of your packets, gains were made in almost every area having the highest ratings of any year surveys surveyed in 23 of the 25 questions. But two of those questions that were not the highest rated included people stating my coworkers cooperate well with one another that actually declined. Then the other one was morale is good within my team and that declined 1.4%. Overall, the culture had improved 18.8% over the past 11 years. With the 78.3 percent in 2021 then you can see a little farther down we talked about the highest rated items. People were satisfied with their benefits. HR works hard on that every year. My direct supervisor shows interest in me as a person. That demonstrates great leadership and we did do some focusing on that under Karl. I want to say it was in 2017, 2018, so I was happy to see that and then space. Remember I think this comes on the heels of us moving the children staff down into the first floor. We eliminated that big conference room and turned that into treatment areas. I think that was a result of that, that decision. Our lowest rating you'll see here is we have adequate number of staff to do our jobs. That was the lowest rating at 54.6%. That continues to be a concern.

Domain 8 - Regulatory Compliance – Joanie noted that we have kept Medicaid Verification as a green. ORR actually is a green. She stated we no longer do the Autism Audit and we will want to remove in the future. Four years in a row we have had 100% compliance on our Medicaid Verification audits.

Domain 9 – Board Policy Compliance – Joanie noted the Board is at 100% Compliance. Barb noted it is unbelievable that we are at 100%. I don't know where we get 100%? It is unbelievable to me. I don't understand. Joanie reminded her that every meeting the Board is asked to complete the Board monitoring reports and they take action on whether they are 100% in compliance. This year when the Board says they agree to her interpretation and are 100% compliant. This year about a month ago there was one that said no. Barb identified that 100% are not turning them in anyway. She read that there were eleven people turned them in. Randy identified that the way we count percentage of compliance is based upon the forms that are turned in. We are not counting forms that are not turned in. That can always be adjusted. We have been running at 15 people attending at a time for quite some time. Pretty consistently there are 11 or 12 turned in. That is where that percentage comes from. We have our work cut out for us and we have an intent to proceed with a complete seminar education process as far as the Carver model of governance on how it does and how it should work. What he did in the early days and he has a better understanding as we go he didn't know what half of this stuff meant. Barb asked if we can look at a different way of doing this in the future? Randy said yes, we could certainly do that. This is going to be part of our review of our governance process project. That will not commence until we get through our CEO Search. The CEO Search is at the forefront. We will circle back because I firmly believe that the Carver model works. We just need to know how to use it. It is a wonderful tool and you need to know how to use it. He has a thought and will relate when we get to this month's reports or responses and then we can build from there.

Domain 10 – Quality – Joanie identified that in the area of quality we have a yellow for the MDHHS performance indicators. This is the second year in a row that the state has changed the way they track some of this data. The way they allowed us to use as exceptions in previous years can no longer be used as exceptions now. So, for example, if somebody goes into the psychiatric unit and when they come out, they're arrested and they are in the Detroit or housed in Wayne County Jail, we're held accountable to see them. They don't allow us to have an exception that they're outside the area or if somebody moves out of this state, we're not going out of state to see people, so we tried when Kari report this to you we still track with using the old information. When it comes to the performance indicators we cannot do that. We are advocating with MDHHS to allow us to use those exceptions, but right now we have not been successful with that.

The NMRE PIP we have a yes/no answer because there are two. What we realized as a region, not just Northern Lakes, that we were required to get the information from other providers like the primary care providers. We could not get all of the data to support this and we were not alone. The region conferred with HSAG the auditing body that does our audit and they will have a different measure moving forward.

MI Choice CQAR (Clinical Quality Assurance Review) results was pending and we did find out earlier this week that we scored a 93%. Darryl is happy with the number but believes that it could be better. He thinks that the staff turnover played a role in this and he is working with his management team to develop a plan of action to improve that number for next year.

Joanie identified that she did not highlight the investigation time frame compliance for ORR and that the 90% should be yellow. She believes that moving forward since Brian took over the role that we would know ahead of time. We did add some safeguards to make sure that is being accurately reported moving forward.

Domain 11 – Accreditation/Certification – Joanie identified when we completed this report we had not yet received notice and we have a three year accreditation from CARF. In the past we had an active SUD (Substance Abuse Disorder) license for each of our offices. Midway through last year we were notified that LARA indicated that we cannot have because we are a governmental entity. This line will be removed moving forward. We are working with MDHHS for our CMHSP Certification which expired. This was not marked yellow because it is a state concern. Kari has been working with the state and they are behind across the state. MDHHS has identified that all certification will remain current until they can complete their assessments. We do have that in writing. We do not have anyone on the Children’s Waiver and you can see that we have some of our homes pending licensing. The licensure is in Dave Simpson’s name as the licensee. He is looking at retiring at some point in the future. We have looked at the responsibilities of the home manager and they will be responsible for having the license in their name for their respective homes. When we spoke about the RCAs the home managers supervise that staff, I don’t believe they get enough accolades or attention. She identified that they do an exceptional job. She noted that they have to be available 24/7 and often times they need to cover shifts in their home. She wanted the Board to know the hard work that they do, and she wanted to acknowledge them. She introduced April Weinrick who is a home manager. She asked that she take back to her peers that we do appreciate the work that they do and the challenging situations that they face. There was clarification on the Children’s Waiver. It was noted that there are over 400 slots in the state, and it is very difficult to get a slot. Randy identified that this is another area that we would want to bring up to the state.

Domain 12 - Human Resources – Joanie noted that overall the area is green. The Board is aware of our staffing challenges and those are in yellow. The lag time in the paperwork for worker’s compensation is 7.1. Matt will work with our carrier on that.

Question – Questions have come up in the past regarding the number of EEOC complaints that we have. He asked if we can add that as a line item and in other like events to give us more data to support what we are reporting in terms of employee satisfaction. **Response** - Joanie noted that we can add that and we can look at other items we might want to add as well. Joanie shared that because this was brought up that one of the EEOC complaints is not being investigated further. One is still pending. They didn’t come in at the same time.

6. DISTRIBUTE CEO EVALUATION:

There was discussion about the process. The Board should complete the evaluation and send to Randy by the next meeting so that he can summarize and will be presented at the following meeting.

7. CEO SEARCH PROCESS:

Randy identified as a result of our last meeting he made contact and asked for suggestions for a professional search service. Just recently he received and will send to the Board. He would like to have the Board to authorize him to sign a contract with Hiring Solutions LLC. He will get all the information about them and check their references.

MOTION:	To Offer Joanie Blamer the Position of CEO of NLCMHA.
RESULT:	Motion not acted upon and moved to the Board
MOVER:	Barb Selesky
SECONDER:	Justin Reed

Nicole identified that we are still in Committee of the Whole, and those types of decisions have to be made in the Board meeting. She noted that the motion could say that you'd like to move an agenda item to the Board for potential motion and discussion. This isn't the meeting where we would do that. Barb asked whether that would go for the Chair's motion also? When someone comes back with a motion for the Committee of the Whole. Point of clarification what I am looking for is to give you information and then I will have a request to amend the agenda for our Board Agenda to vote on these items. Randy is giving you information and wanting to move forward for a vote. Barb noted that she did her homework on Roberts Rules of Order, and she has a leading agenda and would be willing to do that to the Board as a whole but not willing to move if she doesn't get the vote first. Before hiring another company, which is what your proposing. Randy is identifying the company that he has researched and will put to a vote at the Board meeting. Barb has a motion on the floor and would be willing to move to the Board as a whole but she is only willing to do that if her vote will come up first. Randy identified he personally doesn't have a problem with it but it's not my decision. The Board will have to decide the order in which they list agenda items. It is as simple as that, and we will get there. Barb called for a vote and identified if we have to vote again as a Board as a whole then we will have to vote again. Randy noted you are addressing me, but you have the person in control right now is Rose. She can allow you to the best of my knowledge to withdraw your motion. She can assure you, or better said, I can assure you that when we begin the Board meeting you can ask for your item ahead of the item that I'm going to present. We can certainly do that and then we can proceed. If you're willing to do that, everybody is acceptable to do that, I will continue on with what I've got to say. Barb said thank you. Randy contacted everyone and indicated he would send out to the Board as well. Randy identified he received at the eleventh hour, and you will receive everything back from them. At the Board level I will let you who know who the members are, if we decide as a Board to proceed with a search firm. I'll let you know who is going to be on the Search Committee and my rationale for that. That is what I am hoping to move to the Board. Randy asked for discussion on this. This is where we hash things out. I will, for the spirit of full disclosure, say their fee is 18% of the midpoint of the salary range and what I'll be looking for is a not to exceed budget for this entire process of \$36,000 and I did that by multiplying and what I am trying to get through this process without having to have a ton of back and forth because these amounts have to be approved by the Board, rightfully so. I predicated that on \$200,000. I highly doubt we're going to have a midpoint of \$200,000 after our last discussion. That is what I'll be looking for and he asked for discussion. Barb noted Roberts Rules of Order says you do not have a motion on the floor and there can be no discussion on a motion that is not on the floor. Penny noted that she would remedy that by making a motion. Barb called for her motion. She identified I gave quite a bit of latitude here and she is willing to wait for the full Board. Randy said what he said because we discuss things in the Committee of the Whole, right, and we would make a decision at the Board level, right. That is what I said what I said. Randy noted we can certainly wait to discuss this at the Board. I'm perfectly happy to do that. Penny said that the difference is that you actually asked for this item to be added to the agenda. I feel like, with all due respect Barb, you know I love you, but I feel like he didn't finish before you made your motion. I really don't mean to be disrespectful. Barb noted if I might tell you a little bit about my thought process the motion stands. We have a new Board. We're going to try it again. That motion stands. I'm not interfering with that motion. The motion stands. You don't put down another motion on it. His motion stands for the full Board. His motion for a new committee stands. I can do a prior motion and ask for a vote now because I have a second on the floor by Justin. I was trying to seek a little bit of community, you know, because we're all looking at the same clients. I'm trying to cooperate with Randy by letting him go forward with his explanation about everything, but he's already got a company and he's already got and he's already got. We have no option for a motion of this sort at the full Board. If he has a motion prior to mine, which he did agree not to have now, so you don't need to do it. Which he has agreed not to have, and I can have our motion first. I'm very cooperative about that too. Randy asked to jump in here. Barb noted of course. Randy stated "Penny, I appreciate what you've done, but we haven't arrived at the approval or the Board Agenda. So, it is

right that, that opportunity will come. You know in fairness to all concerned we have to operate with respect and our vision and our mission. So, with that in mind it is the consensus of the Board as to how we go forward. Therefore, it makes logical sense to me, and I will absolutely yield because it makes rational sense. It would be ridiculous to approve an amount of money for Search if we have. If we're not that different question. So, it's going to boil down to that, right? Penny noted I do have a question, respectfully. At the last meeting, we had a unanimous decision to begin a new search. What happens to that? It's just a question. Randy responded I guess what I would say rather than getting technical. We're trying to move the needle where, we're trying to move the organization forward with Board consensus. Simple is that, it's not. It's not about what each individual wants, it's what the group votes on. So, I would say that the motion and 200% of the time, ok, was for basically me to get the ball rolling. Go out there and bring us information etc. But information comes from everywhere. I think for the good of the order, let's go forward with that gentle agreement. We all will go forward with that general agreement. Since Barb is so much like me, be sure agree to that right Barb. Barb did agree to that. Will move the discussion to the Board meeting.

8. INTERIM CEO REQUEST FROM THE BOARD:

Randy noted that after the last meeting Joanie approached me and asked for a statement from the Board or him. It's relevant but not relevant. I sent you all, I think, I sent you all a communication that made you aware of this. At this point, I would ask Joanie to restate that request, articulate the reasons behind the request, and then we as a Board should discuss whether or not it is appropriate for us to make a statement to people. Other than our single employee. Because that's a break from protocol. Joanie identified she made the request to Randy, because I had received an email noting that we would focus on the mission, vision and goals rather than, significant disagreement with the Board's decision to offer the job to Dave Pankotai. She responded to that email and did not have a response. She approached Randy after the meeting and said I'm not sure where this is coming from, the email that I received. She had worked with this Board since the time that you made your decision, and then I'd defended the Board to staff. She did not feel like there were sides, and I felt like we were focusing on the vision and mission. When I reflected on that as the person asked me to do and hearing some of the information when I am talking to staff. I thought a message from the Board, who asked staff to trust them, and then didn't communicate anything to staff for a month led to questions that I couldn't answer, such as when is Mr. Pankotai coming on board. So, my response to Randy was, can we please provide a statement to the staff so they know we're being transparent about the process and they know what to expect. She noted it can't come from me because I'm not in a position to do that, unless you as a Board want me to speak for you. To summarize, staff were told to trust the Board, but there hasn't been any communication. That is where the request derives from and why I brought it up to Randy.

Justin responded as a Board we try to be transparent. We all have different opinions. Sometimes with this board we don't all have the same opinions. That's what makes it so difficult for trying to do a statement with one voice because we have all different feelings of what. You know what's said in the community. Randy identified as you might imagine, I've thought long and hard about this, and I want to honor our governance model. But I also want people to understand our governance model. I would hope that they would come forward based upon our actions rather than what we individually don't know either and I think this is more out of what Barb brought forth. This is a difficult process to go through. I grant you that. I'm not complaining. I fully understand it's difficult to go through, however, what I would what I observe is that our decision to hire an individual or better said, we had made a decision to hire an individual and then for many reasons that was not a good fit. So it is what it is. Our next response was very clear. We're going to reinitiate a search. To the best of my knowledge, the vision hasn't changed, mission hasn't changed, no one's job description has changed, no one has been reprimanded for stating their honest opinion. No one has been sanctioned. No one has been discouraged in any manner regarding their position or frankly, anybody else's position. I mean that the entire organizational structure of this place has remained in place. We have to decide a based upon each one of our own ties to our constituents, if you will and although we are not elected, we are we are appointed, as you know, so we are beholden to a point to those communities that we live in. We have to make the best decision we can based upon the information we have. I don't know what's going to happen. I honestly, I would be remiss if I would say to anyone, well, this is what's going to happen. That would be a disservice to the Board and for you. That's when we've taken

action. We should not speak as individuals. We should speak as a Board and to me it's been very clear what we're doing and where we're headed. While I certainly understand each individual's feelings, if you will, some not all. I would be lying if I didn't say I've received telephone calls and communications from a significant number of people regarding this topic. I have responded to none of them. Nor will I. Our trust, what one writer wrote and I agree, must be earned. What he observed was that the staff was very clear that they did not trust us and the message came across very clear. If he recalls correctly his comment was "he understands that and we will earn your trust." If we don't earn it shame on us. We don't know that at this point. What we can do is what we're doing right now. His personal feeling is the Board should decide. He wishes people would say whether they would say whether they are pro or con on this. Is this something that the Board will want to do and if there is consensus then we will put together a statement that will be reviewed by the entire Board and then we'll put it out there. He would ask that we entertain a motion whether or not the Board presents a statement to the CEO with which the CEO can disseminate to staff.

MOTION:	Will the Board Present a Statement to the CEO with which the CEO can Disseminate to Staff.
RESULT:	Moved to the Board for Consideration
MOVER:	Penny Morris
SECONDER:	Dan Dekorse

9. BOARD LEADERSHIP JOURNAL:

Randy identified diversity is always important. We will continue to enhance our response as to how we approach diversity. One of the programs in the early stages at the CMHA level is to formalize how we address that. The other article is about pensions invest money. We have no say in that so it is not applicable.

10. AGENDA PLANNING OPTIONS:

Agenda topics for the March 17, 2022 meeting: Update on Recipient Rights; FY 2022 NLCMHA Quality Assurance and Improvement, Regulatory Compliance, and Customer Services Report; Security Annual Report.

11. MEETING EVALUATION/COMMENTS:

- #1 – We spent our time on the most important governance topics – excellent
- #2 – We encouraged diversity of viewpoints – excellent
- #3 – Our decisions were made collectively – good
- #4 – The Board used it's time effectively – good
- #5 – What is the most important thing the Board could do to improve our function as a Board?
Comment – None.

12. OTHER/ADJOURN:

Meeting adjourned at 2:54 p.m.

Respectfully Submitted,

Deb Lavender
Executive Secretary

dsl (03/03/2022)

**Northern Lakes Community Mental Health Authority
Financial Reporting for 2/28/2022**

Overview:

All required financial reports were filed on time with the Michigan Department of Health and Human Services (MDHHS) and the Northern Michigan Regional Entity (NMRE) in February. Although the compliance audit is not complete as of the writing of this document NLCMHA is reporting \$55,796,688 of services provided to recipients with traditional Medicaid coverage, \$6,911,231 of services provided to recipients with Healthy Michigan Plan coverage and \$1,849,045 of services provided to people with no coverage or services were provided in a location or in a fashion not covered by Medicaid. Of the \$1,849,045 of services provided with General Funds the categories of service provision are displayed on the next page. \$111,342 of services charged to General Funds were applied towards Medicaid Deductibles in FY 2021. Even though deductibles were frozen the entire FY 2021 year there are 2 scenarios that will result in deductible charges. The first scenario is when a person has never met their deductible there was never Medicaid activated to have it frozen and the second is when a person has recently qualified for Medicaid with a deductible. On average, 150 people open to services have a deductible of \$759. Through January 31st of the current fiscal year \$32,270 of general funds have been applied towards Medicaid deductibles.

The Northern Lakes CMHA auditors, Roslund Prestage & Company, are currently working through the compliance audit. As of the writing of this document MDHHS has not published their required examined financial status report bundle used by the auditors to report compliance audits.

MI Independent Living is a local community living service provider that has completed a project to provide personal emergency response services (PERS) to individuals in our community. It is very exciting to report a semi-independent living home that was staffed 24/7 will implement PERS on March 14th. It is expected the required staffing will reduce to 16 hours per day due to this service availability.

Medicaid Spending as compared to Regional Funding Advances:

Services provided to individuals with traditional Medicaid coverage will be reported at \$23,170,601 with \$178,093 available in coordination of benefit reimbursements. This is \$2,858,672 below capitated advances provided by the NMRE.

Services provided to individuals with Healthy Michigan Plan coverage will be reported at \$2,867,582. This is \$103,964 above capitated advances provided by the NMRE.

Services which must be paid for by General Funds total \$671,989. This is \$592,573 below the year's allocation. General Funds earned include the carryforward earned in FY 2021 of \$127,597.

Residential/Inpatient Usage:

At the end of February, it is expected there were 255 people in contractual specialized residential placements and semi-independent homes representing a net decrease of three. The average SRS per diem increased \$7.83 to \$210.53. The direct care worker wage premium has been rolled into the daily per diems paid to specialized residential providers. Eleven people were moved from a specialized residential home that closed on January 31st.

The amount paid to community inpatient hospitals, on a cash basis, was \$427,142 in the month of February.

Revenues and Spending:

Revenues exceed expenses by \$1,316,132 as of February 28th. This is a combination of Northern Health Care Management, Behavioral Health Home, local funds, and general funds. Excess General Funds beyond 5% of the appropriation will be required to be returned to MDHHS.

Cash on hand increased by \$889,295 in February. NMRE paid February capitation in March.

**Northern Lakes CMHA
General Funds Utilized FY 2021**

Services Paid for with General Funds	Amount	Service Dollars Reported to Meet Medicaid Deductibles
Inpatient	\$ 290,384	
Residential Services	37,837	\$ 490
Assertive Community Treatment (ACT)	65,287	
Assessments and Testing	115,636	12,219
Case Management / Treatment Planning	198,488	39,112
Crisis (Includes 1,112 crisis contacts in a jail totaling \$306,700)	342,788	6,784
Evaluation and Management	140,214	22,786
Licensed Residential	123,270	
Medication Administration	90,414	2,601
Non-Licensed CLS	7,289	2,875
Prevention and Early Intervention	7,469	6,669
Psychiatric diagnostic evaluation	8,061	1,204
Psychotherapy	60,037	13,742
Vocational Supports	60	
Additional Support Services	12,943	7
Other Therapy	10,049	2,852
Total reported non-waiver net benefit expense	<u>\$ 1,510,225</u>	<u>\$ 111,342</u>
Administration	101,581	6.73%
Mental Health Block Grant Administration	66,074	
Quality Initiatives, Office of Recipient Rights and Integrated Care	325,090	
Required 10% Local Subsidy to 90/10 services	(153,925)	
Total General Funds Expenses	<u><u>\$ 1,849,045</u></u>	

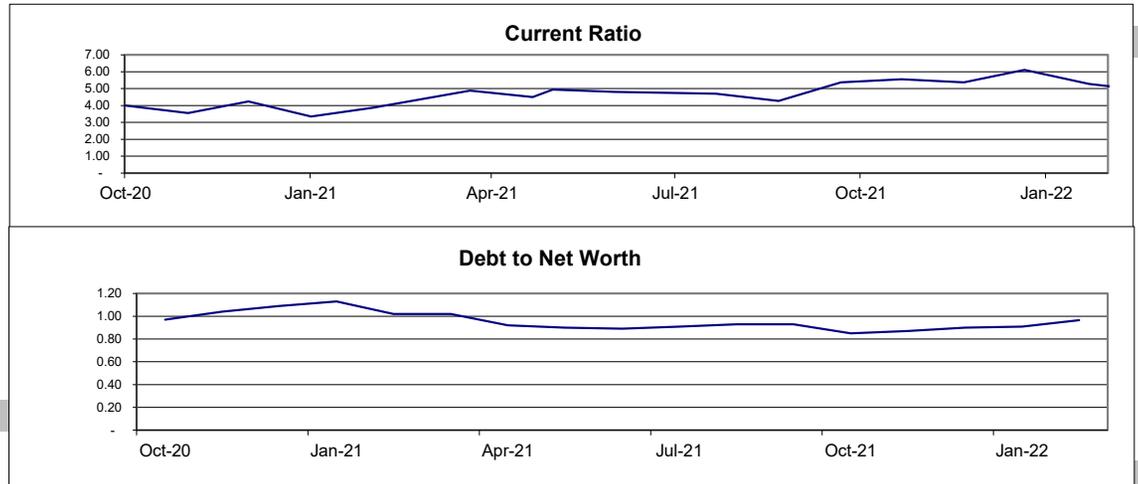
Northern Lakes Community Mental Health Authority
 Finance Report As of 2/28/2022
 Fiscal Year Ending September 30, 2022

Revenues	2022-#1	2022-#1	Actual	Actual	Percentage	Capitated Category	Provided Advances	(Expenses)	
	Total Budget	YTD Budget	YTD Revenues	Over/(Under)	YTD			Earned Revenues	Worries (Over)/Under
State Sources	\$ 6,355,628	2,648,178	2,290,547	(357,632)	36%				
Local Sources	\$ 1,961,800	817,417	638,691	(178,725)	33%	General Funds	1,264,562	671,989	592,573
Medicaid Sources	\$ 62,919,411	26,216,421	26,177,518	(38,903)	42%	Medicaid	25,851,181	22,992,509	2,858,672
Reimbursements	\$ 964,244	401,768	604,876	203,107	63%	Healthy Michigan	2,763,617	2,867,582	(103,964)
MI Choice HCBW	\$ 11,652,407	4,855,170	4,683,257	(171,913)	40%	Behavioral Health Home	139,335	64,982	74,353
Total Revenues	\$ 83,853,490	34,938,954	34,394,889	(544,065)	41%	Northern Health Care Mgmt	4,667,257	4,143,852	523,405
						Local Requirements	638,691	512,890	125,801
							35,324,643	31,253,804	4,070,840

Expenditures	2022-#1	2022-#1	Actual	Actual	Percentage	Capitated Category
	Total Budget	YTD Budget	YTD Expenses	(Over)/Under	YTD	
Personnel	\$ 29,673,756	12,364,065	10,715,020	1,649,045	36%	
Direct Operations	\$ 2,521,322	1,050,551	982,917	67,633	39%	Medicaid and Healthy Michigan Plan expenses are expected to be covered by Medicaid savings and internal service fund dollars from the NMRE.
Contractual Services	\$ 11,146,558	4,644,399	4,613,444	30,956	41%	
Contract Agencies	\$ 7,218,481	3,007,700	3,031,976	(24,276)	42%	
Residential Contracts	\$ 24,069,294	10,028,873	10,044,799	(15,927)	42%	
Inpatient Services	\$ 6,264,208	2,610,087	2,457,369	152,718	39%	General Funds spent on services to individuals without insurance coverage must be covered by excess local funds or NLCMHA Fund Balance
Transportation	\$ 1,348,564	561,902	582,830	(20,928)	43%	
Occupied Space	\$ 1,611,307	671,378	650,401	20,977	40%	
Total Expenses	\$ 83,853,490	\$ 34,938,954	\$ 33,078,756	\$ 1,860,198	39%	

Net Revenues over Expenditures **\$ 1,316,132**

Monthly Indicators	Previous Month	Current Month
Current Ratio	5.28	4.85
Cash on Hand	\$ 27,130,591	\$ 28,019,886
Short Term Liabilities	\$ 5,141,665	\$ 5,776,824
<i>According to Financial Performance Indicators the goal is greater than 2.</i>		
Debt to Net Worth	0.91	0.96
Short Term Liabilities	\$ 5,141,665	\$ 5,776,824
Long Term Liabilities	\$ 6,070,615	\$ 6,070,615
Compensated Absences	\$ 1,341,519	\$ 1,341,519
Net Pension Liability	\$ 4,729,096	\$ 4,729,096
Unrestricted Fund Balance	\$ 5,021,992	\$ 5,021,992
Net Assets (Undepreciated Va	\$ 7,257,546	\$ 7,257,546
<i>According to Financial Performance Indicators the goal is less than 2.5.</i>		
Directly provided services	39.2%	38.9%
Contractually provided service	60.8%	61.1%



Northern Lakes Community Mental Health Authority

List of Contracts and Agreements Entered Into

For the Month of February 2022

		Estimated Annual Financial Value
Vendor by Category		
1	Specialized Residential Services and Community Living Supports	
*	Hope Network Behavioral Services, Third Amendment, to add Samuel's House	\$ 450,000
*	MI Independent Living, Third Amendment	\$ 1,300,000
*	North Shores Center, LLC 1st Amendment to include DCW	\$ 245,000
*	Real Life Living Services, Fifth Amendment	\$ 590,000
*	Spectrum Community Services, Second Amendment	\$ 1,375,000
*	Seasons of Life AFC Home, LLC 1st Amendment to add DCW	\$ 76,800
*	Seasons of Life AFC Home, LLC SRS Contract	\$ 76,800
*	Specialized Personal Recovery Services 1st Amendment	\$ 185,600
*	Real Life Living Services 4th Amendment	\$ 590,000
*	MI Independent Living 2nd Amendment	\$ 1,300,000
*	Covenant to Care 1st Amendment	\$ 116,000
*	Compassionate Care 1st Amendment	\$ 612,000
*	Ausable In Home Care, LLC 1st Amendment	\$ 337,500
*	Trail Corp CLS Contract	
2	Inpatient and Hospital Contracts Including Single Case Agreements	
*	McLaren Bay SCA (2)	\$ 20,000
*	Hope Network Behavioral Health Services - Samuel's House SCA	\$ 10,000
3	County of Financial Responsibility (COFR) - Provider (Purchase of Services)	
*	None	
4	Independent Contractors and Leases	
*	Repertoire Development First Amendment	\$ 15,000
5	MI Choice Waiver Contracts	
*	Waters and Vines Transportation	\$ 15,000
*	Soul Purpose Transportation LLC	\$ 15,000
*	CareLinc Home Medical Equipment and Supply	\$ 15,000

Email January 27, 2022

Hello –

I am requesting that this e-mail be shared with Mr. Kamps as Chair of the NLCMHA Board of Directors.

My name is Terri Kelty. I am the Behavioral Health Director at Munson Medical Center.

I am very concerned to hear that one of your board members, Mary Marois, may have asked at a public meeting of the Board of Directors if I had filed Recipient Rights complaints with NLCMHA.

My understanding is that the ORR Director was asked directly if Terri Kelty from Munson had filed any complaints.

If this is true, I consider that inappropriate and undermining of the recipient rights system that is in place to protect consumers and to improve quality of care for them.

Could you please respond to the following:

1. Did this conversation actually occur at a public meeting of the NLCMHA Board of Directors?
2. If yes, please confirm or deny that the Recipient Rights system provides reporting based on the complainant. I worked at NLCMHA for 14 years and never saw a public report or participated in a public discussion that named a specific complainant.
3. If reporting based on the complainant or discussing complainants publicly does not uphold the Recipient Rights system, then can you please explain the reason for this discussion and what will be done to prevent this in the future?

I have thought about this for a while and can find no good reason why I was named specifically and why, if anyone, had concerns about my actions that they would not simply contact me directly?

As a provider of behavioral health services, I and others must be able to file Recipient Rights complaints without fear of retaliation or public scrutiny by the NLCMHA Board or any employee.

I have respect for NLCMHA and the Office of Recipient Rights. I understand the purpose of that system and need to continue to use it to effectively protect the rights of consumers and to improve services for people-served, which I believe is a goal shared by all of us. I also want to say that now, more than ever, it is important that NLCMHA works closely and effectively with community organizations to best serve our community. I need to be able to trust that NLCMHA will coordinate with Munson Healthcare and do so in a manner that is respectful to all.

I will appreciate your response to my concern.

Thank you,

Terri Kelty, LMSW

MMC Director of Behavioral Health

231-935-6389

1/31/2022

To: Northern Lakes Community Mental Health Authority Board.

This is probably the last time I will address this Board, and I believe that this one is the most needed.

I am addressing you for myself and many others who will not address because of fear from the Board and the incoming CEO. So you will hear me say we. I am taking the opportunity to be transparent with this Board.

We want you to know your comment on "Trust US" from the 1/10 meeting is not there, Trust is Earned, this Board has a long way to go.

We are having problems with the following:

Transparency of the Board. Not once did the Board bring up the letter that they received that was signed by at least 50 employees for the 1/10 meeting. We feel as if it didn't matter to the Board. We believe that the Board should always present in comment all documents received from the public. TRANSPARENCY There are many more examples of No Transparency by this Board.

Professionalism and confidentiality of this board: 5 days before 1/10 board meeting a Board member approached a staff member at Sam's Club in TC. I do not have whole conversation, but the Board member said to our staff member that it had already been discussed and decided on who the CEO was going to be, it was not going to be Joanie. WHERE is the Professionalism here? I was asked not to bring this up on 1/10, we knew about it then. We had the belief that this Board member is causing drama and left it at that. We are not so sure anymore. This is not the only unprofessional comments of this Board. We expect the best from a NLCMHA Board.

Did it bother any of you with the "Donut's with Dave" that at no time was Staff mentioned on how he was going to work with the executive team or staff? It bothers us a Lot.

Confusing us is during the 1/10 deliberation it was noted on public record that "Dave" did not interview well by quite a few Board members, but still hired. WHAT really is confusing is the " Joanie to light a fire under him" Why would the Board hire someone who needs a fire lit under them... He is an employee of the Board; you should be lighting fires under him.

We see this Board as being run by the Traverse City members that sit this board, we do not see this Board as a whole of all 6 counties. These members appear to be bullies at times, we feel for the other 4 counties, we believe these counties may have to work hard to be heard, they will need to unite to get what they need so all 6 counties are heard.

We would also like to address how the Board governs itself. Because of the lack of professionalism addressed already we believe the Board has a code of conduct, maybe you should consider how to address unethical behavior including termination from the Board. We want to see procedures put in place and action on Board members not adhering to policies.

We do not believe that on January 10th the Board made a hard discussion, we believe the Board took the easiest way out. It was much easier for the Board to make changes for change sake. And appease the newspaper, who we all know has wrecked many careers. We question would the TC Board members be looking at their career goals, instead for the good of NLCMHA?

Politics has raised its ugly head here; this is not where it belongs.

If you do not have NLCMHA, those we serve and NLCMHA employees at your best interest over your own career, resign.

We also would like to address the "DRAMA" that one board member brought up during deliberation on 1/10.

We believe the board has brought on most of this drama themselves. Hearing from a staff member who only wanted the record set straight, about why a supervisor was truly let go and is very disgruntled about it is not drama, this staff member has been through a lot of traumas over this and should have not been belittled over it. DRAMA is a board member making a statement that has nothing to do with this board, example: 1/4/21 I just want it to be known that WE did not purchase an armored vehicle. This was drama brought forward from a meeting that had nothing to do with NLCMHA.

We listened to the Board on 1/10 we listened to all comments by each member, whom some explained the trauma/Life experiences they have experienced in their lives that brought them to the Board. I need you to know there are many dedicated workers here, that have all experienced trauma, life problems and medical problems that is why they are here to help others to recovery. Labeling it DRAMA is a huge form of stigmatism...STOP IT. Drama is for the theater down the street.

Respectively Submitted,

Deborah Bumbalough

From: [k.dahlstrom](#)
To: [NLCMHA Board](#)
Subject: Board members and terms
Date: Sunday, February 20, 2022 3:10:02 PM

Hello Board,

Will you please update #4 info on your website: <https://www.northernlakescmh.org/about-us/board-of-directors/2015-board-member-orientation-and-reference-manual/>

Your Bylaws read that there should be 3 consumers on the board. Are there 3 at this time?

I commend some of you on this board for your commitment to improving community trust of NLCMH and also for taking your time and energy to find the best leadership possible for NLCMH. Its future depends on the decisions you now make.

Thank you,
Kate Dahlstrom

From: [Mardi Link](#)
To: [NLCMHA Board](#)
Subject: Reporter inquiry
Date: Friday, February 11, 2022 4:18:37 PM

Good afternoon,

I'm working on a follow up story regarding NLCMHA board again beginning a search for a new CEO.

Can you comment on Dave Pankotai declining to take the offer of employment?

How did his initial job application, submitted through the National Council for Mental Wellbeing get "lost"?

How did his official job offer, which was supposed to be submitted Jan. 20, not arrive until Feb. 1?

Please confirm receipt.

Thank you,
Mardi Link, Enterprise Reporter
Traverse City Record-Eagle
120 W. Front Street
Traverse City, MI 49684
231-883-2256
mmlink@record-eagle.com
mardijolink@gmail.com



BDAI, INC., P.O. BOX 11, TRAVERSE CITY, MI 49685

To: Northern Lakes Community Mental Health Board of Directors
From: Tom Bousamra, President of Before, During and After Incarceration *TJB*
Re: Recent decisions of the NLCMH Board
Date: 24 February 2022

As an advocacy nonprofit with a primary focus on diverting those suffering from mental illness from jail (Before), we are more than a little concerned with recent actions of your board regarding the hiring of a new CEO for NLCMH for several compelling reasons.

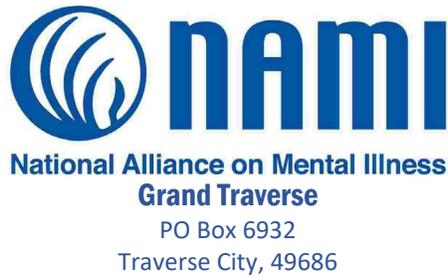
First, you had an approved motion to begin a new search process when you violated its terms with a motion to hire Ms. Blamer without a proper motion to “reconsider.” At a minimum, you have violated parliamentary rules.

Secondly, serious questions about “backroom dealing” jump to mind with any intelligent reader of the initial coverage of this decision by the Record Eagle – more investigative reporting to come no doubt. Even with a cursory consideration of this newer motion to hire a second-choice candidate, questions loom. Did you call one another or meet secretly to make sure that three members of the board would be absent on vacation without the ability to vote. Open Meeting Act cries “foul”. This does not even to begin to pass the “smell test.”

Third, the process for hiring new leadership was looking shaky even ahead of this last disastrous decision. Lost Applications? Inside applicants accused and fired? A secretive selection process? A month delay in offering Mr. Pankotai a contract? These are a few problems that come quickly to mind.

Finally, and most importantly, many in the community – nonprofits like BDAI and NAMI as well as any who work with those suffering from lack of meaningful mental health – have been seeing a need for a more flexible leadership for some time. The inability of NLCMH to work out a contract with GT Jail that would serve the needs of the incarcerated in a more comprehensive way comes immediately and glaringly to mind.

Please do the right thing – when all board members are present to vote - and reconsider this highly questionable, recent decision.



Dear Northern Lakes CMH Board:

We respectfully ask that you reconsider your highly questionable, recent “vote” regarding a new offer for the CEO position.

As a community partner and advocate for persons suffering from mental illness, we at NAMI-Grand Traverse are very concerned with recent actions of your board regarding the hiring of a new CEO for NLCMH.

It appears to us and the community that the entire process, beginning with communications to and from David Pankotai, has been somehow corrupted or flawed.

Furthermore, asking staff to publicly vouch for their current supervisor is highly questionable. This process can't help but put undue pressure on employees, whose promotions or job status may be affected by what they either say or do not say.

Most recently, one has to wonder about violations of parliamentary rules and the Open Meetings Act. At a time when our community is already skeptical and frustrated with NLCMH, these actions only make things worse.

Please course correct with a new start...a new CEO search. We need to work together. We want NLCMH to be a trusted and competent community service organization. We believe that starts with trustworthy, collaborative, and proactive leadership.

Thank you,

NAMI Grand Traverse
Judy Barrett, Cheryl Solowiej, Denise Samuels, Paula McLain, Kate Dahlstrom

March 3, 2022 at 2:59 p.m.

Good afternoon,

I'm writing to ask if Board Chair Randy Kamp and Board Member Mary Marois, plan to re-apply as a board members representing Grand Traverse County, now that the Grand Traverse County Commission voted to rescind the previous appointments of Mr. Kamp and Ms. Marois and open the process up to an ad-hoc committee which will conduct interviews of those interested?

Also, and this is for any board member or the board as a whole, were you aware that the Carver Model does not preclude board members from either speaking to the press or answering questions from the public?

Also, Mr. Kamp, were you aware that neither the Caver Model nor the board policies listed on Northern Lakes website, state a chair of the board only votes when there is a tie?

Also, is the board at all concerned that member counties may be discussing or may soon decide to leave Northern Lakes?

And thereby dissolve the organization, as stated in the Enabling Resolution of 2003?

Mardi Link, Enterprise Reporter
Traverse City Record-Eagle
120 W. Front Street
Traverse City, MI 49684
231-883-2256
mmlink@record-eagle.com
mardijolink@gmail.com

**Chief Executive Officer’s Report
To the Northern Lakes’ Board of Directors
March 10, 2022**

Board and Operational Items

Board Membership: Rose and I will meet with Nikki for Board Orientation Training on Wednesday March 16, 2022.

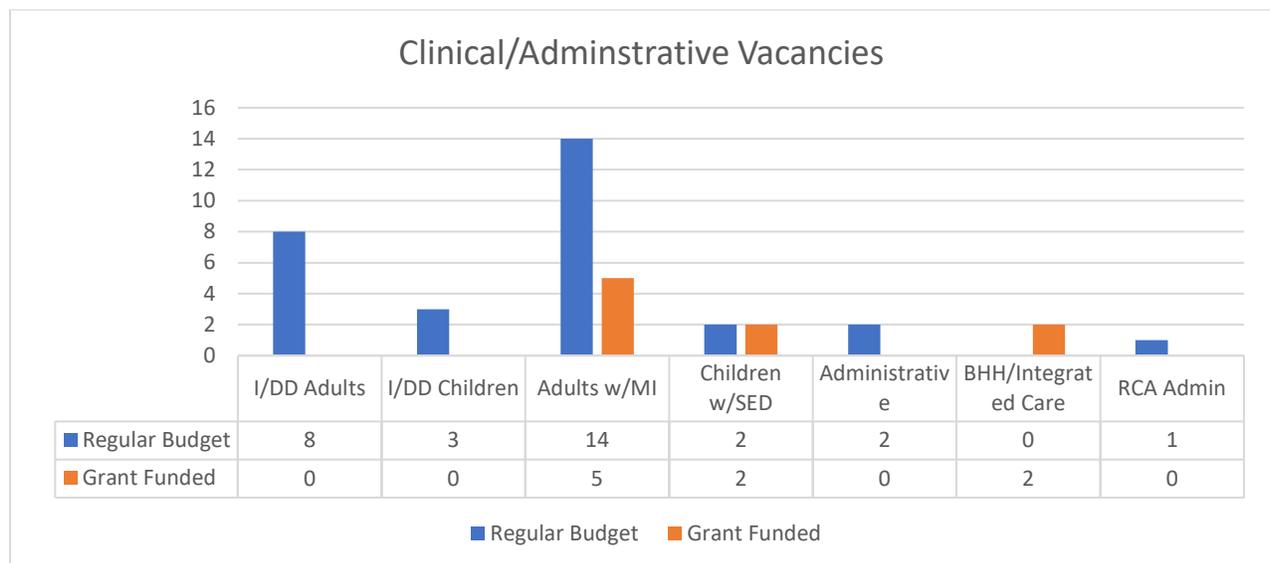
Citizen Comments: There were not any citizen’s comments at the last meeting.

Psychiatry Residency Program: I am working to finalize a collaboration with Pine Rest, Michigan State University, and Munson Medical Center on having Northern Lakes added to the residency rotation. We will have two physicians starting with us July 1, 2022. Additionally, Pine Rest noted 40% of the residents remain in the area where they completed their program, which is exciting because it increases psychiatry resources for our consumers and citizens of Northern Michigan.

Jail Services: I want to share the services we provided in the jails last year because it was brought to my attention that some are under the impression that we do not provide any services in the jail. In the 2021 calendar year we completed 1,633 crisis services. Of those contacts 1,229 were completed by the Jail Liaison Position we created to serve the jails.

Staffing Concerns: We continue to have success in recruiting. As of March 2nd, the Specialized Residential Homes are currently staffed at 70%, which is up 7% from February 2, 2022.

We have 39 administrative/clinical positions open and 9 of those are grant funded. This means we are currently staffed at approximately 85.6% (up from 82% last month). The breakdown of vacancies can be seen in the chart below. We are not of the woods yet, but we are trending upward in our recruitment.



Community Connections/Meetings:

- February 18th, attended Mental Health Key Findings Briefing with Representative Felicia Brabec.
- February 22, met with Kristin K. regarding NAMI, Wexford.
- February 23rd, attended the NMRE Board meeting.
- February 23rd, attended the Northern Regional Meeting hosted by CMHAM.
- March 1st, met with Board Chair
- March 2nd, attended the NLD Meeting
- March 2nd, met with Pine Rest to make final preparations to bring a psychiatry residency program to NLCMHA. We are scheduled to have 2 psychiatric residents beginning July 1st.
- March 3rd, provided a presentation on the Crisis Welcoming Center to the Suttons Bay Rotary
- March 3rd, attended an Advocacy Briefing relating to Senate Bills 597 & 598 with Alan Bolter
- March 3rd, attended a PIHP/CMHSP/MDHHS meeting relating to significant reorganization of MDHHS.
- March 7th, Collaborated with Community Partners in the Crisis Welcoming Center Advisory Meeting.
- March 8th, Participated in the Behavioral Health Policy Committee Meeting.
- March 8th, Met with Rick C. of Cadillac News as he is writing a story on the Crisis Welcoming Center and the continuum of care we offer.
- March 9th attended the NMRE Finance Committee Meeting
- March 9th, attended the House Health & Human Services Appropriation Committee Meeting via Live House of Representative TV
- March 10th, participated in the BHI Coordinating Council Meeting
- Scheduled for the following activities next week:
 - March 15th, Crawford/Roscommon Suicide Prevention Coalition
 - March 15th, Operations Committee
 - March 15th, Footprints in Time Board Meeting
 - March 16th, Roscommon County Collaborative
 - March 16th, Board Orientation Training with Nikki/Rose
 - March 17th, NMCHIR Organizational Development Discussion

Crisis Welcoming Center: We continue to meet with community partners to develop the crisis welcoming center. This week we continued to work on the FAQ document and hope to complete it by the end of next week. Our next meeting is scheduled for March 21st.

Media Coverage: There were a lot of articles in the last month, and I emailed those links and stories to you.

CMHAM: Joe Stone accepted the Regional Chair vacancy we had. We did not make any recommendations for the Election of Association Officers, but if you have thoughts on that we can do so until April 1, 2022.

I will be attending the CMHAM Director's Forum in Lansing on March 30 & 31.

Legislative Update: The Senate did not vote on bills 597 and 598 as planned last week because they did not have the votes for these to pass the Senate. They did make it through the 3 readings of the bill so they can be brought forth for a vote in the future so we will keep the advocacy efforts up.

Consumer Success Story:

Today I am sharing the success of an adult with mental illness. I am appreciative of people sharing their stories, struggles and accomplishments with us and asking us to share with others.

“My name is Michael _____, I have endured much struggle since I found out I was mentally ill, but through it all I have gained independence through the support from mental health assuring me that I could do it. Then I went to Norway for the international conference for clubhouse. I went to gateway in South Carolina to learn about their program and I was trained with Clubhouse International. I also went to many meetings including walk a mile and Lansing and several other Recovery Events with Michigan conferences and art shows. I never would have imagined my life without this support has strengthened my resolve that I can survive through anything and every time I think about the struggles I’ve had and struggles I still have, it’s hard not to think about the positives that have also occurred. I’m really honored to have this privilege to share my story and what I have accomplished has been something my family never would have imagined and still doesn’t believe but has encouraged me to rise above and conquest the things that seems impossible. I appreciate your time.”

I am humbled by the challenges people face every day and honored to help them along their journey and celebrate their accomplishments with them. I appreciate Michael sharing his story as with it assists in remembering why we are here and that while we are not perfect, we do have great successes!

Respectfully,

Joanie Blamer
Interim CEO

**NORTHERN MICHIGAN REGIONAL ENTITY
BOARD OF DIRECTORS MEETING
10:00AM – FEBRUARY 23, 2022
GAYLORD BOARDROOM**

ATTENDEES:	Roger Frye, Ed Ginop, Christian Marcus, Gary Nowak, Justin Reed, Don Smeltzer, Joe Stone, Don Tanner
VIRTUAL ATTENDEES:	Gary Klacking (West Branch), Terry Larson (Rogers City), Mary Marois (Destin, FL), Jay O’Farrell (Whittemore), Richard Schmidt (Kaleva), Karla Sherman (LaJolla, CA)
ABSENT:	Randy Kamps
NMRE/CMHSP STAFF:	Joanie Blamer, Christine Gebhard, Chip Johnston, Eric Kurtz, Tema Pefok, Brandon Rhue, Sara Sircely, Nena Sork, Teresa Tokarczyk, Deanna Yockey, Carol Balousek
PUBLIC:	Nichole Flickema, Jackie Guzman, Donna Hardies, Sue Winter

Note: At 10:00AM there was not a quorum present to proceed with the Board meeting. The decision was made to begin with the “Presentation” portion of the Agenda and then determine whether a quorum was present.

PRESENTATION

Substance Use Disorder Prevention Coalition Updates

Donna Hardies (Catholic Human Services) and Nichole Flickema (Health Department of Northwest Michigan) were in attendance virtually to provide updates on the current activities of Prevention Coalitions operating within the NMRE region.

CALL TO ORDER

Let the record show that Chairman Don Tanner called the meeting to order at 10:30AM as a quorum was present in Gaylord.

ROLL CALL

Let the record show that Randy Kamps was excused from the meeting on this date; all other Board Members were in attendance either in Gaylord or remotely.

PLEDGE OF ALLEGIANCE

Let the record show that the Pledge of Allegiance was recited as a group.

ACKNOWLEDGEMENT OF CONFLICT OF INTEREST

Let the record show that no Conflicts of Interest to any of the meeting Agenda items were declared.

APPROVAL OF AGENDA

Let the record show that no changes to the meeting Agenda were requested.

MOTION BY JOE STONE TO APPROVE THE NORTHERN MICHIGAN REGIONAL ENTITY BOARD OF DIRECTORS MEETING AGENDA FOR FEBRUARY 23, 2022 AS AMENDED; SUPPORT BY GARY NOWAK. MOTION CARRIED.

APPROVAL OF PAST MINUTES

Let the record show that the January minutes of the NMRE Governing Board were included in the materials for the meeting on this date.

MOTION BY ROGER FRYE TO APPROVE THE MINUTES OF THE JANUARY 26, 2022 MEETING OF THE NORTHERN MICHIGAN REGIONAL ENTITY BOARD OF DIRECTORS; SUPPORT BY GARY NOWAK. MOTION CARRIED.

CORRESPONDENCE

- 1) The minutes from the February 3, 2022 PIHP CEO meeting.
- 2) Press release from Michigan Attorney General Dana Nessel's Office giving an opinion on Meeting Attendance Accommodations Required under ADA.
- 3) MDHHS's Michigan Integration Efforts February 2022 Update.
- 4) MDHHS's Michigan Psychiatric Care Improvement Project (MPCIP) February 2022 Update.
- 5) MDHHS's Region 2 MiCAL Rollout Timeline.
- 6) CMHAM February 2022 Social Media campaign to combat Senate Bills 597 & 598.
- 7) Email correspondence from CMHAM dated February 7, 2022 regarding hacking of recent CMHAM meetings.
- 8) Email correspondence from Alan Bolter at CMHAM providing an overview of the Governor's FY23 Budget Recommendation in Senate Appropriations Subcommittee.
- 9) Email correspondence from CMHAM dated February 16, 2022 providing Guidance related to demand for financial data by Milliman and MDHHS: View of Provider Alliance leadership and CMHA.
- 10) Draft minutes of the February 9, 2022 NMRE Regional Finance Committee meeting.

Mr. Kurtz drew attention to the MiCAL rollout timeline and discussion during the February 15th Operations Committee meeting; NMRE is scheduled to "go live" with the MiCAL 988 National Suicide Prevention Lifeline (NSPL) on March 31, 2022. Mr. Kurtz also brought attention to correspondence from Jacque Wilson, Chair CMHA Provider Alliance and Robert Sheehan, CMHAM CEO to PIHP/CMHSP CEOs and Provider Alliance Members outlining guidance related to the demand for financial data by Milliman and MDHHS (provider salary and wage survey, provider expense survey, Standard Cost Allocation).

Mr. Marcus referenced the "Strategic Behavioral Health Integration and Coordination Initiatives" section of the February 3rd PIHP CEO meeting minutes regarding the expansion of Health Homes in the state and the implementation of a SUD Health Home in the NMRE region; he asked what the potential impact on funding could be. Mr. Kurtz indicated that there would not be an impact and responded that PIHPs are funded by enrollee; Health Homes are 90% Federally funded (BHH for 8 quarters, OHH for 10 quarters).

ANNOUNCEMENTS

Let the record show that there were no announcements during the meeting on this date.

PUBLIC COMMENTS

Let the record show that the members of the public attending the meeting virtually were recognized.

REPORTS

Executive Committee Report

Let the record show that no meetings of the NMRE Executive Committee have occurred since the January Board Meeting.

CEOs Report

The NMRE CEO Monthly Report for February 2022 was included in the materials for the meeting on this date.

Financial Report

December 2021

- Traditional Medicaid showed \$49,360,242 in revenue, and \$42,879,230 in expenses, resulting in a net surplus of \$6,481,012. Medicaid ISF was reported as \$9,298,750 based on the interim FSR. Medicaid Savings was reported as \$11,296,664.
- Healthy Michigan Plan showed \$7,385,336 in revenue, and \$5,489,748 in expenses, resulting in a net surplus of \$1,895,589. HMP ISF was reported as \$7,059,746 based on the interim FSR. HMP savings was reported as \$5,061,832.
- Net Position* showed net surplus Medicaid and HMP of \$8,376,601. Medicaid carry forward was reported as \$16,358,496. The total Medicaid and HMP Current Year Surplus was reported as \$22,572,877. Medicaid and HMP combined ISF was reported as \$16,358,496; the total Medicaid and HMP net surplus, including carry forward and ISF was reported as \$38,931,373.
- Health Home showed \$287,798 in revenue, and \$236,739 in expenses, resulting in a net surplus of \$51,059.
- SUD showed all funding source revenue of \$5,864,110, and \$4,562,086 in expenses, resulting in a net surplus of \$1,302,024. Total PA2 funds were reported as \$5,752,223.

The Direct Care Wage Surplus was reported as \$2,162,220. Ms. Yockey reported that the first of three PA2 payments for FY22 is expected in April. Ms. Gebhard that a column showing the amount of PA2 funds allocated and the projected revenue by county be added to the report, which Ms. Yockey agreed to provide beginning with the January 2022 report.

**MOTION BY GARY NOWAK TO APPROVE THE NORTHERN MICHIGAN REGIONAL ENTITY MONTHLY FINANCIAL REPORT FOR DECEMBER 2021; SUPPORT BY JOE STONE.
MOTION CARRIED.**

Operations Committee Report

The minutes from February 15, 2022 were included in the materials for the meeting on this date. A discussion of salary caps, longevity pay, and salary structures for PIHP and CMHSP staff occurred; the importance of retaining seasoned staff was emphasized.

NMRE SUD Oversight Board Report

Let the record show that the next meeting of the NMRE Substance Use Disorder Oversight Board is scheduled for March 7, 2022 at 10:00AM in the Gaylord Conference Room.

NEW BUSINESS

Bear River Health (BRH)

Mr. Kurtz shared that on February 9, 2022, he was notified by the CMH Partnership of Southeast Michigan (Region 6 PIHP) that BRH had received a (payroll) tax levy and that all payments from Southeast Michigan needed to be made to the IRS; subsequently, Network 180 (Kent County) and Community Mental Health of Ottawa County also contacted Mr. Kurtz about the communication.

Mr. Kurtz met with BRH staff on February 11th to discuss the issue. A letter dated February 11th from Dan Hartman, BRH Executive Director and email correspondence from Jackie Guzman, BRH Financial Director were included in the materials for the meeting on this date. Mr. Kurtz

reported that he was notified of the release of the levy from the IRS on February 22, 2022; the issue appears to be resolved though Mr. Kurtz noted more information is needed to assure this is not an ongoing concern.

PIHP Representative on the CMHAM Board of Directors

Correspondence from CMHAM about PIHP representation on its Board of Directors was included in the materials for the meeting on this date. Interested NMRE Board Members were instructed to contact Mr. Kurtz.

Performance Bonus

Email correspondence from MDHHS dated January 28, 2022 was included in the materials for the meeting on this date. The NMRE earned full points in both the PIHP/MHP joint metrics and PIHP-only deliverable for a total bonus payment of \$1,737,751.66 which will be passed to the Boards as local dollars.

Lambert Public Relations

Mr. Kurtz informed the Board that he is overall unimpressed by the work Lambert PR has done for the NMRE to date; he is considering going in a different direction.

OLD BUSINESS

Senate Bills 597 & 598/House Bills 4925 – 4929 – The Latest

A summary of the Mental Health Listening Tour by Michigan House Democrats titled, “Enhancing our Community Mental Health System” was included in the materials for the meeting on this date. Mr. Johnston expressed his feeling that meetings with the Northern Michigan Counties Association have been extremely effective; Mr. Tanner agreed. Ms. Gebhard referenced a report authored by Rep. Brabec (55th House District); Rep. Brabec is working closely with Rep. Whiteford on making alterations to her bills based on feedback from the listening tour.

The possibilities of a rural exception and/or PIHP/CMHSP financial risk arrangement were discussed.

COMMENTS

Board

- Mr. Russell commented about a discussion that occurred during the February meeting of the Northern Lakes CMHA Board of Directors; the public (Record Eagle) appears to be blaming the CMH for AFCs closing in Grant Traverse County.
- Mr. Tanner advised everyone to watch their secure data streams during globally volatile times.

Staff/CMHSP CEOs

- Mr. Johnston expressed that he has had a variety of interactions with CMHSPs in the UP recently; he stressed the need to stay out of “southern Michigan issues” for the benefit of individuals served.
- Board Members were invited to stay to attend the CMHAM Northern Region meeting at 1:00PM.

MEETING DATES

The next meeting of the NMRE Board of Directors was scheduled for 10:00AM on March 23, 2022.

ADJOURN

Let the record show that Mr. Tanner adjourned the meeting at 11:32AM.

**CEO Response to February 17, 2022 Board Monitoring Report Evaluation
March 17, 2022
Policy 2.2 – Treatment of Employed Workforce Members – Internal Inspection**

Eleven (11) of the fourteen (14) Board Members who attended completed the monitoring report. There was one Board Member who did not attend who completed the report.

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

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

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

Question 4 - Did the interpretation address all aspects of the subject? 11 Yes, 1 No, 1 blank

Comment – 1) While the Interim CEO complied with the letter of 2.2.3 it is this writer's opinion that she failed to comply with the spirit of same as the record reflects member's of the workforce clearly pursuing work-related grievances before the Board. The Board should revisit 2.2.3.

Question 5 - Does the information show compliance with Board direction/policy? 11 Yes, 1 No, 1 blank

Comment – 1) See # 4.

Comments:

Question 6 – None.

CEO Response 2022:

I appreciate the Board's assessment that we are in 92% compliance with this policy. I am unsure of how the "spirit" of policy 2.2.3 is being interpreted. NLCMHA does have policies for the timely resolution of human resource issues to be raised and addressed without Board involvement. I am not aware of staff pursuing work-related grievances before the Board. It has been reported to me that during a public meeting of the CEO Search, the Board Committee noted a need and desire to hear from staff. Staff speaking during public comment over the past few months have done so solely in response to the CEO Search not for work-related grievances. I am willing to work with the Board on revisiting 2.2.3 if the Board Chooses to do that.

Respectfully Submitted,

Joanie Blamer, Interim CEO

**ASSURANCE OF ORGANIZATIONAL PERFORMANCE
POLICY 1.0 CONSUMER AND COMMUNITY ENDS
INTERNAL REPORT - CEO
March 17, 2022**

1.0 Consumer and Community Ends

We are committed to the guiding principles of Culture of Gentleness and Recovery. We are committed to the Person Centered planning process and the development of an individual Plan of Service within the context of available funding and services. We are committed to be a strong and effective partner in Michigan to improve the overall health, wellness and quality of life of the individuals, families, and communities we serve. We believe the systems of care and support we create and manage must serve and provide encouragement, support and opportunities that promote growth and create desired and positive outcomes for all persons served. We are committed to the elimination of stigma in cooperation with welcoming communities, and must meet owner expectations. As a manager and a provider of public health services utilizing federal, state, local funding sources and other reimbursements we hold ourselves accountable and are held accountable. Our responsibility is not to simply serve, but to ensure eligible persons with severe mental illnesses (including those with co-occurring conditions), children with serious emotional disturbances, persons with intellectual/developmental disabilities and persons with substance use disorders have satisfying, hopeful, and contributing lives that are consistent with their hopes and dreams.

We believe active consumer involvement is critical to Ends accomplishment and in ensuring consumers served achieve the following Ends consistent with individual choice and self-determination.

Consumer Ends:

- 1.0.1 Meaningful and satisfying community experiences, work (income generation) and/or volunteering, and/or success in an educational or vocational setting
- 1.0.2 Meaningful relationships within an ever expanding circle of support.
- 1.0.3 Children and families have rewarding family relationships
- 1.0.4 A safe living environment of their choice and with whom they want (adults) as identified through the Person Centered Planning process and reflected in the Individual Plan of Service within available resources and services.
- 1.0.5 Community membership, inclusion and participation
- 1.0.6 A reduction in psychiatric symptoms (as applicable)
- 1.0.7 An enhanced overall quality of life
- 1.0.8 Sobriety (as applicable)
- 1.0.9 Integration of behavioral health and physical health services

There are multiple community stakeholders that impact and/or are impacted by what we do and we place a high priority on working cooperatively with them toward the accomplishment of our Vision, Mission, and Ends. Key stakeholders include, but are not limited to, consumers, consumer parents, families, and/or guardians; health care providers; schools; law enforcement; the spiritual community; and local, state, and federal elected officials. To promote Ends accomplishment we need skilled providers and constructive relationships with organizations who provide funds including the MDHHS, managed care organizations, health insurance providers, etc.

Community Ends:

We are committed to the following Community Ends.

1.0.10 Our respective communities and key stakeholders accept and treat consumers with respect, dignity and compassion and promote community membership.

1.0.11 Community Stakeholders know and demonstrate support of the Northern Lakes Community Mental Health Authority Ends.

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) and satisfaction surveys, third party perspectives regarding our performance, and other locally adopted measures.

CEO Interpretation (2022)

This policy highlights the areas in which the Board and CEO are unified. We are committed to our Vision, Mission, and Values. We are committed to providing care in a culture of gentleness with the expectation that Recovery is possible. We do this through a person-centered process and the development of the Individual Plan of Service. We understand there are community stakeholders, including consumers, families, guardians, schools, law enforcement, and elected officials, and we value their partnership in meeting our Consumer and Community Ends.

NLCMHA completes an Annual Review and Agency Performance Assessment each year to demonstrate how the activities in the previous year met these Consumer and Community Ends. Those reports were shared with the Board in January and February 2022. In terms of holding ourselves accountable, NLCMHA does this through satisfaction surveys, provider network surveys, holding an Annual Public Meeting, and Annual Reports to the County Commissions. We also began meeting with County Commissions on a regular basis for those Counties that were interested in doing so.

There is some room for improvement here, in my humble opinion. I would suggest we consider having 2 Public Meetings a year to gain input from stakeholders. I would also suggest we review the satisfaction surveys to make sure we are gathering relevant information so we can change and/or improve services provided. Lastly, I would suggest we consider having 4 townhall meetings a year for community partners to learn about our services, the laws and rules that govern us, and any feedback on how we might be good partners and/or what we can do to enhance our collaborative partnerships.

Respectfully Submitted,

Joanie Blamer
Interim CEO

Board Policy being monitored

1.0 Consumer and Community Ends

March 17, 2022

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

Comment:

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

Comment:

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

Comment:

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

Comment:

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

Comment:

6. Other Comment: _____

**CEO Response to February 17, 2022 Board Monitoring Report Evaluation
March 17, 2022**

Policy 3.5 – Meeting Agendas and Schedules – Direct Inspection

Twelve (12) of the fourteen (14) Board Members who attended completed the monitoring report. There was one Board Member who did not attend who completed the report.

Question 1 - Do you believe we are in strict compliance with the policy as stated for each provision? – 12 Yes, 1 blank

Question 2 – If you indicated that the Board is not in full compliance with the policy as stated, please indicate what areas and what you notice that gives evidence that we are not in compliance? – No comment.

For Question 3 – How do you think we could improve our process to be in full compliance? – Comment – Never hurts to do an overall review of the process.

For Question 4 -- What do we need to learn or discuss in order to live by this policy more completely? – No comment.

For Question 5 --Does this policy remain in compliance with the Policy_Governance model in terms of content and format?– 12 Yes, 1 blank

Comment – Needs to be updated to current Open Meetings Act.

CEO Response 2022:

I appreciate the Board's assessment that we are in 100% compliance with this policy. I did see the comments about an overall review and updating to be sure we are in compliance with the Open Meetings Act. I can send this to our General Counsel, Haider Kazim, for legal and updating should the Board request that.

Respectfully Submitted,

Joanie Blamer, Interim CEO

**BOARD MEANS SELF ASSESSMENT
SUMMARY OF BOARD COMPLIANCE MONITORING EVALUATION
3.3 BOARD MEMBER CODE OF CONDUCT– DIRECT INSPECTION - BOARD
MARCH 17, 2022**

3.3 Board Member Code of Conduct

The board commits itself and its members to ethical, businesslike, and lawful conduct, including proper use of authority and appropriate decorum when acting as board members. Conflict of interest is addressed in the Board By-laws and this policy.

3.3.1 Members must have loyalty to the ownership, unconflicted by loyalties to staff, other organizations, and any personal interest to a consumer.

3.3.2 Members must avoid conflict of interest with respect to their fiduciary responsibility.

3.3.3 Board members may not attempt to exercise individual authority over the organization.

3.3.3.1 Members' interaction with the Chief Executive Officer or with staff must recognize the lack of authority vested in individuals except when explicitly board authorized.

3.3.3.2 Members' interaction with public, press or other entities must recognize the same limitation and the inability of any board member to speak for the board except to repeat explicitly stated board decisions.

3.3.4 Members will respect the confidentiality appropriate to issues of a sensitive nature.

Members must not disclose identifiable information (with or without names) about Northern Lakes Community Mental Health Authority consumers, regardless of where this information was obtained from, without informed consent of an authorized party. Members must comply with the confidentiality regulations of the Michigan Mental Health Code and the Administrative Rules.

3.3.5 Members will be properly prepared for board deliberation.

3.3.6 If a member has a concern with another member with regard to this Code of Conduct. The issue should be directed in the following manner.

3.3.6.1 If the issues involves a member other than the Board Chairperson, the issues should be directed to the Board Chairperson.

3.3.6.2 If the concern involves the Board Chairperson, the issue should be directed to the Vice Chairperson.

3.3.6.3 If the concern involves both the Board Chairperson and the Vice Chairperson, the member should select two other members and direct the issue to them for review of the concern.

3.3.7 If all attempts at an internal resolution of the concern has failed, then the Board Chairperson under 6.1 or the Board Vice Chairperson under 6.2 shall refer the manner to the applicable County Board of Commissioners Chairperson for resolution under Section 1224 of the Michigan Mental Health Code.

3.3.8 All Board members shall review this policy during their initial orientation and shall sign the NLCMH Code of Conduct Declaration. This shall be repeated no less than annually.

Attachment: Board Member Code of Conduct Declaration

BOARD MEANS SELF ASSESSMENT
SUMMARY OF BOARD COMPLIANCE MONITORING EVALUATION
3.3 BOARD MEMBER CODE OF CONDUCT – DIRECT INSPECTION - BOARD
March 17, 2022

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

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

Yes No (requires comment)

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

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

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

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

Northern Lakes Community Mental Health Authority *Board Member Code of Conduct Declaration*

This is to confirm my receipt and review of the NLCMHA Board Governance Code of Conduct policy. This policy was written to formally establish the Board's ethics and serves as a foundation of the administrative Code of Conduct. Key aspects of this policy are as follows:

1. The expectation that Board Members have loyalty to the ownership, unconflicted by loyalties to staff, other organizations, and any personal interest as a consumer.
2. The expectation that Board Members practice consistent with the NLCMHA Conflict of Interest policy.
3. The expectation that Board Members not attempt to exercise individual authority over the organization.
4. The expectation that Board Members comply with the confidentiality regulations of the Michigan Mental Health Code and the Administrative Rules.
5. The expectation that Board Members will be properly prepared to complete their Board responsibilities.
6. The expectation that all board members shall review Code of Conduct policy during their initial orientation and shall sign this NLCMHA Code of Conduct Declaration. This shall be repeated no less than annually.

NLCMHA Board Member

Date

3/1/2021

BOARD MEANS SELF ASSESSMENT
SUMMARY OF BOARD COMPLIANCE MONITORING EVALUATION
3.6 BOARD CHAIR FUNCTIONS – DIRECT INSPECTION - BOARD
MARCH 17, 2022

3.6 Board Chair Functions

The Chair ensures the integrity of the Board's governance process as the Board carries out its governance obligations.

Powers of the Chair. The Chair:

- 3.6.1 Proposes Agendas for meetings of the Board;
- 3.6.2 Limits consideration of issues to those properly before the Board and within the scope of its authority as set forth in Board Governance Policies;
- 3.6.3 Ensures that Board deliberation is fair, open, thorough, timely, orderly, and on task;
- 3.6.4 Exercises the procedural authority accorded the position of Chair by Roberts Rules of Order;
- 3.6.5 Subject to the Bylaws, names and charges ad hoc committees as more particularly provided in the Governance Policy on Board committees;
- 3.6.6 When and to the extent authorized by the Board to do so, serves as spokesperson for the Board to the media and the public concerning the positions taken on issues by the Board as a whole; and
- 3.6.7 Rules on requests from members to attend outside conferences and meetings.

Limits on the Powers of the Chair. The Chair shall not exercise the powers granted to the Chair hereunder for any of the following purposes:

- 3.6.8 To preclude Board consideration of a decision to employ or terminate a CEO;
- 3.6.9 To unilaterally amend or modify a Board Governance Policy;
- 3.6.10 To supervise or direct the CEO with the exception of the power to grant a leave of absence provided the Board is notified of granting the request within eight hours of being granted.
- 3.6.11 To publicly represent a personal position on an issue as that of the Authority.

Delegation of the Powers of the Chair. Subject to the provisions of the Bylaws, the Chair may delegate the powers of the Chair to one or more Board members, provided that the Chair remains accountable for the exercise of any powers so delegated.

**BOARD MEANS SELF ASSESSMENT
SUMMARY OF BOARD COMPLIANCE MONITORING EVALUATION
3.6 BOARD CHAIR FUNCTIONS– DIRECT INSPECTION - BOARD
MARCH 17, 2022**

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

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

Yes No (requires comment)

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

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

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

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



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

Nominating and Leadership Development Committee Meeting Minutes

March 2, 2022

10:00 AM

1. **ATTENDANCE:**

Barb Selesky called the meeting to order at 10:38 a.m. at 527 Cobb Street, Cadillac and virtual. The NLD Chairperson, Pam Babcock was not able to attend the meeting.

Board Members Present: Rose Denny and Barb Selesky.
Virtual – Greg McMorrow, and Mary Marois.

Board Member Absent: Pam Babcock (advance notice) and Angie Griffis.

Others Present: Joanie Blamer, Interim CEO and Deb Lavender, Executive Secretary.

2. **APPROVAL OF AGENDA:**

A quorum was not present. No additions to the agenda.

3. **APPROVAL OF MINUTES:**

Meeting minutes will be brought back to May meeting for approval.

4. **BOARD EDUCATION:**

Introduction to Boardworks education will be held at the March 17 meeting and will use the explanation in the packet on CMHA Boardworks, will identify Board Members that have met the training requirements and will show Board Members how to access on their iPads. April and May will complete MI/DD Services. June topic for training – to discuss what Ethics are all about. Barb asked that Joanie identify a trainer.

5. **BOARD RETREAT:**

Joanie noted that Randy spoke about having a specialist to come in and do a training on policy governance. We will want to have a more in-depth conversation with the Board whether we want to have two retreats or one. Do we want to have the specialist at the Board Retreat to discuss policy governance. Will place on the Committee of the Whole Agenda.

6. **BOARD INDIVIDUAL AND SELF ASSESSMENTS:**

It was identified that the assessments were completed anonymously and reviewed the format. Mary noted that there is a correlation of what we want to talk about at the Board Retreat and what the responses were in relationship to this survey. She identified that the discussion relative to Board governance the discussion should take place in relationship also to how we perceive ourselves as Board Members in this survey. She questioned how much time we want to spend looking at the results on this unless it is in relationship to the discussion on Board governance. When we have discussion about what do we want to do at a Board Retreat relative to Board governance we talk about this survey. Mary noted that the issues with our governance is related to how we perceive ourselves we have as Board Members. She thinks that there are things we don't understand as Board Members because

of our governance. She identified that the discussion needs to take place at the same time. She noted that some of the things on this list will come out as issues. She also thinks that when we talk about what we want to accomplish in a retreat that we look at this list as to how we perceive ourselves as Board Members to drive whatever training that is going to be. We look at some of these areas we score ourselves low and then we have our discussion about Board governance we need to be able to understand our role as Board Members and that we look at ourselves poorly in some areas. She felt that they go together. Mary didn't think that we should spend that much time looking at this when there is a realization that we have some issues relative to our governance at this time. Barb suggested that when we talk about governance we should discuss at that time. Deb identified that this is the second time that we brought this survey to the NLD and do not want it to get lost in the shuffle. Barb noted that we need a commitment from Randy if he is going to do that at the Board Retreat or call a different meeting. Rose noted that what Deb is saying is that our retreat will be a ways away and that is part of the concern it will not get lost. Barb noted that our discussion about governance is for a retreat it is a need and a necessity for our membership. When you look at all the people that are new since she has been on there is half the Board. She is not sure we want to use that for a retreat. Rose noted when we talked about it before we talked about having a foundational training. She thinks policy governance goes along with that. Deb noted that on the NLD Agenda we had identified Draft a Board Retreat Agenda (getting to know you and Board Member priorities in their communities). We need to receive clarification from the entire Board. Barb noted her concern about all of these special meetings that we are calling. She asked if we have an Executive Committee? Deb noted it is the Committee of the Whole. Barb asked does the chair have the authority to call a meeting at any time? We will lose our order of work if we don't understand what is happening. We are supposed to be the leadership group. Joanie suggested that we will bring up at the NLD report at the Board meeting to ask the Board if we want to make this part of the retreat or does the Board want it reviewed at the next NLD meeting. The full board could choose. Several of the numbers were highlighted in the report.

7. SLATE OF OFFICERS:

We are not sure of the results of Pam contacting individuals about the slate of officers. A slate of officers should be provided to the Board and we vote in May. Joanie asked about the process. Barb agreed that we should take to the NLD in May. Mary noted that we may want to bring it up at the COW meeting to avoid a delay to assess interest of people who would take on a role and responsibility. She asked Rose if she would be willing to take over the chairmanship of the Board? Rose noted she prefers vice-chairperson. Mary noted that you're certainly ready for that role, but it is your choice to make. She thought we could assess at the COW meeting an interest on the part of Board Members to be considered so that we don't have another delay and not getting the input of people as to whether they have interest or not. There is also a report by the NLD meeting to be provided to the Board at the May Board meeting identifying the slate of officers and the process. Greg asked for clarification of the time period of the officers. Mary noted that we had this unusual situation during COVID and we extended the terms I believe for another year. Board Members could be nominated at the meeting. There is no limit for an officer and is for a one-year period.

8. BOARD ORIENTATION – DRAFT CMHA BOARDWORKS:

Mary noted that Ty made a proposal that it come before the committee that the Boardworks sessions be played during the education portion of the Board meetings in order for all interested people to devote the time to get certified completed with Boardworks but to use the education time to do it. Deb noted that at the beginning of the meeting we discussed Introduction to Boardworks. She noted that Mary was not at the January meeting where we discussed how long those Boardworks tapes are and couldn't fit in the half hour. That is why we thought we would do an explanation or show Board Members how they could access on their iPads through Teams.

Joanie noted that we had discussed changing the Board education to one hour and no one was interested. We discussed adding the CMHA Boardworks to the Board Member Orientation that you get when you first come on the board. For example, tomorrow we will be meeting with Nikki and Rose is the mentor and would share with her and other people coming on about it and how to take it, why it is important. We haven't covered Boardworks in previous orientations and I think the discussion now is do you want that to be a permanent part of the orientation training that we do. Mary noted that it should be a requirement and I state that because if you look at the Board Education Plan it specifies the responsibility of Northern Lakes Board Members to get a certain level of education within the first term or the first six months of being a Board Member and I think that the Boardworks is an important part of that. I am probably one of the biggest failures because I have not gone through all of the Boardworks and know that I should have. If it had been a requirement I certainly would have. I really think that it should be within at least a year or the first term of someone's appointment as a Board Member and should be a requirement. Joanie noted that there are nine modules and if you did in a year if something came up it gives time to get to it. What would happen is that this would be added to the packet. The packet that Joanie goes over is approved by this committee and recommended to the Board and approved by the Board. The recommendation that we want to make with the Board since we can't make a vote that we ask them to make this a requirement. Joanie plans to meet with Nikki tomorrow, and she will make sure that Nikki can access these on her iPad. She will not talk to her about requirements because the Board would not have spoken to that yet. Rose will be there and can chime in too.

Mary asked if there is still a Board piece to the orientation for new Board Members? In other words, I know that you meet with new Board Members but it used to be that there was also at some point in time we have a representative of the NLD Committee or another Board Member who would also meet with new Board Members and give them a different perspective from the Board's point of view as opposed to the CEO point of view. Are we still doing that? Joanie responded yes we are. When the training that she has done with Barb we had Sherry and Rose with Nikki. Nicole with Dan and Justin together. Greg did his with Karl and Ty. We try to have someone from the same county. It was her understanding someone from the same county. Rose's was a little different in that Pam was okay that Rose be the mentor because Rose and Nikki knew each other. It really is up to the Board Mary. Joanie does not meet with them alone. It has both perspectives. Mary noted that there was a difference between being the mentor piece and the orientation piece. I know like in the past Pam and I a couple of times met with people. I want to not lose that early on even if it is not the mentor role but that orientation role. So maybe that should be on the May agenda because it would be time in which new Board Members would be coming on with new terms. If anybody is not reappointed or new people are on the Board it will be at that time of the year. Clarifying who will provide Board Member orientation to any new Board Member's that are coming on. To clarify that for that period of time because that is when new people would be assigned. Barb noted that provides it matches term limits. Deb noted that Rose is not only a mentor she is representing the NLD. We haven't not done that. Mary asked if the new Board Member has gone through orientation with Joanie and a member of the committee? Joanie noted it has not happened. Joanie noted that when she did orientation with Barb with Sherry. Sherry is not a member of the NLD. What she understands Mary's question is the orientation and the mentoring can be separate yet augment each other. What Mary is saying is she wants someone from this NLD Committee or whomever they may be at the time in addition to the mentor to meet with new Board Members for training. She asked Mary is that right? Mary said unless the mentor feels comfortable doing that. But we specifically had a list of things that we as the NLD thought really needed to be covered from the Board's perspective in that orientation. If that is being done that is fine. But if it is not being done then I think it really needs to make sure it is formally part of the orientation process. Joanie said that Deb is telling me we do have a list and she will compare that list today with what I have set for Nikki tomorrow. I will know whether that matches. Right now

I don't know because I haven't seen the list at least I don't think I have. She will compare at least bringing it back for that clarification is a good idea and we can review what we have done during COVID. Maybe we changed it during COVID I am not sure. What she was told was the mentor and herself. That is how she has been doing it while she was covering for Karl. But I think I am doing it, Mary, but I just don't know it and I will know it after Nikki's training tomorrow. Deb noted that we do have a specific orientation packet that the NLD approved and that is what we are using. That is what we oriented Greg with as well. Joanie noted that she is using the NLD packet. The packet of information I have gone through since I have been doing the Board Orientation of new members did come from the NLD. In addition to that she gives them a booklet for the Carver model and then some supporting information on that. Joanie will verify that.

9. MAY 4 MEETING TOPICS:

May 4 meeting topics – Board education; Board Retreat; Assessments; New Board Member Orientation; Slate of Officers.

10. PUBLIC COMMENT:

None.

11. MEETING EVALUATION/COMMENTS:

Greg apologized for his technology challenges in Leelanau County. He asked for clarification about the Board governance model is that going to be an explicit topic at a Board meeting or at the retreat? Joanie noted that the decision would be that we would speak about it at the Board meeting to gain clarification because Randy had said he was talking to a specialist and we didn't want to compete with what he had and so we are going to talk about it at the next regular meeting. Deb noted we talked about adding it to the Committee of the Whole discussion. Greg noted that this discussion that needs to occur. He suspects that there is continuum of expectations all of the Board Members are on that continuum. We are not anywhere near the same location on that, and some expects more and some less operational information and it is a topic well worth discussing.

Comments – Barb said we are being called to another special meeting. Why are we having a special meeting? What authority do we call this special meeting? Is there an Executive Committee that I don't know about that is deciding we are now going to have another meeting to discuss a meeting? She doesn't know where we would just have a meeting to discuss a meeting in where we are. Rose noted that we just got the email this meeting this morning. I don't know whether we know exactly what he wants to discuss. I think he is allowed to call a special meeting. Mary could not hear and asked Rose to speak into the microphone. Rose noted that Barb is struggling with whether Randy has the authority to call a special meeting and he does. Mary noted that the authority comes from our by-laws. She believes that the by-laws allow for a special meeting to be called. I don't think it needs to be called by the chair it could be called by a member but there are certain requirements and I think they are in the by-laws and would have to look it up. Deb reviewed the language in the by-laws. Barb asked doesn't a topic have to be it is pretty universal topic to discuss where we are? Deb noted that is not addressed. Barb hoped that the minutes show that the question was asked if we have special Board meetings then the definitive topics because at a special Board meeting you can only talk about one topic for which the meeting was called. It just leaves so much more for misunderstanding. I have no objection to have a special Board meeting called at all, but I sure would like to know why I am meeting.

Meeting Evaluation – Lots of problems in the very beginning. We might want to think about in the future if we don't have a quorum should we be meeting? We have meetings to get work done and if we can't get work done and we don't have a quorum we have to find another solution to that issue. In my estimation our Board really has work to do. If we don't have a quorum let's rethink how we can get a quorum at a different time. Rose noted it is

hard when we can't make motions or vote. We still got some work done today. She thanked Barb for chairing and noted she did a good job. Barb thought we got some work done today too.

Meeting adjourned at 11:35 a.m.

Respectfully Submitted,

Deb Lavender, Executive Secretary

dsl (03/06/2022)

DRAFT



PROPOSAL FOR **SEARCH SERVICES**

NORTHERN LAKES COMMUNITY MENTAL HEALTH AUTHORITY

CHIEF EXECUTIVE OFFICER

February 15, 2022



Submitted by

Hiring Solutions LLC

Todd Surline, President

Dione Peña, Vice President

Devon Klomp-Mao, Client Services Specialist

Claire Brooks, Assistant HR Consultant

Megha Pandhare, Associate HR Consultant



2104 Jolly Road, Suite 200 • Okemos, MI 48864

phone: 517.347.0590 • fax: 517.347.0590

hslc@hiringsolutionsllc.com • www.hiringsolutionsllc.com

ITEM # 19





EXECUTIVE SEARCH • HUMAN CAPITAL CONSULTING • ASSESSMENT & DEVELOPMENT
2104 Jolly Road, Suite 200 • Okemos, Michigan 48864 • 517-347-0590 • FAX: 517-347-1243
Email: hslc@hiringsolutionsllc.com - WEB SITE: www.hiringsolutionsllc.com

Mr. Randall Kamps
Chairman of the Board
Northern Lakes Community Mental Health Authority
115 W. Malcolm X St.
Lansing, MI 48915

February 15, 2022

***Proposal - Search Services
Chief Executive Officer***

Dear Mr. Randall Kamps:

Thank you for the opportunity to submit this proposal to provide search services to the Northern Lakes Community Mental Health Authority. This assistance is in connection with sourcing, screening, and recommending qualified candidates for the Chief Executive Officer opening. We believe that Hiring Solutions LLC is exceptionally qualified to help you achieve success in completing this important search.

Hiring Solutions LLC is a 34-year-old human resources consulting firm that specializes in executive search, human resource consulting, and pre-employment assessments. With over 250 clients, we have the expertise to assist you attract, screen, and hire top talent. Some of our key differentiators have been outlined below:

- **Process:** We believe in an ethical, inclusive, and meticulous process that considers critical factors in the talent acquisition process. Attracting a talented pool of diverse applicants is a crucial part of the process. To do so, we must be familiar with your organization in order to convey to candidates the specifics about this excellent opportunity. We employ a rigorous and systematic search process to identify top talent.
- **Assessments:** A key component to our selection process is the use of pre-employment assessments. These assessments provide the selection committee objective information about the candidates that is not readily apparent on resumes or during interviews. We would administer assessments that measure mental acuity, personality dimensions, and leadership style.
- **Experience:** We have completed more than 50 searches over the past year and our client satisfaction is a testament to our success. We specialize in finding talent for hard-to-fill positions and have a track record of successful placements at the Chief Executive Officer and Managerial levels, as well as the Technical and Support Staff levels.

Thank you again; it is our pleasure to present this information.

Sincerely,

Todd Surline

Todd Surline
President
Hiring Solutions LLC
2104 Jolly Rd, Suite 200
Okemos, MI 48864



OUR CONSULTING **APPROACH**

Our first step in the search process would be to review your current organization and any strategic issues facing Northern Lakes Community Mental Health Authority. During this discussion we will gather information to adequately prepare us for recruiting activities to attract top talent. We will develop future performance expectations if they exist and discuss any strategic initiatives already in place for this position. We would expect to gather this information in our first search meeting in order to develop a comprehensive position description and posting for this position.

BACKGROUND INFORMATION

In order to adequately recruit for the Chief Executive Officer position, we will gather relevant information including your current benefit plan details, special compensation, if given, to the incumbent, and any leads or candidates that may be a good fit for Northern Lakes Community Mental Health Authority. It is critical that all candidates go through the same screening process including those attracted as a result of both Northern Lakes Community Mental Health Authority and Hiring Solutions, LLC advertising and networking.

SALARY EXPECTATIONS

We will review your current salary range and discuss relevant salary surveys to ensure your salary range is

competitive and meets 2022 labor market conditions. We would plan to post the salary range unless otherwise instructed by you.

ORGANIZATION CULTURE & DIRECTION

In order to build an understanding of Northern Lakes Community Mental Health Authority and its culture, direction, and priorities, we would gather input from you to identify challenges and important issues facing the organization.

NETWORKING CAMPAIGN

The key element to achieving an effective networking campaign is the number and quality of contacts made in the community. We have a strong network in Michigan and beyond. As the ways in which potential applicants identify career opportunities has changed, so have our recruitment techniques and strategies. We employ a number of different outreach tactics including Social Media Networking (Twitter, LinkedIn, Facebook etc.), traditional advertising, County, State, and University sponsored job boards, multiple applicant databases, and the leveraging of our network of candidates.

The remainder of our efforts will be spent speaking with our contacts, posting the position on our website, discretely identifying and contacting individuals who are uniquely qualified for this position, and following up on leads from you. We have talent acquisition expertise in a variety of industries which enables us to bring a fresh approach to every search and identify top talent both passively and actively considering new employment. Our diligent and systematic approach to candidate identification and selection ensures we surface the best possible candidates. We will contact local, state, and national sources to locate candidates. We also network with diverse candidates and minority organizations for possible leads and to ensure we have a diverse and well-qualified pool of applicants. In the past, we have successfully located top candidates not actively seeking employment.

Our philosophy in recruiting is to cast a wide net to ensure a diverse pool of candidates. Our experience has proven qualified candidates can be located in a variety of venues, both traditional and nontraditional. The consultant's role is to screen these candidates based on their background, experience, skill set, and cultural fit.

CANDIDATE SCREENING PROCESS

It typically takes 45-60 days to cultivate and develop a strong pool of candidates. Although candidates will still apply outside of this time frame, we will generally have a good idea of the candidate pool at this time. The candidate screening occurs after candidate paper credentials have been received. The next step is to conduct telephone-screening interviews and confirm basic aspects of each candidate's interest in the position, background and qualifications, and salary requirements. We also will explore essential issues such as willingness and ability to relocate.

Candidates who are selected for further consideration will be asked to complete our copyrighted "Background and Employment History Form." This is similar to an employment application and details the applicant's dates of employment, what they liked most and least about each position, overall responsibilities, supervisory experience, salary history, current and former supervisors, reasons for leaving, strengths and weaknesses, and reference information. Should we find that

certain candidates deviate from their presentation in resumes or cover letters, we will screen them out. At this stage, we would select candidates for onsite or virtual interviews with us where we would also have candidates complete the assessments. From there, we would recommend 3-4 candidates for you to interview and we would prepare a packet of information on each candidate including their resume, cover letter, Background and Employment History Form, assessment results, background check results, performance reviews/letters of reference (if applicable) and a report on our assessment of the candidate's strengths and weaknesses. We will also facilitate the interview process and prepare interview questions. After the final interviews are complete with the Search Committee, we will move forward to coordinate and extend the offer.

ASSESSMENT ADMINISTRATION

Pre-employment testing is the cornerstone to effective candidate screening and to the final hiring decision. This step of the process is distinct in that it is employed only with final candidates. For this position we would administer a personality and cognitive ability assessment along with a leadership assessment. They will provide insight on the candidates' personality and mental acuity traits and their behavioral leadership style. All of our assessments are in compliance with the Equal Employment Opportunity Commission (EEOC) and other State and Federal regulations and should not be used as the sole determinant in the hiring process.

HIRING SOLUTIONS LLC is recognized as a premiere firm in offering modern, effective and legally defensible tools to public and private sector organizations. We have used these tools with hundreds of organizations. We propose to assess all final candidates to ascertain mental acuity, personality traits and behavioral tendencies. This is typically only a group of 3-4 candidates, but provides objective information to compare candidates across several different competencies. As part of our process, we would provide both written and verbal interpretations of these assessments to the Search Committee.



PROFESSIONAL FEES, GUARANTEE AND INSURANCE **COVERAGE**

Professional fees for a full search are offered on a retained and fixed cost basis of 18% of the mid-point of the salary range. Candidate assessment and individual background investigations are in addition to professional fees. We charge \$250 per candidate for each Personality Assessment and \$100 for each Leadership Assessment. Background checks are \$125 per candidate, including credit, criminal conviction, motor vehicle, education verification, and social security number validation, which will be conducted on all final candidates. Candidate assessment costs will not exceed six (6) candidates without prior approval in order to control your final costs. This search includes advertising on our website. We will invoice for actual cost of external advertisements. Minimal additional charges for travel and copying may be applied.

The Full Search fee for each position is payable as follows: (1) 50% upon approval to proceed; and (2) 50% upon completion of the search and acceptance of Northern Lakes Community Mental Health Authority's employment offer by the successful candidates. If significant changes are made to the positions specifications (e.g. education, salary), additional professional fees may apply. We will invoice for both installments. Expenses and costs associated with assessment of candidates, external advertisements, and background investigations are itemized and billed with the second installment.

GUARANTEE

For this search, we are offering to guarantee placement of a qualified candidate for 90 days effective on the starting date of the employee. If an employee is discharged or leaves of his or her own volition during this time, upon written request, within five days after the date of termination, Hiring Solutions LLC will reopen the search and replace the individual on an expense only basis, and without additional professional fees. This is one of the primary benefits of conducting a Full Search.

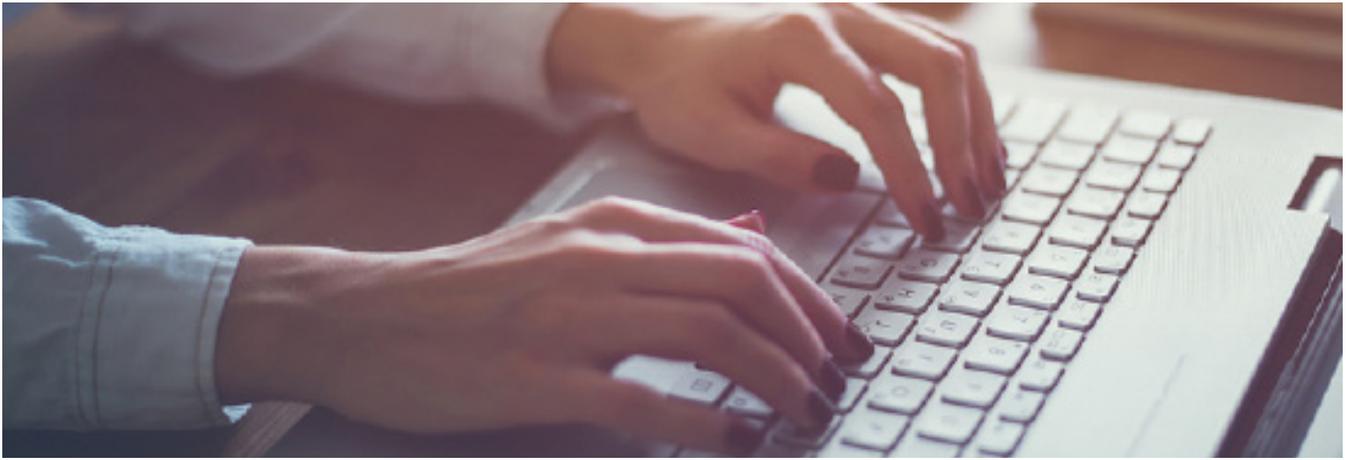
LIABILITY AND OTHER INSURANCE COVERAGES

Coverage for Professional Liability is written with RATHBUN INSURANCE AGENCY with a limit of \$1 Million per claim.

Coverage for Commercial Liability Policy is written through ACUITY with a limit of \$1 Million per claim.

We carry Worker's Compensation and Employer's Liability Insurance.

We carry Automobile Public Liability on an "occurrence" basis.



TYPICAL SEARCH **TIMETABLE EXAMPLE**

Hiring Solutions LLC is committed to meeting the time frame dictated by Northern Lakes Community Mental Health Authority.

ON OR BEFORE	THE FOLLOWING OCCURS:
Week 1	This is the official kick-off of the search process. Meet with Northern Lakes Community Mental Health Authority to discuss the duties, responsibilities, and qualifications for the Chief Executive Officer position along with parameters for salary. Prepare position profiles and update the position descriptions if required. Identify advertising sources.
Week 2	Launch networking and advertising campaign.
Weeks 2 – 7	Receive credentials, conduct sourcing activities and continue screening of candidate credentials.
Weeks 7- 8	Hiring Solutions LLC telephone screens candidates, and acquires Background and Employment History information from qualified candidates.
Week 8	This is the second meeting. Review candidate credentials to identify the candidate pool for further consideration.
Weeks 9 - 10	Hiring Solutions LLC onsite interviews selected candidates and administers assessments, and initiates final candidates background checks. Candidate portfolios are prepared outlining finalists' background and experience for review. We will also prepare a set of recommended interview questions for the final selection meeting.
Week 11-13	First and second interviews are facilitated for qualified candidates.
Week 14-15	Projected offer to the new Chief Executive Officer.



REFERENCES

You are encouraged to contact any of the following client executives to verify our commitment to excellent client service in our search work.

HOSPICE OF LANSING

Ms. Jana Baylis
Board President
186 Pine Tree Road
Lansing, MI 48911
Email: baylis@ceicmh.org
Phone: (517) 346-8204

LAKESHORE REGIONAL ENTITY

Ms. Maxine Coleman
Interim Chief Financial Officer
5000 Hakes Drive, STE 250
Norton Shores, MI 49441
Business: (231) 769-2050
maxinec@lsre.org

COMMUNITY MENTAL HEALTH AUTHORITY OF CLINTON, EATON, INGHAM COUNTIES

Ms. Sharon Blizzard
Chief Human Resources Officer
812 E. Jolly Rd.
Lansing, MI 48910
Email: blizzard@ceicmh.org
Phone: (517) 346-8043

MICHIGAN FITNESS FOUNDATION

Ms. Diane Bauer
Vice President of Finance
P.O. Box 27187
Lansing, MI 48909
Email dbauer@michiganfitness.org
Phone: (517) 908-3806



SEARCH TEAM **DESCRIPTION**

The success of this project will be directly related to the experience and qualifications of the consultants who execute the work plan. As noted in the cover letter, the work will be directed by Mr. Todd Surline, President. Ms. Dione Peña, Vice President, will assist with the project on an as needed basis. Ms. Devon Klomp-Mao will facilitate the process. The Consultants have solid experience in executive search and have managed and participated in all areas of the employment function.

The biographical sketches of our team are presented along with this proposal.

FIRM DESCRIPTION

HIRING SOLUTIONS LLC is a privately held firm, authorized to do business in the state of Michigan, specializing in executive search, human capital consulting, and assessment and development. Founded in 1988 by Sandra Rich, Hiring Solutions LLC provides professional services to over 200 clients in both the private and public sectors. Mr. Todd Surline, President of Hiring Solutions LLC, leads and directs the Human Resources Consulting practice and has over 34 years of experience in executive Search Human Resources.

NON-DISCRIMINATION POLICY

Hiring Solutions LLC complies with the Fair Labor Practices Act and all Federal, State, and local laws and legislation and does not discriminate based on race, color, religion, national origin, creed, ancestry, age, sex, height, weight, marital status, sexual orientation, veterans status, or a handicap that is unrelated to the candidate's ability to perform the duties of a particular job or position.

OFFICES

Our offices, located at 2104 Jolly Road Suite 200, Okemos, MI 48864, are conducive to interviewing high level candidates and are often used by Board and Search Committees to conduct final interviews.

Please know that all steps in our search process can be completed virtually and electronically if needed. We are also available to be on site if needed.

Our offices are open for business from 8:00 a.m. – 5:00 p.m., five days a week and off hours as required by our clients. For further information regarding Hiring Solutions LLC, we encourage a visit to our website at www.hiringsolutionsllc.com.

STAFF BIOGRAPHIES



TODD C. SURLINE
PRESIDENT

Mr. Surline was previously Vice President of Capitol National Bank where he was responsible for the development, implementation and administration of various areas of the bank including business development, operations, client relations, credit administration, special projects, and human resources. He also served as Capitol Bancorp Ltd. Chief Administrative Officer where he was responsible for leading the Human Resources, Staff Development, Marketing, Communications, Accounting and Risk Management divisions of the bank holding company.

Mr. Surline has also been Vice President - Human Resources for MSU Federal Credit Union. He developed and administered a variety of programs to recruit, retain, reward, motivate, train, and develop outstanding staff members.



DIONE PEÑA
VICE PRESIDENT

Ms. Dione Peña is Vice President of Hiring Solutions. Her previous role was Vice President Human Resources and Marketing at CASE Credit Union where she was responsible for the oversight, leadership and strategic direction in the areas of human resources, learning & development, marketing, financial education and community development.

With over 20 years' experience working mostly in the credit union industry, Dione has gained knowledge and expertise in recruitment, employee recognition, leadership development, organizational development and performance management. She has proven success in creating cultures of collaboration and implementing change to achieve workforce excellence.



DEVON KLOMP-MAO
CLIENT SERVICES SPECIALIST

Ms. Devon Klomp-Mao is a Client Services Specialist with Hiring Solutions LLC and possesses a Bachelor of Arts Degree in Business Administration and Art from Aquinas College in Grand Rapids, MI. During her time at Aquinas College, Devon was highly involved with the Campus Life Office and their Programming Board. She designed advertisements and planned various student events to enrich their experience on campus.

Prior to working for Hiring Solutions LLC Devon utilized her education in business and her marketing experience by working as a Business Consultant and Office Manager at Gadd Business Consultants. She assisted businesses to move to the next level through business assessments, business and financial analysis/forensics, strategic planning, website/social media management.



CLAIRE W. BROOKS
ASSOCIATE CONSULTANT

Ms. Claire Brooks is an Associate Consultant with Hiring Solutions LLC and recently earned her Bachelor of Arts Degree in Human Resource Management from Michigan State University.

During her time at MSU, Ms. Brooks served as President of the Club Tennis Team where she spent most of her time traveling and competing in the Big Ten conference. Outside of tennis, she completed a Human Resources internship with Mars Inc. and was actively involved in various student and volunteer organizations relating to HR, law, climate justice, and more.

In her spare time, Ms. Brooks enjoys teaching tennis, cheering for the Spartans, and studying for the LSAT in hopes to one day combine her passions for both HR and Law.



MEG PANDHARE
HUMAN RESOURCES ASSOCIATE

Ms. Meg Pandhare is an HR Associate with Hiring Solutions LLC and is currently working towards a Bachelor of Arts Degree in Human Resource Management from Michigan State University. She is an executive board member of MSU's Spartan Pride, serving as the Director of Human Resources and Marketing for the 2021-2022 academic year. During her time at Michigan State University, Meg was actively involved in various student and volunteer organizations. She was an active member of SHRM-MSU, the International Business Organization, the Human Resources Association, MSU Dialogues and more.

Prior to working at Hiring Solutions LLC, Meg utilized her education in business by working as a Strategic Support Associate at Jackson National Life, where she skillfully processed annuities for potential investors. She aims to combine her intellectual disposition and dedication for business in her future career path.